



NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

RESPIRE PROVIDERS

INFORMATION SESSION

DCF Children's System of Care

October 17, 2024

Agenda & Objectives

- Welcome & Introductions
- Children's System of Care (CSOC)
- Respite Services
- RFQ Requirements
- Organizing the RFQ Application
- Q & A



Children's System of Care (CSOC)

- Serves youth under 21 with emotional and behavioral health care challenges, intellectual/developmental disabilities including autism, and/or substance use challenges.
- Objective is to help youth thrive at home, in school, and in the community; successfully living with their families and becoming independent, productive and law-abiding citizens.
- PerformCare, the Contracted Systems Administrator for CSOC, is the single point of access for children, youth, and young adults up to the age of 21
- CSOC structure and foundational values ensure that services provided are based on the needs of the youth and family; are family-centered, culturally competent, and community-based.



Family Support Services

Family Support Services (FSS) are:

- A coordinated system of supports
- Designed to maintain and enhance quality of life
- Designed to strengthen families who provide care at home



Family Support Services

Family Support Services do not include:

- Daycare/Childcare
- Services available through other resources
- Funding for the cost of a service animal
- ABA Services



Family Support Services Eligibility

The youth must be:

- Determined eligible for Developmental Disability (DD) services and under the age of 21
- Living in the community with a biological/adoptive parent, legal guardian, resource family (foster, adoption, and kinship), or uncompensated caregiver
- Unable to obtain the service through any other funding mechanism, including but not limited to:
 - Private insurance
 - Medicaid
 - Local educational authority

****Availability may be limited in certain areas of the state***

****FSS are not an entitlement and are based on available funding***



Accessing Family Support Services

- Contact PerformCare at 1-877-652-7624 (24/7) and request to complete a FSS application by phone
- PerformCare matches eligible youth to respite providers and authorizes respite services.
- Application remains active for one year
- Authorizations are given in 3-month increments
- Reauthorizations within a 12-month period are based on utilization and benefit to the youth and family
- Youth may receive FSS until the day before their 21st birthday
- Requests for a different/additional FSS require a new FSS request



Types of Respite

■ Respite Care

- Agency Afterschool Respite Care (AASR)
- Agency Hired Respite (AHR)
- Agency Weekend Recreation (AWR)
- Self-Hired Respite (SHR)
- Overnight Respite (OVR)



Agency Afterschool Respite (AASR)

- AASR provides youth with group-based social and recreational experiences, rather than educational programming, at the end of the school day.
- AASR may be held in a public school or at a provider's site. Services may not take place in the youth's home.
- Preschool-aged youth enrolled in public school Pre-K programs and youth attending Extended School Year (ESY) programs are eligible for AASR.
- Families are responsible for providing and arranging transportation. If a provider chooses to offer transportation, the cost must be included in the posted rate.



Agency-Hired Respite (AHR)

- AHR provides individual social and recreational experiences to youth in or outside of their homes in the community.
- AHR offers families a respite worker who is recruited, trained, and employed by a contracted provider.
- AHR is offered as an individual service and is not offered in a group setting.
- Families are responsible for providing and arranging transportation. If a provider chooses to offer transportation, the cost must be included in the posted rate.
- AHR providers must comply with Electronic Visit Verification (EVV) requirements.
- Families can utilize time as needed within the 90-day authorization.



Agency Weekend Recreation (AWR)

- AWR offers social and recreational activities in a group setting outside of the youth's home.
- AWR services may include a community outing component that is arranged by the provider.
- AWR services may be offered on Friday night, Saturday, and/or Sunday. Overnight hours are not permitted.
- Families are responsible for providing and arranging transportation. If a provider chooses to offer transportation, the cost must be included in the posted rate.



Self-Hired Respite (SHR)

- SHR provides individual social and recreational experiences to youth in or outside of their homes in the community. SHR is not offered in a group setting.
- SHR is offered to families who want to recruit and hire their own SHR worker of their choice.
- SHR worker must be at least 18 years old and may be a member of the youth's household, but not the youth's immediate caregiver.
- Families pay the SHR worker directly and submit paperwork, in support of reimbursement to the provider on a monthly basis.
- Families can utilize time as needed within the 90-day authorization.



Overnight Respite (OVR)

- OVR allows youth to stay overnight in a safe, short-term alternate living arrangement.
- OVR must be provided in a licensed facility with round-the-clock supervision and care.
- OVR services may not take place in a hotel, or any unlicensed facility.
- Families are responsible for providing and arranging transportation. If a provider chooses to offer transportation, the cost must be included in the posted rate.
- Families can utilize time as needed within the 90-day authorization.



Funding Information

Providers will be reimbursed according to the maximum rates below:

Program	Symbol	Unit	Rate
Agency After School Respite	AAS	960 units (240 hours) per 90 days	\$7.40 per unit \$29.60 per hour
Agency-Hired Respite	AHR	360 units (90 hours) per 90 days	\$10.69 per unit \$42.76 per hour
Agency Weekend Recreation	AWR	300 units (75 hours) per 90 days	\$7.08 per unit \$28.32 per hour
Self-Hired Respite	SHR	360 units (90 hours) per 90 days	\$7.06 per unit* \$28.24 per hour
Overnight Respite	OVR	1 overnight (maximum 14 overnights in a rolling 365-day period, based on availability)	\$155 per night

***Note: NJ State minimum wage must be paid for a SHR worker.**



RFQ

- DCF will send an official decision letter to all respondents once a final qualification decision is made.
- If qualified, post-award documentation will be collected from the provider by the DCF Office of Contract Administration.
- Providers will need to complete a FSS Medicaid application before their contract can be executed.
- Once the contract is executed, DCF/CSOC will send a welcome email including information on trainings, billing, referrals, and background check requirements to newly contracted providers.



Key Components

- Background Checks
- Compliance with Reporting:
 - NJ Abuse/Adult Protective Services
 - Danielle's Law
 - Unusual Incident Reporting (UIR)
- Program Description Form
- Documentation Requirements
- Training Plan



Qualification Process

- All responses must be delivered ONLINE on the due date by 12:00 P.M. **Responses received after 12:00 P.M. on November 06, 2024, will not be considered.**
- To submit online, respondent must complete an Authorized Organization Representative (AOR) form. The completed AOR form must be signed and dated by the Chief Executive Officer or designated alternate and sent to DCF.ASKRFP@dcf.nj.gov
- Registered AOR forms must be received no less than five (5) business days prior to the date the response is due.
- Upon receipt of the completed AOR, DCF will grant the Respondent permission to proceed and provide instructions for the submission of the response.



Timeframes

- Notice of Request for Qualification posted **September 23, 2024**
- Email Question and Answer Period up until **October 24, 2024**
- Informational Session on **October 17, 2024**
- Authorized Organization Representative (AOR) submitted no later than **October 30, 2024**
- Completed response submitted no later than **November 6, 2024**

DCF recommends not waiting until the due date to submit your response in case there are technical difficulties during your submission.



Organizing Your Application

Registration for the Authorized Organization Representative (AOR)
To Submit a Grant Application Electronically

Organization Name: Example, Inc.

Type of Organization: ☐ Non-Profit; ☐ For-Profit; ☐ University; ☐ LLC

Organization Mailing Address: 123 Main Street, Cherry Hill, NJ 08002

Organization Email Address: main@exampleinc.org

Organization Phone Number: (856) 555-5555

AOR Contact Name: John Smith

AOR Contact Phone Number: (856) 555-5555

AOR Contact Email Address: john@exampleinc.org

I hereby designate the **above-named organization, AOR Contact, and valid email address** to be authorized to submit a Request for Proposal (RFP) / Request for Qualifications (RFQ) application in response to a competitive procurement advertised by the Department of Children and Families called:

RFP/RFQ: **ENTER RFP/RFQ NAME HERE**

County/Region/Location to be served (if applicable):

Note: You need to register for each RFP/RFQ to be provided access. You may keep the name and password the same. This information will be retained.

- Submit a complete AOR form to DCF.ASKRFP@dcf.nj.gov
- Ensure the form is completely filled and **signed**.



Organizing Your Application

- Applications must be submitted as three separate PDFs.
- Providers will be given access and instructions to a secure FTP site to upload.
- Refer to RFQ Pgs. 28-32



Organizing Your Application

F. Signature Statement of Acceptance:

By my signature below, I hereby certify that I have read, understand, accept, and will comply with all the terms and conditions of providing services described above as *Required Performance and Staffing Deliverables* and any referenced documents. I understand that the failure to abide by the terms of this statement is a basis for DCF's termination of my contract to provide these services. I have the necessary authority to execute this agreement between my organization and DCF.

Location to be served:

Name:

Signature:

Title:

Date:

Organization:

Federal ID No.:

Charitable Registration No.:

Unique Entity ID #:

Contact Person:

Title:

Phone:

Email:

Mailing Address:



PDF 1: Section II – Required Performance and Staffing Deliverables

- Complete and sign **Signature Statement of Acceptance** (Found in RFQ p.27)
- Only required to submit this signature page (not the whole RFQ)
- Your signature certifies that you have read, understood, accepted and, if awarded a contract, will comply with all the deliverables, terms and conditions included in the RFQ.

Section III - Documents Requested to be Submitted with This Response

In addition to the Signature Statement of Acceptance of the Required Performance and Staffing Deliverables, DCF requests respondents to submit the following documents with each response. Respondents must organize the documents submitted in the same order as presented below under one (1) of the two (2) corresponding title headings: A. *Organizational Documents Prerequisite to a DCF Contract Award Requested to be Submitted with This Response* and B. *Additional*



Organizing Your Application

- **PDF 2: Section III - Documents Requested to be Submitted with This Response, Subsection A. Organizational Documents** Prerequisite to a DCF Contract Award Requested to be Submitted with the Response
- There are 25 documents that should be combined into this second PDF. Please complete and, if applicable, sign and date each document.
- If any document is not applicable to your agency, please submit a brief statement of non-applicability.



PDF 2 Common Mistakes

Form AA302
Rev. 02/22

STATE OF NEW JERSEY
Division of Purchase & Property
Contract Compliance Audit Unit
EEO Monitoring Program

EMPLOYEE INFORMATION REPORT

IMPORTANT-READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND TO SUBMIT THE REQUIRED \$150.00 FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT FEO-1 REPORT FOR SECTION B, ITEM 11. For Instructions on completing the form, go to: https://www.nj.gov/treasury/contract_compliance/documents/pdf/forms/aa302ins.pdf

SECTION A - COMPANY IDENTIFICATION

1. FID. NO. OR SOCIAL SECURITY [REDACTED]	2. TYPE OF BUSINESS ☐ 1. MFG ☐ 2. SERVICE ☐ 3. WHOLESALE ☐ 4. RETAIL ☐ 5. OTHER	3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY [REDACTED]
4. COMPANY NAME [REDACTED]		COMPANY E-MAIL [REDACTED]
5. STREET [REDACTED]	CITY [REDACTED]	COUNTY [REDACTED]
STATE [REDACTED]	ZIP CODE [REDACTED]	
6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE) [REDACTED]		CITY [REDACTED]
STATE [REDACTED]		ZIP CODE [REDACTED]
7. CHECK ONE: IS THE COMPANY: ☐ SINGLE-ESTABLISHMENT EMPLOYER ☐ MULTI-ESTABLISHMENT EMPLOYER		
8. IF MULTI-ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN NJ [REDACTED]		
9. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT [REDACTED]		
10. PUBLIC AGENCY AWARDED CONTRACT [REDACTED]		
CITY [REDACTED]		COUNTY [REDACTED]
STATE [REDACTED]		ZIP CODE [REDACTED]
Official Use Only	DATE RECEIVED	ASSIGNED CERTIFICATION NUMBER

SECTION B - EMPLOYMENT DATA

11. Report all permanent, temporary and part-time employees ON YOUR OWN PAYROLL. Enter the appropriate figures on all lines and in all columns. Where there are no employees in a particular category, enter a zero. Include ALL employees, not just those in minority/non-minority categories, in columns 1, 2, & 3. **DO NOT SUBMIT AN EEO-1 REPORT.**

2. Affirmative Action Certificate

- If you are a startup, you can submit the completed AA302 (left) and the receipt of payment from the Treasury (\$150.00).



PDF 2 Common Mistakes

STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT POLICY: DCF.P8.05-2007

EFFECTIVE DATE: August 1, 2007

REVISED: July 1, 2008

SUBJECT: **Conflict of Interest**

I. PURPOSE

The purpose of this policy is to establish minimum standards for use by Provider Agencies in the development and implementation of a Conflict of Interest policy and the Department of Children and Families' (DCF) compliance procedure.

II. SCOPE

This policy applies to all DCF Contracts.

III. DEFINITIONS

In addition to defined terms included in the Glossary of the Manual, the following terms, when capitalized, shall have meanings as stated:

Conflict of Interest (also Conflict) means a conflict, or the appearance of a conflict, between the private interests and the official responsibilities of a person in a position of trust. Persons in a position of trust include, but are not limited to Provider Agency paid and volunteer Staff Members, officers, or Governing Board

8. Your Organization's Conflict of Interest Policy

- Do **not** submit the DCF Conflict of Interest Policy.



PDF 2 Common Mistakes



OWNERSHIP DISCLOSURE FORM

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY - DIVISION OF PURCHASE AND PROPERTY
33 WEST STATE STREET, P.O. BOX 230 TRENTON, NEW JERSEY 08625-0230

YOUR AGENCY NAME HERE

VENDOR NAME:

PURSUANT TO N.J.S.A. 52:25-24.2, ALL PARTIES ENTERING INTO A CONTRACT WITH THE STATE ARE REQUIRED TO PROVIDE A STATEMENT OF OWNERSHIP.
Please answer all questions and complete the information requested.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. The vendor is a Non-Profit Entity ; and therefore, no disclosure is necessary. | ☐ | ☐ |
| 2. The vendor is a Sole Proprietor ; and therefore, no other disclosure is necessary.
A Sole Proprietor is a person who owns an unincorporated business by himself or her-self.
A limited liability company with a single member is not a Sole Proprietor. | ☐ | ☐ |
| 3. The vendor is a corporation, partnership, or limited liability company with individuals, partners, members, stockholders, corporations, partnerships, or limited liability companies owning a 10% or greater interest; and therefore, disclosure is necessary. | ☐ | ☐ |

If you answered **YES** to Question 3, you must disclose the information requested in the space below:*

- (a) the names and addresses of all stockholders in the corporation who own 10% or more of its stock, of any class;
- (b) all individual partners in the partnership who own a 10% or greater interest therein; or,
- (c) all members in the limited liability company who own a 10% or greater interest therein.

NAME			
ADDRESS			
ADDRESS			
CITY	STATE	ZIP	

NAME			
ADDRESS			
ADDRESS			
CITY	STATE	ZIP	

NAME			
ADDRESS			
ADDRESS			
CITY	STATE	ZIP	

NAME			
ADDRESS			
ADDRESS			
CITY	STATE	ZIP	

- | | YES | NO |
|---|--------------------------|--------------------------|
| 4. For each of the corporations, partnerships, or limited liability companies identified in response to Question #3 above, are there any individuals, partners, members, stockholders, corporations, partnerships, or limited liability companies owning a 10% or greater interest of those listed business entities? | ☐ | ☐ |

13. Ownership Disclosure Form

- You **must** submit this with your response or it will not be considered.
- Read each statement carefully.



PDF 2 Common Mistakes

 **SAM.GOV®** Attachment 24: System for Award Management (SAM) Status and Expiration Date

Entity Workspace Results 1 Total Results

Example, Inc.

Unique Entity ID: 123ABDEF5678

CAGE/NCAGE: 25XX

Entity Status: Active Registration

Doing Business As:

Physical Address:

123 Main Street
Cherry Hill, NJ 08002

Expiration Date:

October 2025

Purpose of Registration:

All Awards

16. System of Award Management (SAM)

- Submit a printout showing your UEID, Active Status, and Expiration Date.



Organizing Your Application

- **PDF 3: Section III – Documents Requested to Submitted with This Response, Subsection B. Additional Documents Requested to be Submitted in Support of This Response**

There are **4 documents** that should be combined into this third PDF:

1. Program Description Form
2. Three (3) Letter(s) of Support
3. Summary of Reduction and Seclusion
4. Training Curricula Table of Contents



Program Description Form for Respite

for the

New Jersey Department of Children and Families (DCF) Children's System of Care (CSOC)

Please enter the requested information into this form and **include it in the third PDF submission in your Request for Qualification response packet that is to be labeled:**

PDF 3: Section III – Documents Requested to be Submitted with this Response, Subsection B.

Name of Provider: Example, Inc.

1. Identify the program type(s):

- | | |
|---|--|
| ☐ Respite, Agency After School (AAS) | ☐ Respite, Self-Hired (SHR) |
| ☐ Respite, Agency Hired (AHR) | ☐ Respite, Overnight (OVR) |
| ☒ Respite, Agency Weekend (AWR) | |

2. Specify the age range of the youth to be served by the program: From: 9 To: 12

3. Approximate number of youth to be served by the program (s): 20

4. Identify the specific program location(s):

- | | | | | |
|--|-------------------------------------|------------------------------------|----------------------------------|-----------------------------------|
| ☐ Atlantic | ☐ Cumberland | ☐ Hunterdon | ☐ Morris | ☐ Somerset |
| ☐ Bergen | ☐ Essex | ☐ Mercer | ☐ Ocean | ☐ Sussex |
| ☐ Burlington | ☐ Gloucester | ☐ Middlesex | ☐ Passaic | ☐ Union |
| ☒ Camden | ☐ Hudson | ☐ Monmouth | ☐ Salem | ☐ Warren |
| ☐ Cape May | | | | |

5. Specify the hours of program operation and include AM and PM:

- | | | | | | | | |
|--|----------------------|----|----------------------|--|----------------------|----|----------------------|
| ☒ Sunday | <input type="text"/> | to | <input type="text"/> | ☐ Thursday | <input type="text"/> | to | <input type="text"/> |
| ☐ Monday | <input type="text"/> | to | <input type="text"/> | ☒ Friday | <input type="text"/> | to | <input type="text"/> |
| ☐ Tuesday | <input type="text"/> | to | <input type="text"/> | ☒ Saturday | <input type="text"/> | to | <input type="text"/> |
| ☐ Wednesday | <input type="text"/> | to | <input type="text"/> | | | | |

6. Describe the activity(ies) offered by your program and include details explaining how each activity will be delivered and the level of participation intended for youth.

SEE ATTACHMENT

7. Provide information on the staffing of the program

SEE ATTACHMENT

Organizing your Application

- Program Description Form
- Submit a complete form for **each** program.
- Ensure all questions are complete.



Questions & Answers

- Respondents may not contact the Department directly, in person, or by telephone, concerning this RFP. Questions may be sent in advance of the response deadline via email to DCF.ASKRFP@dcf.nj.gov
- Technical inquiries about forms, documents, and format may be requested at any time prior to the response deadline, but questions about the content of the response must be submitted by 12 PM on **October 24, 2024**.
- Responses to content questions will be posted to the Department website at [DCF | Requests for Proposals, Qualifications/or Information and Funding Opportunities \(nj.gov\)](https://www.dcf.nj.gov/Requests-for-Proposals-Qualifications-or-Information-and-Funding-Opportunities)



Questions

