



**REQUEST FOR QUALIFICATIONS  
FOR  
RESPITE SERVICES  
FOR  
YOUTH WITH INTELLECTUAL/DEVELOPMENTAL  
DISABILITIES**

**There will be no Bidder's Conference for this RFQ.  
Questions will be accepted until August 22, 2016 at 12:00 PM to  
[DCFASKRFP@dcf.state.nj.us](mailto:DCFASKRFP@dcf.state.nj.us)**

**Proposals May be Submitted on a Rolling Basis Up Until  
September 30, 2016**

**Deadline for Receipt of Qualifications is by September 30, 2016  
12:00PM**

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

Commissioner

**August 8, 2016**

## TABLE OF CONTENTS

### Section I – General Information

A. Purpose	Page 3
B. Background	Page 3
C. Definitions	Page 4
D. Description of Services	Page 6
E. Quality Assurance	Page 11
F. Process for Providing Services	Page 12
G. Funding	Page 14

### Section II – Application Instructions

A. RFQ Schedule, Format and Delivery	Page 15
B. RFQ Administration	Page 17
C. Requests for Information and Clarification	Page 19
D. Appeals	Page 19
E. Post RFQ Process Review	Page 19
F. Post Qualification Requirements	Page 20

### Section III – Required Qualifications and Documentation

A. Required Qualifications	Page 20
B. Required Documentation	Page 22

Attachment A - Sample Respite Plan  
Attachment B - Sample Progress Notes/Daily Log  
Attachment C - Agency Contact Information  
Attachment D - Program Component Form  
Attachment E - Attestation  
Attachment F - Agency Head Certification  
Exhibit A - The State Affirmative Action Policy  
Exhibit B - Anti- Discrimination Provisions  
Exhibit C - Pre-Award Qualifications  
Exhibit D - Post-Award Qualifications

## **Funding Agency**

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

## **Section I – General Information**

### **A. Purpose:**

The New Jersey Department of Children and Families Division of Children’s System of Care (CSOC) announces the opportunity for applicants statewide through this Request for Qualifications (RFQ) to become qualified to provide respite services for families with children, youth, and young adults under age 21 (hereinafter youth) with developmental disability (DD) eligibility in accordance with N.J.A.C. 10:196.

**Existing respite providers are not required to apply to this RFQ.** The published rates for Agency After School Care and Agency Weekend Recreation have changed; therefore all previously qualified providers of these services under the October 5, 2015 RFQ will receive the new rate and have been notified accordingly.

**Note: Qualification to provide services is contingent upon continuous proven ability to provide services in compliance with this RFQ and any subsequent amendments to the resulting contract. Services may be suspended at the discretion of DCF/CSOC.**

### **B. Background:**

The Department is charged with serving and safeguarding the most vulnerable children and families in the State and our mission is to ensure the safety, well-being and success of New Jersey’s children and families. Our vision statement is to ensure a better today and even greater tomorrow for every individual we serve.

CSOC serves youth with emotional and behavioral health care challenges, substance use challenges, and intellectual/developmental disabilities (I/DD) and their families. CSOC is committed to providing these services based on the needs of the youth and family in a family-centered, strength-based, culturally competent, and community-based environment. CSOC believes that the family or caregiver plays a central role in the health and well-being of youth, and involves families throughout the planning and treatment process in order to create successful life experiences for their youth.

This RFQ seeks to expand the pool of respite providers. Respite care services are designed to offer families the opportunity for a break from caregiving responsibilities on a temporary or emergency basis for intermittent or short periods of time. Respite means

“break” or “relief.” Respite also provides a positive experience for the youth receiving care.

## **C. Definitions:**

**Contracted System Administrator (CSA):** The CSA is CSOC’s single point of entry and facilitates service access, linkages, referral coordination, and monitoring of CSOC services. The CSA will initiate referrals for respite services. Each awardee will be required to demonstrate the ability to conform with and provide services under all protocols, including documentation and timeframes, established by CSOC and managed by the CSA. The CSA also maintains CSOC’s MIS which serves as the electronic record for youth enrolled with CSOC. Information is HIPAA protected and is compliant with 42 CFR Part 2 as appropriate.

**Danielle’s Law:** This law requires anyone who works directly with individuals with developmental disabilities or traumatic brain injury to call 911 in life threatening emergencies [www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html](http://www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html)

**Family:** As defined in the Family Support Act, N.J.S.A. 30:6D-35, a family means the eligible youth with a developmental disability, the youth’s biological or adoptive parent or uncompensated resource family parent or legal guardian who lives with and cares for the youth with the developmental disability, and the youth’s siblings.

**Family Support Services (FSS):** As defined in N.J.S.A. 30:6D-35, FSS “means a coordinated system of public and private support services which are designed to maintain and enhance the quality of life of [youth] with a developmental disability and [the youth’s] family.”

**Fee-For Service/Rate Based Contracting:** Service providers receive a fee/rate for a specified unit of service under fee for service/rate based contracting.

**Health Insurance Portability and Accountability Act (HIPAA):** A federal law that establishes privacy standards for protected health information held by “covered entities” (health plans, health care clearinghouses and most health care providers). The implementing regulations at 45 C.F.R. Parts 160 and 164 (known as the “Privacy Rule”) issued by the U.S. Department of Health and Human Services provide standards for the use and disclosure of protected health information.

**Protected Health Information (PHI):** Individually identifiable health information transmitted or maintained by a covered entity or its business associate. Health information is any information that “relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.” 45 C.F.R. 160.103.

**Respite:** This service provides care and supervision to youth with developmental disabilities, either in their family home or in a community setting, to temporarily relieve the family from the demands of caring for them. The care is intended to be provided during the times when the family normally would be available to provide care.

**Self-Hired Respite (SHR):** This service is provided to families who want to recruit and hire their respite worker of choice. The family must ensure that their employment of the SHR worker is consistent with all Federal and New Jersey requirements and that the SHR worker has a Tax Identification Number (TIN) or an Individual Tax Identification Number (ITIN). The SHR worker is responsible for reporting all earned income and paying any/all applicable Federal and New Jersey income tax withholding and employment-related taxes in compliance with all Federal and New Jersey requirements in a timely manner. The family pays the worker directly and sends the paperwork in support of reimbursement to the provider agency on a monthly basis. The monthly documentation the families and the facilitating provider agency must maintain includes the number of respite service hours provided, copies of the respite worker's progress notes and daily log, and the amount of the self-hired stipend to be reimbursed. Agency providers of SHR dollars to families are also expected to provide training, the form of which is left to the provider, to ensure family selected respite workers are aware of and have access to the agency provider's expertise. SHR is limited to up to 240 units (60 hours) per 90 days. Families can utilize time as needed within the 90 day authorization.

**Agency Hired Respite (AHR):** This service is provided to families who want a respite worker who is recruited, trained and employed by the qualified agency to provide social and recreational experiences to youth in or out of their homes. AHR is limited to up to 240 units (60 hours) per 90 days. Families can utilize time as needed within the 90 day authorization.

**Agency After School Care (AAS):** This service provides social and recreational experiences rather than educational programming to youth out of their homes at the end of the school day in a group setting. AAS is provided at an agency's site and not in the youth's home. The youth's family is responsible for providing/arranging transportation. If the provider chooses to offer transportation to or from the program site, the cost must be included in the posted rate. No additional funds over the posted rate will be provided for transportation. AAS is limited to up to 960 units (240 hours), inclusive of transportation to and/or from a service, per 90 days. Families can utilize time as needed within the 90 day authorization.

**Agency Weekend Recreation (AWR):** This service provides social and recreational experiences to youth out of their homes in a group setting, sometimes including a community outing component, Friday evening through Sunday. The youth's family is responsible for providing/arranging transportation. If the provider chooses to offer transportation to or from the program site, the cost must be included in the posted rate. No additional funds over the posted rate will be provided for transportation. AWR is limited to up to 300 units (75 hours), inclusive of transportation to and/or from a service, per 90 days. Families can utilize time as needed within the 90 day authorization.

**Overnight Respite (OVR):** This service allows youth with developmental disabilities to stay overnight in a safe, short-term alternate living arrangement. The youth's family is responsible for providing/arranging transportation. No additional funds over the posted rate will be provided for transportation. Each youth may attend up to six (6) nights in a rolling 365 day period, based on availability. Services must be provided in a licensed facility with round-the-clock supervision and care.

**Unusual Incident Reporting:** UIR is the process of reporting unusual incidents that occur in Department of Human Services (DHS) and the Department of Children and Families (DCF) facilities and contracted programs as per Administrative Order 2:05 and its Addendum.

## **D. Description of Services:**

Caring for a youth with intellectual/developmental disabilities presents additional challenges that go beyond the everyday stresses of being a parent. As a result, parents and other primary caregivers may need longer rest periods or access to down time. It may also be more difficult to find a qualified person to care for the youth. Respite can help offset these challenges.

A trained respite provider will care for youth in their own home or outside their primary residence while their primary caregivers engage in activities they find relaxing, entertaining, or restful. A respite break allows caregivers an opportunity to strengthen or foster relationships with their other children, spouses, partners, other family members and friends. Respite can allow caregivers an opportunity to catch-up on household duties and even their own sleep.

Respite services will also allow caregivers to improve the nature of their caregiving activities through attendance at trainings and educational programs that will increase their ability to become experts on handling the challenges facing their families. Full-time caregivers of youth with special needs have to develop expertise in areas such as nursing and physiotherapy and need time to learn these skills.

Respite services as part of a service plan can achieve several goals:

1. avoid "burnout"
2. reduce stress
3. prevent family disruption
4. enhance relationships

The qualified provider, upon initial contact, and in consultation with the families, will clearly state reasons and goals for the type of respite provided in a respite service plan. The plan can be a simple statement providing the purpose and goals that is to be reviewed quarterly, at a minimum, to ensure achievement of goal(s) and track progress.

The type of respite that is right for the family will depend on what is available in the community as well as the family's unique needs and preferences.

Identifying the specific reason that the family needs respite may help clarify the type of respite that will work best and help plan how to use the respite time effectively.

Respite is not a substitute for childcare, school, or participation in other age appropriate activities. Respite is also not a substitute for services provided by a home health aide for self-care needs (bathing, dressing, feeding and toileting).

Providers may use their own format for service plans; however, CSOC has provided two sample respite service plans, **Attachment A**. Progress notes with a brief description of each service visit and the respite worker's daily log of the youth's behaviors and activities as well as any concerns or particular successes are also required. Providers may use their own format for progress notes/daily logs; however, CSOC has provided a sample Progress Note/Daily Log template with required fields, **Attachment B**. The agency contact information is submitted under **Attachment C**.

DCF is seeking to approve all applicants whose qualifications are overall conforming to this RFQ to provide one (1) or more of the following five (5) services as defined in Section C Definitions: Self-Hired Respite; Agency Hired Respite; Agency After School Care; Agency Weekend Recreation; and

Overnight Respite for families with eligible youth under age 21. Applicants who can demonstrate the capacity to provide services to non-verbal and/or non-English speaking individuals are encouraged to apply.

Applicants qualified to provide any one service also are eligible to provide the other 4 services. Qualified providers, who seek to add a service program subsequent to the closing of the RFQ process that was not checked in the **Attachment D** submitted with their response to the RFQ, would submit the following items directly to the CSOC service line manager for approval:

- 1) Completed **Attachment D** that indicates the new service or services to be provided; and
- 2) Any required documents applicable to the new service to be added, such as the provision of licensing and/or health and fire certificates when adding Agency After School or Overnight Respite programs.

By signing and submitting "**Attachment E – Attestation,**" providers qualified under the RFQ who seek to engage additional workers for providing respite services confirm their compliance with all of the qualification requirements. This completed document is attestation that you/your workers are able to meet all of the compulsory requirements and are able to provide services consistent with the scope of services delineated in the RFQ.

**Each provider qualified under this RFQ shall:**

1. Provide uniform standards of care and conduct regardless of any youth's race, ancestry, color, age, sex, religion, marital status, disability, national origin, mental disorder, sexual preference, or ability to pay.
2. Comply with the requirements to report suspected abuse and neglect:
  - a) against a child under 18 years of age to the Division of Child Protection and Permanency (DCP&P) at **1-877-NJ ABUSE** (652-2873) as set forth in N.J.S.A. 9:6-8.10; and
  - b) against a vulnerable adult 18 years of age or older to Adult Protective Services (APS) as set forth in N.J.S.A. 52:27D-406 to 426.
3. Comply with unusual incident reporting per A.O. 2:05 and its Addendum.
4. Comply with Danielle's Law
5. For respite programs that require a license, such as Overnight Respite, the completion of the Child Abuse Record Information (CARI) background checks is required
6. Maintain on site a written program description that specifies statement of purpose and description of overall approach to service delivery and family involvement.
7. Inform families at intake of:
  - a) the mandated reporting responsibilities of agency staff /respite workers;
  - b) the grievance procedure established by the agency; and
  - c) their ability to access records upon request and within statutory authority.
8. Adhere to the requirements of HIPAA, N.J.S.A. 30:4-24.3, and any other applicable law regarding confidentiality.
9. Protect the confidentiality of the families served.
10. Maintain an individual service record for each youth, which shall contain, at a minimum, the following information:
  - a) documentation that family members have been informed of their rights and the agency's policies and obligations;
  - b) contact phone numbers for the respite worker and any supervisor;
  - c) the reason for initial referral and involvement;
  - d) information on the youth's behavior from the parents, youth's interests and any limitation on activities;



- e) respite service plan, including any amendments;
  - o documentation that respite plan is reviewed at a minimum, quarterly;
- f) the initial schedule for allocation of respite hours;
- g) progress notes with a brief description of each service visit and the respite worker's daily log of the youth's behaviors and activities as well as any concerns or particular successes;
  - o Providers may use their own format for progress notes/daily logs; however, CSOC has provided a sample Progress Note/Daily Log template with required fields, **Attachment B**.
- h) for each discrete contact with the youth and family, progress notes that address the defined goals stipulated in the youth's respite plan must be completed;
- i) the number of respite service hours provided and the amount of any self-hired stipend to be reimbursed;
- j) dates of service and number of care hours, per level of service, received; and,
- k) documentation of any and all crisis or emergency situations that occur during the provision of the services, including a summary of action taken and resolution of the situation.

11. Be responsible for the safety and welfare of the youth served and develop the means to ensure and document on site that every respite worker it hires for all services, or reimburses under a SHR program, will:

- a) pass a criminal background check, including fingerprinting and must ensure that all employees of the agency and agency reimbursed SHR workers rendering respite services will have State and Federal background checks with fingerprinting completed now and every two (2) years thereafter;
- b) not be on the Central Registry of Offenders Against Individuals with Developmental Disabilities;
- c) be over 18 years of age;
- d) attend and participate in all required trainings;
- e) maintain progress notes with a brief description of each service visit;
- f) maintain a log on the youth's behaviors and activities;
- g) obtain permission from the parent/legal guardian for all activities; and
- h) pass Tuberculin Skin (TB) test (i.e. medical clearance to provide services),
  - o The SHR worker is responsible for obtaining his or her TB test. . Individuals may obtain a TB test from multiple sources: private physician, Federally Qualified Health Center (FQHC), County Health Department, Clinics in local hospitals, and some select pharmacies. FQHC charge using a sliding fee scale, based on income and ability to pay; County Health Departments are generally free, and select pharmacies charge a set fee. It is the family's responsibility to obtain proof of completion from the SHR and send the provider agency a statement that the SHR worker has completed the TB test and is able to work. The provider agency shall

keep this statement for its own records. The family shall not send protected health information (actual medical records) to the provider agency; the family will keep that for its own records.

12. Promote the improvement of the quality of services provided through staff training\* concerning:

- a) Agency policies;
- b) Nurtured Heart Approach\*;
- c) Positive Behavior Supports;
- d) Developmental Milestones; identifying developmental needs and strengths;
- e) Cultural Competency;
- f) Crisis Management: Prevention, Recognition and Intervention;
- g) HIPAA;
- h) Confidentiality and Ethics;
- i) Basic First Aid and CPR;
- j) Infectious disease control;
- k) Danielle's Law (In compliance with P.L.2003, c.191 [C.30:6D-5.1-5.6]);
- l) Any CSOC future training(s) as determined necessary; and
- m) Identifying and reporting abuse and neglect; child abuse and neglect; and abuse, neglect, or exploitation of a vulnerable adult age 18 or over.

o For Self Hired Respite Workers ONLY:

Training may be as simple as mailing out a pamphlet to all SHR workers or as extensive as inviting them to attend an onsite orientation and/or workshop. At a minimum, SHR workers shall be provided with the following:

1. Agency Hours of Operation
2. Agency Contact Person
3. Overview of Responsibilities and Expectations
4. Emergency Procedure Plan
5. NJ Child Abuse Hotline/NJ State Central Registry (SCR):  
**1-877-NJ ABUSE (652-2873)**
6. HIPAA
7. Danielle's Law
8. Child Abuse and Neglect or Exploitation of a vulnerable adult age 18 or over.

\*Providers may access the DCF CSOC training site and staff may attend our offered training(s) which are free of charge. Staff may receive training in the required topics from any other appropriate source. Many agencies have their own curriculums and train staff in-house. <http://nj.gov/dcf/providers/csc/training/>

13. Be available via phone to all respite workers (including SHR) to address urgent policy and procedure issues and/or provide support.
14. Comport with the administrative procedures that result in the timely provision of appropriate services, by:
  - a) proper use of the CSA's electronic record system and the FSS Link;
  - b) informing the CSA of the reason for delay if services have not been provided within thirty (30) days;
  - c) contacting the family within three (3) workdays of placing youth in Review\*;
  - d) developing a respite service plan with the family within three (3) workdays of placing youth in Admit\* status;
  - e) establishing a respite goal with the family; and
  - f) determining a consistent schedule for service provision.

*\*Status is defined under Section F*

15. Comport with the fiscal procedures that result in accurate invoicing, and correct payments by submitting claims within thirty (30) days of the completion of a service that specify the youth served and the number of hours of service.
16. Maintain the following data in support of all claims:
  - a) name and address of the youth being provided services;
  - b) the name and credentials of the person (s) providing the service;
  - c) the exact date (s), location (s) and time (s) of service;
  - d) the type of respite service provided and its service code;
  - e) authorization number;
  - f) length of face-to-face contact, excluding travel time to or from the location of the contact with the youth receiving services;
  - g) number of units being claimed;
  - h) start and end dates of service;
  - i) total charge; and
  - j) comments (optional)

17. Discharge families from respite when appropriate, in accordance with CSOC rules.

## **E. Quality Assurance**

As part of its continuous quality improvement program, CSOC conducts reviews of enrolled providers. These reviews may be record reviews or site reviews and may be announced or unannounced. As a condition of enrollment and participation in CSOC programs, providers are required to submit to such reviews.

Where CSOC determines that a provider entity is not in compliance with the requirements of this RFQ and CSOC policies and procedures related to the services, the provider entity shall be required to submit a plan of correction. CSOC may take

additional appropriate actions against the provider, including, but not limited to, suspension of referrals to the provider, transfer of the provider's current census, and referral of the provider to other certifying or licensing agencies or organizations for their review, including, but not limited to, applicable licensing boards, the Medicaid/NJ Family Care program, the State treasurer, or any other governmental entity that may be impacted by the inability or failure of the respite provider to substantially meet the Division's policies and procedures related to services.

Providers shall meet all management information systems specifications as provided by CSOC and its designated agent.

## **F. Process for Providing Services**

### **Completing a Family Support Services (FSS) Application**

This section of the RFQ is provided to help applicants understand the current process of completing a FSS application. Qualified providers do not complete the application. It is the family's responsibility to do so. Qualified providers are required to manage their admissions/discharges as detailed further below under "Selecting of Youth from the Provider Queue".

A family, as defined in this RFQ with youth who are determined eligible for CSOC Developmental Disability (DD) services will request respite services by completing a FSS application. The family can apply for FSS 24 hours a day; 7 days a week by calling the toll free, phone number for the CSOC Contracted System Administrator (CSA). The CSA will register and assist family in completing the FSS application.

1. The application is valid for one (1) year, except as noted in in b below, and linkage to service is based on the family's relative need and availability of resources.
2. All sections of the FSS application must be completed in entirety.
  - a) If a youth is turning 21 years old within the next ninety (90) calendar days of seeking services and is not currently receiving any FSS, a new FSS application will not be completed. The family will be referred to the NJ DHS Division of Developmental Disabilities (DDD).
  - b) If a youth currently receiving a FSS is turning 21 years old within ninety (90) calendar days of submitting a renewal application, a new FSS application will be completed with a service request to the same program with the same provider who can provide service up until the day before the youth's 21st birthday.
3. A family may receive one (1) respite service at a time.

## **Sending the Completed FSS Application to FSS Link**

Once the FSS application has been completed and all service requests have been entered, the application will be sent to the FSS Link and the youth will be assigned to the Provider Queues on the FSS Link to all the matched providers. The FSS Link is an area of the electronic record that is used by FSS providers to admit youth, manage referrals, and complete discharges for the FSS services the program provides.

## **Selecting of Youth from the Provider Queue**

The Provider Queue houses a list of referrals for the program's services in the Assign status. Assign status indicates that the information provided on the FSS application matches the program specifications listed on the Provider Information File (PIF). Youth may be assigned to multiple FSS programs at the same time.

Providers will need to change the assigned status to Review, Schedule, Admit or Not Accept for all youth in their Provider Queue in a consecutive descending order.

1. **Review:** This status is used while the provider is reviewing the referral and prior to initially contacting the family. It pulls the referral off of other Provider Queues and prevents multiple providers from contacting the family at the same time. If the status is not changed to Schedule, Admit, or Not Accept within three (3) business days the system will automatically place the status back to Assign and the referral into the queues of all matched providers.
2. **Schedule:** This status is used during the intake process and should only be selected once an admission date has been scheduled. If the status is not changed to Admit or Not Accept within thirty (30) calendar days, the system will automatically place the status back to Assign and the referral into the queues of all matched providers.
3. **Admit:** This status is used when a provider is ready to begin service. It admits the youth to the program, opens a ninety (90) day authorization (with the allowable number of units and admission date as the start date), and places the youth on the provider's Census. Once admitted, providers are expected to use the electronic record/FSS Link to:
  - a) monitor unit usage;
  - b) request reauthorization of service within thirty (30) days after the end of each ninety (90) day authorization to avoid a disruption in service; and
  - c) discharge youth no longer being served within ten (10) days of exit.
4. **Not Accept:** This status is used when a youth is deemed not appropriate for the program or vice versa. Documentation as to why the youth was not accepted is required. The youth is permanently removed from that Provider Queue and the system automatically places the status back to Assign and the referral into the queues of other matched providers.

The above is a brief description of the FSS process. Providers qualified under this RFQ will be provided additional information and technical support. Applicants may access web-based information; [FSS Provider Quick Reference Guide to Electronic record](https://apps.performcarenj.org/NJTraining/CourseList.aspx) at: <https://apps.performcarenj.org/NJTraining/CourseList.aspx>

## G. Funding

Each applicant that meets the qualifications and requirements set forth in the RFQ shall receive the published rate for providers of this service as follows:

Program	Symbol	Unit	Rate
Self-Hired Respite	SHR	240 units (60 hours) per 90 days	\$4.00 per unit (\$16.00 per hour); \$2.75 per unit (\$11.00 per hour) is minimum for reimbursement to family respite worker)
Agency Hired Respite	AHR	240 units (60 hours) per 90 days	\$6.25 per unit (\$25.00 per hour)
Agency After School Care	AAS	960 units (240 hours) per 90 days	\$6.25 per unit (\$25.00 per hour)
Agency Weekend Recreation	AWR	300 units (75 hours) per 90 days	\$6.25 per unit (\$25.00 per hour)
Overnight Respite	OVR	1 night (maximum 6 overnights in a rolling 365 day period)	\$155 per night

Respite services are reimbursed on a fee-for-service basis. Units of service are defined, unless otherwise indicated, as fifteen (15) minutes of direct contact service provided to, or on behalf of the youth. Qualified applicants will bill using the Health Insurance Claim Form, CMS 1500 and submit claims through the Division of Medical Assistance and Health Services (DMAHS)'s fiscal agent, Molina. Information and technical assistance will be provided to applicants qualified under the RFQ.

CSOC will send a Medicaid Provider Application to qualifying providers. Applications must be completed/submitted directly to CSOC. Authorization for services cannot be granted until a Medicaid provider number is issued.

Agencies should submit their claims within thirty (30) days of the date of service delivery.

If services have not been provided within thirty (30) days of admission, the provider must inform the CSA of the reason for delay.

Upon request by DCF, and in order to provide the State with the ability to determine the applicant's financial capacity and capabilities to undertake and successfully meet its obligations upon referral, applicants shall have available two (2) years of certified financial statements, including a balance sheet, income statement and statement of cash flow, and all applicable notes for the most recent calendar year or the applicant's most recent fiscal year. If certified financial statements are not available, the applicant shall provide either a reviewed or compiled statement from an independent accountant setting forth the same information required for the certified financial statements, together with a certification from the Chief Executive Officer and the Chief Financial Officer, that the financial statements and other information included in the documents fairly present in all material respects, the financial condition, results of operations and cash flows of the applicant as of, and for the time periods presented in the statements.

**DCF makes no representation regarding the volume of activity that a provider may expect as a consequence of becoming qualified to provide services under this RFQ. There is no guarantee that the services will be accessed.**

Continuation of funding is contingent upon the availability of funds in future fiscal years.

Continuation of services is not guaranteed.

DCF intends to fund services offered by providers that meet the qualifications and agree to all the terms and conditions provided by the DCF.

CSOC reserves the right to terminate a provider's qualifying status at any time without notice.

Matching funds are not required.

Operational start-up costs are not permitted.

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

## **Section II – Application Instructions**

### **A. RFQ Schedule, Format and Delivery:**

<b>August 8, 2016</b>	<b>Notice of Availability of Funds/RFQ publication</b>
<b>August 22, 2016 at 12:00 PM</b>	<b>Deadline for Email Questions sent to <a href="mailto:DCFASKRFP@dcf.state.nj.us">DCFASKRFP@dcf.state.nj.us</a></b>
<b>September 30, 2016 at 12:00PM</b>	<b>Deadline for Receipt of Qualifications is by 12:00PM- Responses May be Sent On a Rolling Basis Up Until this date and time</b>

All responses must be received by 12:00 PM on or before **September 30, 2016**. Responses received after 12:00 PM on **September 30, 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/](http://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.



## **B. RFQ Administration:**

### **1. Screening for Eligibility, Conformity and Completeness**

DCF will screen responses for eligibility and conformity with the specifications set forth in this RFQ. 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 application is complete in its entirety, including all required attachments and appendices;

Upon completion of the initial screening, responses meeting the requirements of the RFQ 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 response if such absence affects the ability of the committee to fairly judge the application.

### **2. Qualification Review Process**

Applicants whose qualifications are approved will be eligible to provide services. Applicants shall provide information that demonstrates their ability to meet the specified requirements listed in this RFQ.

The Department also reserves the right to reject any and all responses 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 (5) years from the

date of final payment. Such records shall be made available to the New Jersey Office of the State Comptroller upon request.

All applicants must also comply with the following:

- a) Any software purchased in connection with the proposed project must receive prior approval by the New Jersey Office of Information Technology.
- b) Any data collected or maintained through the implementation of the proposed program shall remain the property of DCF.
- c) 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.
- d) The State Affirmative Action Policy N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27. Details are included in **Exhibit A**.
- e) Anti-Discrimination Laws. Details are included in **Exhibit B**.
- f) DCF endorsed Prevent Child Abuse of New Jersey's (PCANJ) Sexual Abuse Safe-Child Standards (the "Standards"): The "Standards" are a preventative tool for implementing policies and procedures for organizations working with youth and children and 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 (2 pgs. max. double spaced) description demonstrating ways in which your agency will implement the "Standards".
- g) Submission of all documents listed in this RFQ under "**Required Documentation**" on page 19.
- h) Submission of all documents listed in **Exhibit C**

#### **4. Electronic Record Operating Requirements**

All applicants are additionally advised that the current minimum operating requirements for the CSA Electronic Record system are as follows:

- a) Operating System – Microsoft Windows (Windows Vista, Windows 7, Windows 8.1, or Windows 10)
- b) Related Software – Microsoft Silverlight 5
- c) Browsers – Internet Explorer Version 11 (preferred), Firefox Version 44 (not compatible with Linux systems, Google Chrome, or Netscape)
- d) Memory – 2GB RAM minimum; 4GB RAM highly recommended
- e) Monitor – Screen resolution of at least 1024 x 768

### **C. Requests for Information and Clarification:**

DCF will provide eligible applicants additional and/or clarifying information about this initiative and application procedures through a time-limited electronic Question and Answer Period. Answers will be posted on the website at: <http://www.state.nj.us/dcf/providers/notices/>

Questions must be submitted in writing via email to: [DCFASKRFP@dcf.state.nj.us](mailto:DCFASKRFP@dcf.state.nj.us). All inquiries submitted to this email address must identify, in the Subject heading, the specific RFQ for which the question/clarification is being sought.

Written questions must be directly tied to the RFQ. Questions should be asked in consecutive order, from beginning to end, following the organization of the RFQ. Each question should begin by referencing the RFQ page number and section number to which it relates.

All other types of inquiries will not be accepted. ***Applicants may not contact the DCF directly, in person, or by telephone, concerning this RFQ.*** Technical inquiries about forms and other documents may be requested anytime through [DCFASKRFP@dcf.state.nj.us](mailto:DCFASKRFP@dcf.state.nj.us). Inquiries will not be accepted after the closing date of the Question and Answer Period. Written inquiries will be answered and posted on the DCF website as a written addendum to the RFQ.

### **D. Appeals:**

An appeal of the selection process will be heard only if it is alleged that the DCF 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 response. Applicants may appeal by submitting a written request to:

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

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

### **E. Post RFQ Process Review:**

As a courtesy, DCF may offer unsuccessful applicants an opportunity to review the Evaluation Committee's rating of their individual applications to be qualified to provide services. All Post RFQ Process Reviews will be conducted by appointment.

Applicants may request a Post RFQ Process Review by contacting: [DCFASKRFP@dcf.state.nj.us](mailto:DCFASKRFP@dcf.state.nj.us).

Post RFQ Process Reviews will not be conducted after six (6) months from the date of issuance of this RFQ.

## **F. Post Qualification Requirements:**

Qualified applicants will be required to comply with the following:

1. The terms and conditions of the DCF 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](http://www.nj.gov/dcf/providers/contracting/manuals).
2. All applicable State and Federal laws and statutes, assurances, certifications and regulations.
3. Must be approved NJ FamilyCare (Medicaid) providers or entities willing to become NJ FamilyCare providers. Note: CSOC will send a Medicaid Provider Application to qualifying providers. Applications must be completed/submitted directly to CSOC and approved prior to receiving an authorization for services.
4. Qualified applicants will also be required to submit one (1) copy of all documents listed in **Exhibit D** before their contract with DCF is finalized and authorizations to provide services are issued.

## **Section III – Required Qualifications and Documentation**

### **A. Required Qualifications:**

1. Applicants must be for profit or not for profit corporations 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 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 RFQ. 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 shall 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 have the ability to achieve full operational census within 60 (sixty) days of qualification.
  10. Applicants must ensure that all employees of the agency and reimbursed SHR workers rendering respite services will have State and Federal background checks with fingerprinting completed and pass now and every two (2) years thereafter. The cost of the fingerprinting and criminal history background check to become a qualified respite services provider (agency and self-hired) will be paid for by the Department of Children and Families. Instructions on the fingerprinting process and background checks will be provided to each qualified applicant. **Attachment F**, Community Agency Head and Employee Certification, Permission for Background Check and Release of Information, is a consent form for fingerprinting, certification regarding criminal background, and a release of information form. It is signed by respective employees in front of a witness, and is not to be included in the application. **Only the Community Agency Head's signed form must be submitted with the application.**
  11. Applicants must ensure that all employees and agency reimbursed SHR workers complete a Tuberculin Skin Test (TB). Employees of the Agency and SHR workers rendering respite services are required to pass a Tuberculin Skin Test. *Do not send protected health information; Applicants shall **record and maintain** records of employees and SHR workers on file in the Applicant office available for review and audit upon reasonable notice.*
  12. In addition, provider agencies must comply with N.J.S.A. 30:6D-73 et seq. Central Registry of Offenders Against Individuals with Developmental Disabilities. Agencies must ensure that the names of all agency employees, volunteers, consultants, and respite services providers that provide services to youth with I/DD will be checked against those names in the central registry. Additional information can be found at:  
[http://www.state.nj.us/humanservices/staff/opia/central\\_registry.html](http://www.state.nj.us/humanservices/staff/opia/central_registry.html).
- Note:** If you are not registered to access the Central Registry, DCF will facilitate the qualified applicant's registration into this system.
13. Applicants must comply with Danielle's Law:  
[www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html](http://www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html).

14. 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](http://www.dnb.com)
15. Any fiscally viable entity that meets the eligibility requirements, terms and conditions of the RFQ, 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.

## B. Required Documentation:

All applications submitted in response to this RFQ, whether in paper or electronic form, must follow the checklist order and naming conventions bolded below. If submitting by paper, please include dividers that identify the name of each document.

If submitting electronically, please attach and label each document separately; items should not be submitted as one continuous document/attachment.

All supporting documents in response to this RFQ must be organized in the following manner.

Documents Required with all Applications Submitted in Response to this RFQ	
1.	<input type="checkbox"/> <b>Proposal Cover Sheet</b> – Use the RFP/Q forms found directly under the Notices section on Website: <a href="http://www.nj.gov/dcf/providers/notices/">www.nj.gov/dcf/providers/notices/</a> Form: <a href="http://www.nj.gov/dcf/providers/notices/Proposal.Cover.Sheet.doc">http://www.nj.gov/dcf/providers/notices/Proposal.Cover.Sheet.doc</a>
2.	<input type="checkbox"/> <b>Table of Contents</b> – Each submitted document must be labeled and indexed in this table. Page numbers are appreciated.
3.	<input type="checkbox"/> <b>Attachment E</b> – Submit a signed/dated “ Attestation” form (attached, page 32)
4.	<input type="checkbox"/> <b>Attachment F – For Community Agency Head Only for this RFQ</b> – Submit a signed/dated Community Agency Head and Worker Certification, Permission for Background Check and Release of Information
5.	<input type="checkbox"/> <b>Crisis Policy</b> – Submit a copy of your agency’s policy for handling crisis situations. Policy must address prevention, recognition, intervention and debriefing. It must also demonstrate compliance with “Danielle’s Law”, C.30:6D. Submission of agency policy which does not meet these criteria will result in rejection of your application. Website: <a href="http://www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html">www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html</a>
6.	<input type="checkbox"/> Three (3) written <b>professional letters of support</b> on behalf of the applying individual/agency specific to the provisions of services under this RFP/Q (references from New Jersey State employees are prohibited). One should come from an individual or organization whose mission is serving people with intellectual/developmental disabilities. Please include telephone numbers and e-mail for all references so they may be contacted directly.
7.	<input type="checkbox"/> <b>Exhibit “C”</b> – CSOC Pre-Award/Qualification Documents

## ATTACHMENT A

### Respite Service Plan

Respite services as part of a service plan can achieve several goals:

1. Avoid “burnout”
2. Reduce stress
3. Prevent family disruption
4. Enhance relationships

Reasons for respite depend upon the unique needs of the family (primary caregiver) and will vary, for example:

1. Primary Caregiver needs one on one time with other child
2. Primary Caregiver would like time to relax at home
3. Primary Caregiver would like to join support group
4. Primary Caregiver would like to spend time alone with partner/spouse

Sample Respite Service Plans:

1.

<b>Reason for Respite</b>	<b>How Often</b>	<b>Length of Time</b>	<b>Total Time</b>	<b>Type of Respite</b>	<b>Goal(s)</b>
Primary Caregiver needs one on one time with other child	Twice a month	10 hours	20 hours/month	SHR	Enhance parent/child relationship, Prevent Family Disruption

2.

<b>Reason for Respite</b>	<b>How Often</b>	<b>Length of Time</b>	<b>Total Time</b>	<b>Type of Respite</b>	<b>Goal(s)</b>
Primary Caregiver would like time to relax at home	Two days per week	2 hours	16 hours/month	AHR	Reduce stress, Avoid “burnout”





**ATTACHMENT C**

New Jersey Department of Children and Families  
Children's System of Care (CSOC)  
Family Support Services

**AGENCY CONTACT INFORMATION**

**AGENCY/CORPORATE CONTACT INFORMATION**

Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Agency ID Numbers: FEIN: \_\_\_\_\_ DUNS: \_\_\_\_\_

Agency CEO/  
Executive Director Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Agency Type:  Non Profit  For Profit

**AGENCY CONTACTS**

For Notices  
Regarding this  
RFQ:  
i.e. Program  
Manager Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

For Fiscal  
Questions:  
i.e. ROE/Audits/  
Closeouts Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

For Billing  
Questions:  
i.e. Claims/Census Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## ATTACHMENT D

New Jersey Department of Children and Families-Children's System of Care (CSOC)  
Family Support Services (Respite)  
**PROGRAM COMPONENT FORM**

Please complete a separate form for each program component. Check the program type in the box below.

Program Component (please check)	Frequency	Rate
<input type="checkbox"/> SHR Self Hired Respite	Maximum: 240 units (60 hours) per 90 days	\$ 4.00 per 15 minutes
<input type="checkbox"/> AHR Agency Hired Respite	Maximum: 240 Units (60 hours) per 90 days	\$ 6.25 per 15 minutes
<input type="checkbox"/> AAS Agency After School Care	Maximum: 960 Units (240 hours) per 90 days	\$ 6.25 per 15 minutes
<input type="checkbox"/> AWR Agency Weekend Recreation	Maximum: 300 Units (75 hours) per 90 days	\$ 6.25 per 15 minutes
<input type="checkbox"/> OVR Overnight Respite	Maximum: 6 overnights per rolling 365 day period	\$155 per overnight

Program Name: \_\_\_\_\_

Program Site Address: \_\_\_\_\_

Program Lead: Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Number of Youth Able to Serve: \_\_\_\_\_ Staffing Ratio: \_\_\_\_\_

Ages Served: \_\_\_\_\_

Operational Timeframe: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Operation Days & Hours

	From: AM/PM (enter time below)	To: AM/PM (enter time below)
• Sunday	_____	_____
• Monday	_____	_____
• Tuesday	_____	_____
• Wednesday	_____	_____
• Thursday	_____	_____
• Friday	_____	_____
• Saturday	_____	_____

Counties Served:

<input type="checkbox"/> Atlantic	<input type="checkbox"/> Cumberland	<input type="checkbox"/> Hunterdon	<input type="checkbox"/> Morris	<input type="checkbox"/> Somerset
<input type="checkbox"/> Bergen	<input type="checkbox"/> Essex	<input type="checkbox"/> Mercer	<input type="checkbox"/> Ocean	<input type="checkbox"/> Sussex
<input type="checkbox"/> Burlington	<input type="checkbox"/> Gloucester	<input type="checkbox"/> Middlesex	<input type="checkbox"/> Passaic	<input type="checkbox"/> Union
<input type="checkbox"/> Camden	<input type="checkbox"/> Hudson	<input type="checkbox"/> Monmouth	<input type="checkbox"/> Salem	<input type="checkbox"/> Warren
<input type="checkbox"/> Cape May				

Transportation Provided: Identify for which program under type; additional funds will not be provided.  
 Yes  No Type: \_\_\_\_\_

Bilingual Services Offered:  
 Yes  No Languages: \_\_\_\_\_

**ATTACHMENT E**

**Attestation**

Providers are required to confirm their compliance with all of the qualification requirements. This completed document is attestation that you are able to meet all of the compulsory requirements and able to provide services consistent with the scope of services delineated in the RFQ.

**By my signature below, I hereby certify that:**

- I have the necessary authority to execute this agreement between my Agency and the Department of Children and Families (DCF).
- I have read, understand and will comply with all of the terms and conditions of providing the services described in this RFQ.
- I agree to provide all of the required services and to comply with all of the service implementation and payment processes described throughout this RFQ for Respite Supports and Services for Youth with Intellectual/Developmental Disabilities.
- I certify that I meet all of the qualifications and have provided all of the documentation required throughout the RFQ for providing these required services.
- The information I have given in response to this RFQ is correct and complete.

Failure to abide by the terms of this attestation is a basis for DCF’s withdrawal of my qualification to provide these services.

---

<b>CEO OR EQUIVALENT NAME</b> (Please Print)	<b>SIGNATURE</b>	<b>DATE</b>
---	------------------	-------------

**PLEASE NOTE: This application is subject to public disclosure under the New Jersey Open Public Records Act.**

ATTACHMENT F

COMMUNITY AGENCY HEAD AND WORKER CERTIFICATION
PERMISSION FOR BACKGROUND CHECK AND RELEASE OF INFORMATION

I hereby agree to undergo a criminal history background check and I agree to be fingerprinted in order to complete the State and Federal background check process. I further authorize the release of all information regarding the results of my background check to the Department of Children and Families. Check one of the options listed below. If Option 2 is checked or the criminal background check reveals any conviction(s) for the offenses listed below, I understand that I may be subject to termination from employment.

[ ] Option 1 - I hereby certify under penalties of perjury, that I have not been convicted of any of the offenses listed below and no such record exists in the State Bureau of Identification in the Division of State Police or in the Federal Bureau of Investigation, Identification Division.

[ ] Option 2 - I hereby affirm that I have been convicted of the following offense listed below:

\_\_\_\_\_ on \_\_\_\_\_
Offense Date

FOR PROVISIONAL WORKER ONLY

As a provisional worker, I further understand that I may be engaged by the agency for a period not to exceed six (6) months during which time a background check will be completed. I understand that I will work under the supervision of a superior where possible.

Offenses covered under P.L. 1999, c.358

In New Jersey, any crime or disorderly person offense:

--involving danger to the person as set forth in N.J.S.A. 2C:11-1 et seq. through 2C:15-1 et seq. including the following:

- i. Murder
ii. Manslaughter
iii. Death by auto
iv. Simple assault
v. Aggravated assault
vi. Recklessly endangering another person
vii. Terroristic threats
viii. Kidnapping
ix. Interference with custody of children
x. Sexual assault
xi. Criminal sexual contact
xii. Lewdness
xiii. Robbery

-- against the children or incompetents as set forth in N.J.S.A. 2C:24-1 et seq. including the following:
Endangering the welfare of an incompetent person

- i. Endangering the welfare of a child
ii. person

--a crime or offense involving the manufacture, transportation, sale, possession or habitual use of a controlled dangerous substance as defined in N.J.S.A. 2C:24-1 et seq.

--in any other state or jurisdiction, conduct which, if committed in New Jersey, would constitute any of the crimes or disorderly persons offenses described above.

FOR COMMUNITY AGENCY HEAD ONLY:

I understand the results of this background check will be reported to the President of the Board of my agency.

Name of Board President
Community Agency Head or Worker:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address of Board President (Home or Business)

Witness:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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](http://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.*).

## EXHIBIT C

### CSOC Pre Award/Qualification Documents Required to Be Submitted with Response to Respite RFQ

Rev 7-12-16

▶ <b>CONTRACT DOCUMENTS TO BE SUBMITTED <u>ONCE</u> WITH THE RFQ RESPONSE:</b>	
1	<input type="checkbox"/> <b>Signed Standard Language Document (SLD)</b> [Version: Rev. June 6, 2014] Form: <a href="http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc">http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc</a>
2	<input type="checkbox"/> <b>Business Associate Agreement/HIPAA</b> , with signature under Business Associate [Version: Rev. 9-2013] Form: <a href="http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc">http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc</a>
3	<input type="checkbox"/> <b>Source Disclosure Certification Form</b> [P.L. 2005, c 92-formerly Executive Order 129] Website: <a href="http://www.state.nj.us/treasury/purchase/forms.shtml">http://www.state.nj.us/treasury/purchase/forms.shtml</a> Form: <a href="http://www.state.nj.us/treasury/purchase/forms/SourceDisclosureCertification.pdf">http://www.state.nj.us/treasury/purchase/forms/SourceDisclosureCertification.pdf</a>
4	<input type="checkbox"/> Dated List of Names, Titles, Emails, Phone Numbers, Addresses and Terms of <b>Board of Directors -or- Managing Partners</b> , if an LLC or Partnership
5	<input type="checkbox"/> <b>Disclosure of Investigations and Other Actions Involving Bidder Form (PDF)</b> Website: <a href="http://www.state.nj.us/treasury/purchase/forms.shtml">http://www.state.nj.us/treasury/purchase/forms.shtml</a> Form: <a href="http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestigations.pdf">http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestigations.pdf</a>
6	<input type="checkbox"/> <b>Disclosure of Investment Activities in Iran (PDF)</b> Website: <a href="http://www.state.nj.us/treasury/purchase/forms.shtml">http://www.state.nj.us/treasury/purchase/forms.shtml</a> Form: <a href="http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf">http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf</a>
7	<input type="checkbox"/> For Profit: <b>Statement of Bidder/Vendor Ownership Form (PDF)</b> Website: <a href="http://www.state.nj.us/treasury/purchase/forms.shtml">http://www.state.nj.us/treasury/purchase/forms.shtml</a> Form: <a href="http://www.state.nj.us/treasury/purchase/forms/OwnershipFinal12-14.pdf">http://www.state.nj.us/treasury/purchase/forms/OwnershipFinal12-14.pdf</a>
8	<input type="checkbox"/> <b>Subcontract/Consultant Agreements</b> related to this RFQ - If not applicable, include a written statement
9	<input type="checkbox"/> Document showing <b>Data Universal Numbering System (DUNS)</b> Number [2006 Federal Accountability and Transparency Act (FFATA)] Website: <a href="http://www.dnb.com">http://www.dnb.com</a> Helpline: 1-866-705-5711
10	<input type="checkbox"/> <b>Certificate of Incorporation</b> Website: <a href="http://www.nj.gov/treasury/revenue/filecerts.shtml">http://www.nj.gov/treasury/revenue/filecerts.shtml</a>
11	<input type="checkbox"/> For Profit: <b>NJ Business Registration</b> Certificate with the Division of Revenue. See instructions for applicability to your organization. If not applicable, include a written statement. Website: <a href="http://www.nj.gov/njbusiness/registration/">http://www.nj.gov/njbusiness/registration/</a>
12	<input type="checkbox"/> <b>Agency By Laws -or- Management Operating Agreement</b> if an LLC
13	<input type="checkbox"/> <b>Tax Exempt Certification</b> Website: <a href="http://www.state.nj.us/treasury/taxation/exemption.shtml">http://www.state.nj.us/treasury/taxation/exemption.shtml</a>
14	<input type="checkbox"/> <b>Statement of Assurances</b> - Use the RFP Forms found directly under the Notices section on Website: <a href="http://www.nj.gov/dcf/providers/notices/">http://www.nj.gov/dcf/providers/notices/</a> Form: <a href="http://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc">http://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc</a>



▶ <b>CONTRACT DOCUMENTS TO BE SUBMITTED <u>ONCE</u> WITH THE RFQ RESPONSE:</b> (continued)	
15	<input type="checkbox"/> <b>Safe-Child Standards Description</b> – Submit a brief statement demonstrating ways in which your agency will implement the “Standards” (2 pgs. max. double spaced) Policy: <a href="http://www.state.nj.us/dcf/SafeChildStandards.pdf">http://www.state.nj.us/dcf/SafeChildStandards.pdf</a>
16	<input type="checkbox"/> <b>For Profit: Chapter 51/Executive Order 117 Vendor Certification</b> --and-- Disclosure of Political Contributions [Version: Rev 4/17/15] See instructions for applicability to your organization. If not applicable, include a written statement. Website: <a href="http://www.state.nj.us/treasury/purchase/forms.shtml">http://www.state.nj.us/treasury/purchase/forms.shtml</a>
17	<input type="checkbox"/> <b>Chapter 271/Vendor Certification and Political Contribution Disclosure Form</b> Website: <a href="http://www.state.nj.us/treasury/purchase/forms.shtml">http://www.state.nj.us/treasury/purchase/forms.shtml</a> Form: <a href="http://www.state.nj.us/treasury/purchase/forms/CertandDisc2706.pdf">http://www.state.nj.us/treasury/purchase/forms/CertandDisc2706.pdf</a>
▶ <b>CONTRACT DOCUMENTS TO BE SUBMITTED WITH THE RFQ RESPONSE AND <u>ANNUALLY</u> UPDATED THEREAFTER:</b>	
18	<input type="checkbox"/> <b>System for Award Management (SAM)</b> printout showing "active" status (free of charge) Website: <a href="https://www.sam.gov/portal/public/SAM">https://www.sam.gov/portal/public/SAM</a> Helpline: 1-866-606-8220
19	<input type="checkbox"/> <b>Tax Forms:</b> <u>Non Profit</u> <b>Form 990</b> Return of Organization Exempt from Income Tax --or-- <u>For Profit</u> <b>Form 1120</b> US Corporation Income Tax Return --or-- <u>LLC</u> <b>Applicable Tax Form</b> and may delete or redact any SSN or personal information
20	<input type="checkbox"/> <b>Affirmative Action Certificate</b> --or-- <b>Renewal Application</b> [AA302] sent to Treasury Website: <a href="http://www.state.nj.us/treasury/purchase/forms.shtml">http://www.state.nj.us/treasury/purchase/forms.shtml</a> Form: <a href="http://www.state.nj.us/treasury/purchase/forms/AA %20Supplement.pdf">http://www.state.nj.us/treasury/purchase/forms/AA %20Supplement.pdf</a>
21	<input type="checkbox"/> Most recent <b>Audit or Financial Statement</b> (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: <a href="http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf">http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf</a>
22	<input type="checkbox"/> <b>Annual Report to Secretary of State</b> Website: <a href="https://www1.state.nj.us/TYTR_COARS/JSP/page1.jsp">https://www1.state.nj.us/TYTR_COARS/JSP/page1.jsp</a>
23	<input type="checkbox"/> Certification Regarding <b>Debarment</b> Form: <a href="http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf">http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf</a>
24	<input type="checkbox"/> <u>Non Profit</u> : Annual Report - <b>Charitable Organizations</b> - If not applicable, include a written statement Website: <a href="http://www.njpublicsafety.org/ca/charity/charfrm.htm">http://www.njpublicsafety.org/ca/charity/charfrm.htm</a>
25	<input type="checkbox"/> <b>Professional Licenses</b> related to job responsibilities for this RFQ - If not applicable, include a written statement
26	<input type="checkbox"/> Proposed <b>Organizational Chart</b> for Services Required by this RFQ - include date created
27	<input type="checkbox"/> <b>FSS Agency Contact Information</b> (Attachment C)
28	<input type="checkbox"/> <b>FSS Program Component Form</b> (Attachment D) Note: Complete one form for each program site location/component that will operate immediately or will achieve full operation within 60 days of qualification.

**EXHIBIT D**  
**CSOC Post-Award/Qualification Documents**  
**Required to be Submitted for Contract Formation**

Rev. 7-12-16

▶ <b>CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD WITH THE INITIAL CONTRACT:</b>	
1	<input type="checkbox"/> <b>Acknowledgement of Receipt</b> of NJ State Policy & Procedures returned to the DCF Office of EEO/AA Form: <a href="http://www.nj.gov/dcf/documents/contract/forms/DiscriminationAcknowReceipt.pdf">http://www.nj.gov/dcf/documents/contract/forms/DiscriminationAcknowReceipt.pdf</a> Policy: <a href="http://www.nj.gov/dcf/documents/contract/forms/AntiDiscriminationPolicy.pdf">http://www.nj.gov/dcf/documents/contract/forms/AntiDiscriminationPolicy.pdf</a>
2	<input type="checkbox"/> <b>For Each Site Hosting Youth: Certificate of Occupancy</b> --or-- Continued Certificate of Occupancy (e.g. AAS, OVR programs) If not applicable, include a written statement
3	<input type="checkbox"/> <b>For Each Site Hosting Youth: Copy of Lease, Mortgage</b> --or-- <b>Deed</b> (e.g. AAS, OVR programs) If not applicable, include a written statement
4	<input type="checkbox"/> Document showing <b>NJSTART</b> Vendor ID Number (NJ's eProcurement system) Website: <a href="https://www.njstart.gov">https://www.njstart.gov</a> Help Desk: Call 609-341-3500 --or-- Email <a href="mailto:njstart@treas.nj.gov">njstart@treas.nj.gov</a>
5	<input type="checkbox"/> <b>Standardized Board Resolution Validation</b> (required for programs without an Annex A) Form: <a href="http://www.state.nj.us/dcf/documents/contract/manuals/CPIM_p1_board.pdf">http://www.state.nj.us/dcf/documents/contract/manuals/CPIM_p1_board.pdf</a>
6	<input type="checkbox"/> <b>Medicaid Provider Enrollment Application</b> provided by CSOC
▶ <b>CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD &amp; ANNUALLY UPDATED THEREAFTER:</b>	
7	<input type="checkbox"/> <b>Liability Insurance</b> (Declaration Page and/or Malpractice Insurance) 1. Certificate Holder: NJDCF, 50 East State St., Floor 3, POB 717, Trenton, NJ 08625 --and-- 2. Policy should state in writing that DCF is an "additional insured". Refer to policy for Minimum Standards for Insurance: <a href="http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf">http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf</a>
8	<input type="checkbox"/> <b>Employee Fidelity Bond</b> Certificate (commercial blanket bond for dishonest acts) Refer to policy for Minimum Standards for Insurance: <a href="http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf">http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf</a> Note: Must be at least 15% of the full dollar amount of all State of NJ contracts for the current year when the combined dollar amount exceeds \$50,000. If not applicable, include a written statement.
9	<input type="checkbox"/> <b>Notification of Licensed Public Accountant (NLPA)</b> --and-- copy of non-expired <b>Accountant Certification</b> Form: <a href="http://www.nj.gov/dcf/documents/contract/forms/nlpa.doc">http://www.nj.gov/dcf/documents/contract/forms/nlpa.doc</a> Note: Not required for agencies expending under \$100,000 in combined Federal/State Awards. If not applicable, include a written statement.
10	<input type="checkbox"/> <b>For Each Site Hosting Youth: Health/Fire Certificates</b> (e.g. AAS, OVR programs) If not applicable, include a written statement
11	<input type="checkbox"/> <b>For Each Site Hosting Youth: Current DCF Office of Licensing (OOL) Certificate</b> (e.g. OVR programs) If not applicable, include a written statement. Website: <a href="http://www.state.nj.us/dcf/about/divisions/ol/index.html">http://www.state.nj.us/dcf/about/divisions/ol/index.html</a>
12	<input type="checkbox"/> <b>Equipment Inventory</b> for items purchased with DCF Funds - If not applicable, include a written statement. Policy: <a href="http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p4_equipment.pdf">http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p4_equipment.pdf</a>
13	<input type="checkbox"/> <b>Annual Report of Expenditures (ROE) Annex B</b> (within 120 calendar days of each Calendar Year End) Form: <a href="http://nj.gov/dcf/providers/contracting/forms/">http://nj.gov/dcf/providers/contracting/forms/</a> Submit To: <a href="mailto:ChildrensSystemofCare.BusinessOffice@dcf.state.nj.us">ChildrensSystemofCare.BusinessOffice@dcf.state.nj.us</a>
▶ <b>CONTRACT DOCUMENTS TO BE MAINTAINED ONSITE BY PROVIDER:</b>	
14	<input type="checkbox"/> Copy of Most Recently Approved <b>Board Minutes</b>
15	<input type="checkbox"/> <b>Personnel Manual and Employee Handbook</b> (include staff job descriptions)
16	<input type="checkbox"/> <b>Affirmative Action Policy/Plan</b>
17	<input type="checkbox"/> <b>Conflict of Interest Policy/Attestation</b> <a href="http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf">http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf</a>
18	<input type="checkbox"/> <b>Procurement Policy</b> <a href="http://www.nj.gov/dcf/documents/contract/manuals/CRM2.pdf">http://www.nj.gov/dcf/documents/contract/manuals/CRM2.pdf</a>