

**Required Performance and Staffing Deliverables**

**for**

**Youth Villages LifeSet Region 3**

**Effective Date: 7/1/2024**

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**Section I - Summary Program Description:**

The New Jersey Department of Children and Families (DCF) Office of Adolescent Services administers this contract for Youth Villages LifeSet.

LifeSet is a model intervention from Youth Villages and is best described as an intensive case management service that assist young adults ages 17 through 23 who are connected to DCF as they age out and need to become independent. LifeSet can help with concrete skill development like creating resumes, applying for jobs, developing a budget, attaining and maintaining housing, or obtaining their driver’s license, etc. They also assist with those soft/executive functioning skills like time management, building healthy relationships, creating routines and organization skills. On average, the program lasts about 9 -12 months, where the LifeSet specialist will meet with youth weekly wherever the youth is comfortable meeting. There are a total of four providers who serve youth throughout the state.

**Section II - Required Performance and Staffing Deliverables**

**NOTE: After reviewing the required deliverables listed below, contractors** **must sign the statement at the bottom of this Section II to signify acceptance of all of them. Please submit an executed copy as a PDF document with the title heading: *Required Performance and Staffing Deliverables*.**

1. **Subject Matter -** **The below describes the needs the contractor must address in this program, the goals it must meet, and its prevention focus.**

1) **The need for this program as indicated by data regarding the health and human services issues and parent and community perceptions is:** DCF wants to ensure that the needs of youth transitioning out of foster care are being met through programs that align with DCF’s core approaches and considers recent developments in the field regarding adolescent brain development and trauma-informed care. Historically, services for youth in foster care in New Jersey have focused on life skills that focus more on concrete skill development and resources. Our goal is to integrate concrete skill development with executive/cognitive skill development.

2) **The goals to be met by this program are:** Youth served by the program will be equipped with the tools they need to heal and thrive as they transition to adulthood and out of DCF services. The goals of the program are for youth participants to address individualized needs and attain goals in areas such as: increased social support network, increased earnings and employment, decreased homelessness, decreased economic hardships, increased educational attainment, decreased mental health issues, increased access to health services, decreased contact with the criminal justice system and decreased victimization.

3) **The prevention focus of this program is:**

The vulnerabilities expected to be targeted and prevented or mitigated by this program initiative include Emotional Abuse/Neglect, Physical Abuse, Sexual Abuse, Substance Use, Homelessness, Incarceration, Unemployment, Illiteracy/HS dropout, and Isolation.

1. **Target Population - The below describes the characteristics and demographics the contractors must ensure the program serves.**
2. **Age:**

Youth and young adults may enter services from 17 to their 23rd birthday.

1. **Grade:**

N/A

1. **Gender:**

Female; Male; Trans; Non-binary; All

1. **Marital Status**:

Youth and young adults of any marital status are to be served inclusive of those single, married, divorced, separated, widowed, or in a civil partnership.

1. **Parenting Status:**

Pregnant and parenting youth and young adults must not be disqualified from being served.

1. **Will the program also serve the children of the primary service recipient?**

No

1. **DCF CP&P Status:**

Chafee eligible youth ages 17-years and older which includes:

* Youth that have experienced foster care at age 14 up to age 21
* Youth who aged out of foster care at 18
* Youth who exited foster care for adoption or KLG after 16+
* Youth who exited care to reunification at 14 or older
* Youth who are not in placement but involved with child welfare to prevent placement
1. **Descriptors of the primary service recipient:**

N/A

1. **Descriptors of the Family Members / Care Givers / Custodians of the primary service recipients also required to be served:**

N/A

1. **Other populations/descriptors targeted and served by this program:**

Those with active DCF involvement (connected to a CSOC, FCP, Office of Education or any DCF contracted service).

1. **Does the program have income eligibility requirements**? No
2. **Activities - The below describes the activities this program initiative requires of contractors, inclusive of how the target population will be identified and served, the direct services and service modalities that will be provided to the target population, and the professional development and training that will be required of, and provided to, those delivering the services.**

1) **The level of service increments for this program initiative:**

Expectation for this program is that providers will be serving between 32 and no more than 40 unduplicated youth at any given time.

2) **The frequency of these increments to be tracked:**

This level of service will be measured and monitored through the agency’s input of required information into GuideTree and their own electronic medical record (EMR) system on an ongoing basis throughout each month.

3) **Estimated Unduplicated Service Recipients:** Between 32 and no more than 40 unduplicated youth at any given time.

4) **Estimated Unduplicated Families:** N/A

5) **Is there a required referral process?** Yes

6) **The referral process for enabling the target population to obtain the services of this program initiative:**

A gatekeeper referral process is required. OAS in partnership with CP&P will be the gatekeeper and OAS will be responsible for submitting referrals directly to the providers based on where the young person is currently residing.

7) **The rejection and termination parameters required for this program initiative:**

 **Rejection of a referral**: Prior to admitting a young person into the LifeSet program the areas below are assessed thoroughly by the LifeSet Provider via the Pre-Enrollment Assessment (PEA). It is important to note that protective factors are also thoroughly assessed to determine how these might mitigate risk posed by the below areas. The presence of two or more of the below areas does not automatically exclude a participant from the LifeSet program.

 •Gang involvement resulting in violent behavior (victim hospitalized or killed); Young adult unwilling to detach from gang or gang involvement provides significant means in meeting basic needs

 •History of violent criminal behavior (severely injuring someone with a gun or other weapon, rape, armed robbery, etc.) • Current homicidal ideations/threats/attempts or extreme aggression within the past 90 days; Acute ideations or attempt within 30 days at time of assessment

 •Current suicidal ideations/threats or attempt within last 30 days

 •Significant impairment in young person’s ability to meet independent living goals because of chronic mental health issues (frequent hospitalizations)

 •Intellectual disabilities, developmental delays that impede a young person’s ability to complete LifeSet goals; Functioning level impedes ability to complete daily living tasks

 •Psychotic behavior not controlled by medications (e.g. hallucinations, delusions, paranoia)

 •Young people not committed to consistently meeting with LifeSet case specialist

 •Untreated Problem Sexual behavior within the last 12 months

 If, following the completion of the PEA, there are concerns and/or if the young person meets at least two of the criteria for risk factors, the LifeSet specialist will complete the PEA, end the session, and inform the young person they will be following up with them about the admission decision within two business days. The LifeSet specialist will then immediately contact the team supervisor, as well as the LifeSet model expert and program lead/director if needed, for further direction. If the LifeSet specialist and team supervisor agree that the young person is inappropriate for the LifeSet program and wish to decline the young person, the specialist must send an email to the LifeSet model expert, the CP&P Case Worker and the DCF LifeSet project coordinator, outlining the reason for decline and request a phone conference that should take place within 24 hours (excluding weekends & holidays) of the PEA completion. The admission decision that is made during this phone conference should be communicated with the young person within 24 hours.

**Termination:** A youth is exited from the program when the team, including the model expert, agree that the youth has met maximum therapeutic benefit through program participation. The date of the program exit session will be the last day of program enrollment. f a youth is not consistently meeting for face-to-face sessions and whereabouts are unknown, a letter will be sent to the youth’s last known address after 20 days of not meeting to inform youth of pending program exit at 30 days of no face-to-face contact. The date of program exit should be the date the youth cancels services, and, if youth does not re-establish contact, the date of program exit should be the 30th day after the youth’s last face-to-face session.

8) **The direct services and activities required for this program initiative:** The daily, weekly, and monthly activities required of the Specialist, Supervisor, and Program Lead for this program initiative are outlined in the following table:

|  |  |  |  |
| --- | --- | --- | --- |
| Daily | Specialist | Schedule and attend sessions | 15 hrs. |
| Contact Collaterals and other supports | 30-60 min |
| Session documentation | 10 min/case note |
| Non-session contact with youth | varies |
| Serious incident management with documentation | varies |
| Enroll new referrals with documentation | 1.5-2 hrs. per new enrollment |
| Pop-ups for disengaged youth | varies |
| Follow-up on red flag cases | varies |
| Daily | Supervisor | Serious incident management | varies |
| Assign new referrals | 15 min as needed |
|  |  | Follow-up on enrollments | 15 min/specialist |
| Approve daily documentation | 30 min |
| Upload PEAs and serious incident reports to GuideTree | 30 min |
| Obtain red flag updates | 30 min |
| Daily | Program Lead | Follow-up on enrollments | 30 min |
| Obtain serious red flag updates | 30 min |
| Serious incident management as needed | varies |
| Weekly | Specialist | Update treatment plans | 20min/plan/month |
| Attend group supervision | 2 hrs. |
| Attend consultation | 1.5 hrs. |
| Attend development meeting | 1 hr. |
| Input collateral data into GuideTree for recently discharged youth | 15 min |
| Check GuideTree for youth-level data errors | 30 min |
| Audio tape session | NA |
| Weekly | Supervisor | QA documentation | 2 hrs. |
| Input youth-level data into GuideTree for recently enrolled and discharged youth | 1 hr. |
| Check GuideTree for collateral data errors/omissions | 30 min |
| Prep for and conduct group supervision | 2 hrs. plus prep 15 min/plan |
| Group notes and treatment plans uploaded toGuideTree | 15 min |
| Attend consultation | 1.5 hrs. |
| Attend Red Flag meeting | 30 min - 1 hr. |
| Clinical development with consultant | 1 hr. |
| Individual development with supervisor | 1 hr. |
| Individual development with specialists | 4 hrs. |
| Field visits | varies |
| Listen to taped sessions | varies |
| Weekly | Program Lead | Attend Red Flag meeting | 1 hr. |
| Attend implementation meeting | 1 hr. |
| Individual development with supervisor | 1 hr. |
| Monthly | Specialist | N/A |  |
| Monthly | Supervisor | Young Adult Surveys | 1 hr. |
| Enter aggregate data in GuideTree by the 5th | 5 min |
| Customer service calls/surveys | 30 min |
| Attend cross-site network calls | 1 hr. |
| Prep for and lead monthly data review | 30 min |
| Update specialist development plans and send to program lead, regional network lead, and consultant | update in individual mtg |
| Monthly | ProgramLead | Attend cross-site network calls | 1 hr. |
|  |  | Attend monthly data review (help with prepif needed) | 1 hr./ prep 30 min |
| Meet with consultant and regional network lead regarding supervisor feedback | 1 hr. |
| Update supervisor development plan and send to regional network lead and consultant | update in individual mtg |
| Attend group supervision | 2 hrs. |
| Attend consultation | 1.5 hrs. |
| Attend field visit | 2 hrs./specialist |

9) **The service modalities required for this program initiative are:** LifeSet Specialists meet at least weekly with youth face to face, with session length being an average of 60-90 minutes. Sessions are typically conducted on an individual basis but may include informal or formal supports when appropriate.

 LifeSet Teams will hold quarterly events to bring current and/or past program participants together to provide an opportunity for social interactions and to facilitate relationship building between program participants and LifeSet staff. Events can be planned activities out in the community (i.e. bowling, beach days, baseball, etc.) or at the Agency (i.e. tax prep class, cooking class, etc.).

1. **Evidence Based Practice (EBP) modalities:** Some of the evidence-based practices used with the youth during the sessions include Motivational Interviewing and tenets from Cognitive Behavioral Therapy
2. **DCF Program Service Names:** Youth Villages LifeSet Region 3
3. **Other/Non-evidence-based practice service modalities:** N/A

10) **The type of treatment sessions [OR prevention services] required for this program initiative are:**

Face to Face

11) **The frequency of the treatment sessions [OR prevention services] required for this program initiative are:**

Weekly with youth, session length being an average of 60-90 minutes.

1. **Contractors are required to communicate with Parent/Family/Youth Advisory Councils, or to incorporate the participation of the communities the contractors serve in some other manner:**

N/A

1. **The professional development through training, supervision, technical assistance meetings, continuing education, professional board participation, and site visits, required for this program initiative are:**
2. Initial/Start-up Training will consist of:

•Clinical Foundations Training- introduces new LifeSet staff to the theory and application of the LifeSet model. This training will include education on the use of evidence-based practices and best practices used as part of the program model. As part of clinical foundations and ongoing model training, staff will receive training in the tenets of cognitive behavioral therapy (CBT) and motivational interviewing (MI). LifeSet also uses best-practice interventions including, but not limited to, Casey Life Skills Assessments and Preparing Adolescents for Young Adulthood (PAYA).

• LifeSet 101 - will provide LifeSet team members with the knowledge of day-to-day operations in the LifeSet program and will cover expectations and responsibilities of the specialist role in detail. This training will educate the LifeSet staff on their daily tasks and provide tips for being successful as a LifeSet specialist.

•Team Supervisor Training-individual training on role-specific tasks, including management and operational tasks. Clinical supervision training will be provided by the Licensed Program Expert after the supervisor has attended Clinical Foundations training.

•Office of Adolescent Services 101- is designed to orient all LifeSet staff to the Department of Children & Families, the Office of Adolescent Services and all relevant stakeholders. The training will include information about healing centered engagement, youth leadership & advocacy, and other youth related topics.

1. Ongoing Quarterly Meetings:

•Boosters will take place with all LifeSet staff once per quarter on various clinical topics. The schedule of these boosters will be developed by LifeSet leadership and the Licensed Program Expert. The Licensed Program Expert will complete the booster trainings in person at the implementing provider organization site.

•LifeSet Learning Collaboratives will take place with all LifeSet staff once per quarter on various DCF or programmatic topics. The schedule of the Learning Collaboratives will be developed by DCF & OAS and will take place both virtually and in person.

1. Meetings/Supervisions:

•Implementation Calls – Bi-weekly calls for all involved parties to discuss relevant topics regarding LifeSet programming. Such topics could include data collection, census management, technology use, funding-related issues, and other high-level or specific topics regarding operations. They will occur bi-weekly with the frequency being tapered down to once a month to co-occur with the monthly data review at an agreed upon time.

•Specialist Development- Team Supervisors provide weekly individual development to each specialist.

•Team Supervisor Development- Team Supervisors will meet at least weekly with his/her direct supervisor (Program Lead) to update development plans and discuss any strength and need areas or opportunities for professional growth related to the Team Supervisor role.

•Team Supervisor Clinical Development - The Team Supervisor will regularly meet with the Licensed Program Expert to discuss the supervisor’s clinical skill development, primarily around group supervision and treatment conceptualization practices.

•Team Supervisor Operational Development- For the first 6 months of implementation, the Team Supervisor will meet with a Youth Villages Program Implementation Specialist/Regional Network Lead bi-weekly to discuss day-to-day operational challenges that might occur and provide mentoring regarding any challenges experienced by the Team Supervisor.

•Red Flag Meeting-High-risk cases will be discussed during weekly Red Flag Meetings.

•Group Supervision- weekly group meeting of all Specialists and Team Supervisor to discuss monthly service plans, new enrollments, and red flag cases.

•Clinical Consultation -During weekly Clinical Consultation, the Licensed Program Expert reviews red-flag cases, Pre-Admission Assessments, new enrollments, and monthly service plans to ensure model fidelity and appropriate clinical direction with Team Supervisor and Specialists.

•Monthly Data Review Calls- Supervisor will present both positive and negative data trends for the previous month by examining key performance indicators (KPIs), program management indicators, and other data points. The supervisor will also present interventions to address and/or sustain the identified trends.

•LifeSet Network Call- monthly call with other providers across the LifeSet Network to discuss programmatic implementation successes and challenges and for Youth Villages to provide updates related to the model.

•Program Model Reviews- Occur 6 months after implementation and annually for recertification

•Annual DCF Contracting and Program Monitoring Site Visits

1. **The court testimony activities, which may address an individual’s compliance with treatment plan(s); attendance at program(s), participation in counseling sessions, required for this program initiative are:** N/A
2. **The student educational program planning required to serve youth in this program:** N/A
3. **Resources - The below describes the resources required of contractors to ensure the service delivery area, management, and assessment of this program.**

1)**The program initiative’s service site is required to be located in:** Anywhere in New Jersey

2) **The geographic area the program initiative is required to serve is:** There will be 4 teams across the state each serving a different region. All counties will be covered by this service. The regions are: Region 1 - Atlantic, Camden, Cape May, Cumberland, Gloucester, and Salem. Region 2 - Essex, Mercer, Middlesex, Somerset, Hunterdon, Warren and Union. Region 3 - Bergen, Essex, Hudson, Morris, Sussex, and Passaic, Region 4 - Camden, Burlington, Monmouth, and Ocean.

3) **The program initiative’s required service delivery setting is:**

Services are to be provided where the young person feels comfortable and/or is available to meet which can include their resource home, family home, school, or locations within the community.

4) **The hours, days of week, and months of year this program initiative is required to operate:**

Due to the varying schedules of the young adults being served, LifeSet staff will sometimes need to work flexible hours to meet those needs. Supervisors should ensure that staff are scheduling their week in order to meet the needs of the youth. This will require the staff to work non-traditional work hours which could include weekends.

5) **Additional procedures for on call staff to meet the needs of those served twenty-four (24) hours a day, seven (7) days a week?**

As part of the LifeSet program model, young adults will need to have access to on-call services 24 hours a day, 7 days a week as emergencies and urgent matters sometimes occur outside of traditional working hours. Implementing Provider Organizations should establish on-call procedures that consider the following:

•Method of on-call (e.g. cell phone, pager, Google number, forwarded phone line, etc.)

•Which staff trained in the LifeSet model will be on-call during non-traditional hours of nights and weekends

•Schedule for staff rotation of on-call, if applicable

•Ensuring young adults are aware of the on-call number, what times to use the on-call procedure, and what types of events would necessitate utilizing on-call

6) **Additional flexible hours, inclusive of non-traditional and weekend hours, to meet the needs of those served?**

Yes, staff will sometimes need to work flexible hours to meet the needs of youth. Supervisors should ensure that staff are scheduling their week to meet the needs of the youth. This will require the staff to work non-traditional work hours which could include weekends.

7) **The language services (if other than English) this program initiative is required to provide:**

Programs should make the necessary accommodations to meet the language needs of any youth, having at minimum one Bi-lingual Spanish speaking specialist is preferred.

8) **The transportation this program initiative is required to provide:** Specialists and supervisors are required to have the transportation means necessary to go into the community for scheduled meetings with the young people as well as in crisis situations. Transporting young people to go to community appointments or complete interventions to increase their life skills are common practice in LifeSet programs. Providers are responsible for using best practices to arrange transportation of the young people by identifying natural supports, community resources and in some situations transporting the young people themselves. Implementing provider organizations should have procedures in place to ensure the safety of the LifeSet team members and the young adults in motor vehicles.

9) **The staffing requirements for this program initiative, including the number of any required FTEs, ratio of worker to youth, shift requirements, supervision requirements, education, content knowledge, credentials, and certifications:**

The following are the minimum staffing credentials and requirements for a DCF contracted provider of LifeSet. This is not to be interpreted as comprehensive of the total responsibilities each staff member will manage. A LifeSet Team consists of .25 FTE Program Director, 1 FTE supervisor and 4 FTE LifeSet Specialists:

|  |  |  |  |
| --- | --- | --- | --- |
| **Position** | **Education** | **Skills** | **Responsibilities** |
| LifeSet Specialist (4 full time positions) | Master’s degree in social work, psychology, or a related field is preferred. Bachelor’s degree in social services with a minimum of 1-year of related experience in counseling and/or case management is required. | Strong organizational skills, attention to detail, ability to maintain a flexible schedule, ability to manage multiple priorities simultaneously, excellent written and verbal skills, cultural and linguistic competence, solution-focused commitment to positive outcomes, open to youth feedback and coaching, able to implementrecommendations. | Serve 8-10 youth a minimum of 1 hour per week face to face with each youth. Data entry and relevant documentation. 24/7 on call availability based on rotating schedule.Participate in group supervision, consultation, and individual development. |
| LifeSet Team Supervisor (1 full time position) | Master’s degree in social work, psychology, or other directly related human services field with experience is preferred. Bachelor’s degree with a minimum of 5 years’ experience in social services is required. | Demonstrated ability to develop and manage staff, ability to collaborate with internal and external stakeholders, excellent written and verbal communication skills, excellent customer service skills, open to feedback and coaching, and able to implement recommendations. | Supervise four LifeSet Specialists, manage the team and their implementation of LifeSet, conduct weekly group and individual supervision, staff red flag cases, participate in consultation, review case documentation, conduct customer surveys, provide additional support to LifeSet Specialists in the field, provide on-call oversight as needed, cover tasks for LifeSetSpecialists as needed. |
| Program Director (.25 full time position) | Master’s degree in social work, psychology, or other directly related human services field with experience is preferred. Bachelor’s degree with a minimum of 5 years’ experience in social services is required.Management experience is required. | Strong leadership and management skills, excellent written and verbal communication skills, excellent customer service skills. | Effectively plan and market program, implement training, interview and hire staff, monitor quality of services and effectiveness of staff, customer relations, employee recognition and motivation, provide on- call oversight as needed, supervise professional development, cover essential tasks and weekly meetings for supervisor as needed. |

10) **The legislation and regulations relevant to this specific program, including any licensing regulations:** N/A

11) **The availability for electronic, telephone, or in-person conferencing this program initiative requires:**

 Program staff should have face to face contact with the youth on a weekly basis. Program staff will also need to have the ability to communicate with youth via telephone and electronic methods that include texting, email, and video calling. In addition, staff will need laptops and Wi-Fi capabilities while in the field.

12) **The required partnerships/collaborations with stakeholders that will contribute to the success of this initiative:**

 Agencies are required to execute two agreements with Youth Villages: 1) Youth Villages LifeSet Model License Agreement and 2) Business Associate Agreement and work in collaboration with Youth Villages on an ongoing basis.

 Agencies will partner with DCF’s Child Protection and Permanency staff, the Office of Adolescent Services, and other service providers working with the youth. Agencies will partner with the Evaluator.

13) **The data collection systems this program initiative requires:**

NJ Spirit Extension for NYTD Data Collection is provided by DCF and is no cost to the agency. Access to GuideTree is included in the model implementation fees and paid by the agency to Youth Villages and is outlined in the Model License Agreement. Agencies will utilize their own established Electronic Medical Record (EMR) to capture required data elements. Agencies may also have access to a data collection tool for evaluation purposes.

14) **The assessment and evaluation tools this program initiative requires:**

Assessments will include the pre-enrollment assessment (PEA) which is completed as an initial eligibility screening, the Columbia Suicide Severity Rating Scale (C-SSRS) and a 2-part psychosocial assessment which is completed during the first 30 days of service. Access to all the above-mentioned screening tools will be provided by Youth Villages. The Casey Life Skills assessment and additional assessments will be used as needed.

1. **Outcomes - The below describes the evaluations, outcomes, information technology, data collection, and reporting required of contractors for this program.**

1) **The evaluations required for this program initiative:** There is an ongoing comprehensive evaluation of LifeSet in New Jersey. The proposed evaluation of the LifeSet program will follow a sample of youth randomized to be offered the LifeSet program or, alternatively, services as usual that are offered through DCF. This evaluation will study program impacts as well as program implementation and will draw on qualitative and quantitative data collection and analysis techniques. The goal of the evaluation is to determine whether LifeSet has significant impacts on key youth outcomes in New Jersey, whether and how findings on program impacts from this evaluation support or differ from the those found in Tennessee, and based on these findings, whether results from the New Jersey evaluation can raise LifeSet to the “well supported” classification of evidence. Many different methods will be used to collect data and information during the evaluation including, document reviews, In-person and phone interviews with staff and administrative personnel, Site visits, observations, focus groups of staff and young people, Staff surveys, and Program data collected from GuideTree and each agencies Electronic Medical Record (EMR) systems. All agencies participating in LifeSet are required to participate in all necessary evaluation activities. Programs will not be allowed to use funds to support independent evaluations.

2) **The outcomes required of this program** initiative (which may include short term, midterm, and long-term outcomes):

**Outcomes**:

* Maintain 80% or above on Youth Villages LifeSet Annual Recertification Model Fidelity Reviews
* 65% or more of youth who are referred will enroll

3) **Required use of databases:**

Access to GuideTree is included in the model implementation fees and paid by the agency to Youth Villages and is outlined in the Model License Agreement.

4) **Reporting requirements:**

1. Non-Negotiable Documents -These are identified documents that Youth Villages requires, some are documents to be completed with or for each young adult, while others pertain to staff documentation.

a) Pre-Enrollment Assessment (PEA)/Psychosocial: A pre-enrollment assessment (PEA), including the Columbia Suicide Severity Rating Scale (C-SSRS), is completed as an initial eligibility screening with each young adult referred and considered for enrollment into LifeSet. Once that young adult is screened and enrolled into the program, a psychosocial is completed. The psychosocial is comprised of two parts, the first part is completed in the first 14 days of enrollment and the second within 30 days of enrollment. Each of these assessments should be used in the development of goals and service plans for the young adult’s length of stay in LifeSet. The template for each of the three assessments of the PEA/Psychosocial will be provided to implementing provider organizations by Youth Villages.

b) Service Plans: The first service plan is to be completed within 72 hours of admission, and every 4 weeks thereafter. Each updated service plan will include information from the previous service cycle, including progress, barriers, new information, and any unmet treatment objectives. Service plans will also contain current treatment objectives and interventions that will be implemented during the upcoming month during face-to-face sessions with the young adult. Implementing provider organizations will need to ensure completion of this plan within the identified records system.

c) Session Notes: Session notes reflect what happened during each session that is held with a young adult while in Life Set. Specialists should prepare for each session in advance, using the service plan as a guide to develop the session agenda. Each session that takes place with a young adult needs to have a note that correlates. Each young adult is required to have at minimum one session note per week (more sessions, with corresponding session notes, can be held depending on the circumstances of the young adult). Session notes should reflect that interventions from the service plan were implemented and enough information should be included so that auditors/funders clearly understand what took place during the session, and should take the following into account: Date, Time and duration, Location, Current employment, Education, and Housing Status, Mood/Affect/Behavior, brief session summary and any homework given.

d) Satisfaction Surveys: Providers will develop surveys for young adults to complete during services, at minimum quarterly. These surveys will allow the implementing provider organizations to assess satisfaction with services and allow for the supervisor to follow up with any dissatisfaction a young adult may have. In addition to young adult surveys, implementing provider organizations should also develop and administer external customer satisfaction surveys to parties that are working alongside LifeSet staff with young adults. LifeSet Supervisors should administer these surveys over the phone and keep record of them. The frequency of administering these will be at the discretion of the provider; however, surveys should be done when a concern arises, as well as randomly. These surveys and survey results will be discussed quarterly with Youth Villages staff.

e) Specialist and Supervisor Development Plans: Team Supervisors provide weekly individual development to each specialist. Individual development is designed for the specialist and supervisor to identify areas that address ensuring fidelity to the model and personal growth. Specialists and supervisors should review the goals that are developed and the steps that will be taken to accomplish them. Supervisors use development plans to document the topics that are discussed in individual development meetings as well as the development goals that the specialist and supervisor have agreed on. Much like specialist development, Team Supervisors will meet at least weekly with their direct supervisor (Program Lead/Director) to update development plans and discuss any strength and need areas, or opportunities for professional growth related to the Team Supervisor role. Areas of clinical development that are addressed by the LifeSet Model Expert should also be reflected on the supervisor development plan.

f) Leadership Field Visit forms: Supervisors are expected to complete leadership field visits with each specialist. Supervisors are expected to complete leadership field visit forms when completing visits. These forms are to be reviewed with the specialist and can be a part of specialist development.

g) Serious incident notes: Specialists use serious incident notes to document the details of serious incidents, including precipitating factors, action steps, and follow-up within 24 hours. The LifeSet model requires certain serious incidents to be reported. Implementing provider organizations may add incidents to this list at their discretion.

h) Enrollment Packet: An enrollment packet includes all needed documentation that is to be completed with a young adult at the time of admission into the program. Implementing provider organizations may have the forms listed below already developed, in which case implementing provider organizations are encouraged to use their individual forms. In cases where these forms are not developed, Youth Villages can assist or provide examples of each.

• Consent for Participation in Services: Outlines the young adult’s understanding and consent to be a part of the Life Set program.

• Consent for Follow-Up: Gives the implementing provider organizations and Youth Villages permission to conduct the follow up surveys with the young adult at discharge, as well as at the 6, 12, and 24 months post discharge. This form also includes contact information for the young adult.

• Acknowledgement of Handbook: Outlines the information that is provided in the participant handbook and acknowledges receipt of the handbook.

• Authorizations of Release of Information: By completing releases of information, young adults give permission to LifeSet staff to talk with and collaborate with their supports.

• Expectations for LifeSet Services: Outlines the young adult’s rights and responsibilities while a part of the LifeSet program. It also outlines the expectations for home-based treatment.

• Digital Communication Release: This release gives permission for the use of audio tapes by the LifeSet staff for professional development purposes. It also gives the LifeSet staff the permission to send text message and leave voicemails for the young adult on identified contact numbers.

i) Participant Handbook: An outline of services for the young adult to reference as needed. Contents could include the following:

• an outline of services areas that LifeSet can and will address with young adults

• copy of the young adult’s rights and responsibilities

• expectations of home-based treatment

• grievance policy and form

• on-call information.

2. NYTD Reporting-In order to comply with federal reporting requirements, implementing providers will report on NYTD Independent Living Services funded by the Department of Children and Families. It is the agencies responsibility to identify one NYTD user per program and an agency-wide liaison who are responsible for inputting the information below. There are two components of reporting, which are outlined below:

a) The mechanism for electronic reporting is done by utilizing the NJ SPIRIT (NJS) Extension Application. The NJS Extension will be used to enter and submit the NYTD Independent Living services provided to youth. Monthly summary data will be entered electronically on the NJS Extension Application. Submission dates for entering NYTD Services into the NJS Extension will be anytime during the last week of the month until the Friday of the 1st full week of the following month. Each reporting period will capture data from the previous month’s activities.

b) Supporting documentation (i.e. a case notes summary) of the activities and work that was completed, for the previous month with the specific adolescent, are submitted to the assigned DCP&P caseworker for each adolescent. For youth who are not currently open with DCP&P, ensure such documentation exists in the youths’ program record.

3. Ongoing Performance Improvement and Program Evaluation Processes-Youth Villages requires Implementing Providers to submit key data through GuideTree in order to effectively monitor program model fidelity through monthly key performance indicators, outcome evaluation data and annual program model adherence reviews. Implementing providers should expect to upload, enter, or update (if needed) youth and staff level data at minimum weekly and aggregate level data monthly. The data submitted will be utilized to calculate performance metrics and fidelity measures. The type of data required is explained in further detail in the LifeSet Agreement between the implementing provider and Youth Villages. In addition, Youth Villages requires Implementing Providers to complete Program Exit Questionnaires upon all young adults exit from program and Follow up Questionnaires at six-and twelve-months post exit.

**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.

Enter the name of the [region, county, municipality] the contractor will serve. Region 3 - Bergen, Essex, Hudson, Morris, Sussex, and Passaic

Name:

Signature:

Title:

Date:

Organization:

Federal ID No.:

Charitable Registration No.:

Unique Entity ID #:

Contact Person:

Title:

Phone:

Email:

Mailing Address:

**Section III - Documents Prerequisite Contract Execution**

In addition to the Signed Statement of Acceptance of the Required Performance and Staffing Deliverables, DCF requires contractors to submit up to date versions of the following documents if not already on file with DCF.

1. **Organizational Documents Prerequisite to the Execution of All DCF Contracts:**



1) A description of how your **Accounting** System has the capability to record financial transactions by funding source, to produce funding source documentation, authorization to support all expenditures, and timesheets which detail by funding source how the employee spent their time, invoices, etc.

 2) **Acknowledgement of Receipt** of NJ State Policy and Procedures: Return the receipt to DCF Office of EEO/AA.

 Form:<https://www.nj.gov/dcf/documents/contract/forms/DiscriminationAcknowReceipt.pdf>

3) **Affirmative Action Certificate:**  Issued after the renewal form [AA302] is sent to Treasury with payment.

 Note: The AA302 is only applicable to new startup agencies and may only be submitted during Year One (1). Agencies previously contracted through DCF are required to submit an Affirmative Action Certificate.

Website: <https://www.state.nj.us/treasury/contract_compliance/>

4) **Agency By-Laws** -or- Management **Operating Agreement** if a Limited Liability Corporation (LLC) or Partnership

5) **Annual Report to Secretary of State** proof of filing.

 Website: <https://www.njportal.com/dor/annualreports>

1. Statement of **Assurances** signed and dated.

Website: https://www.nj.gov/dcf/providers/notices/requests/#2

Form:

<https://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc>

7) **Attestation Form for Public Law P.L. 2021, c.1** - Complete, sign and date as the contractor.

 Form: [Attestation.Form.To.Be.Completed.by.Providers.Covered.by.Public.Law.2021c.1.-6.7.21.pdf (nj.gov)](https://www.nj.gov/dcf/providers/contracting/forms/Attestation.Form.To.Be.Completed.by.Providers.Covered.by.Public.Law.2021c.1.-6.7.21.pdf)

 **Note:** Read each statement carefully and do not check all options. Pay attention to the ‘or-either-and’ statements. A signature and date are required.

1. Dated List of Names, Titles, Emails, Phone Numbers, Addresses and Terms of either the **Board of Directors** of a corporation,or the **Managing Partners** of a Limited Liability Corporation (LLC)/Partnership, or the **members** of the responsible governing body of a county or municipality.
2. Standardized Board Resolution Form Form:<https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p1_board.pdf>
3. For Profit: **NJ Business Registration Certificate** with the Division of Revenue (see instructions for applicability to your organization).

 Website: <https://www.nj.gov/treasury/revenue/busregcert.shtml>

11) **Business Associate Agreement/HIPAA** -Sign and date as the Business Associate.

Form: <https://www.nj.gov/dcf/providers/contracting/forms/HIPAA.docx>

12) **Conflict of Interest Policy** (Contractor should submit its own policy, **not** a signed copy of the DCF model form found at the end of the following DCF policy.)

 <https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf>

13)  All **Corrective action plans or reviews** in process or completed by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities within the last two (2) years.

**If applicable**, a copy of the corrective action plan should be provided and any other pertinent information that will explain or clarify the contractor’s current position under the correction action plan and remedial measures implemented.

**If not applicable**, the contractor is to **include a signed and dated written statement** **on agency letterhead** that it has never been under any Corrective Actions or reviews.

**Contractors are on notice** that DCF may consider all materials in our records concerning audits, reviews, or corrective active plans as part of the contract review process.

14) Certification Regarding **Debarment**

Form:<https://www.nj.gov/dcf/documents/contract/forms/Cert.Debarment.pdf>

15) Disclosure **of Investigations & Other Actions Involving Contractor**

 Form: <https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestigations.pdf>

16) **Disclosure of Investment Activities in Iran**

 Form: <https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf>

17) **Disclosure of Ownership** **(Ownership Disclosure Form)**

 Form: <https://www.nj.gov/treasury/purchase/forms/OwnershipDisclosure.pdf>

The Ownership Disclosure form must be completed and returned by non-profit and for-profit corporations, partnerships, and limited liability companies. The failure of a **for-profit** corporation, partnership, or limited liability company to complete the form shall prohibit the formation of a contract.

18) **Disclosure of Prohibited Activities in Russia and Belarus**

 Form: <https://www.state.nj.us/treasury/administration/pdf/DisclosureofProhibitedActivitesinRussiaBelarus.pdf>

19) **Employee Fidelity Bond Certificate (**commercial blanket bond - crime/theft/dishonest acts)

Bond must be at least 15% of the full dollar amount of all NJ State contracts for the current year when the combined dollar amount exceeds $50,000. The $50,000 threshold includes fee-for-service reimbursements made via NJ FamilyCare/Medicaid If not applicable, contractor must submit a signed/dated written statement on agency letterhead stating they will not exceed $50,000 in combined NJ State contracts for the current year.

Email To: OfficeOfContractAdministration@dcf.nj.gov and copy your contract administrator

Policy:[https://www.nj.gov/dcf/documents/contract/manuals/CPIM\_p8\_insurance.pdf](https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf%20)

20) **Liability Insurance** (Declaration Page/Malpractice Insurance/Automobile Liability Insurance)

Important: Policy must show:

a. DCF as the certificate holder – NJDCF 50 E State Street, Floor 3, P.O. Box 717, Trenton, NJ 08625

b. Language Stating DCF is “an additional insured”

c. Commercial Liability Minimum Limits of $1,000,000 an occurrence, $3,000,000 aggregate

d. Commercial Automobile Liability Insurance written to cover cars, vans or trucks, limits of liability for bodily injury and property damage should not be less than $2,000,000/occurrence.

Email To: OfficeOfContractAdministration@dcf.nj.gov and copy your contract administrator Policy:[https://www.nj.gov/dcf/documents/contract/manuals/CPIM\_p8\_insurance.pdf](https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf%20)

21) Document showing **NJSTART** Vendor ID Number (NJ's eProcurement System) Website: <https://www.njstart.gov/> Helpline: 609-341-3500 or - njstart@treas.nj.gov

22) **Program Organizational Chart**

Should include agency name & current date

23) **Source Disclosure Form (Disclosure of Source Location of Services Performed Outside the United States)**

 Form: <http://www.state.nj.us/treasury/purchase/forms/SourceDisclosureCertification.pdf>

24) Document showing **Unique Entity ID (SAM)** Number

 Website: <https://sam.gov/content/duns-uei>

25) **Certificate of Incorporation**

 Website: <https://www.nj.gov/treasury/revenue>

26) **Notice of Standard Contract Requirements, Processes, and Policies** Sign and date as the contractor

 Form: [Notice.of.Standard.Contract.Requirements.pdf (nj.gov)](https://www.nj.gov/dcf/providers/contracting/forms/Notice.of.Standard.Contract.Requirements.pdf)

 27) **Organizational Chart of contractor -** Ensure chart includes the agency name, current date, and the allocation of personnel among each of the agency's DCF programs with their position titles and names.

 28) **Chapter 271/Vendor Certification and Political Contribution Disclosure**
Form:<https://www.nj.gov/treasury/purchase/forms/CertandDisc2706.pdf>

 29) **Prevent Child Abuse New Jersey's (PCA-NJ) Safe-Child standards -** A brief description (no more than two (2) pages double spaced) of the ways in which contractor’s operations (policies and/or practices) mirror these standards. The document should include the agency name & current date. The Standards are available at: [“Sexual Abuse Safe-Child Standards” (state.nj.us)](https://www.state.nj.us/dcf/SafeChildStandards.pdf)

30) **Standard Language Document (SLD) (or Individual Provider Agreement or Department Agreement with another State Entity as designated by DCF.)**

Sign and date as the provider

 **SLD Form:**

[**https://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc**](https://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc)

**Individual Provider Agreement:**

[**https://www.nj.gov/dcf/providers/contracting/forms/Individual.Provider.agreement.pdf**](https://www.nj.gov/dcf/providers/contracting/forms/Individual.Provider.agreement.pdf)

 **State Entity Agreement:**

[**https://www.nj.gov/dcf/providers/contracting/forms/DCF.Departmental.Agreement.with.Another.State.Entity.pdf**](https://www.nj.gov/dcf/providers/contracting/forms/DCF.Departmental.Agreement.with.Another.State.Entity.pdf)

31) **System for Award Management** (**SAM)** Submit a printout showing active status and the expiration date. Available free of charge.

 Website: <https://sam.gov/content/home>Helpline:1-866-606-8220

32) **Tax Exempt Organization Certificate** (ST-5)-or- **IRS Determination Letter** 501(c)(3)

Website: <https://www.nj.gov/treasury/taxation/exemptintro.shtml>

33) **Tax Forms: Submit a copy of the most recent full tax return**Non-Profit: Form 990 Return of Organization Exempt from Income Tax or- For Profit: Form 1120 US Corporation Income Tax Return -or-
LLCs: Applicable Tax Form and may delete/redact any SSN or personal information
Note: Store subsequent tax returns on site for submission to DCF upon request.

 34) **Trauma Informed and Cultural Inclusivity Practices -** Submit written policies describing the incorporation of these practices into your provision of services.

**[The above 34 documents must be collected from each contractor if not already on file with DCF.]**

1. **Additional Documents Prerequisite to the Execution of This DCF Contract**

**[The contract administrator assigned to initiate and administer this contract may require the contractor to submit the following additional documents relevant to this specific contract prior to finalizing the contract for funding.]**

1)Copy of **Accreditation** (Joint Commission, COA, CARF, as applicable)
Cancellation of accreditation must be reported Immediately.

 2)CSOC Only: **Agency Data Sheet**

Ensure all fields are completed with accurate info. Sheets with incomplete/inaccurate info will be returned. This includes all agency identifying numbers i.e., FEIN, UEI and NJSTART as well as staff contact info.

 Note: For multi-year contracts, the contract number will remain the same each year.

 Form: Provided by contract administrator, if applicable.

 3) **Annex A -** Sections 1.1, 1.3 (& 2.4 if not a CSOC OOH Contract).

 **Note:** Contract Administrators will provide any Annex A forms customized for programs when they are not available on the DCF public website. Website: <https://www.nj.gov/dcf/providers/contracting/forms>

4) CSOC only: **Annex A Addendum -** Complete for each program component in CYBER. Submit online in CYBER.

5)**Annex B Budget Form -** Include Signed Cover Sheet

 Form: <https://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls>

 Note: The Annex B Expense Summary Form is auto populated. Begin data input on Personnel Detail Tab.

 Website: <https://www.nj.gov/dcf/providers/contracting/forms>

6) A completed **Budget Narrative** is required for the proposed program that: a) clearly articulates budget items, including a description of miscellaneous expenses or “other” items; b) describes how funding will be used to meet the project goals, responsibilities, and requirements; and c) references the costs associated with the completion of the project as entered in the Proposed Budget Form found at:

<https://www.nj.gov/dcf/providers/contracting/forms/>. When DCF allows funding requests for start-up costs, include in the Budget Narrative a detailed summary of, and justification for, any one-time program implementation costs documented in the final column of the Proposed Budget Form.

7) **Certification Regarding Exemptions**

 Website: <https://www.nj.gov/dcf/providers/contracting/forms>

8) **Certification Regarding Reporting**

 Website: <https://www.nj.gov/dcf/providers/contracting/forms>

9) **Equipment Inventory** (of items purchased with DCF funds) Policy: <https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p4_equipment.pdf>

 10) **Schedule of Estimated Claims** (SEC)-signed

 Form: Provided by contract administrator when applicable.

 11) **Fixed Rate Information Summary**-signed

 Form: Provided by contract administrator when applicable.

 12) For Each FSS Overnight Respite Program and OOH Program a current **Office of Licensing (OOL) Certificate** Website: <https://www.nj.gov/dcf/about/divisions/ol/>

13) For Programs Hosting Youth, Adults, and Families or relying on Rent, Interest, or Depreciation in their program budget: current **Health/Fire Certificates**

 14) For Programs Hosting Youth, Adults, and Families or when including Rent, Interest, or Depreciation in the program budget: copies of an executed **Lease, Mortgage** or **Deed.**

 15) For Programs Hosting Youth, Adults, and Families or relying on Rent, Interest, or Depreciation in their program budget: current/continued **Certificate of Occupancy.**

 16) CSOC Only: **Medicaid Provider Enrollment Application** (signed/dated) Provided by CSOC for Medicaid paid services.

 17) **Professional Licenses and/or Certificates** currently effective related to job responsibilities.

 18) CSOC Only: **Program Activity Schedule**The schedule should detail the structure/activities of the entire day of each week including evening shifts, 24/7.

 19) CSOC Only: **Program Component Form**

Ensure all fields are completed with accurate info. Forms with incomplete/ inaccurate information will be returned. This includes staffing levels (enter #), level of service (enter approx. #), ages, hours/days, counties, languages, etc.

 **FSS Note:** Each FSS site and program type (AAS, AHR, AWR, SHR, OVR) must have its own form and identifying name. Days/hours must also correspond to the program type.

 20) CSOC Only: **Program Staffing Summary Report (PSSR)**A full updated report must be submitted **prior to opening** a new program and then **annually** by the 10th day of the month following each contract year.

 Form:<https://www.nj.gov/dcf/providers/contracting/forms/ProgramStaffingSummaryReport.xlsm>

21) **Subcontracts/Consultant Agreements/ Memorandum of Understanding** related to this contract for DCF review and approval.

22) **Treatment Home Consultant/MOU/MOA**

 Submit complete and updated copies of all agreements between Treatment Home agencies and their direct service providers annually. Immediately inform DCF when changes to the information in the submitted agreements occur by email with the subject line: TH Provider (attach agreement)

23) **CSOC only: Youth Camp Safety Act Certificate of Approval** issued by the Department of Health

Form:<https://www.nj.gov/health/ceohs/phfpp/youthcamps/operators/license.shtml#4>

**Section IV - General Conditions and Reporting Requirements of This Contract**

1. **General Conditions of DCF Contracts**

DCF determines the effective date of any contract, which is the date compensable services may begin.

A DCF contractor shall be required to comply with the terms and conditions of DCFs’ contracting rules, regulations, and policies as set forth in the Standard Language Document, the Notice of Standard DCF Contract Requirements, the Contract Reimbursement Manual, and the Contract Policy and Information Manual. Contractors may review these items via the Internet at: www.nj.gov/dcf/providers/contracting/manuals https://www.state.nj.us/dcf/providers/contracting/forms/.

Contractors also shall comply with all applicable State and Federal laws and statutes, assurances, certifications, and regulations regarding funding.

1. **Reporting Requirements of this Contract**

Contractors are required to produce the following reports in accordance with the criteria set forth below, in addition to the reporting requirements specified above related to the delivery and success of the program services.

1. **Audit** or **Financial Statement** (Certified by accountant or accounting firm.)
A copy of the Audit must be submitted to DCF by all agencies expending over $100,000 in combined federal/state awards/contracts if cognizant with any department of the State of NJ. As noted in the Audit DCF Policy CON -I-A-7-7.6.2007 Audit Requirements, section 3.13 of the Standard Language Document, DCF also may request at any time in its sole discretion an audit/financial statement from agencies expending under $100,000 that are not cognizant with any department of the State of NJ. Note: Document should include copies of worksheets used to reconcile the department's Report of Expenditures (ROE) to the audited financial statements. (DCF Policy CON -I-A-7-7.6.2007 Audit Requirements)

Contractors are to submit the most recent audit or financial statement with the initial contract and then each subsequent one within 9 months of the end of each fiscal year.

 Policy:

 <https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf>

2) **DCF Notification of Licensed Public Accountant Form** (NLPA)**-and-** copy of **Non-Expired Accountant's Certification**

Contractors must ensure DCF form is used, and 2 signatures are provided. Not required for agencies expending under $100,000 in combined federal/state awards or contracts. The $100,000 threshold includes fee-for-service reimbursements made via Medicaid. Also, the NLPA is a State of NJ form and need only list federal/state funds received via contracts with the State of NJ.

 Contractors are to submit this form with each Audit, providing info related to the year subsequent to the audit.

Not Applicable Note: Must state your agency will not exceed $100,000 in combined Federal/State awards or contracts.

Form: <https://www.nj.gov/dcf/providers/contracting/forms/NLPA.docx>

3) Photocopies of Licensed Public Accountant firm’s **license to practice**, and most recent **external quality control review** to be submitted with the NPLA.

4) **Reports of Expenditures** **(ROE)**:

A. Scheduled Payments Contract Component: To be submitted two times during the contract year: Interim (15 days from the end of the 6th month, and Final (120 days after the end of the fiscal year); or in accordance with any separate DCF directive to file additional ROEs for specific contracted programs**. Quarterly ROEs must be submitted for contracted program budgets funded with federal grants.** The format for the ROE must match that of the Annex B budget form.  **Note****:**  Must be prepared in accordance with the governing cost principles set forth in the DCF Contract Reimbursement Manual (CRM Section 6)

B. Fee for Service Contract Component: Not Required

Website: <https://nj.gov/dcf/providers/contracting/forms/>

5) **Level of Service (LOS) Reports**

Enter the cited DCF Standard Template Form for each month the number of youth, adults, and families served and ages of those receiving services, and the hours/days, county locations, etc. of those services, or record this data into another form, survey, or database that DCF agrees can serve to track LOS for the contracted program.

Website: <https://www.nj.gov/dcf/providers/contracting/forms/>

6) **Significant Events Reporting:**

 Timely reports as events occur to include, but not be limited to, changes to: (1) Organizational Structure or Name [DCF.P1.09-2007]; (2) Executive and/or Program Leadership; (3) Names, titles, terms and addresses, of the Board of Directors; (4) Clinical Staff; (5) Subcontract/consultant agreements and the development or execution of new ones; (6) a FEIN; (7) Corporate Address; (8) Program Closures; (9) Program Site locations; (10) Site Accreditations (TJC,COA,CARF); (11) the contents of the submitted Standard Board Resolution Form; (12) Debarment and SAM status; and (13) the existence and status of Corrective Action Plans, Audits or Reviews by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities.

 Note: Contractors are under a continuing obligation, through the completion of any contract with the State of NJ, to renew expired forms filed with the NJ Department of the Treasury and to notify Treasury in writing of any changes to the information initially entered on these forms regarding: Investment Activities in Iran as per N.J.S.A. 52:32-57 et seq; Investment Activities in Russia or Belarus as per N.J.S.A. 52:32-60.1 et seq.; Disclosures of Investigations of the Vendor; Ownership Disclosure if for profit; Service Location Source Disclosure as per P. L. 2005, C.92; Political Contribution Disclosure as per P.L. 2005, C.271; and Report of Charitable Organizations.

Policy:

<https://nj.gov/dcf/documents/contract/manuals/CPIM_p1_events.pdf>

Website:

<https://www.state.nj.us/treasury/purchase/forms.shtml>

7) CSOC only: **Treatment Home Reports**

Submit a full updated report by the 10th day of the month following each quarter. Immediately inform DCF when changes to the information in the submitted reports occur.

Form: <https://nj.gov/dcf/providers/contracting/forms/csoc.html>



**C. Requirements for Contractors to Store Their Own Organizational Documents on Site to be Submitted to DCF Only Upon Request**

1) Affirmative Action Policy/Plan

2) Copy of Most Recently Approved Board Minutes

3) Books, documents, papers, and records which are directly pertinent to this contract for the purposes of making audits, examinations, excerpts, and transcriptions, and to be produced for DCF upon request.

4) Personnel Manual & Employee Handbook (include staff job descriptions)

5) Contractor’s Own Procurement Policy