



REQUEST FOR PROPOSALS
FOR
CRISIS STABILIZATION AND ASSESSMENT SERVICES
FOR
YOUTH WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
FOR YOUTH AGES 11 THROUGH 15 YEARS

5 beds for Central Region

**There will be no Bidders Conference for this RFP. Questions are due
by April 18, 2017**

Funding of \$970,900 Available

Bids are due: May 17, 2017

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Commissioner

March 30, 2017

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Funding Agency

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

Special Notice:

There will be no Bidders Conference for this RFP. Questions will be accepted in advance by providing them via email to DCFASKRFP@dcf.state.nj.us until **April 18, 2017 by 12PM**. Technical inquiries about forms and other documents may be requested anytime.

Section I – General Information

A. Purpose:

The New Jersey Department of Children and Families' (DCF) Division of Children's System of Care (CSOC) announces the availability of funding for the purpose of providing out of home Crisis Stabilization and Assessment services located regionally for youth with intellectual and developmental disabilities. Funding is subject to State fiscal year appropriations. The annualized funding available is \$970,900.

The goal is to create short-term, highly structured environments with professional competencies and capabilities to stabilize males and females ages 11-15 years old with intellectual and developmental disabilities (I/DD) in crises and provide a treatment milieu that is functionally relevant with diagnostic assessments that will result in the identification of an appropriate living situation (in-home/out-of-home), services, and supports that meet the youth's needs are conducted. To that end, DCF is seeking proposals from private or public non-profit entities and for profit organizations to provide Crisis Stabilization and Assessment services to youth with I/DD through its Children's System of Care (CSOC). This announcement seeks to maximize the utilization of Crisis Stabilization and Assessment services through a transparent and contracted clinical model paired with a rate structure consistent with national best practices.

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."

DCF CSOC serves children, youth, and young adults with emotional and behavioral healthcare challenges, intellectual/developmental disabilities, and

substance use challenges and their families. CSOC is committed to providing these services based on the needs of the youth and family, in strength-based, family-focused and culturally competent, community-based environments. CSOC believes that the family or caregiver plays a central role in the health and well-being of children, youth, and young adults. CSOC involves families/caregivers/guardians throughout the planning and treatment process in order to create a service system that value and promotes the advice and recommendations of the family, is family-friendly, and provides families the tools and support needed to create successful and sustainable life experiences for their youth.

C. Services to be Funded:

The Applicant for this request for proposal is expected to provide a comprehensive array of supports and services to operationalize a short-term Crisis Stabilization and Assessment services program for youth with I/DD. Funding is available for one, 5-bed Crisis Stabilization and Assessment programs for males and females, ages 11-15. The proposals shall address the ages as stated; however after award, DCF reserves the right and option to permit and require that additional or alternate age and / or gender groups be served upon appropriate notice and subject to licensing and any other legal requirements. The objectives for each program are to:

- Stabilize the immediate crisis;
- Engage with the youth so that she/he feels as comfortable as possible in a new setting;
- Provide a safe and warm environment for the youth with intensive support and supervision;
- Provide comprehensive diagnostic assessments that result in an individualized service plan (ISP) that is strength-based, youth centered, family-focused and goal-oriented;
- Outline short-term stabilization goals while pursuing plans for long-term stabilization at home or in an alternate out of home living situation;
- Complete the ISP within the first week of admission;
- Provide transportation if needed to bring the youth to the program;
- **Work with the youth's school district to address educational programming with the goal, when possible, of maintaining the youth in his/her current school program.**

The anticipated length of stay is 90-120 days. However, length of stay may vary based on the individualized needs of each youth.

Crisis Stabilization and Assessment Services will be provided in community based homelike settings. **Programs are preferred to have bi-lingual capacity and required to have full wheelchair accessibility, entrance, and egress.**

Number of programs/locations: One 5-bed programs located regionally: in Central, will be awarded (total of 5 beds).

Central Region is defined as: Mercer, Monmouth, Ocean, Middlesex, Somerset, and Union.

Access to each home must be barrier free (for example, ranch home with no steps). Wheel chair ramps will need to be installed for any other type of home.

Number of Bedrooms: Single bedrooms are preferred; one same sex youth per bedroom is permitted. There must be a minimum of three (3) bedrooms to accommodate the maximum of five youth in the program. At least one bedroom **MUST** be located on the 1st floor and be barrier free, **as well as all common areas within the home.**

Admission Criteria:

The youth must be eligible or presumptively eligible for CSOC DD functional services pursuant to N.J.A.C. 10:196-1-1. Youth who were currently determined eligible for Division of Developmental Disabilities (DDD) need not re-apply for a determination of eligibility for CSOC functional services. CSOC will accept the DDD eligibility determination regarding whether the youth has a developmental disability.

- The youth may present with intellectual, learning, communication, motor, Autism Spectrum Disorder, and may or may not have a co-occurring mental health disorder.
- The youth may present with medical and/or physical disabilities including but not limited to: seizure disorder, cerebral palsy, diabetes, feeding tube, and/or adaptive equipment such as a wheel chair
- Youth with intellectual developmental disabilities shall have an IQ or IQ equivalent of Mild, Moderate, or Severe as measured by one or more of the standardized, individually administered intelligence tests (e.g., Wechsler Intelligence Scales for Children, Stanford Binet, or the Kaufman Assessment Battery for Children).
- Educational classification is not required.
- Behaviors may include, but are not limited to, noncompliance to verbal/written directions, tantrums, elopement, property destruction, physical/verbal aggression, pica, self-injurious behaviors, and sexually reactive behaviors. Certain behaviors (such as recent fire setting) will need to be considered on a case by case basis.
- The youth is determined to be in need of Crisis Stabilization services as evidenced by **both** of the following:

- The youth is not sufficiently stable to be cared for in his/her home; and
- The youth is unable to adequately function in significant life domains: family, school, social or recreational activities and/or activities of daily living due to his or her co-occurring diagnosis or intellectual/developmental disability and requires crisis stabilization, close supervision, assessment and targeted clinical/behavioral interventions.
- The youth is determined to be in need of Crisis Stabilization Services as evidenced by the above standard admissions criteria and **one** of the following:
 - Family/caregiver is homeless or at imminent risk of homelessness (within 30 days)
 - Family/caregiver is incapacitated due to medical or legal emergency (documentation required)
 - The youth is being removed from the home by the DCF Division of Youth Protection & Permanency (CP&P)
 - The youth was deemed by local screening center as not in need of hospitalization but family/caregiver will/cannot take youth home
 - Even with appropriate wrap-around supports, the family/caregiver is not or would not be capable of caring for the youth in the home.

Program Description:

The Awardee for this program is expected to demonstrate the capacity and capability to admit youth determined appropriate by the Contracted Systems Administrator (CSA) on a 24/7 emergent/urgent basis. A full admission packet may not be available at the time of admission. The Awardee(s) shall provide stabilization support and services; diagnostic assessments; therapeutic habilitative and rehabilitative supports and services as well as individualized behavioral supports and services specific to youth with intellectual and development disabilities based on individual need but not limited to:

Assessment:

Diagnostic assessments are an essential component for the establishment and identification of an appropriate living situation (in-home/out-of-home), services, and supports to meet the youth's needs. Appropriate assessments include, but are not limited to:

- Medical Assessment;
- Applied Behavior Analysis- Functional Behavioral Assessment and related assessments, e.g. preference assessments, reinforcer assessments;
- Level of Functioning in the six major life areas, also known as Activities of Daily Living (ADL), as measured by the Vineland-II or other similar accepted tool;
- Bio Psychosocial Assessment;
- Neurological Evaluation;
- Psychosexual evaluation;
- Neuropsychological evaluation;
- Psychiatric evaluation as needed/medication evaluation and
- Other assessment tools as indicated; clinicians must be familiar with the array of considerations that would indicate preferred assessment methods over others.

Treatment:

All Crisis Stabilization services and interventions must be directly related to the goals and objectives established in each youth's Individual Service Plan (ISP). CSOC firmly believes that family/caregiver involvement is extremely important and, unless contraindicated, should occur from the beginning of treatment and continue as frequently as possible, as determined appropriate in the ISP/treatment plan.

The ISP shall identify the youth's interests, preferences, and needs in the following areas, as determined appropriate by the youth, family, and the Youth Family Team: physical and emotional well-being, risk and safety factors, medical, nutrition, adaptive and independent activities of daily living, personal care needs, vocational skills, cognitive and educational abilities, recreation and leisure time, community participation, communication, religion and culture, social and personal relationships, and any other areas important to the youth and their family. Youth in this age range may be entering puberty and require additional assistance to address hygiene, body awareness, peer socialization, and possibly aggressive behaviors as a result of hormonal changes. Parents will also need modeling and education regarding their child's changing bodies.

Autism Research Institute reports that one in four individuals with autism begin to have seizures during puberty. Many of these seizures are small subclinical seizures, possibly causing behavioral changes such as aggression, self-injury and/or severe tantrums. Youth on the autism spectrum need additional coping strategies to address unfamiliar physiologic changes (such as menstrual cycle and nocturnal emissions).

Treatment modalities will focus on assisting the youth in achieving greater independence and fulfillment in their lives, while improving their functioning, participation, and reintegration into the family home or transitioning to an alternate out of home living situation.

The ISP is an integrated plan of care which also includes:

- Individual behavioral supports such as Positive Behavioral Supports; Discrete Trial Training (DTT); training/coaching for the youth and caregivers/staff to meet the individual's behavioral needs.
- Referrals for medical, dental, neurological, physical therapy; occupational therapy; sensory integration; speech/language/feeding or other identified evaluations.
- Appropriate augmentative and alternative communication supports and functional communication training, e.g. visual schedules, contingency maps, Picture Exchange Communication System (PECS), wait signal training.

The Functional Behavioral Assessment and development of a Behavioral Support Plan shall be an integral part of the treatment planning process for identified youth. Interventions must be age and developmentally appropriate and shall include, but are not limited to:

- Instruction in learning adaptive frustration tolerance and expression, which may include anger management/emotion regulation
- Instruction in stress reduction techniques
- Problem solving skill development
- Psycho-educational services to improve decision making skills to manage behavior and reduce risk behaviors
- Social skills development
- Instruction and/or assistance in Activities of Daily Living
- Implementation of identified strategies in the individualized Behavioral Support Plan
- Support and training of parent/guardian to successfully implement Behavioral Support Plan, use of Assistive Technology, and other support services as needed in transitioning the youth back home or to an alternative living arrangement.

Through this RFP, CSOC is also asking prospective respondents to consider the continuum of care from stabilization of the initial presenting crisis to the ultimate goal of returning home (preferred) or to an alternate out of home setting. Crisis Stabilization service providers must be able to safely address complex needs and challenging behaviors including but not limited to: elopement, property destruction, physical/verbal aggression, self-injurious behaviors, pica, tantrums, noncompliance to verbal/written directions, and sexually reactive behaviors.

Services shall include, but are not limited to:

- Stabilization services and supports
- Diagnosis

- Comprehensive crisis planning, including but not limited to: prevention, de-escalation, intervention, and debriefing;
- Behavioral management
- Psychiatric treatment services, including routine and emergency psychiatric evaluations, medication evaluations, and prescription adjustments
- Medication monitoring
- Psychiatric consultation (including input into the clinical component of an individualized treatment plan developed by the multidisciplinary treatment team)
- Individual, group, and family therapy as is appropriate
- Trauma informed counseling (as indicated)
- Access to additional treatment services (including, but not limited to, psychological testing, medical services, occupational therapy, physical therapy, speech therapy)
- Skill building, including activities of daily living, hygiene, and socialization skills
- Modeling for parents/caregivers
- **Educational services including linkage to the youth's current school (preferred)**
- Coordination with the Child Study Team
- Structured age appropriate recreational activities and
- In coordination with the treatment team, participate in transition planning.

Respondents are to provide details regarding operations, policy, procedures, and implementation of the Crisis Stabilization and Assessment services to be provided. DCF CSOC will support respondents who successfully operationalize the principles of individualized, needs driven, and family focused care, identify strengths based strategies and display sustainable progress throughout the course of treatment. Models of service delivery that promote persistence and creativity of professional staff are valued. Service delivery models must pay particular attention to ensure youth have a stable, familiar, consistent, and nurturing experience. Respondents can demonstrate this attention in their descriptions of staffing patterns, how they intend to recruit and retain staff, particularly milieu care, site design, and utilization and the type, scope, and frequency of family involvement. Services that are demonstrated as effective through research, evidence-based, informed, or suggested, are required.

In addition, CSOC believes seclusion and restraint of youth are not treatment and contrary to the mission of the Division. A prevention oriented philosophy is preferred consisting of progressive policy, regulations, forms, philosophy and environment. **Applicants must describe within the Narrative a plan to eliminate/reduce the use of restraint and seclusion by using therapeutic interventions based on clinical knowledge.** Nonviolent Crisis Intervention (Preventative Techniques, Team Intervention, and Post Intervention) Crisis

Prevention Training through the Crisis Prevention Institute is the preferred program. Programs may only utilize **one model** of nonviolent crisis intervention.

CSOC is particularly concerned with the management, treatment, and sequelae of trauma that affects so many youth. Youth who present with challenges requiring services should also be understood in terms of their experiences of trauma and consequent difficulties in forming and maintaining healthy attachments. Studies indicate that youth with disabilities are more likely to experience abuse/neglect and are at an increased risk for becoming involved in the child welfare system. Individuals with developmental disabilities have historically been subjected to other types of traumatic events, including:

- Separation from primary relationships at an early age
- Frequent moves from residential placements
- Frequent staff changes
- Significant medical issues/procedures
- Extended hospitalizations

Applicants must describe models of intervention that actively treat underlying trauma and consequent attachment issues. Many individuals exhibit symptoms of PTSD, which is thought to be significantly under diagnosed in individuals with intellectual/developmental disabilities. Increased isolation and fewer social opportunities can contribute to low self-esteem/less opportunity to learn about abuse prevention. Applicants must be cognizant of this fact and describe how they plan to assure the safety of this vulnerable population.

All youth will have daily contact with a BCBA and clinically licensed professionals who are in regular consultation with a psychiatrist. While youth may not receive individualized therapy on a daily basis, they will be assigned a therapist who will provide case management, individual, group and family therapy that may consist of modified treatment strategies depending on youth's developmental stage. The BCBA will however provide daily observation, assessment, and intervention when needed in support of the youth and direct care staff. The Awardee must utilize up to date knowledge and evidence based interventions designed to address the treatment needs of youth with I/DD. Treatment/intervention is provided with the understanding that good mental health and positive relationships are essential to the overall health of the youth.

The overriding goal of the Crisis Stabilization and Assessment service is to facilitate adaptive skills, social skills and life skills so that the youth can live, learn and participate in their communities with sufficient coping mechanisms. With these tenets in mind, CSOC requires that all Crisis Stabilization and Assessment service providers comply with the following programmatic requirements and operational criterion:

Course and Structure of Treatment:

Of primary importance is the establishment of a multi-disciplinary treatment team with specific and delineated functions. For the purpose of this RFP, the treatment team **must** include, but is not limited to the following individuals:

- Youth
- Family members
- Natural supports as identified and selected by youth and family when possible
- CSOC Care Management entity (DD Consultants or CMO)
- DCP&P Case Management entity (if applicable)
- CSOC Mobile Response and Stabilization Services (if applicable)
- Psychiatric Care Provider*
- Nurse (Supervising RN)
- Allied Therapist(s)
- Behavior Analyst
- Direct care staff
- Educational professionals
- Licensed Clinicians
- Program Coordinator/Recruiter

*A psychiatric care provider is a Child and Adolescent Board Certified Psychiatrist or an Advanced Practice Nurse (APN) with a psychiatric specialty who's Collaborative Agreement describes the population of youth served, the likelihood of complex and/or emergent psychiatric decision making, and the availability of an M.D. for consultation. For the purpose of this RFP, where the term, "psychiatrist" is used, an APN that meets these standards is also acceptable.

Prior to Admission:

The CSOC Child Adaptive Behavior Summary (CABS) must be completed:
<http://www.performcarenj.org/pdf/families/form-b-cabs.pdf>

Within the first 24 hours of admission:

- The IMDS Strengths and Needs Assessment will be completed;
- Initial treatment and crisis plans will be completed and copies provided to the youth and family;
- A nursing assessment will be completed and incorporated into the initial treatment and crisis plans;
- A Pediatric assessment will be completed;
- The youth and his/her family will be oriented to the services;
- All necessary consents and releases will be completed and filed;

- The youth's home school district will be contacted by the next business day following admission to discuss whether the youth can remain in his/her current educational placement; if it is not appropriate for the youth to continue at his/her current educational placement alternative educational placements shall be discussed and the coordination of transportation initiated.

Within the first week of admission:

- A psychiatric assessment, report and recommendations will be completed;
- A psychosocial assessment and accompanying recommendations will be completed;
- A comprehensive crisis plan will be developed for each youth. The crisis plan will identify triggers and provide specific interventions for staff. This crisis plan shall be updated on a regular basis.

Within the first week of admission:

- A treatment team meeting will be conducted and a comprehensive treatment and discharge plan that integrates all of the treatment team's input, assessments and recommendations will be completed. The treatment plan shall contain clearly delineated goals and objectives with specified timelines and benchmarks for success, including a detailed description of the treatment goals that must be attained in order for the youth to be considered discharge ready.
- A Nutritional screening will be completed
- A Psychological evaluation will be completed, if needed
- Educational services will be arranged if the youth is unable to remain within his/her current school.
- A Functional Behavioral Assessment and Behavior Support Plan, as *needed*, will be completed for those identified youth.

Each day:

- Comprehensive and well-documented communication regarding significant events, youth's behaviors, and other relevant information will be provided for each shift;
- During the change of shifts meetings will be convened to monitor the emotional state of each youth;
- All youth will be properly supervised; a ratio of 1 direct care staff for every 2 youth must be maintained at all hours with a minimum of 2 awake staff on at all times, including while youth are asleep. The program must demonstrate the capacity to provide 1:1 supervision as needed. Required supervision ratios must be maintained during crisis situations;

- No more than 30% of all youth waking hours will be spent in “milieu” activities;
- All youth will be engaged in structured skill building activities tailored to meet their individual needs. Participation will be documented daily;
- Medication will be dispensed and monitored as needed;
- The youth will be transported to medical appointments, family visits, community outings, and any other off-site requisite activities as needed;
- The BCBA (for identified youth) will have face-to-face contact and “check-in” daily.

All required documentation and activities will be provided in accordance with applicable licensing regulations and the Addendum to Administrative Order 2:05, which address the reporting of Unusual Incidents.

Prior to discharge:

- The team will provide a “step down” action plan that details week-to-week activities supporting a smooth and planful transition from treatment. At a minimum, the action plan must include:
 - More than two (2) meetings of the Crisis Stabilization and Assessment treatment team to discuss youth and family strengths, continuing goals, successful strategies, and potential pitfalls;
 - “Set back” plan for times during the discharge phase when youth and/or family encounter difficulties that make discharge appear less likely. This plan will identify the critical staff necessary to re-focus, rally, and support the youth and family through to discharge;
 - Action steps that youth and family will take to build on successes and achievements that were accomplished during treatment.
- **For those youth being transitioned home and where a need is demonstrated, Intensive In-Home (IIH) Behavior Supports will be built into the community plan.** In order to provide for a seamless transition back home for applicable youth, the in home service provider will require access to Crisis Stabilization and Assessment program, approximately two weeks prior to discharge. The IIH Behaviorist would be required to gather information via observation and interaction with the youth at the Crisis Stabilization and Assessment program accompanied by the Applicant (s)’s behaviorist, (Masters level BCBA w/1yr exp), program staff and any other treatment team members (nurse, dietician, etc.), review clinical records, gain understanding of youth’s strength and needs and family dynamics. This would be an introduction for the IIH behaviorist to the youth prior to going into the home and equipping the IIH Behaviorist with a strong understanding of the youth’s treatment needs and behavior plan. This would enable the IIH behaviorist to train

the parents on the behavior support plan and modify it where needed more quickly. The IIH familiarity with the family would provide a sense of security and increased confidence for the family. After a distinct period of time as determined in the ISP, the IIH behaviorist would begin to titrate out and return on an as needed basis.

Staffing Structure:

The Agency CEO or equivalent is required to sign, date and submit Exhibit E Minimum Staffing Requirements-“Crisis Stabilization and Assessment Services Staffing Attestation” as Appendix #1 of the proposal. This document is attestation that you will meet the minimal requisite staffing, credentials, and experience consistent with the scope of services delineated in this RFP.

Proposals submitted without the listed titles and respective required hours will not be accepted and will not move to the evaluation process.

The following are the minimum requirements and activities by staff title. These guidelines are not to be interpreted as comprehensive of the total responsibilities each staff member will manage. Applicants must demonstrate, through the proposal Narrative, Annex B, and any necessary letters of affiliation that the standards outlined below will be met.

A Board Certified Child Psychiatrist or Psychiatric APN in affiliation with a Board certified Child psychiatrist will provide:

- 1.25 clinical hours per week per youth; 75% of which must be face-to-face time with youth and/or families;
- Psychiatric intake assessment and report (within the first week);
- Initial treatment and crisis plan (within the first 24 hours);
- Medication management meetings (monthly);
- Clinical visit with youth as needed
- Clinical visit with family as needed;
- Attend treatment team meeting (monthly);
- 24/7 availability by contract.

Master’s Degree Board Certified Behavioral Analyst, MA BCBA. The Master’s degree must be in psychology, special education, guidance and counseling, social work, or in a related field with at least one year of experience in the development and implementation of behavior support plans.

- 10 hours per week per youth implementing behavioral support interventions and activities, 3 hours of which could be applied toward the 6 hours per week of allied therapy;

- Applied Behavioral Analysis - Functional Behavioral Assessment and development of a Behavioral Support Plan;
- Implementation of individualized Behavior Support Plan;
- Positive Behavioral Supports;
- Providing training and supervision to support staff providing ABA services;
- Modifying Behavioral Support Plan based on frequent, systematic evaluation of direct observational data;
- Providing coordinated support with agency staff and participating as part of the clinical team;
- Attend Monthly Treatment Team Meeting.

A Pediatric Advanced Practice Nurse or Pediatrician will provide:

- Pediatric assessment and report (within the first 24 hours)
- 24/7 availability by contract

Milieu staff - Bachelor's level practitioner(s) or high school graduate(s) with 3-5 years of experience providing direct care to youth with I/DD challenges in a behavioral health agency or institutional setting, will provide:

- 84 hours per week per youth (represents multiple FTEs);
- Youth orientation (within the first 24 hours of admission);
- Milieu activities (daily);
- Community integration via focused, age appropriate recreational activities (weekly);
- Direct supervision of the youth (daily);
- Attend treatment team meeting (monthly);
- Play or art therapy as developmentally appropriate;
- Positive Behavioral Supports (daily);
- Data collection (daily, as indicated);
- Instruction/assistance in Activities of Daily Living (daily, as indicated);
- Clinical staff/ Administrative staff/ direct care staff shall receive designated amount of advanced training annually to be provided by the agency, an outside source or if designated administrative agency staff satisfactorily completes the training and in turn trains the remaining staff (DSM 5, Positive Behavior Support).

Allied Therapies (music, art, movement, recreation, occupational, vocational, combination thereof) Professional(s) will provide:

- 6 hours per week per youth, 3 hours of which can be substituted with behavior support intervention and activities;
- Recreation/Leisure Assessment and report (within the first week).

Case Manager: Bachelors level practitioner(s) with 3-5 years of relevant (direct) experience with youth with I/DD or an unlicensed master's level practitioner with 1-year of the same experience will provide:

- 5 hours per week per youth;
- Family orientation (within the first 24 hours);
- Review and signing of all required paperwork (within 24 hours);
- On-site family psycho educational activities consistent with the comprehensive treatment and discharge plan (monthly);
- Attend treatment team meetings (monthly);
- Provide assistance with ADL skills.

Clinician(s) licensed to practice in NJ or a Master's level practitioner with previous experience working with youth with I/DD who will obtain a NJ license in two years or less and is practicing under the direct on-site supervision of a NJ licensed clinician will provide in collaboration with the program team:

- Bio psychosocial assessment and report within the first week;
- IMDS Strengths and Needs assessment (within the first 24 hours);
- Initial treatment and crisis plan development, documentation and consultation (within the first 24 hours of admission);
- Initial treatment and crisis plan debriefing with family and youth (within the first 24 hours of admission);
- Comprehensive treatment and discharge plan development, documentation and consultation (within the first week);
- Positive Behavioral Supports (daily);
- Individual therapy if applicable (weekly);
- Group therapy if applicable (weekly);
- Family therapy with family of origin or natural supports (weekly);
- Skill building, including but not limited to: problem solving, decision making, social skills, stress reduction, frustration tolerance, anger management (weekly);
- IMDS assessment review and update (monthly);
- Attend and direct treatment team meeting (monthly);
- Will provide a minimum of eight (8) hours per week and be available via telephone for emergency consultation.

Nurse-health educator/Registered Nurse (RN) or a Licensed Practical Nurse (LPN) under the supervision of a RN who possesses a current New Jersey registered nursing license and one year direct care nursing experience with youth. The responsibilities of the nurse health educator shall include, but need not be limited to, the following:

- Assess the physical condition of the youth in the program under the direction of the Pediatrician, Pediatric Advanced Practice Nurse or Psychiatrist and integrate findings into the youth's treatment plan;
- Provide education and support to direct care staff on the administering of medications and possible side effects, under the direction of the Pediatrician, Pediatric Advanced Practice Nurse, or Psychiatrist;
- Implement the quality assurance program;
- Provide injections of medication, as needed and directed by the Pediatrician, Pediatric Advanced Practice Nurse or Psychiatrist;
- A minimum of 2.5 hours per week per youth is required for the duties set forth in this section (30% must be provided by an RN), or more as needed dependent upon the needs of the population;
- Nursing assessment and report (within the first 24 hours);
- Initial treatment and crisis plan consultation (within the first 24 hours and then weekly);
- Medication dispensing as needed, when milieu care staff is unable
- Attend debriefing on youth status (daily);
- Health/Hygiene/Body image (weekly);
- Medication education for staff (monthly);
- Attend treatment team meetings (monthly);
- Provide assistance with ADLs.

Service/Program Director with a Master's degree and three (3) years post M.A. experience in the ID/DD field (at least one year of which shall be in a supervisory capacity) will:

- Attend treatment team meetings (monthly);
- Oversee all Quality Assurance/Program Improvement activities with a focus on attaining bench-mark activities for all direct care staff;
- Dedicated, full-time and located onsite for the work day.

Staff Training

All staff must be appropriately trained in both mental health and intellectual/developmental disabilities. Required trainings include and are not limited to:

- Positive Behavioral Supports;
- Identifying developmental needs, strengths;
- Crisis management;
- Suicide Prevention;
- Trauma Informed Care;
- Skills to complete Functional Behavioral Assessment activities as well as to implement and adapt proactive intervention plans;
- Medication protocols;
- Danielle's Law;

- Basic First Aid and CPR;
- HIPAA;
- Confidentiality and Ethics;
- Identifying and reporting youth abuse and neglect; (Any incident that includes an allegation of youth/abuse and/or neglect must be immediately reported to the Division of Youth Protection and Permanency (DCP&P) at 1-800-NJ ABUSE in compliance with N.J.S.A. 9:6-8.10);
- Identifying and reporting abuse, neglect and exploitation of an individual with developmental disability by a caregiver to the Central Registry of Offenders against Individuals with Developmental Disabilities pursuant to N.J.S.A. 30:6D73-82.

Student Educational Program Planning Requirements:

The grantee will be expected to facilitate the ongoing provision of an appropriate educational program as required under federal and State education law through communication with the youth's school district. DCF does not fund educational programs and services that youth are entitled to under those laws or provide on-site educational services for youth in out-of-home treatment settings. As such, the grantee will be expected to collaborate with the educational entities responsible for providing educational services and funding for those services. In so doing, **the grantee must recognize that Crisis Stabilization and Assessment Services are intended to be short-term. As such, efforts must be made to work with the youth's school district to maintain the youth at his/her current educational placement when possible.** This will allow the youth to receive his/her educational program along with existing supports such as Occupational, Physical and Speech Therapies, in a familiar setting with teachers and staff who know the youth and avoid further disruptions and changes that might exacerbate the underlying crisis triggering admission to Crisis Stabilization and Assessment services.

Consistent with those responsibilities, Applicants must:

- Describe its procedures for ensuring that youth receiving Crisis Stabilization and Assessment Services are receiving an appropriate educational program, including efforts to maintain the youth in his/her current educational placement;
- Provide a plan for collegial and proactive coordination with educational providers for both classified and non-classified youth, including procedures for ensuring that information is shared consistent with the applicable federal and State confidentiality laws.
- Applicant organizations that operate a DOE approved private school for students with disabilities may enroll special education students in their

Approved Private School for the Disabled. However, in these circumstances, applicants must also demonstrate that arrangements have been made with the local public school district to enroll and serve general education students.

- Awardee(s) that do not operate a DOE approved school must demonstrate at the time of contract negotiation that a commitment has been obtained **or** how it will be obtained from the local public school district in which the home is located to register, enroll, and educationally serve all general and special education students residing in the home. The school district may charge the individual student's parental District of Residence for the cost of the educational program and services.
- All applicants must commit to providing accurate documentation to the local school district to facilitate the educational process for students in their care. Upon registration of each student, applicants must provide the local school district with an Agency Identification Letter, a funding commitment letter from each student's parental District of Residence, and evidence of student immunization. When necessary, applicants shall provide interim transportation services to expedite school placement.

Student Educational Program Operations Requirements:

Assessment of school performance is an essential component of treatment planning as is involvement with school personnel to monitor the ongoing impact of treatment and to facilitate constructive ways of working with the youth.

- Genuine and proactive coordination and collaboration between the grantee and educational providers is expected. To that end, applicants must describe:
 - The strategies to be employed to coordinate co-occurring clinical treatment with educational planning and service delivery;
 - The daily before and after school communication strategies with school staff;
 - The daily support of student homework, special projects, and study time;
 - The specific strategies, including responsible staff and timelines, for including families-of-origin and/or natural supports available to the youth in educational update, progress, and planning;
 - The availability of computers for student use to support homework and projects;
 - Mechanisms to stay abreast of the educational progress of each student;
 - Problem resolution strategies; and
 - Ongoing participation in the educational program of each student.

All Applicants must also articulate a plan for:

- Immediate and therapeutic responses to problems that arise during the school day;
- The supervision of students who are unable to attend school due to illness or suspension;
- The supervision of and programming for students during school breaks/vacations;
- Planned collaboration with all school personnel ensuring youth remain in school as appropriate;
- Adequate supervision, programming, and professional staff contact in support of home instruction as provided in accordance with educational regulation.

Outcome Evaluation:

This RFP represents an outcomes approach to awarding Crisis Stabilization and Assessment services for youth with intellectual/developmental disabilities. The outcome evaluation includes setting outcomes, establishing indicators, and changing behavior to achieve desired results and outcomes.

CSOC makes use of the IMDS tools, service authorizations, and satisfaction surveys, in measuring the achievement of system partners and achieving the primary system goals of keeping youth in home, in school, and out of trouble. Additional considerations and areas of measurement are compliance with all reporting requirements, compliance with all requirements of record keeping, advocacy on behalf of youth and families, and collaborative activities that support youth and their families. Respondents are expected to consider and articulate where necessary plans for:

- Use of the IMDS tools to inform treatment planning;
- Use of the IMDS tools to measure relative achievement and continued need;
- Mechanisms for maintaining compliance with Addendum to Administrative Order 2:05;
- Risk management mechanisms and structures such that incidents inform changes to policy, practice, and treatment;
- On-going satisfaction surveys to youth, families, and other system partners;
- Means for identification and communication of system needs and areas of excellence to local partners and CSOC administration.

Quality Assurance and Performance Improvement (QA/PI) Activities:

Data-driven performance and outcomes management is a central aspect of CSOC's management of the system of care. The practice model is based on current best practices regarding out-of-home treatment for children, youth, and young adults. In order to support sensitive and responsive management of these services and to inform future practice, regulation, and "sizing", respondents to this RFP are to give outcomes special consideration in their response. Respondents must articulate a robust quality assurance and performance improvement (QA/PI) plan that includes all members of the service: youth, families, and all levels of staff. QA/PI plans and data must be submitted quarterly to CSOC. Respondents are to describe on-going QA/PI activities that reflect the capacity to make necessary course corrections in a planful and responsive fashion.

Program Outcomes:

Programs must focus on transition success, (i.e.: lower intensity of service, supports coordinated prior to discharge, length of time youth remains in lower level of care, and level of community integration.

- Program will maintain compliance with all CSOC reporting requirements and timeframes: Joint Care Reviews (JCR), Transitional Joint Care Reviews (TJCR), Discharge Joint Care Reviews (DJCR), addendum to AO 2:05, and contracting requirements;
- Program will collect "3-D" satisfaction surveys from youth, family members, and other providers for 75% percent of all youth served at two points during the service period;
- Program will conduct quarterly "health checks" through satisfaction surveys, stakeholders meetings, and review of SNA data. Health checks will report status, progress, and needs to the service community and CSOC.

Additional Requirements:

Licensure:

Applicants must provide evidence of, or demonstrated ability to meet, all NJ Department of Children and Families, Health and Senior Services, Human Services, and other Federal Licensure standards, as applicable.

This program will be inspected by the DCF Office of Licensing. When the program opens, the Applicant must comply with the following regulation:

Standards for Community Residences for Individuals with Developmental Disabilities (N.J.A.C. 10:44A). These regulations can be found on the Department of Human Services website at:

http://www.state.nj.us/humanservices/ool/documents/10_44A_eff_4_18_05.pdf

All staff shall have background checks:

A signed statement is required from the Executive Director/Community Agency Head certifying that s/he and all employees rendering services will have state and federal background checks with fingerprinting completed now and every two years thereafter. **This statement is attached to the RFP as Exhibit F-Community Agency Head Certification and must be submitted at the time of application.**

Each agency employee providing services must also complete and sign a copy of Exhibit F which will be held in the agency file and made available to DCF/CSOC upon request.

The cost of the fingerprinting criminal history background checks required of providers under this RFP will be paid for by DCF. Details on obtaining fingerprinting forms will be provided upon award.

Central Registry

Agencies that are licensed, contracted and/or regulated by DCF are required to comply with the Central Registry law.

On October 27, 2010, the law establishing the Central Registry of Offenders against Individuals with Developmental Disabilities (Central Registry) within the New Jersey Department of Human Services (DHS) was implemented. This important law, *N.J.S.A. 30:6D-73 et seq.*, is designed to prevent caregivers who are offenders against individuals with developmental disabilities from continuing to work within the DD community.

The web-based DHS Central Registry, which contains the names of individuals substantiated for abuse, neglect and/or exploitation against individuals with a developmental disability is now operational. DCF will submit the names of the awardees to the Central Registry unit under the auspices of DHS. DHS will contact the awardee upon notification from DCF.

Danielle's Law

Agencies that are licensed, contracted and/or regulated by DCF are required to comply with Danielle's Law:

www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html

NJ Medicaid Enrollment:

Applicants must have the demonstrated ability, experience, and commitment to enroll in NJ Medicaid, and subsequently submit claims for reimbursement through NJ Medicaid and its established fiscal agent, Molina, within prescribed timelines.

No Eject/No Reject Policy:

The grantee must comply with DCF No Eject/No Reject policies governing this service:

Rejection:

If the clinical supervisor or program supervisor/director wishes to challenge any referral's appropriateness (which is made in strict adherence to the notes the provider has made in his/her Provider Information Form) they may do so by sending an e-mail to the CSOC Crisis Stabilization and Assessment services liaison. CSOC will review these challenges and make the final decision within 2 business days of receiving the e-mail. This e-mail must be received within 3 business days of the initial referral. Admission will be put on hold until a decision is made only if the e-mail is received within the defined time frame. The provider must accept the final decision of CSOC.

Ejection:

Under no circumstances may a provider terminate a youth who is enrolled from their service without first contacting and receiving written approval from CSOC. The facility must submit this request in writing with supporting documentation. CSOC will make the final determination about disposition for the youth.

Eject/Reject Follow-up:

Careful controls and monitoring regarding the number and type of disputes will be maintained by CSOC and may result in regulatory action within the contract year. Additionally, any eject/reject activities will be addressed at the time of contract renewal.

Accreditation:

CSOC prefers that respondents to this RFP are accredited by the Joint Commission, COA, or CARF.

Provider Information Form:

The Applicant will be required to complete a Provider Information Form (PIF) in collaboration with CSOC at the time of contracting. The PIF will reflect the obligations outlined in this RFP.

Site Visits:

CSOC, in partnership with the DCF Office of Licensing and the DCF Contracting Unit, will conduct site visits to monitor Applicant (s) progress and problems in accomplishing responsibilities and corresponding strategy for overcoming these problems. The Applicant (s) will receive a written report of the site visit findings and will be expected to submit a plan of correction, if necessary.

Contracted System Administrator (CSA):

The CSA is the single point of entry for the children's system of care. The CSA facilitates service access, linkages, referral coordination, and monitoring of CSOC services across all child-serving systems. The Applicant must demonstrate ability to conform with and provide services under protocols, including documentation and timeframes, established by CSOC and managed by the CSA.

Organization/Agency Web Site:

Publicly outlining the specific behavioral challenges exhibited by some of the children, youth, and young adults served by an agency may lead to confusion and misinformation.

Without the appropriate context, the general public may wrongly assume that all children, youth, and young adults served are dealing with those challenges. Applicants must ensure that the content of their organization's web site protects the confidentiality of and avoids misinformation about the youth served. The web site should also provide visitors with a mechanism for contacting upper administrative staff quickly and seamlessly.

Software and Data:

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

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

Organ and Tissue Donation:

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

D. Funding Information:

The Department will make available, an annualized amount of \$970,900 subject to appropriations and subsequent contract renewals. Continuation funding is contingent upon the availability of funds in future fiscal years.

The per diem rate per youth is \$532 and is reimbursed on a fee for service basis. Medicaid billing is the payment methodology for reimbursement. The per diem rate is all inclusive compensation and reimbursement for all services, activities, administrative and clinical to serve the youth. Reimbursement is based exclusively on occupancy. CSOC does not guarantee 100% occupancy.

Funds awarded under this program may not be used to supplant or duplicate existing funding.

Operational startup costs are permitted. Costs may not exceed 5% of the award (up to \$48,545 per home) Applicants must provide a justification and detailed summary of all expenses that must be met in order to begin program operations- see the section of the narrative labeled Budget. Any expenses incurred prior to the effective date of the contract will not be reimbursed by the Department of Children and Families.

E. Applicant Eligibility Requirements:

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 RFP. Responses shall not be reviewed and considered by DCF until all deficiencies listed in the corrective action plan have been eliminated to the satisfaction of DCF for a period of 6 months.
4. Applicants 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 90 days of contract execution. Extensions may be available by way of written

request to the CSOC Division Director. **Award is subject to be rescinded if not operationalized within six months of RFP award.**

10. 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
11. Any fiscally viable entity that meets the eligibility requirements, terms and conditions of the RFP, and the contracting rules and regulations set forth in the DCF Contract Policy and Information Manual (N.J.A.C. 10:3) may submit an application.

F. RFP Schedule:

March 30, 2017	Notice of Availability of Funds/RFP publication
April 18, 2017 by 12PM	Deadline for Email Questions sent to DCFASKRFP@dcf.state.nj.us
May 17, 2017	Deadline for Receipt of Proposals by 12:00PM

Proposals received after 12:00 PM on **May 17, 2017** will **not** be considered. Applicants shall submit **one (1) signed original** and should submit **one CD ROM** as indicated below.

Proposals must be delivered either:

1) In person to:

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

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

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

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

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

3) Online:

DCF offers the alternative for our bidders to submit proposals electronically. Only a registered Authorized Organization Representative (AOR) or the designated alternate is eligible to send in a submission by submitting an AOR form.

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

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

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

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

G. Administration:

1. Screening for Eligibility, Conformity and Completeness

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

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

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

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

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

2. Proposal Review Process

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

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

Requested information was covered-	10 Points
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Approach to the contract and program design was thoroughly and clearly explained and was consistent with the RFP requirements-	20 Points
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Background of organization and staffing explained-	10 Points
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Speakers were knowledgeable about topic-	5 Points
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Speakers responded well to questions -	5 Points
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The Department also reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. The Department's best interests in this context include, but are not limited to: State loss of funding for the contract; the inability of the applicant to provide adequate services; the applicant's lack of good standing with the Department, and any indication, including solely an allegation, of misrepresentation of information and/or non-compliance with any State of

New Jersey contracts, policies and procedures, or State and/or Federal laws and regulations.

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

3. Special Requirements

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

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

Applicants must comply with laws relating to Anti- Discrimination. A copy is attached to this RFP as **Exhibit B.**

The Applicant Community Agency Head or Equivalent is required to complete, sign/date, and submit the "Minimum Staffing Requirements-Crisis Stabilization and Assessment Services Staffing Attestation." A copy is attached to this RFP as **Exhibit E.**

The Applicant Community Agency Head or Equivalent is required to complete, sign/date, and submit the DCF/CSOC Community Agency Head Certification. A copy is attached to this RFP as **Exhibit F.**

Applicants must provide a one page written response to the Vignette. A copy is attached to this RFP as **Exhibit G.**

H. Appeals:

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

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

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

I. Post Award Review:

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

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

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

J. Post Award Requirements:

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

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

Upon receipt of the award announcement, and where appropriate, selected applicants will be minimally required to submit certain documents as Exhibit D which will be required after an award letter and contract are completed.

The actual award of funds is contingent upon a successful Contract negotiation. If, during the negotiations, it is found that the selected Applicant is incapable of providing the services or has misrepresented any material fact or its ability to manage the program, the notice of intent to award may be rescinded.

Section II – Application Instructions

A. Proposal Requirements and Review Criteria:

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

The narrative portion of the proposal shall be double-spaced with margins of 1 inch on the top and bottom and 1 inch on the left and right. **The required font is Arial 12 point.** Other fonts, including Arial Narrow, will not be accepted. There is a **25 page limitation** for the narrative portion of the grant application.

A one (1) point reduction per page will be administered to proposals exceeding the page limit requirements. Five (5) points will be deducted for each missing document. If the deductions total 20 points or more, the proposal shall be rejected as non-responsive. The narrative must be organized appropriately and address the key concepts outlined in the RFP. Annex B budget pages, and attachments do not count towards the narrative page limit.

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

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

1) Applicant Organization

(15 Points)

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

Describe the agency's background and experience in implementing the types of services.

Provide an indication of the organization's demonstrated commitment to cultural competency and diversity. The provider shall identify and develop, as needed, accessible culturally responsive services and supports. These shall include, but are not limited to, affiliations with informal or natural helping networks such as language services, neighborhood and civic associations, faith based organizations, and recreational programs determined to be appropriate. Supervisors must be culturally competent and responsive, with training and experience necessary to manage complex cases in the community across youth serving systems. Explain how the provider is working toward a cultural competency plan that describes actions your agency will take to insure that policies, materials, environment, recruitment, hiring, promotion, training and Board membership reflect the community or the intended recipients of the services you provide and promote the cultural competency of the organization and that resources and services will be provided in a way that is culturally sensitive and relevant.

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

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

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

2) Program Approach

(50 points)

Specify a program approach that includes an overview of the proposed services and their anticipated impact on the target population, including:

Service Description

- Demonstrate the capacity to meet minimum requirements listed in "Section I: C. Services to be Funded, Course and Structure of Treatment"
- Demonstrate that youth will have a stable, familiar, consistent, and nurturing experience through staffing patterns, the management of youth cohorts, site design and utilization, and the type, scope and frequency of family/caregiver involvement
- Describe program's ability to accept emergent admissions
- Describe how the agency will engage and sustain the involvement of family and/or natural supports
- Articulate etiology and demonstrate the links between the intervention model, strategies and techniques
- Demonstrate how the relationships with direct care staff (as supported through team structure, supervision, and staffing patterns) will help youth move from being "managed" to being "engaged in treatment"
- Describe direct care staff's supervision of youth and staff/youth ratios
- Provide specifics on program's ability to manage medically compromised youth, including staggering of nurse's schedule
- Fully articulate the management and treatment models to be utilized, including the use of evidence-based, informed, or suggested interventions

- Describe documentation, mechanisms for communication, responsiveness, flexibility, and creativity of treatment teams
- Describe the mechanisms for managing and treating aggressive behavior
- Demonstrate experience with, understanding of, and integration of issues of trauma in youth and how it will be integrated into the treatment plan
- Attach curricula Table of Contents for age and developmentally appropriate psycho-educational groups.
- Identify and describe the geographic location(s) of the services
- Describe developmentally and age appropriate community based activities the program will provide
- Describe how the program will engage families in discharge planning-include how the program will work with families to access services so that the youth can transition home
- Provide a feasible timeline for implementing the proposed services. Attach a separate Program Implementation Schedule. Provide a detailed week-by-week description of your action steps in preparing to provide this service. At a minimum, detail when and who will:
 - Secure and ready site
 - Secure licensing from OOL from staff and site
 - Recruit all necessary staff
 - Train all staff
 - Complete Medicaid application
 - Complete Provider Information File and meet with the CSA
 - Meet with the Local Education Authority to ensure coordinated care for youth
- Include a description of client data to be recorded, the intended use of that data, and the means of maintaining confidentiality of client records
- Describe how the proposed program will meet the needs of various and diverse cultures within the target community based on the Law Against Discrimination (N.J.S.A. 10:51 et seq.)
- Attach three (3) letters of support/affiliation from community-based organizations.

Program Requirements for Student Education

- Demonstrate your past, current and prospective ability to facilitate through the sending school district the youth's continuing access to an appropriate educational program through communication with the youth's school district. **When possible and appropriate, the goal should be to maintain the youth in his/her current educational placement following admission so they can continue to receive any existing supports** such as Occupational, Physical and/or Speech Therapies, Applied Behavioral Analysis, etc.
- For youth who are unable to remain in their original school district, describe your past, current, or prospective achievements in working with the school districts to gain access to appropriate educational programs and services for special education and general education students.
- Articulate and clearly describe:
 - Strategies to coordinate clinical treatment with educational planning and service delivery;
 - Daily before and after-school communication strategies with school staff;
 - Daily support of student homework, special projects, and study time;
 - Specific strategies, including responsible staff and timelines, for including families-of-origin and/or natural supports in educational updates, progress monitoring and planning;
 - Availability of computers for student use to support schoolwork
 - Mechanisms to monitor the educational progress of each student;
 - Problem resolution strategies;
 - Ongoing participation in the educational program of each student.
- Provide a detailed plan for:
 - Immediate and therapeutic responses to problems that arise during the school day that are not addressed by the school;
 - Supervision of students who are unable to attend school due to illness or suspension;
 - Planned collaboration with all school personnel ensuring that youth remain in school when appropriate;
 - Supervision, programming, and professional staff contact to support home instruction in accordance with educational requirements (Note: staff is required to have eyes on contact while in home instruction is being conducted);
 - The supervision and programming for students who are not attending an extended school year program.

Governance and Staffing

- Indicate the number, qualifications, and skills of all staff, consultants, sub-Applicants, and/or volunteers who will perform the proposed program activities. Attach, in the proposal Appendices, an organizational chart for the proposed program; job descriptions that reflect all educational and experiential requirements of this RFP; salary ranges; and resumes of any existing staff who will perform the proposed services. Applicants must:
 - Identify the Crisis Stabilization and Assessment services administrator and describe the job responsibilities
 - Describe the proposed staffing by service component, include daily, weekly and monthly schedules for all staff positions
 - Describe any consultants and their qualifications, include a consultant agreement if applicable
 - Attach letters of affiliation and proposed Student-School-Service Provider contracts if graduate students will be involved in the provision of care
- Include policy or procedures regarding: timelines; program operations; and responsible staff for admission, orientation, assessment, engagement, treatment planning, discharge planning, and step down;
- Describe the management and staff supervision methods to be utilized;
- Describe a staff training model that includes all required training per licensing regulations as well as DCF CSOC required training. Training for staff shall minimally include:
 - Creating and maintaining safe, therapeutic, and nurturing environments;
 - Verbal de-escalation and engagement skills;
 - Proactive intervention for maintaining safety and promoting change;
 - Post-crisis debriefing skills;
 - Treatment planning that is responsive and focused on change
 - Recommended (evidence based is preferred) treatment approaches;
 - Promoting positive peer culture;
 - Cultural Competence;
 - Information Management Decision Support Tools (IMDS);
 - Understanding and Using Continuous Quality Improvement;
 - Human Trafficking Identification;

The DCF endorsed Prevent Youth Abuse of New Jersey's (PCA-NJ) Sexual Abuse Safe-Youth Standards in August 2013 (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 sexual abuse.

The Standards are available at:

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

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

3) Outcome Evaluation

(10 Points)

Describe the outcome measures that will be used to determine that the service goals and objectives of the program have been met. Provide a brief narrative and attach copies of any evaluation tools, other than CSOC IMDS, that will be used to determine the effectiveness of the program services.

4) Budget

(15 Points)

The Department will consider the cost efficiency of the proposed budget as it relates to the anticipated level of services (LOS). Therefore, applicants must clearly indicate how this funding will be used to meet the project goals and/or requirements. Provide a line item budget and narrative for the proposed program. The Budget Narrative is part of the 25 page proposal. The Budget forms are to be attached as an Appendix.

The budget shall be reasonable and reflect the scope of responsibilities required to accomplish the goals of this project. The budget shall also reflect a 12 month operating schedule and must include, in separate columns, total funds needed for each line item, the funds requested under this award, and funds secured from other sources. All costs associated with the completion of the project must be clearly delineated and the Budget Narrative must clearly articulate budget items, including a description of miscellaneous expenses or "other" items. The proposed budget should be based on 100% occupancy and may not exceed \$970, 900 per program, in funds provided under this award. The facility must also ensure a **generator** is installed and operational to address any power outages (to full agency capacity) that may occur. Purchase and installation of generators are acceptable as part of startup funds.

The completed budget proposal must also include a detailed summary of and justification for any requested one-time operational startup costs. It is not a preferred practice of CSOC to offer or provide start-up costs; subsequently, the inclusion of such costs may be a determining factor in the proposal selection process. CSOC intends to purchase as much direct clinical care service as funding allows. CSOC acknowledges that there may be organizations with

sound clinical care models that may not have the fiscal resources to incur all related costs.

Start Up Costs

Subject to appropriation and available funding, CSOC would be amenable to modest participation in “facility renovations” costs and will permit reasonable start-up under the following conditions:

- The need must be fully presented and explained
- Costs may not exceed 5% of the award (up to \$48,545 per home)
- All start-up costs are subject to contract negotiations
- Start-up cost funds will be released upon execution of finalized contract and are paid via Schedule of Estimated Claims (SEC)
- Start-up costs **must be** delineated on separate column in the proposed Annex B Budget and be described in the Budget Narrative

The Applicant must adhere to all applicable State cost principles.

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

5) Completeness of the Application (5 Points)

The Department will also consider the completeness of the application and the clarity of statements within the proposal, including the availability, accuracy, and consistency of all supporting documentation.

6) Response to Vignette (5 Points)

Describe the mechanisms for managing and treating aggressive behavior. Agencies must provide a clear plan of action that will reduce its (the agency's) utilization of restraints and seclusion. A viable plan must identify an evidence based clinical model that is both age and developmentally appropriate. **The Vignette is attached as Exhibit G and shall be submitted with RFP proposal.**

B. Supporting Documents:

Applicants must submit a complete proposal signed and dated by the Chief Executive Officer or equivalent and a CD ROM containing all the documents in PDF or Word format. Failure to submit any of the required documents requested in this RFP will

result in a loss of five (5) points per item from the total points awarded for the proposal.

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

Part I: Proposal		
1	<input type="checkbox"/>	Proposal Cover Sheet – Use the RFP forms found directly under the Notices section on Website: www.nj.gov/dcf/providers/notices/ Form: http://www.nj.gov/dcf/providers/notices/Proposal.Cover.Sheet.doc
2	<input type="checkbox"/>	Table of Contents – Please number and label with page numbers if possible in the order as stated in Part I & Part II Appendices for paper copies, CD and electronic copies.
3	<input type="checkbox"/>	Proposal Narrative in following order 25 pages a) Applicant Organization b) Program Approach c) Outcome Evaluation d) Budget Narrative
Part II: Appendices: The documents below are required to be submitted with your response to the RFP as a condition of receiving an award		
4	<input type="checkbox"/>	Summary of Reduction of Seclusion and Restraint Use (Max 3 pages)
5	<input type="checkbox"/>	Exhibit E-Minimum Staffing Requirements -“Crisis Assessment and Stabilization Services Staffing Attestation” signed and dated by the Community Agency Head or Equivalent
6	<input type="checkbox"/>	Exhibit F -“Community Agency Head and Employee Certification , Permission for Background Check and Release of Information” signed and dated by the Community Agency Head or equivalent.
7	<input type="checkbox"/>	Exhibit G -Response to Vignette
8	<input type="checkbox"/>	A copy of the letter from the accrediting body regarding the agency’s accreditation status. If not applicable, include a written statement.
9	<input type="checkbox"/>	Job descriptions that reflect all educational and experiential requirements of this RFP; salary ranges; and, resumes of any existing staff that will provide the proposed services. Please do not provide home addresses or personal phone numbers.
10	<input type="checkbox"/>	Current Agency Organization Chart
11	<input type="checkbox"/>	Proposed Program Implementation Schedule
12	<input type="checkbox"/>	Policy or procedures regarding timelines; program operations; and, staff responsible for admission, orientation, assessment, engagement, treatment planning, discharge planning, and step-down.

13	<input type="checkbox"/>	Three (3) written professional letters of support on behalf of the applying individual/agency specific to the provisions of services for individuals with intellectual and developmental disabilities under this RFP/RFQ (references from New Jersey State employees are prohibited). Please include telephone numbers and e-mail for all references so they may be contacted directly
14	<input type="checkbox"/>	Letters of affiliation and proposed Student-School-Service Provider contracts if graduate students will be involved in the provision of care
15	<input type="checkbox"/>	Attach Curricula Table of Contents for age, gender, and developmentally appropriate psycho-educational groups
16	<input type="checkbox"/>	Copies of any evaluation tools used in addition to CSOC IMDS (No more than 10 pages)
17	<input type="checkbox"/>	Copies of any audits or reviews completed or in process by DCF or other State entities from 2014 to the present. If available, a corrective action plan should be provided and any other pertinent information that will explain or clarify the applicant's position. If not applicable, include a written statement.
18	<input type="checkbox"/>	W-9 form (new agencies only) (http://www.state.nj.us/treasury/omb/forms/pdf/W9.pdf) If not applicable, include a written statement
19	<input type="checkbox"/>	Signed Standard Language Document (SLD) [Version: Rev. June 6, 2014] Form: http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc
20	<input type="checkbox"/>	Business Associate Agreement/HIPAA , with signature under Business Associate [Version: Rev. 9-2013] Form: http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc
21	<input type="checkbox"/>	Source Disclosure Certification Form [P.L. 2005, c 92-formerly Executive Order 129] Website: http://www.state.nj.us/treasury/purchase/forms.shtml Form: http://www.state.nj.us/treasury/purchase/forms/SourceDisclosureCertification.pdf
22	<input type="checkbox"/>	Dated List of Names, Titles, Addresses & Terms of Board of Directors --or-- Managing Partners , if an LLC or Partnership
23	<input type="checkbox"/>	Disclosure of Investigations & Other Actions Involving Bidder Form (PDF) http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestigations.pdf
24	<input type="checkbox"/>	Disclosure of Investment Activities in Iran (PDF) http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf
25	<input type="checkbox"/>	For Profit: Statement of Bidder/Vendor Ownership Form (PDF) http://www.state.nj.us/treasury/purchase/forms/OwnershipFinal12-14.pdf

26	<input type="checkbox"/>	Subcontract/Consultant Agreements related to this RFP/RFQ - If not applicable, include a written statement
27	<input type="checkbox"/>	Document showing Data Universal Numbering System (DUNS) Number [2006 Federal Accountability & Transparency Act (FFATA)] Website: http://www.dnb.com Helpline: 1-866-705-5711
28	<input type="checkbox"/>	Certificate of Incorporation Website: http://www.nj.gov/treasury/revenue/filecerts.shtml
29	<input type="checkbox"/>	<u>For Profit</u> : NJ Business Registration Certificate with the Division of Revenue. See instructions for applicability to your organization. If not applicable, include a written statement. Website: http://www.nj.gov/njbusiness/registration/
30	<input type="checkbox"/>	Agency By Laws or Management Operating Agreement if an LLC
31	<input type="checkbox"/>	Tax Exempt Certification Website: http://www.state.nj.us/treasury/taxation/exemption.shtml
32	<input type="checkbox"/>	Statement of Assurances - Use the RFP forms found directly under the Notices section on Website: www.nj.gov/dcf/providers/notices/ Form: http://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc
33	<input type="checkbox"/>	Safe-Child Standards Description – Submit a brief statement demonstrating ways in which your agency will implement the “Standards” (2 pgs. max. double spaced) Policy: http://www.state.nj.us/dcf/SafeChildStandards.pdf
34	<input type="checkbox"/>	<u>For Profit</u> : Two-Year Chapter 51/Executive Order 117 Vendor Certification -- and-- Disclosure of Political Contributions [Version: Rev 4/17/15] See instructions for applicability to your organization. If not applicable, include a written statement. Website: http://www.state.nj.us/treasury/purchase/forms.shtml
35	<input type="checkbox"/>	Chapter 271/Vendor Certification and Political Contribution Disclosure Form Website: http://www.state.nj.us/treasury/purchase/forms.shtml Form: http://www.state.nj.us/treasury/purchase/forms/CertandDisc2706.pdf
36	<input type="checkbox"/>	Proposed Annex B Budget Form documenting anticipated budget (Include Signed Cover Sheet) Annex B: http://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls Note: Expense Summary Form is auto populated. Begin data input on Personnel Detail Tab.
37	<input type="checkbox"/>	Proposed Program Implementation Status Update Form documenting anticipated implementation schedule Website: http://nj.gov/dcf/providers/contracting/forms/csoc.html

<p>► CONTRACT DOCUMENTS TO BE SUBMITTED WITH THE RFP RESPONSE & <u>ANNUALLY</u> UPDATED THEREAFTER:</p>		
38	<input type="checkbox"/>	System for Award Management (SAM) printout showing "active" status (free of charge) Website: https://www.sam.gov/portal/public/SAM Helpline: 1-866-606-8220
39	<input type="checkbox"/>	Tax Forms: <u>Non Profit</u> Form 990 Return of Organization Exempt from Income Tax --or-- <u>For Profit</u> Form 1120 US Corporation Income Tax Return --or-- <u>LLC</u> Applicable Tax Form and may delete or redact any SSN or personal information
40	<input type="checkbox"/>	Affirmative Action Certificate --or-- Renewal Application [AA302] sent to Treasury Website: http://www.state.nj.us/treasury/purchase/forms.shtml Form: http://www.state.nj.us/treasury/purchase/forms/AA_%20Supplement.pdf
41	<input type="checkbox"/>	Most recent Audit or Financial Statement (certified by accountant or accounting firm) <u>Audit:</u> For agencies expending over \$100,000 in combined Federal/State Awards --or-- <u>Financial Statement:</u> For agencies expending under \$100,000 Policy: http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf
42	<input type="checkbox"/>	Annual Report to Secretary of State Website: http://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.shtml
43	<input type="checkbox"/>	Certification Regarding Debarment Form: http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf
44	<input type="checkbox"/>	<u>Non Profit:</u> Annual Report - Charitable Organizations - If not applicable, include a written statement Website: http://www.njpublicsafety.org/ca/charity/charfrm.htm
45	<input type="checkbox"/>	Professional Licenses related to job responsibilities for this RFP - If not applicable, include a written statement
46	<input type="checkbox"/>	Proposed Organizational Chart for Services Required by this RFP
47	<input type="checkbox"/>	Proposed Program Staffing Summary Report (PSSR) documenting anticipated staff levels and assignments Form: ProgramStaffingSummaryReport.xlsm Website: http://nj.gov/dcf/providers/contracting/forms/csoc.html

Part III: Post Award Documents: This part is provided to applicants as informational and in preparation if applicant is successful in securing an award. The documents below are required to be submitted to your contract administrator, or maintained on site as indicated, after notice of award as a condition of receiving a contract.

▶ CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD WITH THE INITIAL CONTRACT:		
1	<input type="checkbox"/>	<p>Acknowledgement of Receipt of NJ State Policy & Procedures returned to the DCF Office of EEO/AA</p> <p>Form: http://www.nj.gov/dcf/documents/contract/forms/DiscriminationAcknowReceipt.pdf</p> <p>Policy: http://www.nj.gov/dcf/documents/contract/forms/AntiDiscriminationPolicy.pdf</p>
2	<input type="checkbox"/>	<p><u>For Each Site Hosting Youth:</u> Certificate of Occupancy --or-- Continued Certificate of Occupancy (e.g. AAS, OVR, OOH programs) If not applicable, include a written statement.</p>
3	<input type="checkbox"/>	<p><u>For Each Site Hosting Youth:</u> Copy of Lease, Mortgage --or-- Deed (e.g. AAS, OVR, OOH programs) If not applicable, include a written statement.</p>
4	<input type="checkbox"/>	<p>Document showing NJSTART Vendor ID Number (NJ's eProcurement system)</p> <p>Website: https://www.njstart.gov</p> <p>Help Desk: Call 609-341-3500 --or-- Email njstart@treas.nj.gov</p>
5	<input type="checkbox"/>	<p><u>If Applicable</u> Signed Schedule of Estimated Claims (SEC) - Provided by contract administrator if applicable</p>
6	<input type="checkbox"/>	<p>Updated Annex B Budget Form -updates to the proposed Annex B Budget Form submitted with the Response to the RFP (Include Signed Cover Sheet)</p> <p>Annex B: http://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls</p> <p>Note: Expense Summary Form is auto populated. Begin data input on Personnel Detail Tab.</p>
7	<input type="checkbox"/>	<p>Updated Program Staffing Summary Report (PSSR) -updates proposed PSSR submitted with the Response to the RFP</p> <p>Form: OOH Program Staffing Summary Report April 2015.xls</p> <p>Website: http://nj.gov/dcf/providers/contracting/forms/csoc.html</p>
8	<input type="checkbox"/>	<p>A request for OOL Waiver if applicable for Hub Model Configuration in accordance with OOL communications.</p>
9	<input type="checkbox"/>	<p>Medicaid Provider Enrollment Application provided by Contract Administrator.</p>

▶ CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD WITH THE INITIAL CONTRACT & WHEN RENEWED OR AMENDED:		
10	<input type="checkbox"/>	<p><u>If Applicable</u> Annex A (Include: Summary, Agency Documents 1.1, 1.2, 1.3 & Program Component Documents 2.1, 2.2, 2.3, 2.4 & 2.5) --or-- other CSOC Approved Form</p> <p>Annex A: http://www.nj.gov/dcf/providers/contracting/forms</p> <p>CSOC Form: Provided by contract administrator if applicable (e.g. OOH Annex A Attestation, Program Summary Form, PSSR)</p>
11	<input type="checkbox"/>	<u>If Applicable</u> Annex A Addendum (For Each Program Component) - Submitted online in CYBER
12	<input type="checkbox"/>	<u>If Applicable</u> Annex B-2 - Provided by contract administrator if applicable.
▶ CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD & <u>ANNUALLY</u> UPDATED THEREAFTER:		
13	<input type="checkbox"/>	<p>Liability Insurance (Declaration Page and/or Malpractice Insurance)</p> <p>1. Certificate Holder: NJDCF, 50 East State St., Floor 3, POB 717, Trenton, NJ 08625 --and--</p> <p>2. Policy should state in writing that DCF is an "additional insured"</p> <p>Refer to policy for Minimum Standards for Insurance: http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf</p>
14	<input type="checkbox"/>	<p>Employee Fidelity Bond Certificate (commercial blanket bond for dishonest acts)</p> <p>Refer to policy for Minimum Standards for Insurance: http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf</p> <p>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.</p>
15	<input type="checkbox"/>	<p>Notification of Licensed Public Accountant (NLPA) --and-- copy of non-expired Accountant Certification</p> <p>Form: http://www.nj.gov/dcf/documents/contract/forms/nlpa.doc</p> <p>Note: Not required for agencies expending under \$100,000 in combined Federal/State Awards. If not applicable, include a written statement.</p>
16	<input type="checkbox"/>	<p><u>For Each Site Hosting Youth</u>: Health/Fire Certificates (e.g. AAS, OVR, OOH programs)</p> <p>If not applicable, include a written statement.</p>
17	<input type="checkbox"/>	<p><u>For Each Site Hosting Youth</u>: Current DCF Office of Licensing Certificate (e.g. OVR & OOH programs)</p> <p>If not applicable, include a written statement.</p> <p>Website: http://www.state.nj.us/dcf/about/divisions/ol/index.html</p>
18	<input type="checkbox"/>	<p>Equipment Inventory for items purchased with DCF Funds - If not applicable, include a written statement.</p> <p>Policy: http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p4_equipment.pdf</p>
19	<input type="checkbox"/>	<p>Annual Report of Expenditures (ROE) Annex B (within 120 days of FY end)</p> <p>Form: http://nj.gov/dcf/providers/contracting/forms/</p>
20	<input type="checkbox"/>	<p>Significant Events (see DCF.P1.11)</p> <p>Website: http://nj.gov/dcf/documents/contract/manuals/CPIM_p1_events.pdf</p>

▶ CONTRACT DOCUMENTS TO BE MAINTAINED ONSITE BY PROVIDER:		
21	<input type="checkbox"/>	Copy of Most Recently Approved Board Minutes
22	<input type="checkbox"/>	Personnel Manual and Employee Handbook (include staff job descriptions)
23	<input type="checkbox"/>	Affirmative Action Policy/Plan
24	<input type="checkbox"/>	Conflict of Interest Policy and Attestation Form: http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf
25	<input type="checkbox"/>	Procurement Policy Policy: http://www.nj.gov/dcf/documents/contract/manuals/CRM2.pdf

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

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

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

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

C. Requests for Information and Clarification:

Question and Answer:

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. Inquiries will not be accepted after the closing date of the Question and Answer Period.

Questions must be submitted in writing via email to: DCFASKRFP@dcf.state.nj.us.

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

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

Technical inquiries about forms and other documents may be requested anytime through DCFASKRFP@dcf.state.nj.us.

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

EXHIBIT A
MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)

N.J.A.C. 17:27

GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

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

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

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

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

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

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

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender

identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

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

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

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

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

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

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

EXHIBIT B

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

N.J. Stat. § 10:2-1 (2012)

§ 10:2-1. Antidiscrimination provisions

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

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

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

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

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

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

EXHIBIT C

CSOC Pre Award Documents Required to Be Submitted with a Response to an Out of Home RFP

Rev. 9-22-16

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

▶ CONTRACT DOCUMENTS TO BE SUBMITTED <u>ONCE</u> WITH THE RFP RESPONSE: (continued)	
16	<input type="checkbox"/> For Profit: Two-Year Chapter 51/Executive Order 117 Vendor Certification --and-- Disclosure of Political Contributions [Version: Rev 4/17/15] See instructions for applicability to your organization. If not applicable, include a written statement. Website: http://www.state.nj.us/treasury/purchase/forms.shtml
17	<input type="checkbox"/> Chapter 271/Vendor Certification and Political Contribution Disclosure Form Website: http://www.state.nj.us/treasury/purchase/forms.shtml Form: http://www.state.nj.us/treasury/purchase/forms/CertandDisc2706.pdf
18	<input type="checkbox"/> Proposed Annex B Budget Form documenting anticipated budget (Include Signed Cover Sheet) Annex B: http://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls Note: Expense Summary Form is auto populated. Begin data input on Personnel Detail Tab.
19	<input type="checkbox"/> Proposed Program Implementation Status Update Form documenting anticipated implementation schedule Website: http://nj.gov/dcf/providers/contracting/forms/csoc.html
▶ CONTRACT DOCUMENTS TO BE SUBMITTED WITH THE RFP RESPONSE & <u>ANNUALLY</u> UPDATED THEREAFTER:	
20	<input type="checkbox"/> System for Award Management (SAM) printout showing "active" status (free of charge) Website: https://www.sam.gov/portal/public/SAM Helpline: 1-866-606-8220
21	<input type="checkbox"/> Tax Forms: <u>Non Profit</u> Form 990 Return of Organization Exempt from Income Tax --or-- <u>For Profit</u> Form 1120 US Corporation Income Tax Return --or-- <u>LLC</u> Applicable Tax Form and may delete or redact any SSN or personal information
22	<input type="checkbox"/> Affirmative Action Certificate --or-- Renewal Application [AA302] sent to Treasury Website: http://www.state.nj.us/treasury/purchase/forms.shtml Form: http://www.state.nj.us/treasury/purchase/forms/AA_%20Supplement.pdf
23	<input type="checkbox"/> Most recent Audit or Financial Statement (certified by accountant or accounting firm) <u>Audit</u> : For agencies expending over \$100,000 in combined Federal/State Awards --or-- <u>Financial Statement</u> : For agencies expending under \$100,000 Policy: http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf
24	<input type="checkbox"/> Annual Report to Secretary of State Website: http://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.shtml
25	<input type="checkbox"/> Certification Regarding Debarment Form: http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf
26	<input type="checkbox"/> <u>Non Profit</u> : Annual Report - Charitable Organizations - If not applicable, include a written statement Website: http://www.njpublicsafety.org/ca/charity/charfrm.htm
27	<input type="checkbox"/> Professional Licenses related to job responsibilities for this RFP - If not applicable, include a written statement
28	<input type="checkbox"/> Proposed Organizational Chart for Services Required by this RFP
29	<input type="checkbox"/> Proposed Program Staffing Summary Report (PSSR) documenting anticipated staff levels and assignments Form: ProgramStaffingSummaryReport.xlsm Website: http://nj.gov/dcf/providers/contracting/forms/csoc.html

EXHIBIT D

CSOC Post-Award Documents Required To Be Submitted for Contract Formation If the Response to the Out of Home RFP Results in an Award

Rev. 10-4-16

▶ CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD WITH THE INITIAL CONTRACT:	
1	<input type="checkbox"/> Acknowledgement of Receipt of NJ State Policy & Procedures returned to the DCF Office of EEO/AA Form: http://www.nj.gov/dcf/documents/contract/forms/DiscriminationAcknowReceipt.pdf Policy: http://www.nj.gov/dcf/documents/contract/forms/AntiDiscriminationPolicy.pdf
2	<input type="checkbox"/> <u>For Each Site Hosting Youth</u> : Certificate of Occupancy --or-- Continued Certificate of Occupancy (e.g. AAS, OVR, OOH programs) If not applicable, include a written statement.
3	<input type="checkbox"/> <u>For Each Site Hosting Youth</u> : Copy of Lease, Mortgage --or-- Deed (e.g. AAS, OVR, OOH programs) If not applicable, include a written statement.
4	<input type="checkbox"/> Document showing NJSTART Vendor ID Number (NJ's eProcurement system) Website: https://www.njstart.gov Help Desk: Call 609-341-3500 --or-- Email njstart@treas.nj.gov
5	<input type="checkbox"/> <u>If Applicable</u> Signed Schedule of Estimated Claims (SEC) - Provided by contract administrator if applicable
6	<input type="checkbox"/> Updated Annex B Budget Form -updates to the proposed Annex B Budget Form submitted with the Response to the RFP (Include Signed Cover Sheet) Annex B: http://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls Note: Expense Summary Form is auto populated. Begin data input on Personnel Detail Tab.
7	<input type="checkbox"/> Updated Program Staffing Summary Report (PSSR) -updates proposed PSSR submitted with the Response to the RFP Form: ProgramStaffingSummaryReport.xlsm Website: http://nj.gov/dcf/providers/contracting/forms/csoc.html
8	<input type="checkbox"/> A request for OOL Waiver if applicable for Hub Model Configuration in accordance with OOL communications.
9	<input type="checkbox"/> Medicaid Provider Enrollment Application provided by Contract Administrator.
▶ CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD WITH THE INITIAL CONTRACT & WHEN RENEWED OR AMENDED:	
10	<input type="checkbox"/> <u>If Applicable</u> Annex A (Include: Summary, Agency Documents 1.1, 1.2, 1.3 & Program Component Documents 2.1, 2.2, 2.3, 2.4 & 2.5) --or-- other CSOC Approved Form Annex A: http://www.nj.gov/dcf/providers/contracting/forms CSOC Form: Provided by contract administrator if applicable (e.g. OOH Annex A Attestation, Program Summary Form, PSSR)
11	<input type="checkbox"/> <u>If Applicable</u> Annex A Addendum (For Each Program Component) - Submitted online in CYBER
12	<input type="checkbox"/> <u>If Applicable</u> Annex B-2 - Provided by contract administrator if applicable

▶ CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD & <u>ANNUALLY</u> UPDATED THEREAFTER:	
13	<input type="checkbox"/> Liability Insurance (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: http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf
14	<input type="checkbox"/> Employee Fidelity Bond Certificate (commercial blanket bond for dishonest acts) Refer to policy for Minimum Standards for Insurance: http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf 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.
CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD & <u>ANNUALLY</u> THEREAFTER: (continued)	
15	<input type="checkbox"/> Notification of Licensed Public Accountant (NLPA) --and-- copy of non-expired Accountant Certification Form: http://www.nj.gov/dcf/documents/contract/forms/nlpa.doc Note: Not required for agencies expending under \$100,000 in combined Federal/State Awards. If not applicable, include a written statement.
16	<input type="checkbox"/> <u>For Each Site Hosting Youth</u> : Health/Fire Certificates (e.g. AAS, OVR, OOH programs) If not applicable, include a written statement.
17	<input type="checkbox"/> <u>For Each Site Hosting Youth</u> : Current DCF Office of Licensing Certificate (e.g. OVR & OOH programs) If not applicable, include a written statement. Website: http://www.state.nj.us/dcf/about/divisions/ol/index.html
18	<input type="checkbox"/> Equipment Inventory for items purchased with DCF Funds - If not applicable, include a written statement. Policy: http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p4_equipment.pdf
19	<input type="checkbox"/> <u>Cost Reimbursement Contracts Only</u> : Annual Report of Expenditures (ROE) Annex B Interim (15 days of end of 6 th month) -and- Final (120 days of FY end) Form: http://nj.gov/dcf/providers/contracting/forms/ Submit To: ChildrensSystemofCare.BusinessOffice@dcf.state.nj.us
20	<input type="checkbox"/> Significant Events (see DCF.P1.11) Website: http://nj.gov/dcf/documents/contract/manuals/CPIM_p1_events.pdf
▶ CONTRACT DOCUMENTS TO BE MAINTAINED ONSITE BY PROVIDER:	
21	<input type="checkbox"/> Copy of Most Recently Approved Board Minutes
22	<input type="checkbox"/> Personnel Manual and Employee Handbook (include staff job descriptions)
23	<input type="checkbox"/> Affirmative Action Policy/Plan
24	<input type="checkbox"/> Conflict of Interest Policy and Attestation Form: http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf
25	<input type="checkbox"/> Procurement Policy Policy: http://www.nj.gov/dcf/documents/contract/manuals/CRM2.pdf

EXHIBIT E

State of New Jersey-Department of Children and Families Children's System of Care

Minimum Staffing Requirements-Crisis Stabilization and Assessment Services

1. I, (Name) _____, am the (Title)
_____ of the (Name of Provider Agency)
_____.

The following are the *minimum* staffing credentials and requirements for a DCF contracted provider of Crisis Stabilization and Assessment services. This is not to be interpreted as comprehensive of the total responsibilities each staff member will manage.

Contracted staff to youth ratio: a ratio of 1 direct care staff for every 2 children must be maintained at all hours with a minimum of 2 awake staff on at all times – including while youth are asleep.

Position	Qualifications	Other requirements	Hours/youth/week
<i>Psychiatrist or APN</i>	MD, BC/BE/APN. Board certified youth psychiatrist or psychiatric APN in affiliation with a board certified youth psychiatrist.	Initial treatment and crisis plan (within 1 st 24 hours); psychiatric intake assessment and report (within 1 st week).	1.25 clinical hours per week per youth; 75 % of which must be face-to-face time with youth and/or families.
<i>Pediatric APN or Pediatrician</i>	MD, BC/BE/APN. NJ licensed, board certified.	Pediatric assessment and report (within 1 st 24 hours).	24/7 availability by contract.
<i>NJ licensed therapist (clinician)</i>	Masters, LCSW, LMFT, LPC, NJ licensed psychologist	IMDS strengths and needs assessment (within 1 st 24 hours); initial treatment and crisis plan (within 1 st 24 hours); bio- psychosocial assessment and report (within 1 st week); comprehensive treatment and discharge plan (within 1 st week). Individual, group, family therapy as needed. Member of treatment team. Provides I/H as appropriate	8 hours per week per youth. Must be available by telephone for emergencies.
<i>Masters level therapist</i>	Masters under the supervision of NJ licensed practitioner with documented plan to achieve licensure within 2 years.		

<i>Behavioral analyst</i>	Masters level, board certified. Master's must be in psychology, special education, guidance and counseling, social work, or related field with at least one year of experience in the development and implementation of behavior support plans.	Development and implementation of individualized behavior support plans. Includes completion of an FBA.	10 hours per week per youth (3 of which could be applied toward the 6 hours per week of allied therapy).
<i>Allied clinical therapist</i>	Licensed where applicable.	Recreation/leisure assessment and report (within 1 st week).	6 hours per week per youth (3 of which may be substituted with behavior support intervention and activities).
<i>Nurse/RN</i>	Registered nurse (RN) or a licensed practical nurse (LPN), under the supervision of an RN, with a current NJ nursing license and one year direct care nursing experience with children.	Initial treatment and crisis plan consultation (within 1 st 24 hours and then weekly); nursing assessment and report (within 1 st 24 hours).	2.5 hours per week per youth; 30% must be provided by an RN).
<i>Psychologist</i>	PhD, PsyD and Ed.D		As needed
<i>Direct care staff</i>	BA or HS with 3-5 years' experience providing direct care to children with I/DD challenges in a behavioral health agency or institutional setting.	Youth orientation (within 1 st 24 hours).	84 hours per week per youth (represents multiple FTEs).
<i>Case manager-Bachelors level practitioner</i>	BA with 3-5 years of direct experience with I/DD youth; or unlicensed MA with 1 year of direct experience with I/DD youth.	Family orientation (within 1 st 24hours); review and signing of all required paperwork (within 1 st 24 hours).	5 hours per week per youth.
<i>Dietician</i>			.50 hours at intake; then as needed.
<i>Service/program director</i>	MA with 3 years post MA experience in ID/DDD field (at least one of which shall be in a supervisory capacity).	Attend monthly treatment team meetings; oversee all quality assurance / program improvement activities	FT dedicated, on-site.

2. By my signature below, I hereby certify that I have read and understand the *minimum* staffing requirements for a DCF contracted provider of Crisis Stabilization and Assessment services outlined in this document.

Signature

Date

Printed Name

EXHIBIT F

COMMUNITY AGENCY HEAD AND EMPLOYEE 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.

☐__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 _____ (date). If I have checked Option 2 or the criminal history background check reveals any conviction(s) for the offenses listed below, I understand that I may be subject to termination from employment.

FOR PROVISIONAL EMPLOYEES ONLY: As a provisional employee, I further understand that I may be employed by the agency for a period not to exceed six 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:

i. Endangering the welfare of a child

ii. Endangering the welfare of an incompetent 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: I understand the results of this background check will be reported to the President of the Board of my agency.

COMMUNITY AGENCY HEAD
(Please Print)

(Signature and Date)

PLEASE LIST THE NAME AND HOME OR BUSINESS ADDRESS OF THE BOARD PRESIDENT.

FOR GRANTEE USE ONLY – KEEP IN AGENCY FILE

Employee Name (please print)

Employee (Signature and Date)

Witnessed by (please print)

Witness (Signature and Date)

EXHIBIT G

CRISIS STABILIZATION AND ASSESSMENT SERVICES VIGNETTE **Ages 11 - 15**

Sarah is a 12 year old White female. She is currently in the custody of her biological mother. Her mother is unable to care for youth due to her aggressive behaviors. The youth is currently in the hospital and her mother is not able to take the youth home and the hospital is ready to discharge her.

Sarah exhibits aggressive behaviors towards her mother which include, hitting, kicking and biting. At times she will try to elope. She also displays property destruction. Sarah's mother also reports that the youth has PICA and does not sleep well at night because she is roaming around the house at night eating inedible objects. A few months ago Sarah started her menstrual period; her mother reports she becomes more aggressive during this time. Sarah needs assistance with completing all of her ADLs. She is non-verbal and is not able to communicate her wants and needs. Sarah uses a communication device at school.

Sarah has a diagnosis of: Autism Spectrum Disorder, PICA

She is educationally classified and receives the following services at school: Occupational Therapy and Speech Therapy.

Please provide a clear description of how the program would respond in caring for Sarah. Include clinical/medical interventions and describe the communication with the involved team members including the Child/Family Team, family members, and CSOC System Partners.

The response must be no more than 1 page.