



REQUEST FOR PROPOSALS

FOR

**Short-Term Residential Substance Use Disorder
Treatment Services**

Funding of up to \$750,944

Mandatory Bidders Conference: August 9, 2016

Time: 2:30 PM

**Place: DCF Professional Center
30 Van Dyke Avenue, New Brunswick, NJ 08901**

Deadline for Receipt of Proposals: September 23, 2016

Allison Blake, PhD., L.S.W.

Commissioner

July 6, 2016

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Funding Agency

State of New Jersey
Department of Children and Families
50 East State Street,
Trenton, New Jersey 08625

Special Notice: *Potential Bidders must attend a Mandatory Bidder's Conference on August 9, 2016 at 2:30 PM at 30 Van Dyke Avenue, New Brunswick, NJ 08901. Questions will be accepted in advance of the Bidders Conference. They may be submitted via email to DCFASKRFP@dcf.state.nj.us on or before August 8, 2016 at 12:00 PM. Technical inquiries about forms and other documents may be requested anytime.*

Section I – General Information

A. Purpose:

The New Jersey Department of Children and Families (DCF) Division of Child Protection and Permanency (CP&P) announces the availability of up to \$750,944 in funding for short-term residential (SR) substance use disorder treatment services for CP&P-involved parents. This opportunity is open to agencies operating at least one residential substance use disorder treatment facility currently licensed by the New Jersey Department of Human Services (DHS) Office of Licensing (OOL) or by the licensing authority recognized by the single state authority (SSA) for substance use disorders in another state to regulate substance use disorder treatment facilities.

These funds will be used to support up to 8, but not fewer than 4, SR substance use disorder treatment beds for CP&P involved parents. A portion of the initial funds may also be used for start-up costs such as recruitment and hiring of staff, securing furniture and equipment, and minor facility improvements to support capacity to serve CP&P parents. Applicants may submit proposals for eight residential substance abuse detoxification substance abuse treatment beds and/or four beds. No more than eight beds shall be awarded. If the highest scoring Applicant is awarded four beds the next highest scoring proposal shall be awarded the next four beds, even if it is an eight bed proposal. Joint applications may be submitted, but a lead agency must be identified; if selected, DCF's contract will be with the lead agency. Applications are limited to providers who will deliver services within the state of New Jersey.

B. Background:

The Department is charged with serving and safeguarding the most vulnerable children and families in the State and ensuring that service delivery is directed towards their safety, protection, permanency and well-being. Our vision is “To ensure a better today and even greater tomorrow for every individual we serve,” and our mission is to ensure the safety, well-being, and success of New Jersey’s children and families.

Among other challenges, a significant proportion of families involved in the child welfare system are affected by substance use disorders, and the majority of these struggling caregivers are single mothers.¹ In a report to Congress, the U.S. Department of Health and Human Services (DHHS) stated that between one-third and two-thirds of children in the child welfare system were affected by substance use disorders.² Other estimates range from 40% to 80%, although no established methods are available to measure this nationally.³ An even higher percentage of parental substance use disorders are reported in cases where children have been removed. In New Jersey, more than 20,000 child welfare-involved parents or caregivers were referred for a substance abuse evaluation in calendar year 2015.

Parental substance use disorders have devastating effects on children. Children of substance abusing parents are more likely to experience sexual, physical, or emotional abuse and/or neglect than children in non-substance abusing households. Furthermore, a child’s safety and risk for long term neglect is greater for younger children. Data also indicates that abused or neglected children from substance abusing families are more likely to be placed in foster care and are more likely to remain there longer than maltreated children from non-substance abusing families.⁴

Since substance use disorder treatment can be a lengthy process and the recovery process often takes longer than is allowed under the Adoption and Safe Families Act timelines, it is important that substance-abusing parents be engaged in treatment as soon as possible. Moreover, research has shown that mothers are more likely to be reunified with their children, as opposed to having their parental rights terminated, when they are able to enter treatment faster, remain in treatment for longer, and successfully complete at least one treatment episode.⁵ One study noted that children whose mothers achieve

¹ U.S. Department of Health and Human Services. 1999. Blending perspectives and building common ground. *A report to Congress on substance abuse and child protection*. Washington, DC: U.S. Government Printing Office.

² U.S. DHHS. (see footnote 1)

³ Young, N.K., M. Nakashian, S. Yeh, & S. Amatetti. 2006. Screening and Assessment for Family Treatment, Retention, and Recovery (SAFERR). DHHS Pub. No. 0000. Rockville, MD: Substance Abuse and Mental Health Services Administration.

⁴ *ibid.*

⁵ Green, B.L., Rockhill, A., and Furrer, C. 2007. Does substance abuse treatment make a difference for child welfare case outcomes? A statewide longitudinal analysis. *Children and Youth Services Review*, 29: 460-473.

substantial or complete progress in treatment were more than twice as likely to be reunified.⁶

Results of a state-wide survey completed by DCF found that 265 CP&P involved parents were referred for SR services between January and June of 2015. Of these parents, 35% (92) were admitted into a SR program, and 2% (5) were admitted into treatment at another level of care. A larger percent of referred parents, 63% (168), did not enter treatment at all, and client non-compliance with treatment recommendations was often cited as the reason for non-admission. The lack of readily available and easily accessible treatment services contributes to this outcome. When clients must be placed on waiting lists for SR services, it is challenging to keep them engaged.

Enhanced child welfare substance use disorder treatment services currently exist within the CP&P service array. However, this RFP is intended to fulfill an identified need for dedicated short-term residential substance use treatment capacity for CP&P involved parents in New Jersey.

C. Services to be Funded:

The funds in this RFP will be awarded to provide short-term residential substance use disorder treatment for CP&P involved parents with substance use and co-occurring mental health disorders. The funds will be used to support up to 8 but not fewer than 4 DHS OOL licensed short-term residential substance use disorder treatment beds for CP&P involved parents. Services shall be delivered with a trauma-informed, family-centered approach.

Overview/Expectations

Successful proposals will reflect DCF's core values and Case Practice Model, including a strengths-based approach, individualized planning, and family engagement/teaming. Services shall include evidence-informed programs and practices.

In supporting parents' wellness and recovery, proposed programs shall also integrate the Substance Abuse and Mental Health Services Administration's (SAMHSA) "Eight Dimensions of Wellness." SAMSHA has promoted whole life healthy living since 2007, specifically encouraging the use of these eight dimensions which include:

⁶ Choi, J., Huang, H., and Ryan, J. 2012. Substance abuse treatment completion in child welfare: Does substance abuse treatment completion matter in the decision to reunify families? *Child and Youth Service Review*, 34: 1639-1645.

1. Emotional – Coping effectively with life and creating satisfying relationships
2. Financial – Satisfaction with current and future financial situations
3. Social – Developing a sense of connection, belonging and a well-developed support system
4. Spiritual – Expanding our sense of purpose and meaning in life
5. Occupational – Personal satisfaction and enrichment derived from one's work
6. Physical – Recognizing the need for physical activity, diet, sleep, and nutrition
7. Intellectual – Recognizing creative abilities and finding ways to expand knowledge and skills
8. Environmental – Good health by occupying pleasant, stimulating environments that support well-being

The awarded provider must comply with the following level of care description for co-occurring enhanced short-term residential treatment services in alignment with the ASAM Criteria 2013⁷:

Medically Monitored Intensive Inpatient Services Level 3.7

A planned and structured regimen of 24-hour professionally directed evaluation, observation, medical monitoring, and addiction treatment in an inpatient setting, appropriate for patients whose subacute biomedical and emotional behavioral or cognitive problems are so severe that they require inpatient treatment, but who do not need the full resources of an acute care general hospital or a medically managed inpatient program. Care is delivered by an interdisciplinary staff of appropriately credentialed treatment professionals. The skills of the interdisciplinary team and the availability of support services can accommodate integrated treatment of co-occurring subacute biomedical and/or emotional, behavioral, or cognitive conditions. Clinical staff are knowledgeable about the biological and psychosocial dimensions of substance use and other behavioral health disorders, and possess specialized training in behavior management techniques and evidence-based interventions. The interdisciplinary team provides integrated treatment planning and service delivery for substance use and co-occurring mental health disorders. Treatment must include no less than 12 hours per week of counseling services on at least 6 separate occasions. A minimum of 7 hours of structured programming must be provided each day. Up to one hour each day of self-help meetings may be included as a structured activity.

Medical Services: Must be provided as per licensing requirements.

⁷ Mee-Lee D, Shulman GD, Fishman MJ, Gastfriend DR, Miller MM, eds. *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*. 3rd ed. Carson City, NV: The Change Companies, 2013.

Substance Use Disorder Counseling Services:

- Individual: 2 hours/week minimum
- Group: 10 hours/week minimum (4 sessions)
- Family: To be included during course of treatment as clinically indicated

Psycho-education Services:

- Didactic sessions: 8 hours/week minimum
- Family Education and Information sessions as clinically indicated

Co-Occurring Assessment and Treatment Services:

- Psychiatric assessment within 24 hours of admission, and thereafter as medically necessary and clinically indicated
- Individual and group therapy, as clinically indicated

Structured Activities: 7 hours a day required. Example of activities include:

- Substance use disorder counseling
- Therapy for co-occurring mental health disorder(s)
- Psycho-education
- Vocational training
- Recovery support services
- Recreation
- Self-help meetings (up to one hour each day)

Target Population

The awarded program will serve CP&P involved parents, including pregnant women. Referrals must be made through the CP&P Child Protection Substance Abuse Initiative (CPSAI) contracted assessment providers working in the CP&P local offices. Referrals of CP&P involved parents may be accepted from other sources with approval from the DCF Office of Clinical Services Program Manager.

Service Model

The awarded agency will provide a short-term residential treatment program with up to 8 but not fewer than 4 treatment beds designed to meet the needs of CP&P involved parents. Medication-assisted treatment options, including but not limited to buprenorphine, methadone, and naltrexone, must be available to program participants.

Applicants must submit a detailed program implementation plan demonstrating when SR treatment services will be fully operational and servicing parents.

This funding provides the ability for awardees to deliver treatment and other services that are reflective of the needs of parents involved with CP&P. The awarded program shall deliver integrated substance use and mental health treatment and related services for CP&P involved parents. Successful applicants shall implement a family-centered treatment approach to address the parents' needs using evidence-informed practices for clinical treatment, recovery supports, and successful transition to continuing care.

Proposed treatment models shall, at a minimum, provide:

- Continuous, comprehensive service to ensure individualized and relevant services
- Trauma-informed, integrated treatment for substance use and mental health disorders, including gender-specific treatment
- Education, skill building, and supportive services to help parents transition from a more restrictive, supportive environment to a less restrictive level of care and/or community supports
- Therapeutic interventions for the parent, children, and family, as clinically indicated
- Recovery supports, including recovery specialists, that shall continue to be available to program participants post-discharge
- Access to necessary medical care
- Wellness activities such as nutritional counseling, meal planning, and fitness opportunities
- Access to self-help recovery supports, which are not limited to 12-step based programs
- Flexibility in scheduling to ensure parents maintain visitation with their children while engaged in treatment

Proposed treatment models must NOT include any type of blackout period that would categorically exclude contact with family, friends, and/or children. Rather, orientation periods and/or treatment planning shall specifically address clinically appropriate contact with these parties. Agencies shall also have policies or practices in place to ensure parents retain access to reading materials or other items of personal interest that parents identify as supportive of their recovery and contribute to their ability to self-regulate.

Successful proposals shall be tailored to the specific needs of CP&P involved parents and must specify what enhanced services will be available, whether on-site or off-site through subcontracts or affiliation

agreements, to meet the needs of parents served in the program and support their recovery and reunification goals.

Treatment must also include use of trauma-informed and evidence-informed programs and practices. Examples may include but are not limited to:

- Cognitive-Behavioral Therapy
- Motivational Interviewing
- Seeking Safety
- Helping Women Recover and Beyond Trauma
- Trauma Recovery and Empowerment Model

Applicants are welcome to use alternate models with a documented evidence base that are appropriate for this population. The following on-line resources may help in identifying evidence-informed practices:

Evidence-Based Practice Registries (<http://cfcrights.org/wp-content/uploads/2011/10/EBP-Registry-Doc-FINAL.pdf>) compiled by the Larry King Center for Building Children's Futures (2011) provides information on twelve EBP registries with online links. A few of these are listed here:

- **National Registry of Evidence-based Programs and Practices (NREPP)** - SAMHSA sponsors this searchable online database - <http://www.nrepp.samhsa.gov/Index.aspx>
- **California Evidence-Based Clearinghouse (CEBC)** (<http://www.cebc4cw.org>)
- **Office of Juvenile Justice and Delinquency Prevention (OJJDP) - Model Programs Guide** - <http://www.ojjdp.gov/mpg/>
- **Coalition for Evidence-Based Policy** <http://evidencebasedprograms.org/wordpress>
- **Promising Practices Network (PPN)** (<http://www.promisingpractices.net/programs.asp>)
- **Child Trends** - http://www.childtrends.org/docdisp_page.cfm?LID=12147DD0-0FBE-4741-8FF095140FC97836
- **HomVEE (Home Visiting Evidence of Effectiveness)** - http://homvee.acf.hhs.gov/HomVEE_Executive_Summary.pdf
- **Washington Institute for Public Policy** - <http://www.wsipp.wa.gov/rptfiles/04-07-3901.pdf>

Parents engaged in evidence-informed practices must have specific, measurable goals. If a parent is engaged in multiple evidence-informed interventions, the provider must ensure that goals are aligned and the effectiveness of each individual intervention is not impacted.

Recovery Management and Supports

Agencies will be expected to provide a range of services to support parents' recovery and reduce the risk and rate of relapse. Such services shall include recovery specialists, individualized treatment planning to identify triggers and appropriate coping/response strategies, and access to medication-assisted treatment.

The role of a recovery specialist is distinct, important, and can take many forms, including, motivator and cheerleader, ally and confidant, truth-teller, role model and mentor, problem solver, resource broker, advocate, community organizer, lifestyle consultant, and friend.⁸ The successful applicant will incorporate recovery specialists into the proposed program to promote parents' recovery, enhance motivation, and provide support.

Recovery specialists shall begin developing an alliance with parents at intake and shall remain available to them to support successful discharge planning and transition to less intensive treatment and/or community services. Recovery specialists are expected to have specialized training, credentialing, or certification through a consumer-driven, recovery-oriented training program, and shall obtain the IC&RC Recovery Mentor Certification within eighteen months of this Certification becoming available in New Jersey (or within twelve months of employment, if this Certification is available at the time of employment).

Successful applicants must also demonstrate a commitment to the use of medications to support recovery, and are expected to provide – either in-house, if appropriately licensed, or through affiliation agreements – access to the full array of medications that are indicated for treatment of substance use disorders including, but not limited to, buprenorphine, methadone, and naltrexone.

The awarded agency will be expected to provide tobacco cessation counseling and support including access to nicotine replacement therapy.

Staffing

⁸ White, W.L. (2006). *Sponsor, Recovery Coach, Addiction Counselor: The Importance of Role Clarity and Role Integrity*. Philadelphia, PA: Philadelphia Department of Behavioral Health and Mental Retardation Services.

Applicants shall use their experience and expertise, as well as available literature, to develop a staffing pattern that will best meet the goals and objectives of this model while adhering to DHS OOL facility licensure standards for short-term residential substance use disorder treatment. Applicants must have DHS OOL-approved policies and procedures for delivering integrated treatment for co-occurring mental health disorders.

Staffing needs to be reflective of the needs of the parents to be served in the program. Specifically, the proposal must identify that staff have the credentials and/or competency to serve individuals who have a co-occurring disorder. Professional staff cannot provide services outside of their scope of practice. The proposal must also address how services will be delivered in a culturally competent fashion.

Collaboration

The awarded provider shall:

- Communicate timely with CP&P regarding emerging or urgent issues that may impact the case plan
- Participate in case conferences with CP&P case workers
- Assist CP&P in arranging visitation for children
- Participate in other CP&P scheduled meetings such as Family Team Meetings
- Collaborate with other clinical supports in the CP&P Local Office
- Attend all DCF required trainings
- Participate in interdisciplinary meetings with child welfare systems and/or the Courts, including monthly Child Welfare/SAI Consortia meetings (where applicable)
- Coordinate with the Child Protection Substance Abuse Initiative to facilitate the admission process and treatment planning

Applicants shall also demonstrate partnerships with other community agencies as a means of expanding resources and services available to parents and children.

Discharge/Step-down Planning

The awarded provider will assist parents with transitioning from one level of care to the next through referrals to appropriate programs, “warm handoffs” during the transition to another level of care, and linkage to ongoing recovery support services and community resources for parents being discharged.

Providers will be expected to communicate with CP&P in advance of discharges whenever possible, and shall ensure discharge summaries

are shared with the next level of care provider and CP&P in a timely manner. The discharge summary shall include, but is not limited to, treatment issues identified throughout the course of treatment and continued at discharge, issues to be addressed as part of the continuing care plan, and any co-occurring issues identified and/or addressed while in treatment. The successful applicant will also convene a teaming meeting/conference call to include CP&P and other service providers prior to discharge in order to thoughtfully plan for parents' ongoing needs and care.

Providers must provide their policy or protocols regarding parents who leave against medical advice as an appendix to their proposal.

Service/Agency Requirements

The funding in this RFP includes reimbursement for licensed SR substance use disorder treatment slots for parents at the annual rate of \$93,868 per slot. Applicants shall be able to demonstrate how the slot reimbursement rates will be used to support adherence to licensure treatment standards and other service requirements detailed in this RFP, and must describe the enhancements and supportive services that will be provided. Rate and/or reimbursement methods are subject to change.

All services must be provided in accordance with DHS OOL licensure regulations for residential substance use disorder treatment services. All primary and satellite sites must be licensed. Please refer to N.J.A.C. 10:161A, which can be found at: <http://www.state.nj.us/humanservices/providers/rulefees/regs/>. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) must be used to render diagnoses of substance use and mental health disorders. In addition, all level of care placement and continuing care decisions must be made in accordance with 2013 American Society of Addiction Medicine (ASAM) Criteria, Third Edition.⁹

Any provider of drug treatment services under this contract must have in place established, facility-wide policies which prohibit discrimination against clients of substance use prevention, treatment and recovery support services who are assisted in their prevention, treatment and/or recovery with legitimately prescribed medication(s). These policies must be in writing in a visible, legible and clear posting at a common location which is accessible to all who enter the facility.

⁹ Mee-Lee D, Shulman GD, Fishman MJ, and Gastfriend DR, Miller MM eds. 2013. *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*. Third Edition. Carson City, NV: The Change Companies.

Moreover, no parent who is admitted into a treatment facility or who is a recipient of or participant in any prevention, treatment, or recovery support services shall be denied full access to, participation in, and enjoyment of that program, service, or activity available or offered to others due to the use of legitimately prescribed medications.

The parents seeking substance use disorder treatment will likely be of diverse racial and ethnic backgrounds; therefore, applicants shall demonstrate their program's ability to provide appropriate services to a diverse population. Gender-specific services must be ethnically and culturally sensitive, and must respond to gender-specific issues regarding reproductive health, sexuality, relationships, anger management, parenting, and other issues in a nonjudgmental manner and in a supportive environment.

The average daily census for this program shall not fall below 95%. The awarded provider is required to utilize ASAM Criteria 2013 to support admission, continued stay, and discharge decisions.

Other Project Requirements

All applicants are advised that any software purchased in connection with the proposed project must receive prior approval by the New Jersey Office of Information Technology.

Applicants are also advised that any data collected or maintained through the implementation of the proposed program shall remain the property of DCF.

Organ and Tissue Donation: As defined in section 2 of P.L. 2012, c. 4 (N.J.S.A.52:32-33), contractors are encouraged to notify their employees, through information and materials or through an organ and tissue awareness program, of organ donation options. The information provided to employees shall be prepared in collaboration with the organ procurement organizations designated pursuant to 42 U.S.C. §1320b-8 to serve in this State.

Evaluation

DCF is interested in understanding the quality, impact and consumer satisfaction with services provided. At a minimum, the awarded provider will be expected to monitor and report on items such as parent engagement and retention, utilization of substance use disorder treatment slots, and parent wellbeing and progress towards treatment plan goals.

Applicants shall identify clear measurable outcomes for the initiative and indicate which assessment or evaluation tools will be used to track progress toward outcomes. Successful applicants shall provide a logic model to demonstrate how the proposed services will lead to the identified objectives and outcomes.

DCF may seek assistance of a third party evaluator. The awarded provider must agree to partner with DCF and any outside evaluator DCF may contract with to assess the impact of the program.

Applicants must also describe the agency's process for continuous quality improvement, including how the individuals served will have a meaningful role in the ongoing improvement process.

D. Funding Information:

An annualized amount of up to \$750,944 will be made available for this initiative and is subject to appropriation. Contracts may be renewed annually subject to appropriation and performance under the provisions of this RFP and the Contract.

Funding will be provided at the annual rate of \$93,868 per slot.

Applicants must propose to provide a minimum of 4 treatment slots. Applicants may submit proposals for eight residential substance abuse detoxification substance abuse treatment beds and/or four beds. No more than eight beds shall be awarded. If the highest scoring Applicant is awarded four beds the next highest scoring proposal shall be awarded the next four beds, even if it is an eight bed proposal.

Matching funds are not required.

Additional start-up funds are not available. A portion of the initial funds may be used for start-up costs during the initial contract year such as recruitment and hiring of staff, securing furniture and equipment, and minor facility improvements to support capacity to serve DCPD parents; all start-up costs must be funded with accruals. Applicants must provide a reasonable justification and a detailed summary of all expenses that must be met in order to begin program operations. See Section II, Item 5.

Proposals that demonstrate the leveraging of other financial resources will receive additional consideration in the proposal review process. See Section II, Item 6.

Any expenses incurred prior to the effective date of the contract will not be reimbursed by DCF.

E. Applicant Eligibility Requirements:

1. Applicants must be for profit or not for profit corporations or State Universities that are duly registered to conduct business within the State of New Jersey.
2. Applicants must be in good standing with all State and Federal agencies with which they have an existing grant or contractual relationship.
3. If an applicant is under a corrective action plan with DCF, or any other New Jersey State agency or authority, the applicant may not submit a proposal for this RFP. Responses shall not be reviewed and considered by DCF until all deficiencies listed in the corrective action plan have been eliminated to the satisfaction of DCF for a period of 6 months
4. Applicants may not be suspended, terminated or barred for deficiencies in performance of any award, and if applicable, all past issues must be resolved as demonstrated by written documentation.
5. Applicants that are presently under contract with DCF must be in compliance with the terms and conditions of their contract.
6. Where required, all applicants must hold current State licenses.
7. Applicants that are not governmental entities must have a governing body that provides oversight as is legally required.
8. Applicants must have the capability to uphold all administrative and operating standards as outlined in this document.
9. Applicants must currently operate at least one residential substance abuse treatment facility licensed by DHS Office of Licensing or by the licensing authority recognized by the single state authority (SSA) for substance use disorders in another state to regulate substance use disorder treatment facilities.
10. Applicants must provide a detailed and feasible timeframe for achieving full operational census within thirty (30) months of the award date.
11. All applicants must have a Data Universal Numbering System (DUNS) number. To acquire a DUNS number, contact the dedicated toll-free DUNS number request line at 1-866-705-5711 or inquire on-line at www.dnb.com.
12. Any fiscally viable entity that meets the eligibility requirements, terms and conditions of the RFP, and the contracting rules and regulations set forth in the DCF Contract Policy and Information Manual (N.J.A.C. 10:3) may submit an application.

F. RFP Schedule:

July 6, 2016	Notice of Availability of Funds/RFP publication
August 8, 2016	Deadline for Email Questions sent to DCFASKRFP@dcf.state.nj.us by 12:00 PM
August 9, 2016 at 2:30 PM	Mandatory Bidders Conference at 30 Van Dyke Avenue, New Brunswick, NJ 08901
September 23, 2016	Deadline for Receipt of Proposals by 12:00PM

All proposals must be received by 12:00 PM on or before September 23, 2016. Proposals received after 12:00 PM on September 23, 2016 will **not** be considered. Applicants shall submit **one (1) signed original** and should submit **one CD ROM** as indicated below.

Proposals must be delivered either:

1) In person to:

Catherine Schafer, Director of Grants Management, Auditing and Records
Department of Children and Families
50 East State Street, 3rd floor
Trenton, New Jersey 08625-0717

Please allow time for the elevator and access through the security guard. Applicants submitting proposals in person or by commercial carrier shall submit **one (1) signed original** and should submit **one CD ROM** with all documents.

2) Commercial Carrier (hand delivery, federal express or UPS) to:

Catherine Schafer, Director of Grants Management, Auditing and Records
Department of Children and Families
50 East State Street, 3rd floor
Trenton, New Jersey 08625-0717

Applicants submitting proposals in person or by commercial carrier shall submit **one (1) signed original** and should submit **one CD ROM** with all documents.

3) Online:

DCF offers the alternative for our bidders to submit proposals electronically. Only a registered Authorized Organization Representative (AOR) or the

designated alternate is eligible to send in a submission by submitting an AOR form.

AOR Registration forms and online training are available on our website at: www.nj.gov/dcf/providers/notices/

Forms are directly under the Notices section-See Standard Documents for RFPs

- Submitting Requests for Proposal Electronically PowerPoint (pdf)
- Registration for the Authorized Organization Representative (AOR) Form

We recommend that you do not wait until the date of delivery in case there are technical difficulties during your submission. Registered AOR forms may be received 5 business days prior to the date the bid is due.

G. Administration:

1. Screening for Eligibility, Conformity and Completeness

DCF will screen proposals for eligibility and conformity with the specifications set forth in this RFP. A preliminary review will be conducted to determine whether the application is eligible for evaluation or immediate rejection.

The following criteria will be considered, where applicable, as part of the preliminary screening process:

- a. The application was received prior to the stated deadline
- b. The application is signed and authorized by the applicant's Chief Executive Officer or equivalent
- c. The applicant attended the Bidders Conference (if required)
- d. The application is complete in its entirety, including all required attachments and appendices
- e. The application conforms to the specifications set forth in the RFP

Upon completion of the initial screening, proposals meeting the requirements of the RFP will be distributed to the Proposal Evaluation Committee for its review and recommendations. Failure to meet the criteria outlined above, or the submission of incomplete or non-responsive applications constitutes grounds for immediate rejection of the proposal if such absence affects the ability of the committee to fairly judge the application.

In order for a bid to be considered for award, at least one representative of the Bidder must have been present at the Bidders Conference, if required commencing at the time and in the place specified below. Failure to attend the Bidders Conference will result in automatic bid rejection.

2. Proposal Review Process

DCF will convene a Proposal Evaluation Committee in accordance with existing regulation and policy. The Committee will review each application in accordance with the established criteria outlined in Section II of this document. All reviewers, voting and advisory, will complete a conflict of interest form. Those individuals with conflicts or the appearance of a conflict will be disqualified from participation in the review process. The voting members of the Proposal Evaluation Committee will review proposals, deliberate as a group, and then independently score applications to determine the final funding decisions.

The Department reserves the right to request that applicants present their proposal in person for final scoring. In the event of a tie in the scoring by the Committee, the bidders that are the subject of the tie will provide a presentation of their proposal to the evaluation committee. The evaluation committee will request specific information and/or specific questions to be answered during a presentation by the provider and a brief time-constrained presentation. The presentation will be scored out of 50 possible points, based on the following criteria and the highest score will be recommended for approval as the winning bidder.

Requested information was covered-	10 Points
Approach to the contract and program design was thoroughly and clearly explained and was consistent with the RFP requirements-	20 Points
Background of organization and staffing explained-	10 Points
Speakers were knowledgeable about topic-	5 Points
Speakers responded well to questions -	5 Points

The Department also reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. The Department's best interests in this context include, but are not limited to: State loss of funding for the contract; the inability of the applicant to provide adequate services; the applicant's lack of good standing

with the Department, and any indication, including solely an allegation, of misrepresentation of information and/or non-compliance with any State of New Jersey contracts, policies and procedures, or State and/or Federal laws and regulations.

All applicants will be notified in writing of the Department's intent to award a contract.

3. Special Requirements

The successful Applicant shall maintain all documentation related to products, transactions or services under this contract for a period of five years from the date of final payment. Such records shall be made available to the New Jersey Office of the State Comptroller upon request.

Applicants must comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27, the State Affirmative Action policy. A copy is attached as **Exhibit A.**

Applicants must comply with laws relating to Anti-Discrimination as attached as **Exhibit B.**

H. Appeals:

An appeal of the selection process will be heard only if it is alleged that the Department has violated a statutory or regulatory provision in awarding the grant. An appeal will not be heard based upon a challenge to the evaluation of a proposal. Applicants may appeal by submitting a written request to:

Office of Legal Affairs
Contract Appeals
50 East State Street 4th Floor
Trenton NJ 08625

No later than five (5) calendar days following receipt of the notification or by the deadline posted in this announcement.

I. Post Award Review:

As a courtesy, DCF may offer unsuccessful applicants an opportunity to review the Evaluation Committee's rating of their individual proposals. All Post Award Reviews will be conducted by appointment.

Applicants may request a Post Award Review by contacting: DCFASKRFP@dcf.state.nj.us

Post Award Reviews will not be conducted after six months from the date of issuance of this RFP.

J. Post Award Requirements:

Selected applicants will be required to comply with the terms and conditions of the Department of Children and Families' contracting rules and regulations as set forth in the Standard Language Document, the Contract Reimbursement Manual and the Contract Policy and Information Manual. Applicants may review these items via the Internet at www.nj.gov/dcf/providers/contracting/manuals

Selected applicants will also be required to comply with all applicable State and Federal laws and statutes, assurances, certifications and regulations regarding funding.

Upon receipt of the award announcement, and where appropriate, selected applicants will be minimally required to submit one (1) copy of the following documents:

1. A copy of the Acknowledgement of Receipt of the NJ State Policy and Procedures returned to the DCF Office of the EEO/AA
2. DCF Third Party Contract Reforms Attestation
3. Proof of Insurance naming DCF as additionally insured from agencies
4. Bonding Certificate
5. Notification of Licensed Public Accountant (NLPA) with a copy of Accountant's Certification
6. ACH - Credit Authorization for automatic deposit (for new agencies only)

The actual award of funds is contingent upon a successful Contract negotiation. If, during the negotiations, it is found that the selected Applicant is incapable of providing the services or has misrepresented

any material fact or its ability to manage the program, the notice of intent to award may be rescinded.

Section II – Application Instructions

A. Proposal Requirements and Review Criteria:

All applications will be evaluated and scored in accordance with the following criteria:

The narrative portion of the proposal should be double-spaced with margins of 1 inch on the top and bottom and 1 inch on the left and right. The font shall be no smaller than 12 points. There is a 25 page limitation for the narrative portion of the grant application. A one (1) point reduction per page will be administered to proposals exceeding the page limit requirements. Five (5) points will be deducted for each missing document. If the deductions total 20 points or more, the proposal shall be rejected as non-responsive. The narrative must be organized appropriately and address the key concepts outlined in the RFP. Annex B budget pages, and attachments do not count towards the narrative page limit.

Proposals may be fastened by a heavy-duty binder clip. Do not submit proposals in loose-leaf binders, plastic sleeves, folders, or staples.

Each proposal narrative must contain the following items organized by heading in the same order as presented below:

1) Applicant Organization (10 Points)

Describe the agency's history, mission, and goals, and where appropriate, a record of accomplishments in working in collaboration with the Department of Children and Families and/or relevant projects with other State governmental entities.

Specify your licensed and potential capacity and the populations you have served at each relevant level of care.

Describe the agency's background and experience in providing residential substance use disorder treatment services, other levels of care, and treatment for co-occurring mental health disorders and other supportive services. Describe the outcomes that you currently measure, and provide recent outcome data in the narrative or as an appendix.

Describe the agency's experience working with the Division of Child Protection and Permanency. Discuss prior or current experiences where

you've partnered or participated in case conferences/Family Team Meetings with CP&P.

Describe your agency's experience in providing evidence-supported and/or trauma-informed practices or programs. Please include the names of any relevant programming you have implemented or utilized and provide evaluation or outcome data where available.

Indicate whether any disciplinary action been taken against your agency in the past five years by a state agency. If so, please explain and include documentation as an Appendix.

Provide an indication of the organization's demonstrated commitment to cultural competency and diversity. Explain how it is working toward a cultural competency plan that describes actions your agency will take to insure that policies, materials, environment, recruitment, hiring, promotion, training and Board membership reflect the community or the intended recipients of the services you provide and promote the cultural competency of the organization and that resources and services will be provided in a way that is culturally sensitive and relevant.

Describe the agency's governance structure and its administrative, management and organizational capacity to enter into a third party direct State services contract with the Department of Children and Families. Note the existence (if any) of professional advisory boards that support the operations. If applicable, indicate the relationship of the staff to the governing body. Attach a current organizational chart.

Provide an indication of the agency's demonstrated capability to provide services that are consistent with the Department's values, goals, and objectives for the program to be funded. Include information on current programs managed by the agency, the funding sources and, if available, any evaluation or outcome data.

2) Demonstration of Ability to be Operational (20 Points)

Provide a thoughtful, detailed and feasible timeline for implementing the proposed services. **Applicants who propose SR substance use disorder treatment services that will be fully operational within four (4) months of the contract award will receive 10 additional points on their proposal.** Attach a separate Program Implementation Schedule as part of the Appendix.

Applicants must have at least one residential substance use disorder treatment facility currently licensed by DHS OOL or by the licensing authority recognized by the single state authority (SSA) for substance

use disorders in another state to regulate substance use disorder treatment facilities. Attach a copy of the license as an appendix.

Describe the facility and the accommodations for the provision of treatment services including the geographic location(s). Include specific details regarding the areas where treatment services will occur, as well as areas for treatment services, visitation, and recreational areas.

Be sure to clearly describe the facility's plan to comply with the Americans with Disabilities Act (ADA). Describe how space and other tangible assets, such as computers and hardware, phones, and other special service equipment will be acquired or allocated for staff and/or parents, who may require these services at the locations listed.

Applicants may propose to provide services in a currently licensed facility or may propose to provide services in a new facility.

If proposing to provide services in a currently licensed facility:

- Attach an attestation that either: an application for an amended license has been submitted to the Department of Human Services Office of Licensure (DHS OOL) **or** services can be provided without requiring any amendments to the facility's existing license.

If proposing to provide services in a new facility, the applicant will be required to obtain a license from the DHS OOL:

- Request a preapplication functional review with DHS OOL and provide a description of the feedback the applicant has received from DHS licensing regarding the ability of the designated site to comply with licensing standards for the proposed services.
- Describe your plans to achieve licensure status for the new proposed SR beds within the required timeframes.
- Attach an attestation that the appropriate certificate of occupancy for the new physical site has been or can be obtained from the local municipality where the proposed program will be sited.
- Attach an attestation that upon notification of the award, an application for licensure (including the required fee) will be submitted to DHS OOL.
- Attach an attestation that within one (1) month of the award, co-occurring policies and procedures for the new facility will be submitted to DHS OOL for review and approval.

3) Program Approach

(35 Points)

Services:

Describe your agency's philosophy of treatment, its mission statement, and any policies or documentation that demonstrates the delivery of client-centered treatment and implementation of recovery management principles.

Please describe your proposed approach to the requested substance use disorder treatment services, including the following:

- The intended level of services, including the number of SR treatment beds that will be dedicated to this program, the anticipated length of stay in this level of care, the anticipated volume of service units, and the total number of patients served annually
- Policy and/or procedures to facilitate and expedite the intake process for clients referred by the CPSAI or DCP&P
- Engagement and retention techniques implemented to prevent drop out and improve completion rates
- Orientation periods (there must NOT be a blackout period that categorically excludes contact with family, friends, or children or limits access to reading materials or items of personal interest identified by patients as supportive of their recovery)
- Policy or practice procedures regarding patients who fail to maintain abstinence, including referral to a different level of care if appropriate
- Proposed recovery management supports
- Policies or plans to ensure step-down care to services within the provider agency and/or to services within the community as part of treatment planning and upon discharge
- How the agency will coordinate medication management and ensure access to medication-assisted treatment, including nicotine replacement therapy

Describe each of the following and attach Appendices as indicated:

- Agency policy regarding use of the DSM-5 and ASAM Criteria 2013 to support clinically driven variable lengths of stay, including a comprehensive biopsychosocial/spiritual assessment which determines the diagnosis and level of care; attach clinical documentation forms (i.e., treatment plans, progress notes, release of information forms, client rights and responsibilities, medical, drug screens, and discharge summary) as an Appendix.
- Agency policy regarding use of assessment/intake information to create an individualized treatment plan, including clinical recommendations and supportive services for parents, how often treatment plans will be reviewed and updated, and how parents will be included in the treatment planning processes. Describe and attach (if applicable) any additional assessment tools that will be used as an Appendix.
- Agency policy and procedures for developing and implementing a seamless continuum of care plan which commences within the first week of treatment
- Agency policy and procedures for assessment and treatment of co-occurring substance use and mental health disorders, including agency's approval by the DHS OOL to provide treatment for co-occurring disorders (Attach a copy of the agency's license from OOL as an Appendix.)
- Agency discharge policies referencing ASAM Criteria 2013
- Agency policy or protocol for CP&P parents who leave against medical advice
- Agency policy or protocol for communication with CP&P staff, including casework staff and co-located clinical supports, around issues of relapse, supporting movement through the continuum of care, and treatment compliance
- Agency policy or protocol for arranging child visitation, as clinically appropriate
- Agency policy or protocol for communicating discharge plans with each parent's CP&P caseworker that includes enough lead time to adequately address and arrange safe housing, if necessary

Describe how you will assist parents with the transition from one level of care to the next, communicate with CP&P casework staff, and ensure

discharge summaries are forwarded to the next level of care provider in a timely manner.

Describe partnerships with outpatient service providers. Include letters of support and/or affiliation agreements in the Appendix.

Describe the proposed recovery supports and services. Identify and describe any recovery supports you are currently linked to in the community.

Describe the role of recovery specialists in your proposed program.

Describe the range of supportive services that will be provided for parents. Include whether supportive services will be provided directly or by external providers, and indicate whether they will be provided on-site or off-site. Describe any existing partnerships you have that can be leveraged to expand the services available.

For services provided by other agencies, please include any affiliation agreements, contracts, or letters of support in the Appendix. Also discuss the locations, hours and transportation available for these services if provided off-site.

Describe how you will ensure access to medical care.

Describe the therapeutic interventions and wellness activities that will be provided to parents.

Provide a detailed description of all evidence-supported and trauma-informed services that will be provided as part of your program. Include specific names of programs or practices as well as your experience with and plan for implementing them. If parents may be engaged in multiple evidence-supported interventions, describe how you will ensure that the effectiveness of each individual intervention is not impacted. Attach any tools that may be used to monitor parents' progress and outcomes.

Describe client data to be recorded, the intended use of that data and the means of maintaining confidentiality of client records.

Describe your agency's plan to work collaboratively with CP&P, other State systems, the Courts, the Substance Abuse Initiative (SAI) and various social service agencies. Include original letters of support, Affiliation Agreements from agencies/organizations (excluding State Agencies) you will work with to provide services.

Describe how the proposed program will meet the needs of various and diverse cultures within the target community based on the Law Against Discrimination (N.J.S.A. 10:51 et seq.).

Staffing:

Indicate the number, qualifications and skills of all staff, consultants, and sub-grantees who will perform the proposed service activities. Attach, in the Appendices section of the application, an organizational chart for the proposed program operation. Include job descriptions that cite all educational and experiential requirements, as well as salary ranges. Include also the resumes of any existing staff who will perform the proposed services.

The expectation is that recovery specialists will have specialized training, credentialing, or certification through a consumer-driven, recovery-oriented training program, and shall obtain the IC&RC Recovery Mentor Certification within eighteen months of this Certification becoming available in New Jersey (or within twelve months of employment, if this Certification is available at the time of employment). Describe how your recovery specialists will meet these requirements, including timeframes for when recovery specialists will be fully trained or credentialed.

Describe how the proposed staffing model will both meet DHS OOL licensing requirements and fulfill staffing needs of the proposed supportive services.

Describe the management and supervision methods that will be utilized. Ongoing clinical supervision must meet or exceed the requirements outlined in Subchapter 6. Clinical Supervision 13:34C-6.1-6.4 of the Division of Consumer Affairs, State Board of Marriage and Family Therapy Examiners Alcohol and Drug Counselor Committee statutes and regulations, including requirements for supervision of counselor interns.

Detail your agency's hiring policies with respect to background checks, including professional credentials and criminal convictions. Describe the qualifications of the child care workers at your agency. Include affiliation agreements for any off-site services in an Appendix.

Describe your agency's staff development and training policy/plan including timeframes when all staff will be trained in ASAM Criteria 2013, Level of Care Index (LOCI), and issues of cultural competencies such as race, age, size, sexual orientation, gender identity, and differently abled.

The New Jersey Department of Children and Families endorsed Prevent Child Abuse New Jersey's (PCA-NJ) Safe-Child Standards in August

2013 (The “Standards”). The Standards are a preventative tool for implementing policies and procedures for organizations working with youth and children; through their implementation an organization can minimize the risks of the occurrence of child sexual abuse.

The Standards are available at:

<http://www.state.nj.us/dcf/SafeChildStandards.pdf>

As an Appendix, provide a brief (no more than 2 pages double spaced) Standards Description demonstrating ways in which your agency’s operations mirror the Standards.

4) Outcome Evaluation (15 Points)

Describe the agency’s capacity to collect, maintain, and use data. Include responses to the following questions in the narrative:

- Does the agency have a database system?
- If there is no existing database, how do you track data (i.e. excel spreadsheets)?
- Who is responsible for collecting data?
- Who is responsible for data input?
- Who analyzes and reports the data?
- How is the data used once analyzed?

At a minimum, applicants shall have the capacity to report performance relating to parent engagement and retention, utilization, and parent wellbeing.

Describe in detail the outcome measures that will be used to determine whether or not the service goals and objectives of the program have been met. Provide a brief narrative of data collection procedures and frequency of assessments. Attach copies of any validated assessment/evaluation tools, and any draft or final program-specific data collection tools or questionnaires that will be used to determine the effectiveness of the program’s services, and to measure a parent’s and/or her children’s progress toward their treatment plan goals. Also include a brief description of the plan to collect and analyze the data in order to demonstrate and understand the program impact and results.

Describe your agency’s process for continuous quality improvement and how parents will be included in this process.

Develop and attach a logic model for the proposed services that includes the program goals, activities/services, and desired outcomes.

5) Budget

(20 Points)

Applicants must clearly indicate how this funding will be used to meet the project goals and/or requirements. SR substance use disorder treatment slots will be reimbursed at the annual rate of \$93,868 per slot. Applicants must detail expenditures for enhanced services. Provide a line item budget and budget narrative for the proposed project/program. The narrative must be part of the 25 page proposal. The budget forms are to be attached as an Appendix.

The budget must be reasonable and reflect the scope of responsibilities required to accomplish the goals of this project. The budget must also reflect a 12 month operating schedule and must include, in separate columns, total funds needed for each line item, the funds requested in this grant, and funds secured from other sources. All costs associated with the completion of the project must be clearly delineated and the budget narrative must clearly articulate budget items, including a description of miscellaneous expenses or "other" items.

A portion of the initial funds may be used for start-up costs during the initial contract year such as recruitment and hiring of staff, securing furniture and equipment, and minor facility improvements to support capacity to serve CP&P parents. Reasonable start-up costs may be included and must be detailed. The completed budget proposal must include a detailed summary of, and justification for, any one-time operational start-up costs. These costs must be reflected on a separate schedule.

The grantee is expected to adhere to all applicable State cost principles.

Standard DCF Annex B (budget) forms are available at: <http://www.state.nj.us/dcf/providers/contracting/forms/> and a description of General and Administrative Costs are available at <http://www.state.nj.us/dcf/providers/notices/>

B. Supporting Documents:

Applicants must submit a complete proposal signed and dated by the Chief Executive Officer or equivalent and should submit a CD ROM containing all the documents in PDF or Word format. There is a 25 page limitation for the narrative portion of the grant application. A one (1) point reduction per page will be administered to proposals exceeding the page limit requirements. Failure to submit any of the required documents requested in this RFP will result in a loss of five (5) points per item from the total points awarded for the proposal.

All supporting documents submitted in response to this RFP must be organized in the following manner:

Part I: Proposal	
<input type="checkbox"/>	Proposal Cover Sheet – Use the RFP forms found directly under the Notices section on Website: www.nj.gov/dcf/providers/notices/ Form: http://www.nj.gov/dcf/providers/notices/Proposal.Cover.Sheet.doc
<input type="checkbox"/>	Table of Contents – Please number and label with page numbers if possible in the order as stated in Part I: Proposal & Part II: Appendices for paper, CD, and electronic copies.
<input type="checkbox"/>	Proposal Narrative in following order: a. Applicant Organization b. Demonstration of Ability to Be Operational c. Program Approach d. Outcome Evaluation e. Budget Narrative
Part II: Appendices	
1.	<input type="checkbox"/> Job descriptions of key personnel, resumes if available for key personnel (please do not provide home addresses or personal phone numbers)
2.	<input type="checkbox"/> Staffing patterns
3.	<input type="checkbox"/> Current and Proposed Agency Organization Chart
4.	<input type="checkbox"/> Proposed Program Implementation Schedule
5.	<input type="checkbox"/> Logic Model
6.	<input type="checkbox"/> Intake, Assessment, and/or Evaluation Tools
7.	<input type="checkbox"/> Documentation Forms (e.g., treatment plans, progress notes, release of information forms, client rights and responsibilities, medical, urine drug screen, and discharge summary)
8.	<input type="checkbox"/> Sample Treatment Plan and Discharge Summary
9.	<input type="checkbox"/> Requested Agency Policies and Protocols
10.	<input type="checkbox"/> Copies of all substance use disorder facility licenses from DHS OOL or another State’s licensing authority

11.	<input type="checkbox"/>	Copy of child care licensure (if being provided off site)
12.	<input type="checkbox"/>	Applicable Consulting Contracts , Affiliation Agreements , Memoranda of Understanding, Letters of Commitment, and other supporting documents related to this RFP. If not applicable, include a written statement.
13.	<input type="checkbox"/>	DCF Annex B Budget Forms*
14.	<input type="checkbox"/>	Safe-Child Standards Description of your agency's implementation of the standards (no more than 2 pages)
15.	<input type="checkbox"/>	Copy of agency's Conflict of Interest policy
16.	<input type="checkbox"/>	Copies of any audits or reviews completed or in process by DCF or other State entities from 2014 to the present. If available, a corrective action plan should be provided and any other pertinent information that will explain or clarify the applicant's position. If not applicable, include a written statement.
17.	<input type="checkbox"/>	Dated List of Names of Board of Directors including: a. Titles, b. Address, and c. Terms
18.	<input type="checkbox"/>	Signed Standard Language Document (SLD) [Version: Rev. June 6, 2014] Form: http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc
19.	<input type="checkbox"/>	Document showing Data Universal Numbering System (DUNS) Number [2006 Federal Accountability & Transparency Act (FFATA)] Website: http://www.dnb.com Helpline: 1-866-705-5711
20.	<input type="checkbox"/>	System for Award Management (SAM) printout (or Renewal) showing "active" status (free of charge). Website: https://www.sam.gov/portal/public/SAM Helpline: 1-866-606-8220
21.	<input type="checkbox"/>	Business Associate Agreement/HIPAA , with signature under Business Associate [Version: Rev. 9-2013] Form: http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc
22.	<input type="checkbox"/>	Affirmative Action Certificate -or- Renewal Application [AA302] sent to Treasury Website: http://www.state.nj.us/treasury/purchase/forms.shtml Form: http://www.state.nj.us/treasury/purchase/forms/AA_%20Supplement.pdf
23.	<input type="checkbox"/>	Certificate of Incorporation

		Website: http://www.nj.gov/treasury/revenue/filecerts.shtml
24.	<input type="checkbox"/>	For Profit: NJ Business Registration Certificate with the Division of Revenue. See instructions for applicability to your organization. Website: http://www.nj.gov/njbusiness/registration/ If not applicable, include a written statement.
25.	<input type="checkbox"/>	Agency By-laws
26.	<input type="checkbox"/>	Tax Exempt Certification Website: http://www.state.nj.us/treasury/taxation/exemption.shtml
27.	<input type="checkbox"/>	Disclosure of Investigations & Other Actions Involving Bidder Form (PDF) Form: http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestigations.pdf
28.	<input type="checkbox"/>	Disclosure of Investment Activities in Iran (PDF) Form: http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf
29.	<input type="checkbox"/>	For Profit: Statement of Bidder/Vendor Ownership Form (PDF) See instructions for applicability to your organization. Form: http://www.state.nj.us/treasury/purchase/forms/OwnershipFinal12-14.pdf If not applicable, include a written statement
30.	<input type="checkbox"/>	Chapter 271** Signed and dated
31.	<input type="checkbox"/>	Source Disclosure Certification Form [P.L. 2005, c 92-formerly Executive Order 129] Website: http://www.state.nj.us/treasury/purchase/forms.shtml Form: http://www.state.nj.us/treasury/purchase/forms/SourceDisclosureCertification.pdf
32.	<input type="checkbox"/>	For Profit: Two-Year Chapter 51/Executive Order 117 Vendor Certification -and- Disclosure of Political Contributions [Version: Rev 4/17/15]. See instructions for applicability to your organization. Website: http://www.state.nj.us/treasury/purchase/forms.shtml If not applicable, include a written statement
33.	<input type="checkbox"/>	Annual Report to Secretary of State Website: https://www1.state.nj.us/TYTR_COARS/JSP/page1.jsp
34.	<input type="checkbox"/>	Non Profit: Annual Report - Charitable Organizations Website: http://www.njpublicsafety.org/ca/charity/charfrm.htm If not applicable, include a written statement
35.	<input type="checkbox"/>	W-9 form (new agencies only) (http://www.state.nj.us/treasury/omb/forms/pdf/W9.pdf)

		If not applicable, include a written statement
36.	<input type="checkbox"/>	Certification Regarding Debarment Form: http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf
37.	<input type="checkbox"/>	Statement of Assurances - Use the RFP forms found directly under the Notices section: Website: www.nj.gov/dcf/providers/notices/ Form: http://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc
38.	<input type="checkbox"/>	Tax Forms: <u>Non Profit:</u> Form 990 Return of Organization Exempt from Income Tax <u>For Profit:</u> Form 1120 US Corporation Income Tax Return
39.	<input type="checkbox"/>	Most recent Audit or Financial Statement (certified by accountant or accounting firm) <u>Audit:</u> For agencies expending over \$100,000 in combined Federal/State Awards -or- <u>Financial Statement:</u> For agencies expending under \$100,000 Policy: http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf
40.	<input type="checkbox"/>	MacBride Principles Form-Optional Form: http://www.state.nj.us/treasury/purchase/forms/MacBridePrinciples.pdf

* Standard forms for RFP's are available at:
www.nj.gov/dcf/providers/notices/. Forms for RFP's are directly under the Notices section.

Standard DCF Annex B (budget) forms are available at:
<http://www.state.nj.us/dcf/providers/contracting/forms/>

** Treasury required forms are available on the Department of the Treasury website at <http://www.state.nj.us/treasury/purchase/forms.shtml>. Click on Vendor Information and then on Forms.

Standard Language Document, the Contract Reimbursement Manual and the Contract Policy and Information Manual may be reviewed via the Internet at: www.nj.gov/dcf/providers/contracting/manuals

C. Requests for Information and Clarification

DCF will provide eligible applicants additional and/or clarifying information about this initiative and application procedures at the technical assistance meeting indicated in this RFP. All prospective applicants must attend a Bidders Conference and participate in an onsite registration process in order to have their applications reviewed. Failure to attend the Bidders Conference will disqualify individuals, agencies, or organizations from the RFP process.

Questions may be emailed in advance of the Bidders Conference to DCFASKRFP@dcf.state.nj.us. Applicants may also request information and/or assistance from DCFASKRFP@dcf.state.nj.us until the Bidders Conference. Inquiries will not be accepted after the closing date of the Bidders Conference.

Written questions must be directly tied to the RFP. Questions should be asked in consecutive order, from beginning to end, following the organization of the RFP. All inquiries submitted to DCFASKRFP@dcf.state.nj.us must identify, in the Subject heading, the specific RFP for which the question/clarification is being sought. Each question should begin by referencing the RFP page number and section number to which it relates.

Written inquiries will be answered and posted on the DCF website as a written addendum to the RFP at: <http://www.state.nj.us/dcf/providers/notices/>

Technical inquiries about forms and other documents may be requested anytime.

All other types of inquiries will not be accepted. **Applicants may not contact the Department directly, in person, or by telephone, concerning this RFP.**

Inclement weather will not result in the cancellation of the Bidders Conference unless it is of a severity sufficient to cause the official closing or delayed opening of State offices on the above date.

In the event of the closure or delayed opening of State offices, the Bidders Conference will be cancelled and then held on an alternate date.

EXHIBIT A

**MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)
N.J.A.C. 17:27
GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE
CONTRACTS**

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302 (electronically available at www.state.nj.us/treasury/contract_compliance).

The contractor and its subcontractors shall furnish such reports or other documents to the Department of Children and Families, the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Department of Children and Families, the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.**

EXHIBIT B

TITLE 10. CIVIL RIGHTS
CHAPTER 2. DISCRIMINATION IN EMPLOYMENT ON PUBLIC WORKS

N.J. Stat. § 10:2-1 (2012)

§ 10:2-1. Antidiscrimination provisions

Antidiscrimination provisions. Every contract for or on behalf of the State or any county or municipality or other political subdivision of the State, or any agency of or authority created by any of the foregoing, for the construction, alteration or repair of any public building or public work or for the acquisition of materials, equipment, supplies or services shall contain provisions by which the contractor agrees that:

a. In the hiring of persons for the performance of work under this contract or any subcontract hereunder, or for the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under this contract, no contractor, nor any person acting on behalf of such contractor or subcontractor, shall, by reason of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex, discriminate against any person who is qualified and available to perform the work to which the employment relates;

b. No contractor, subcontractor, nor any person on his behalf shall, in any manner, discriminate against or intimidate any employee engaged in the performance of work under this contract or any subcontract hereunder, or engaged in the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under such contract, on account of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex;

c. There may be deducted from the amount payable to the contractor by the contracting public agency, under this contract, a penalty of \$ 50.00 for each person for each calendar day during which such person is discriminated against or intimidated in violation of the provisions of the contract; and

d. This contract may be canceled or terminated by the contracting public agency, and all money due or to become due hereunder may be forfeited, for any violation of this section of the contract occurring after notice to the contractor from the contracting public agency of any prior violation of this section of the contract.

No provision in this section shall be construed to prevent a board of education from designating that a contract, subcontract or other means of procurement of goods, services, equipment or construction shall be awarded to a small business enterprise, minority business enterprise or a women's business enterprise pursuant to P.L.1985, c.490 (*C.18A:18A-51 et seq.*).