



**REQUEST FOR PROPOSALS**

**FOR**

**GROUP HOME LEVEL 1-I/DD INTENSITY OF SERVICES (IOS)**

**TWO (2) HUBs OF THREE 5-BED PROGRAMS WILL BE AWARDED (TOTAL OF 30 BEDS)**

**Two (2) awards are available. A successful applicant will be permitted only one (1) award (15 beds)**

**Funding of \$4,555,200 Available**

**Mandatory Bidders Conference: June 21, 2017**

**Time: 1:00 PM**

**Place: DCF Professional Center**

**30 Van Dyke Avenue New Brunswick, NJ 08901**

**Deadline for Receipt of Proposals: July 26, 2017**

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

**Commissioner**

**May 10, 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:**

Potential Bidders must attend a Mandatory Bidder's Conference at DCF Professional Center at 30 Van Dyke Avenue New Brunswick, NJ 08901 on June 21, 2017 at 1:00PM. Questions will be accepted in advance of the Bidder's Conference until June 19, 2017 at 12PM by providing them via email to [DCFASKRFP@dcf.state.nj.us](mailto:DCFASKRFP@dcf.state.nj.us). 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) Children's System of Care (CSOC) announces the availability of funding for the purpose of providing out-of-home support and services in community based group home(s) located regionally for youth ages 14 to 17 years old with intellectual/developmental disabilities (I/DD) and challenging behaviors, who are eligible or presumptively eligible for CSOC DD functional services pursuant to N.J.A.C. 3A:40, formerly codified in N.J.A.C. 10:196. Funding is subject to State fiscal year appropriations. The annualized funding available is \$4,555,200. The per diem rate is \$416 for this Group Home Level 1- I/DD intensity of service (IOS). Annualized funding for each 15 bed hub may not exceed \$2,277,600.

The goal is to create a safe, stable, and therapeutically supportive environment with a comprehensive array of services that will assist the youth with I/DD and challenging behavior acquire, retain, and improve the behavioral, self-help, socialization, and adaptive skills needed to achieve objectives of improved health, welfare, and the realization of maximum physical, social, psychological, and vocational potential for useful and productive activities in the home and community.

This announcement seeks to maximize the utilization of GH Level 1- I/DD IOS using a transparent and contracted clinical treatment model that utilizes evidence-based, data-driven, informed or suggested methodologies paired with a rate structure consistent with national best practices and a service delivery model that is designed to achieve maximum efficiency of staff time and treatment flexibility.

### **B. Background:**

DCF is the state's first comprehensive agency dedicated to ensuring the safety, well-being and success of children, youth, families and communities. Our vision is to ensure a better today and even a greater tomorrow for every individual we serve.

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 child and family, in strength-based, family-focused and culturally competent/reflective 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 values and promotes the advice and recommendations of the family, is family-friendly, and provides families with the tools and support needed to create successful and sustainable life experiences for their children. All services within the New Jersey Children's System of Care are expected to function under the aegis of the Wraparound Practice, and the values and principles of the System of Care approach. Providers will also be expected to become familiar with and be trained in the *Nurtured Heart Approach* and the *Six Core Strategies to Reduce the Use of Seclusion and Restraints*.

## **C. Services to be Funded:**

The awardees in response to this RFP are expected to provide a comprehensive array of therapeutic supports and services using the hub care service delivery model to operationalize habilitative community-based group homes that ensure youth with I/DD and challenging behaviors have a stable, safe, familiar, consistent, and nurturing experience. Hub care offers flexibility and support in sharing clinical, medical, and other supports to each house within the hub, which are within close proximity to one another. Each individual house within the hub will have dedicated staff, including a house manager and direct care milieu staff who will interface with the youth within the program on a daily basis. All program staff must hold professional and experiential competencies in the field of intellectual/developmental disabilities and clearly display the capacity to provide appropriate care, supervision, and targeted clinical, behavioral, and self-care interventions to the youth, served in these programs and their family.

The "hub" services will be exclusively provided by the following therapeutic team of professionals:

- a) Program Director will oversee the clinical and operational aspects of the entire hub;
- b) Licensed behavioral health clinician(s), (LPC, LCSW, or Licensed Psychologist);
- c) BCBA and Behavioral Technician
- d) Medical staff (RN);
- e) Psychiatrist/APN;
- f) Allied therapist(s); and,
- g) "Pool" of milieu staff designed to augment dedicated staff and provide additional support and supervision to the youth living within the entire hub as needed.

## **Clinical Description of GH Level 1- I/DD IOS:**

Admission to GH Level 1- I/DD is limited to youth who are eligible or presumptively eligible to receive developmental disability services through CSOC pursuant to N.J.A.C. 3A:40. Youth eligible for developmental disability services may have a variety of underlying conditions including but not limited to intellectual disabilities, Autism Spectrum Disorder, Spina Bifida, Cerebral Palsy, seizure disorder, etc. The youth may also have medical and/or physical needs.

Youth who are considered for admission shall present with challenging behavior(s) of such intensity, frequency, and duration that the youth cannot be consistently managed in their home or in a less intensive treatment setting. Challenging behaviors include, but are not limited to self-injurious, and/or destructive behaviors that **do not** require medical attention, non-compliance, tantrums/outburst, climbing, darting, wandering, aggression toward care givers, and/or property destruction.

Youth who are non-ambulatory, have multiple medical needs, and/or require a high level of assistance with activities of daily living (ADL) **will be considered on an individual basis** by the awardee, taking into consideration the dynamics of the current milieu.

**The goals of this program are to:**

- Assess the immediate needs of the youth and his/her family;
- Engage with the youth so that he/she feels as comfortable as possible in a new setting;
- Provide a safe and nurturing environment with increased 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 arrangement;
- Complete the ISP within 30 days of admission which includes a skill building routine in preparation for the youth's return home or transfer to an alternate out-of-home living arrangement; and
- Provide transportation to the program for admission, if needed.

The projected length of stay is anticipated to be up to 12 months. However, dependent upon the unique situation of each youth, the length of stay may indeed be longer. The length of stay will be monitored by CSOC's Contracted System Administrator (CSA) via the Joint Care Review (JCR) process.

Programs that are ADA compliant, and programs that can provide services to non-verbal, limited-English, and/or non-English speaking individuals are **required**. The applicant must clearly specify within their proposal the type of non-verbal and/or bilingual services offered and staff supports that will be provided.

**Number of Programs/Locations:**

GH Level 1- I/DD IOS will be provided in community-based homelike settings. Two (2) hubs of three 5-bed group homes (total of thirty beds) will be awarded. **A successful applicant will be permitted no more than one award (15 beds).**

Each group home within the hub will house a target population based on age, gender and GH Level 1-I/DD IOS needs. Please note, the initial demographics of the home may change over time at the request of CSOC as the needs for certain genders and age groups change. Each group home **must** be barrier free, with wheelchair accessible entrance and egress. **Youth are not permitted to be transferred between houses in the hub.**

Applicants shall identify the region the hub will be located. CSOC does **not** have a regional preference in this RFP. Each of the three group home sites comprising a single hub must be within a 10-mile radius of each other.

## **Hub Design**

### **House #1**

Age: 14-17

Gender: Female

IQ Range: 50-64

### **House #2**

Age: 14-17

Gender: Male

IQ Range: 50-64

### **House #3**

Age: 14-17

Gender: Male

IQ Range: 50-64

**Bedrooms:** No more than two youth per bedroom; preferably single bedrooms. Each house within the hub **must** have at least one bedroom that is wheelchair accessible.

**Bathrooms:** Each house within the hub **must** have at least one bathroom that is ADA compliant or wheelchair accessible and is in accordance with licensing regulations at N.J.A.C. 10:44A:

[http://www.state.nj.us/humanservices/providers/rulefees/regs/NJAC%2010\\_44A%20Standards%20for%20Community%20Residences%20for%20Indiv%20w%20DD.doc](http://www.state.nj.us/humanservices/providers/rulefees/regs/NJAC%2010_44A%20Standards%20for%20Community%20Residences%20for%20Indiv%20w%20DD.doc)

## **Duties and Obligations**

Applicants are to provide details regarding operations, policies, procedures, and implementation of the GH Level 1-I/DD services to be provided including the plan of collaboration with system partners (e.g. the Division of Child Protection and Permanency (DCP&P), Care Management Organizations (CMOs), and Probation). The first house within the hub shall be operational within 120 days of the award. The second and third houses shall be operational within 60 days thereafter. Extensions may be available by way of written request to the CSOC Assistant Commissioner. **Awards are subject to being rescinded if not operationalized within six months of RFP award.**

The applicant for this program is expected to demonstrate the capacity to provide therapeutic habilitative supports and services combined with individualized behavioral supports and services specific for youth with intellectual and development disabilities that meet GH Level 1-I/DD IOS need.

## **Treatment:**

All GH Level 1-I/DD services and interventions must be directly related to the goals and objectives established in each youth's Individual Service Plan (ISP). 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 Joint Care Review (JCR).

The JCR shall identify the youth's interests, preferences, and needs in the following areas, as determined appropriate by the youth, family and other members of the Child/Family Team: physical and emotional well-being; risk and safety factors; medical, nutritional, and personal care needs; adaptive and independent living abilities; 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. Treatment modalities will focus on assisting the youth in achieving developmentally appropriate autonomy and self-determination within the community, 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/young adult 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 (FBA) and development of a Behavioral Support Plan (BSP) shall be an integral part of the treatment planning process for youth. Interventions 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/young adult back home or to an alternative living arrangement.

Through this RFP, CSOC will look for prospective applicants to imbue their program design with the system of care philosophy and principles of working within the continuum of care from the acquisition and generalization of behavioral, self-help, socialization, and adaptive skills to the ultimate goal of returning home or to an alternate out of home setting. GH Level 1-IDD service providers must be able to safely address complex needs and challenging behaviors related to their intellectual/developmental disability including, but not limited to non-compliance to verbal/written directions, tantrums/outburst, climbing, darting, wandering, aggression toward caregivers, and/or property destruction.

Providers are encouraged to 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 GH Level 1-I/DD 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.

Service shall include, but are not limited to:

- 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 and family therapy as appropriate
- Group, and allied therapy
- Trauma informed counseling (as indicated);
- Access to other services (such as psychological testing, vocational counseling, and medical services)
- Skill building;
- Structured recreational activities
- Education and vocational opportunities including linkage to the youth's current school;
- Coordination with the Child Study Team;
- Transition planning for youth 16 years old and older

CSOC will support applicants who successfully operationalize the principles of individualized, needs-driven, and family-focused care, identify strength-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. Applicants can demonstrate this attention in their narrative concerning staffing patterns, how they intend to recruit and retain staff (particularly direct care milieu staff), site design, community integration, 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.

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 children 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 intellectual/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
- Institutionalization
- Degradation
- 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 Post-Traumatic Stress Disorder (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 and increase the probability of undetected abuse and neglect. Applicants must be cognizant of this fact and describe how they plan to assure the safety of this vulnerable population.

Utilization of seclusion and restraint in out-of-home treatment settings is also a concern for CSOC. The reduction of seclusion and restraint (S/R) use has been given national priority by the US government. S/R is reviewed as a treatment failure rather than a treatment intervention. It is associated with high rates of patient and staff injuries<sup>1</sup> and is a coercive and potentially traumatizing intervention with no established therapeutic value<sup>2</sup>.

*The Six Core Strategies for Reducing Seclusion and Restraint Use* is an evidence-based model that was developed by the National Association of State Mental Health Program Directors (NASMHPD) and has successfully reduced the use of S/R in a variety of mental health settings for children and adults across the United States and internationally<sup>3</sup>.

**In an effort to reduce seclusion and restraint across all youth involved with the Children's System of Care, applicants must submit a summary of no more than three (3) pages as part of the Appendices. The summary must address the agency's approach to integrating and operationalizing the following six core strategies into its culture:**

- 1) Leadership Toward Organizational Change
- 2) Use of Data to Inform Practice
- 3) Workforce Development
- 4) Use of S/R Prevention Tools
- 5) Consumer Roles in Inpatient Settings
- 6) Debriefing Techniques

Additional information on *The Six Core Strategies for Reducing Seclusion and Restraint Use* is available at:

[http://www.nasmhpd.org/sites/default/files/Consolidated\\_Six\\_Core\\_Strategies\\_Document.pdf](http://www.nasmhpd.org/sites/default/files/Consolidated_Six_Core_Strategies_Document.pdf)

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<sup>1</sup> Weiss EM, Altimari D., Blint DR., Megan K. Deadly restraint: A five-part series. The Hartford Courant. 1998. Oct 11-15; p. 1-16.

<sup>2</sup> Sailas E., Fenton M. Seclusion and restraint for people with serious mental illness. Cochrane Database of System Rev 2000. CD001163.

<sup>3</sup> National Association of State Mental Health Program Directors. Six Core Strategies for Reducing Seclusion and Restraint Use. Revised 2006.

## **Course and Structure of Treatment:**

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

- Youth
- Family members
- Natural supports as identified and selected by the youth, and family when possible
- DCP&P Case Management entity (if applicable)
- Intensive In-Home Services when part of plan to discharge youth home;
- Mobile Response and Stabilization Services (if applicable)
- CSOC care management entity (Care Management Organization)
- Probation (if applicable)
- Psychiatric Care Provider\*
- Nurse (Supervising RN)
- Allied Therapist(s)
- Behavior Analyst (BCBA)
- Milieu staff
- Educational professionals
- Licensed clinicians
- Program Director

\*A psychiatric care provider is a Child and Adolescent Board Certified Psychiatrist or an Advanced Practice Nurse (APN) with a psychiatric specialty whose 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, the term “psychiatrist” includes, an APN that meets these standards.

Prior to admission the following assessment must be completed:

- The CSOC Children’s Adaptive Behavior Summary (CABS) that is no older than 6 months at the time of admission.  
<http://www.performcarenj.org/pdf/families/form-b-cabs.pdf>

Within 48 hours of admission, the program will:

- Develop an initial crisis plan for each youth. The crisis plan will identify triggers and provide specific interventions for staff and be updated on a regular basis;
- Provide the youth with a thorough orientation to all aspects of the program, conducted by both agency staff and current residents;
- Assure that the family members are oriented to the service;
- Complete and file all necessary consents and releases;
- Complete IMDS Strengths and Needs Assessment;
- Complete a nursing assessment and incorporate it into the initial treatment and crisis plan;
- Complete a pediatric assessment and report; and
- Provide the youth and family with copies of the initial crisis plan.

Within 96 hours of admission, the program will:

- Complete a Biopsychosocial assessment.

Within one week of admission, the program will:

- Complete a psychiatric assessment, report and recommendations will be completed

Within two weeks of admission, the program will:

- Conduct a treatment team meeting resulting in a comprehensive treatment, crisis and discharge plan that integrates all of the treatment team's input, assessments and recommendations. 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;
- Complete a nutritional screening;
- Arrange educational programming; and
- Complete a Functional Behavioral Assessment and Behavior Support Plan.

Within 30 days of admission, the program will:

- Complete and submit the ISP to the CSA and obtain CSA approval.

Each day the program will:

- Provide comprehensive and well-documented communication regarding significant events, youth behaviors, and other relevant information for each shift;
- Convene meetings for change of shifts to relay/monitor the emotional state of each youth;
- Ensure that no more than 30% of all youth waking hours will be spent in "milieu" activities;
- Engage all youth in structured skill building activities tailored to meet their individual needs. Participation will be documented daily;
- Identify one milieu staff and an alternate on each shift to dispense medication as prescribed. A Registered Nurse will monitor the medication logs daily and provide milieu staff with medication consultation as needed;
- Transport youth to medical appointments, family visits, community outings, and any other off-site activities as needed;
- Ensure that the Behavior Technician will have daily communication with the House Manager regarding the youth; and
- Provide all required documentation and activities in accordance with applicable licensing regulations and the Addendum to Administrative Order 2:05, which addresses the reporting of Unusual Incidents.

Prior to discharge:

- The treatment team will provide a “step down” action plan that details week-to-week activities supporting a smooth and well planned transition from treatment. At a minimum, the action plan must include:
  - At least three (3) meetings of the 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; and
  - 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 Habilitative Supports (IIH) or Intensive In-Community Behavior Assistance (IIC-BA) will be built into the community plan. In order to provide for a seamless transition back home for the youth, the IIH or IIC-BA provider will visit the GH 1-IDD program, approximately two weeks prior to discharge. The IIH or IIC-BA provider will gather information through observation and interaction with the youth and review the youth’s clinical records. Awardee(s)’s behavior technician and/or the BCBA, and any other treatment team members (nurse, dietician, etc.), will accompany the IIH or IIC provider during the visit. This visit is an **introduction** for the IIH or IIC-BA provider to the youth prior to going into the home and equips the IIH or IIC-BA provider with a strong understanding of the youth’s treatment needs and behavior plan. In particular, this will enable the IIH provider to train the parents/caregiver on the behavior support plan and modify it where needed more quickly. The IIH or IIC-BA provider’s familiarity with the family will provide a sense of security and increased confidence for the family.

### **Staffing Structure:**

The following are the minimum requisite activities by staff title. Staff requirements are divided by dedicated **House Staff** and **Hub Professional Staff**. These guidelines are not to be interpreted as comprehensive of the total responsibilities each staff member will manage. Applicants must demonstrate, through narrative, Annex B, and with necessary letters of affiliation, that guidelines below are achievable.

CSOC has provided a guide for the required milieu staffing pattern-**See Attachment 1**.

The applicant must sign, date and submit **Attachment 2** “Attestation” with their proposal.

The applicant must sign, date, and submit **Attachment 3** “Community Agency Head and Employee Certification, Permission for Background Check and Release of Information” with their proposal.

All youth will have regular contact with a Registered Nurse and a Behavior Technician supervised by a certified BCBA that is 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: individual, group, and family therapy that may consist of modified treatment strategies depending on youth’s developmental stage. The BCBA will however provide daily consultation to the behavior technician;

and observation, assessment and intervention when needed in support of the youth, behavior technician and milieu staff.

As an added means of support, the hub will employ floating milieu staff on varying shifts and each house in the hub will assure that the designated and floating milieu staff support transition times between the 1<sup>st</sup> and 2<sup>nd</sup> shift. The floating milieu staff offers flexible programmatic support to the youth residing within the hub including but not limited to: staff coverage, transportation, 1:1 supervision as needed and continuity of care during change of shift. Required supervision ratios must be maintained during crisis situations.

**Ratio Requirements:** All youth will be properly supervised; a ratio of 1 milieu staff for every 3 youth with a minimum of 2 **awake** overnight staff on third shift. The floating milieu staff will **not** be included in the daily regular staffing ratio;

**House Staff: (designated and required for each house within the hub):**

**House Manager (Full-time and on-site): Bachelors level practitioner(s) with 3-5 years of supervisory experience and relevant experience with youth with I/DD challenges or an unlicensed Master's level practitioner with 1-year relevant experience will:**

- Supervise milieu staff and schedules;
- Oversee daily operational aspects of the house;
- Arrange and participate in family orientation (within the first 24 hours);
- Provide case management;
- Review and sign all required paperwork (within 24 hours);
- Provide 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.

**Milieu Support Staff: (29 FTEs, Please see staffing grid, Attachment 1; Bachelor's level practitioner(s) with 1 year relevant experience or high school diploma practitioner with 3-5 years of experience providing direct care to individuals with I/DD challenges in a behavioral health agency or institutional setting, will:**

- Participate in the youth orientation (within the first 24 hours of admission);
- Provide and supervise milieu activities (daily);
- Provide community integration via focused recreational activities (weekly);
- Provide direct youth supervision (daily);
- Attend treatment team meeting (monthly);
- Provide pre-vocational skills training (daily, as indicated);
- Provide Positive Behavioral Supports (daily);
- Medication administration (daily);
- Collect and record data (daily, as indicated);
- Provide Instruction/assistance in ADL's (daily, as indicated).

**Floating Milieu Support Staff (FMS) – (Bachelor's level practitioner(s) with 1 year relevant experience or high school diploma practitioner with 3-5 years of experience providing direct care to individuals with I/DD challenges in a behavioral health agency or institutional setting,**

**will provide supports and services as needed, exclusively to the youth residing in all three group homes in the hub. FMS activities may include:**

- Providing and supervising milieu activities (daily);
- Providing community integration via focused recreational activities (weekly);
- Providing direct youth supervision (daily);
- Providing 1:1 supervision (as indicated);
- Attending treatment team meeting (monthly);
- Providing pre-vocational skills training (daily, as indicated);
- Providing Positive Behavioral Supports (daily);
- Collecting and recording data (daily, as indicated);
- Providing instruction/assistance in ADL's (daily, as indicated).
- Providing transportation (as needed)

**“Hub” Professional Staff (shall serve all 15 youth within the hub):**

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

- Provide support and oversight exclusively to all three group homes in the hub;
- Review youth referrals and coordinate admission across all three group homes in the hub;
- Oversee all Quality Assurance/Program Improvement activities with a focus on attaining bench-mark activities for all direct care milieu staff;
- Attend treatment team meetings (monthly);

**Master's Degree Board Certified Behavioral Analyst, (BCBA) (full-time, 40 hours per week); with a minimum one year of experience in the development and implementation of behavior support plans for youth with I/DD will:**

- Implement behavioral support interventions and activities;
- Provide Applied Behavioral Analysis (ABA) - Functional Behavioral Assessment and development of a Behavioral Support Plan;
- Complete the initial crisis plan development, documentation, and consultation (within the first 48 hours of admission);
- Complete the initial crisis plan debriefing with family and youth (within the first 48 hours of admission);
- Implement the individualized Behavior Support Plan;
- Provide Positive Behavioral Supports;
- Provide training and supervision to support staff providing ABA services;
- Provide direct supervision of the behavior technician as indicated in certification;
- Modify the Behavioral Support Plan based on frequent, systematic evaluation of direct observational data;
- Provide coordinated support with agency staff and participating as part of the clinical team;
- Attend Monthly Treatment Team Meetings.

**Behavior Technician:**

- Bachelor's degree in psychology, special education, guidance and counseling, social work or a related field; At least one year of supervised experience in implementing behavior support plans for youth who have intellectual/developmental disabilities; OR
- High school diploma; or GED; and at least three years of supervised experience in implementing behavior support plans for youth who have intellectual/developmental disabilities;

**The Behavior Technician (40 hours per week; required schedule 12pm-8pm) will:**

- Provide instruction in Activities of Daily Living;
- Implement all youth's individualized Behavioral Support Plan;
- Provide individual behavioral supports such as Positive Behavioral Supports;
- Provide training/coaching for the youth to meet the individual's behavioral needs.

**Clinician:**

- Clinically licensed to practice in New Jersey OR
- Master's level practitioner who is three years or less from New Jersey licensure and is practicing under the direct and on-site supervision of a clinician who is clinically licensed to practice in New Jersey with a minimum of one year experience working with youth with I/DD.

**The Clinician (20 hours per week with a minimum of one evening shift per week) will:**

- Complete a Biopsychosocial (BPS) assessment and report within the first week of admission;
- Complete IMDS Strengths and Needs Assessment (within the first 24 hours and as needed);
- Develop a comprehensive treatment and discharge plan (within the first week and update as needed);
- Provide individual therapy if applicable (weekly);
- Provide group therapy if applicable (weekly);
- Provide family therapy with family of origin or natural supports (monthly);
- Attend and facilitate treatment team meeting (monthly);

**Allied Therapies (are defined as activities that are structured, guided, and participatory in nature; examples may include, but are not limited to: yoga, movement, music, art therapy, vocational, etc.) Allied therapies must be directly related to the youth's treatment planning needs. Allied therapies may occur both on grounds and within the community. Professional(s) (minimum credential is Bachelor's Degree, with a minimum of one (1) year experience working with I/DD youth, and will provide:**

- 6 hours per week per youth;
- Recreation/Leisure Assessment and report (within the first week).

**Board Certified Child Psychiatrist Licensed in the State of New Jersey  
OR Psychiatric Advanced Practicing Nurse (APN) Licensed in the State of New Jersey in affiliation with a Board Certified Child Psychiatrist will:**

- *Provide 60 clinical hours per month; (75%) of which must be face-to-face time with youth and/or families;*



- Complete a Psychiatric Intake Assessment and report (within the first week);
- Participate in the development of the initial treatment and crisis plan (within the first 24 hours);
- Participate in medication management meetings (monthly);
- Complete clinical visit with each youth as needed;
- Provide clinical consultation with family, as needed;
- Attend treatment team meeting (monthly);
- 24/7 availability by contract.

**Registered Nurse (RN) (1 FTE) with a current New Jersey registered nursing license and one year direct care nursing experience with children will provide the following:**

- Implement a quality assurance program;
- Complete medication audit (weekly);
- Provide consultation as needed.
- Complete nursing assessment and report (within the first 24 hours);
- Assess the physical condition of the youth under the direction of the Medical Director or Psychiatrist/APN and integrate findings into the youth's treatment plan;
- Provide education and support to direct care milieu staff on the administering of medications and possible side effects, under the direction of the Psychiatrist, APN or physician;
- Provide injections of medication, as needed and directed by the prescribing physician(s); and
- Monitor medication (daily);
- Attend shift change meetings (daily);
- Provide health/hygiene/sex education to youth (weekly);
- Provide medication education to youth (monthly); and
- Attend treatment team meetings (monthly).

## **Staff Training**

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

- Positive Behavioral Supports
- Identifying developmental needs and strengths
- Crisis management
- Suicide prevention
- Trauma informed care
- Training in the Nurtured Heart Approach
- Medication Protocols
- Develop the needed skills to complete Functional Behavioral Assessment activities as well as to implement and adapt proactive intervention plans
- Danielle's Law
- Human Trafficking
- Basic First Aid and CPR
- HIPAA
- Confidentiality and Ethics



- Identifying and reporting child abuse and neglect; (Any incident that includes an allegation of child/abuse and/or neglect must be immediately reported to the Division of Child Protection and Permanency (DCP&P) at 1-800-NJ ABUSE in compliance with N.J.S.A. 9:6-8.10)
- Abuse and neglect against an individual with developmental disabilities must also be reported consistent with N.J.S.A. 30:6D-73 to -82.

*Clinical staff/Administrative staff/Milieu staff shall receive advanced training annually to be provided by the agency, an outside source, or, if designated administrative agency staff whom satisfactorily completes the training and in turn trains the remaining staff (ex. DSM 5, Positive Behavior Supports).*

### **Student Educational Program:**

The awardee will be responsible for ensuring that youth receiving GH Level 1- I/DD IOS are enrolled in and receiving an appropriate educational program as required under federal and State regular and special education laws. 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 awardee will be expected to collaborate with the educational entities responsible for providing educational services and funding those services. A Department of Education (DOE) approved school must provide the educational program for students with disabilities. Educational programs must be provided for a minimum of four hours per day, five days per week. High school graduates must be provided with an alternate educational/vocational curriculum.

Applicant organizations that operate a DOE approved private school for students with disabilities must demonstrate that arrangements have been made with the local school district to enroll and serve general education students.

Applicant organizations that do not operate a DOE approved school must demonstrate that a commitment has been received from the local public school district in which the facility is located to register, enroll, and educationally serve all general and special education students receiving services in the GH Level 1- I/DD IOS program. The school district may charge the individual student's parental District of Residence for the cost of the educational program and services. If a location has not been identified, the applicant must include a detailed plan on obtaining the commitment from the local public school district.

In addition, the awardee will facilitate the process of enrolling the youth by providing accurate documentation to the school, including the Agency Identification Letter, a letter acknowledging fiscal responsibility for the district of residence or a District of Residence determination letter from the Department of Education, and immunization records. When necessary the awardee shall provide interim transportation services to expedite school placement.

Consistent with those responsibilities, applicants must:

- Document any efforts to confirm the willingness of the school district in which the proposed facility is located to educate youth served in the facility consistent with State education law.
- Describe their procedures for ensuring that youth receiving GH Level 1- I/DD IOS are enrolled in an appropriate educational program.

- Provide a plan for collegial and proactive coordination with educational providers for both classified and non-classified youth, including procedures for ensuring information is shared consistent with the applicable federal and State confidentiality laws.

### **Student Educational Program Planning 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. Accordingly, genuine and proactive coordination and collaboration between the awardee 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.

Applicants also 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 and programming for students who do not have a summer school curriculum or who have graduated high school as well as for breaks/vacation.
- 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 contracting for out-of-home treatment services. 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. Applicants are expected to consider and articulate where necessary plans:

- 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 CSOCs' management of the system of care. The practice model is based on current best practices regarding out-of-home treatment for children and youth. In order to support sensitive and responsive management of these GH Level 1-I/DD services and to inform future practice, regulation, and "sizing", Applicants to this RFP are to give outcomes special consideration in their response. Applicants 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. Applicants should describe on-going QA/PI activities that reflect the capacity to make necessary course corrections with a plan and in responsive fashion.

Applicants must submit a QA/PI plan that:

- Measures the three foundation metrics of CSOC: in school, at home, and in the community.
- Demonstrates integration with overall organization/provider goals and monitoring activity.
- Demonstrates a multi-disciplinary approach that engages staff at all levels and discipline in the activities of QA/PI.
- Demonstrates strict compliance with Addendum to AO 2:05 and DCF licensing standards at NJAC 10:44A.
- Demonstrates a commitment to approaching critical events as opportunities to improve care of youth, training, monitoring, and regulation of their service. QA/PI plans must articulate a meaningful and manageable process for responding to critical events that *minimally* collects, analyzes, and synthesizes information from:

Youth  
Family  
Natural supports  
Direct care staff  
"Professional staff"  
Case management entity if applicable

Providers may use a “root cause analysis” model or something akin in responding to critical incidents.

- Incorporates “3-D” satisfaction surveying -- from youth, families, and other providers -- on a regular basis and articulates the dissemination of these data to stakeholders including CSOC.

### **Youth Outcomes:**

- 80% of youth who complete the program will require less restrictive services at 3 and 6 month post discharge;
- 70% of all youth will have maximum length of stay up to 24 months
- 90% of all youth will be regularly attending their educational program 90% of the time while present at the GH;
- 80% of all youth served will show improvement on identified strengths and needs domains from the time of admission to discharge;
- 80% of all youth will demonstrate improved functioning (from the time of intake to time of discharge) as measured on independent, valid, and reliable measures;
- 90% of all youth will show an improvement on life skills assessments (life skills assessments show improvement in outcome measures);
- 75% of all youth and families will demonstrate improved functioning (from time of intake to time of discharge) as measured on independent, valid, and reliable measures. Acceptable measures will be determined in collaboration with CSOC.

### **Service Outcomes:**

- Service 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
- Service 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;
- Service 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.

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.

## **Specific Requirements for Providers**

### **Central Registry**

**Agencies that are licensed contracted and/or regulated by DCF and provide services to individuals with developmental disabilities are required to comply with the Central Registry of Offenders against Individuals with Developmental Disabilities law, N.J.S.A. 30:6D-73 et seq.**

This important law provides a mechanism for preventing caregivers with substantiated allegations of abuse, neglect or exploitation against individuals with developmental disabilities from continuing to work within the DD community. The names of individuals substantiated for abuse, neglect and/or exploitation against individuals with a developmental disability are listed in the web-based Central Registry maintained by the Department of Human Services. Individuals on the Central Registry are barred from working in DCF-funded programs for persons with developmental disabilities.

Thus, the awardee(s) will need to insure that none of the staff providing services under this RFP are listed on the Central Registry. CSOC will facilitate the awardee(s)'s access to the Central Registry by submitting the names of the awardees to the DHS Central Registry unit. DHS will contact the awardee upon notification from DCF and provide further information on accessing the Central Registry.

Agencies must also comply with Danielle's Law  
([www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html](http://www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html))

### **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.

### **Licensure:**

Applicants must provide evidence of, or demonstrated ability to meet, all NJ Department of Children and Families and other applicable Federal Licensure standards. DCF Office of Licensing standards as specified in the Standards for Community Residences for Individuals with Developmental Disabilities (N.J.A.C.10:44A) can be accessed at: <http://www.state.nj.us/humanservices/ool/licensing/>

### **Accreditation**

**CSOC requires that awarded programs will be Joint Commission, COA, or CARF accredited or, if not currently accredited, achieve accreditation within twenty four (24) months of award.**

### **Provider Information Form**

The grantee 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, will conduct site visits to monitor grantee progress and problems in accomplishing responsibilities and corresponding strategy for overcoming these problems. The grantee 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)**

Ability to conform with and provide services under protocols, including documentation and timeframes, established by CSOC and managed by the Contracted System Administrator. The CSA is the Division's single point of entry. The CSA facilitates service access, linkages, referral coordination, and monitoring of CSOC services across all child-serving systems.

The awardee will be required to utilize "Youth Link" the CSOC web-based out of home referral/bed tracking system process to manage admissions and discharge. Training will be provided.

## **Organization/Agency Web Site**

Publicly outlining the specific behavioral challenges exhibited by some of the children served by an agency may lead to confusion and misinformation. Without the appropriate context, the general public may wrongly assume that all children served are dealing with those challenges. The grantee 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.

## **D. Funding Information:**

For the purpose of this initiative, the Department will make available funding up to \$2,277,600 per 15 bed hub in the first year and thereafter if the contract is renewed and funding is available. Funding is subject to appropriation. Contracts may be renewed annually subject to appropriation and performance under the provisions of this RFP and the contract.

The per diem rate per youth is \$416 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.

Matching funds are not required.

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

Operational start-up costs of up to 5% of award are permitted. Applicants must provide a justification and detailed summary of all expenses that must be met in order to begin program operations- see page 30 under Budget.

The first house within the hub shall be operational within 120 days of being awarded. The second and third houses shall be operational within 60 days thereafter. Extensions will be available by way of written request to the CSOC Division Director. **Awards are subject to be rescinded if not operationalized within six months of RFP award.**

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 (inclusive of its Divisions and Offices) or any other New Jersey State agency or authority, the Applicant may not submit a proposal for this RFP if written notice of such limitation has been provided to the Agency or authority.** Responses shall not be reviewed and considered by DCF until all deficiencies listed in the corrective action plan have been eliminated and progress maintained to the satisfaction of DCF for the period of time as required by the written notice.
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 120 days of award. Extensions may be available by way of written request to the CSOC Assistant Commissioner. **Award is subject to be rescinded if not operationalized within six months of RFP award.**
10. Further, where appropriate, applicants must execute sub-contracts with partnering entities within 45 days of contract execution.
11. All applicants must have a Data Universal Numbering System (DUNS) number. To acquire a DUNS number, contact the dedicated toll-free DUNS number request line at 1-866-705-5711 or inquire on-line at [www.dnb.com](http://www.dnb.com)
12. Any fiscally viable entity that meets the eligibility requirements, terms and conditions of the RFP, and the contracting rules and regulations set forth in the DCF Contract Policy and Information Manual (N.J.A.C. 10:3) may submit an application.

## F. RFP Schedule:

<b>June 21, 2017 at 1:00PM</b>	<b>Mandatory Bidders Conference DCF Professional Center</b> <b>30 Van Dyke Avenue New Brunswick, NJ 08901</b>
<b>June 19, 2017 at 12:00PM</b>	<b>Period for Email Questions sent to</b> <a href="mailto:DCFASKRFP@dcf.state.nj.us">DCFASKRFP@dcf.state.nj.us</a>
<b>July 26, 2017 at 12:00PM</b>	<b>Deadline for Receipt of Proposals by 12:00PM</b>

All proposals must be received by 12:00pm on or before July 26, 2017. Proposals received after 12:00 PM on July 26, 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/](http://www.nj.gov/dcf/providers/notices/)

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

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



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

## **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.

### **2. Proposal Review Process**

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

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

Requested information was covered-	10 Points
Approach to the contract and program design was explained and was consistent with the RFP requirements-	20 Points thoroughly and clearly

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 as **Exhibit A.**

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

## H. Appeals:

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

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

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

## **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](mailto: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](http://www.nj.gov/dcf/providers/contracting/manuals)

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

Upon receipt of the award announcement, and where appropriate, selected applicants will be minimally required to submit one (1) copy of each of the documents listed in **Exhibit D: CSOC Post-Award Documents Required for Contract Formation To Be Submitted if the Response to the OOH RFP Results in an Award**.

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 required documentation, the services, or has misrepresented any material fact or its ability to manage the program, the notice of intent to award may be rescinded.

## **Section II – Application Instructions**

### **A. Proposal Requirements and Review Criteria:**

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

The narrative portion of the proposal should be double-spaced with margins of 1 inch on the top and bottom and 1 inch on the left and right. The font shall be no smaller than 12 points in Arial or Times New Roman. There is a 15 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 15 page 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 Applicant'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 Applicant'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 child serving systems. Explain how the Applicant is working toward a cultural competency plan that describes actions you 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. If your agency is able to provide services to bi-lingual and/or non-English speaking youth and families, please provide a clear description of what services will be provided and by whom.

Describe the Applicant'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 Applicant'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 Applicant, the funding sources and all available evaluation and outcome data.

## **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:

- Demonstrate that youth will have a stable, familiar, consistent, and nurturing experience through staffing patterns, the management of youth cohorts, site design and utilization, community affiliation, and the type, scope and frequency of family/caregiver involvement;

- Include policy regarding engaging and sustaining 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 milieu staff (as supported through team structure, supervision, and staffing patterns) will help youth move from being “managed” to being engaged in treatment;
- Describe milieu staff’s supervision of youth and staff/youth ratios;
- Incorporate age appropriate transitional living skills as a component of the youth’s treatment plan that will define the manner in which the development of self-reliant living skills are integrated into the service delivery, including real-life application of these skills in provided core areas;
- Fully articulate the management and treatment models to be utilized, including the use of evidence-based, -informed, or -suggested interventions **and** provide specific details regarding plan for staff training, implementation, and sustainability of the service modalities of choice.
- Describe, through policy and procedures: documentation, mechanisms for communication, responsiveness, flexibility, & 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;
- Articulate how both explicit and implicit trauma will be addressed within the context of staff support and assessment/treatment.
- Describe how The *Six Core Strategies for Reducing Seclusion and Restraint Use* will be implemented within the program model and will address the six core strategies.
- Provide specific examples as to how family engagement will be initiated and sustained throughout the treatment planning process.
- Include Table of Contents for psycho-educational groups, including those focused on wellness and recovery;
- Identify and describe the geographic location(s) of the services;
- Describe youth eligibility requirements, referral processes, and include youth rejection/termination policies;
- 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 each 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
- Describe any fees for services, sliding fee schedules, and waivers;
- Include a description of youth data to be recorded, the intended use of that data, and the means of maintaining confidentiality of youth's 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.);
- Describe policy or procedures regarding community-based activities

#### Program Planning Requirements for Student Education and/or Child Care (if applicable)

- Describe arrangements for or access to appropriate educational programs and services for special education and general education students.
- Describe plans for collegial and proactive coordination/collaboration with educational and child care providers (if applicable).

#### Program Operation Requirements for Student Education

- Articulate and clearly describe:
  - Strategies to coordinate clinical treatment with educational planning and service delivery;
  - Daily before & 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;
  - 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;
  - Adequate supervision, programming, and professional staff contact to support home instruction in accordance with educational requirements;
  - The supervision and programming for students who do not have a summer school curriculum;
  - Plan for supervision and programming for high school graduates.

## Governance and Staffing

- Indicate the number, qualifications, and skills of all staff, consultants, sub-grantees, and/or volunteers who will perform the proposed service activities.
- Attach, in the proposal Appendices, **an organizational chart for the proposed program**, job descriptions that include all educational and experiential requirements; and resumes of any existing staff who will perform the proposed services. Applicants must:
  - Identify the program director and describe the job responsibilities;
  - Describe the proposed staffing in the narrative by service component, include daily, weekly and monthly schedules for all staff positions;
  - Describe any consultants & their qualifications, include a consultant agreement if applicable;
  - Provide letters of affiliation and proposed Student-School-Service Provider contracts if graduate students will be involved in the provision of care;
- Describe in the narrative policy or procedures regarding: timelines, program operations, and responsible staff for admission, orientation, assessment, engagement, treatment planning, discharge planning, and transition;
- Attach three (3) written **professional letters of support** on behalf of the applying individual/agency specific to the provisions of services 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.
- Describe a staff training model that includes all required training per DCF Office of Licensing regulations as well as all appropriate New Jersey System of Care trainings. 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.
- Describe the management & staff supervision methods that will be utilized

The New Jersey Department of Children and Families endorsed Prevent Child Abuse New Jersey's (PCA-NJ) Safe-Child Standards in August 2013 (The "Standards"). The Standards are a preventative tool for implementing policies and procedures for organizations working with youth and children and through their implementation, an organization can minimize the risks of the occurrence of child sexual abuse.

The Standards are available at: <http://www.state.nj.us/dcf/SafeChildStandards.pdf>

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

### **3) Outcome Evaluation**

**(10 Points)**

This RFP represents an outcomes approach to contracting for out-of-home treatment services. 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. Applicants are expected to consider and articulate where necessary plans:

- 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;

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 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) at 100%. 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 project/program. Include the Budget Narrative as part of Appendices. This will not be included as part of the 15 page limitation.

The budget should be reasonable and reflect the scope of responsibilities required to accomplish the goals of this project. The Annex B budget shall reflect a 12 month itemized operating schedule. All costs associated with the operationalizing the program must be clearly delineated. The proposed budget should be based on 100% occupancy and may not exceed \$416 per diem per youth in funds provided under this grant. The facility must also assure 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 start-up funds and shall be in a separate column.

The completed budget narrative portion of the written proposal must also include a detailed summary of and justification for any one-time operational start-up costs within the narrative. The budget narrative must clearly articulate budget items, including a description of miscellaneous



expenses or “other” items. 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. Thus, 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, \$113,880 per hub)
- These costs must be reflected on a separate schedule and shall be attached, if proposed, as part of the Budget Narrative labeled “facility renovation costs” and the Standard DCF Annex B (budget) forms ”
- 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.

The grantee 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) Reduction of Seclusion and Restraint Use (5 Points)**

*The Six Core Strategies for Reducing Seclusion and Restraint Use* is an evidence-based model that was developed by the National Association of State Mental Health Program Directors (NASMHPD) and has successfully reduced the use of S/R in a variety of mental health settings for children and adults across the United States and internationally<sup>4</sup>. **Applicants are required to submit as part of the required Appendices, a summary of no more than 3 pages that describes how this model will be implemented within their program model.** The summary must address the following six core strategies:

- 1) Leadership Toward Organizational Change
- 2) Use of Data to Inform Practice
- 3) Workforce Development
- 4) Use of S/R Prevention Tools
- 5) Consumer Roles in Inpatient Settings
- 6) Debriefing Techniques

Additional information on *The Six Core Strategies for Reducing Seclusion and Restraint Use* is available at:

[http://www.nasmhpd.org/sites/default/files/Consolidated\\_Six\\_Core\\_Strategies\\_Document.pdf](http://www.nasmhpd.org/sites/default/files/Consolidated_Six_Core_Strategies_Document.pdf)

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<sup>4</sup> National Association of State Mental Health Program Directors. Six Core Strategies for Reducing Seclusion and Restraint Use. Revised 2006.

## 6) 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.

## B. Supporting Documents:

Applicants must submit a complete proposal signed and dated by the Chief Executive Officer or equivalent and should submit a CD ROM containing all the documents in PDF or Word format.

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"/> <b>Proposal Cover Sheet</b> – Use the RFP forms found directly under the Notices section on Website: <a href="http://www.nj.gov/dcf/providers/notices/">www.nj.gov/dcf/providers/notices/</a> Form: <a href="http://www.nj.gov/dcf/providers/notices/Proposal.Cover.Sheet.doc">http://www.nj.gov/dcf/providers/notices/Proposal.Cover.Sheet.doc</a>
2	<input type="checkbox"/> <b>Table of Contents</b> – 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"/> <b>Proposal Narrative (15 page limit)</b> in following order: Applicant Organization Program Approach Budget Narrative Outcome Evaluation Reduction of Seclusion and Restraint
<b>Part II: Appendices: As a condition of receiving an award, the documents below are required to be submitted with your response to the RFP in the order as presented.</b>	
4	<input type="checkbox"/> Summary of <b>Reduction of Seclusion</b> and Restraint Use (Max 3 pages)
5	<input type="checkbox"/> <b>Job descriptions</b> 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.
6	<input type="checkbox"/> Current <b>Agency Organization Chart</b>
7	<input type="checkbox"/> <b>Policy or procedures</b> regarding timelines; program operations; and, staff responsible for admission, orientation, assessment, engagement, treatment planning, transition planning.

8	<input type="checkbox"/> Three (3) written <b>professional letters of support</b> on behalf of the applying individual/agency specific to the provisions of services under this RFP/RFQ (That is, for example, not letters from families or individuals who previously received services from your program. Additionally, references from New Jersey state employees are prohibited.) Signed templates substituted for unique letters of support will not be accepted. Please include telephone numbers and e-mail for all references so they may be contacted directly.
9	<input type="checkbox"/> <b>Letters of affiliation</b> and proposed Student-School-Service Provider contracts if graduate students will be involved in the provision of care. If not applicable, include a written statement.
10	<input type="checkbox"/> Attach <b>Curricula Table of Contents</b> for age, gender, and developmentally appropriate psycho-educational groups
11	<input type="checkbox"/> <b>Summary of any evaluation tools</b> that will be used to determine the effectiveness of the program services- Limit of 5 pages
12	<input type="checkbox"/> <b>Narrative</b> Explaining Optional Start Up Facility Renovation Costs (See Budget Section)
13	<input type="checkbox"/> Copies of any <b>audits</b> or reviews (including corrective action plans) completed or in process by DCF (inclusive of DCF Licensing, Divisions and Offices) 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. Applicants are on notice that DCF may consider all materials in our records concerning audits, reviews or corrective active plans as part of the review process.
14	<input type="checkbox"/> A copy of the letter from the <b>accrediting body</b> regarding the applicant's accreditation status. If not applicable, include a written statement.
15	<input type="checkbox"/> <b>Policy</b> regarding engaging and sustaining the involvement of family and/or natural supports
16	<input type="checkbox"/> <b>Policy or procedures</b> regarding community-based activities
17	<input type="checkbox"/> <b>Attachment 2</b> –Group Home Level 1 I/DD Attestation signed and dated by the CEO or equivalent
18	<input type="checkbox"/> <b>Attachment 3</b> – Community Agency Head and Employee Certification, Permission for Background Check and Release of Information signed and dated

## ADDITIONAL REQUIRED CONTRACT DOCUMENTS TO BE SUBMITTED WITH THIS PROPOSAL

▶ <b>CONTRACT DOCUMENTS TO BE SUBMITTED <u>ONCE</u> WITH THE RFP RESPONSE:</b>	
19	<input type="checkbox"/> <b>Signed Standard Language Document</b> (SLD) [Version: Rev. June 6, 2014] Form: <a href="http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc">http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc</a>
20	<input type="checkbox"/> <b>Business Associate Agreement/HIPAA</b> , with signature under Business Associate [Version: Rev. 9-2013] Form: <a href="http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc">http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc</a>
21	<input type="checkbox"/> <b>Source Disclosure Certification Form</b> [P.L. 2005, c 92-formerly Executive Order 129] Website: <a href="http://www.state.nj.us/treasury/purchase/forms.shtml">http://www.state.nj.us/treasury/purchase/forms.shtml</a> Form: <a href="http://www.state.nj.us/treasury/purchase/forms/SourceDisclosureCertification.pdf">http://www.state.nj.us/treasury/purchase/forms/SourceDisclosureCertification.pdf</a>
22	<input type="checkbox"/> Dated List of Names, Titles, Addresses & Terms of <b>Board of Directors</b> --or-- <b>Managing Partners</b> , if an LLC or Partnership
23	<input type="checkbox"/> <b>Disclosure of Investigations &amp; Other Actions Involving Bidder Form</b> (PDF) <a href="http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestigations.pdf">http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestigations.pdf</a>
24	<input type="checkbox"/> <b>Disclosure of Investment Activities in Iran</b> (PDF) <a href="http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf">http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf</a>
25	<input type="checkbox"/> For Profit: <b>Statement of Bidder/Vendor Ownership Form</b> (PDF) <a href="http://www.state.nj.us/treasury/purchase/forms/OwnershipFinal12-14.pdf">http://www.state.nj.us/treasury/purchase/forms/OwnershipFinal12-14.pdf</a>
26	<input type="checkbox"/> <b>Subcontract/Consultant Agreements</b> related to this RFP/RFQ - If not applicable, include a written statement
27	<input type="checkbox"/> Document showing <b>Data Universal Numbering System (DUNS)</b> Number [2006 Federal Accountability & Transparency Act (FFATA)] Website: <a href="http://www.dnb.com">http://www.dnb.com</a> Helpline: 1-866-705-5711
28	<input type="checkbox"/> <b>Certificate of Incorporation</b> Website: <a href="http://www.nj.gov/treasury/revenue/filecerts.shtml">http://www.nj.gov/treasury/revenue/filecerts.shtml</a>
29	<input type="checkbox"/> For Profit: <b>NJ Business Registration</b> Certificate with the Division of Revenue. See instructions for applicability to your organization. If not applicable, include a written statement. Website: <a href="http://www.nj.gov/njbusiness/registration/">http://www.nj.gov/njbusiness/registration/</a>
30	<input type="checkbox"/> <b>Agency By Laws</b> or <b>Management Operating Agreement</b> if an LLC
31	<input type="checkbox"/> <b>Tax Exempt Certification</b> Website: <a href="http://www.state.nj.us/treasury/taxation/exemption.shtml">http://www.state.nj.us/treasury/taxation/exemption.shtml</a>
32	<input type="checkbox"/> <b>Statement of Assurances</b> - Use the RFP forms found directly under the Notices section on Website: <a href="http://www.nj.gov/dcf/providers/notices/">www.nj.gov/dcf/providers/notices/</a> Form: <a href="http://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc">http://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc</a>
33	<input type="checkbox"/> <b>Safe-Child Standards Description</b> – Submit a brief statement demonstrating ways in which your agency will implement the “Standards” (2 pgs. max. double spaced) Policy: <a href="http://www.state.nj.us/dcf/SafeChildStandards.pdf">http://www.state.nj.us/dcf/SafeChildStandards.pdf</a>
34	<input type="checkbox"/> For Profit: Two-Year <b>Chapter 51/Executive Order 117</b> 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: <a href="http://www.state.nj.us/treasury/purchase/forms.shtml">http://www.state.nj.us/treasury/purchase/forms.shtml</a>
35	<input type="checkbox"/> <b>Chapter 271/Vendor Certification and Political Contribution Disclosure Form</b> Website: <a href="http://www.state.nj.us/treasury/purchase/forms.shtml">http://www.state.nj.us/treasury/purchase/forms.shtml</a> Form: <a href="http://www.state.nj.us/treasury/purchase/forms/CertandDisc2706.pdf">http://www.state.nj.us/treasury/purchase/forms/CertandDisc2706.pdf</a>
36	<input type="checkbox"/> Proposed <b>Annex B Budget Form</b> documenting anticipated budget (Include Signed Cover Sheet) Annex B: <a href="http://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls">http://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls</a> Note: Expense Summary Form is auto populated. Begin data input on Personnel Detail Tab.
37	<input type="checkbox"/> Proposed <b>Program Implementation Status Update Form</b> documenting anticipated implementation schedule Website: <a href="http://nj.gov/dcf/providers/contracting/forms/csoc.html">http://nj.gov/dcf/providers/contracting/forms/csoc.html</a>

▶ <b>CONTRACT DOCUMENTS TO BE SUBMITTED WITH THE RFP RESPONSE &amp; <u>ANNUALLY</u> UPDATED THEREAFTER:</b>	
38	<input type="checkbox"/> <b>System for Award Management (SAM)</b> printout showing "active" status (free of charge) Website: <a href="https://www.sam.gov/portal/public/SAM">https://www.sam.gov/portal/public/SAM</a> Helpline: 1-866-606-8220
39	<input type="checkbox"/> <b>Tax Forms:</b> <u>Non Profit</u> <b>Form 990</b> Return of Organization Exempt from Income Tax --or-- <u>For Profit</u> <b>Form 1120</b> US Corporation Income Tax Return --or-- <u>LLC</u> <b>Applicable Tax Form</b> and may delete or redact any SSN or personal information
40	<input type="checkbox"/> <b>Affirmative Action Certificate</b> --or-- <b>Renewal Application</b> [AA302] sent to Treasury Website: <a href="http://www.state.nj.us/treasury/purchase/forms.shtml">http://www.state.nj.us/treasury/purchase/forms.shtml</a> Form: <a href="http://www.state.nj.us/treasury/purchase/forms/AA_%20Supplement.pdf">http://www.state.nj.us/treasury/purchase/forms/AA_%20Supplement.pdf</a>
41	<input type="checkbox"/> Most recent <b>Audit or Financial Statement</b> (certified by accountant or accounting firm) <u>Audit</u> : For agencies expending over \$100,000 in combined Federal/State Awards --or-- <u>Financial Statement</u> : For agencies expending under \$100,000 Policy: <a href="http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf">http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf</a>
42	<input type="checkbox"/> <b>Annual Report to Secretary of State.</b> Please provide a copy of your filing confirmation and/or report. Website: <a href="https://www1.state.nj.us/TYTR_COARS/JSP/page1.jsp">https://www1.state.nj.us/TYTR_COARS/JSP/page1.jsp</a>
43	<input type="checkbox"/> Certification Regarding <b>Debarment</b> Form: <a href="http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf">http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf</a>
44	<input type="checkbox"/> <b>Professional Licenses</b> related to job responsibilities for this RFP - If not applicable, include a written statement
45	<input type="checkbox"/> Proposed <b>Organizational Chart</b> for Services Required by this RFP
46	<input type="checkbox"/> Proposed <b>Program Staffing Summary Report (PSSR)</b> documenting anticipated staff levels and assignments Form: OOH Program Staffing Summary Report April 2015.xls Website: <a href="http://nj.gov/dcf/providers/contracting/forms/csoc.html">http://nj.gov/dcf/providers/contracting/forms/csoc.html</a>

## 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](mailto: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](mailto: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](mailto: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.**

## ATTACHMENT 1

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

### GROUP HOME LEVEL 1-I/DD INTENSITY OF SERVICES (IOS)

#### Guide-Milieu Staffing Template

**Please note this is a guide for program operations, and serves to provide a template to assure shifts are covered according to the RFP requirements**

#### Group Home Level I IDD-Hub

**3 houses with up to 5 youth each-with 29 FTE**

Milieu Staff	Weekday shifts (for 3 houses)	Weekend shifts (for 3 houses)	Total shifts (5 weekdays + 2 weekend days)	Total hours (total shifts x 8 hours)
Designated-1st shift	3 (1/house)	6 (2/house)	27	216
Designated-2nd shift	6 (2/house)	6 (2/house)	42	336
Designated-3rd shift	6 (2/home)	6 (2/house)	42	336
Designated totals	<b>15</b>	<b>18</b>	<b>111</b>	<b>888</b>
Floating-1 <sup>st</sup> Shift	1	2	9	96
Floating -2 <sup>nd</sup> shift	1	2	9	96
Floating -3 <sup>rd</sup> shift	1	2	9	96
Floating totals	<b>3</b>	<b>6</b>	<b>27</b>	<b>288</b>
Total shifts:	<b>18</b>	<b>24</b>	<b>138</b>	<b>1176</b>

NOTE: Shifts must overlap for additional support during transitions

## ATTACHMENT 2

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

### GROUP HOME LEVEL 1-I/DD INTENSITY OF SERVICES (IOS)

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

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

- I have the necessary authority to execute this agreement between my Agency and the Department of Children and Families (DCF).
- I have read, understand and will comply with all of the terms and conditions of providing the services described in this RFP.
- If awarded the contract, I agree to provide all of the required services and to comply with all of the service implementation described throughout this RFP for **GROUP HOME LEVEL 1-I/DD INTENSITY OF SERVICES (IOS)**
- The information I have given in response to this RFP is correct and complete. Failure to abide by the terms of this attestation is a basis for DCF's withdrawal of my qualification to provide these services.
- Post award, I agree to comply with DCF Policies and Regulations governing the service provision.

---

CEO or Equivalent  
(please print)

Title

Signature

Date

### ATTACHMENT 3

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

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

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

☐ **Option 2** – I hereby affirm that I have been convicted of the following offense listed below:

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

#### FOR PROVISIONAL WORKER ONLY

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

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

In New Jersey, any crime or disorderly person offense:

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

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

-- 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 ONLY:

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

\_\_\_\_\_  
Name of Board President

\_\_\_\_\_  
Address of Board President (Home or Business)

#### COMMUNITY AGENCY HEAD OR WORKER:

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

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

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

#### WITNESS:

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

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

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



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

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

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

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

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

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

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

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

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

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

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

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302 (electronically available at [www.state.nj.us/treasury/contract\\_compliance](http://www.state.nj.us/treasury/contract_compliance)).

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

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

*N.J. Stat. § 10:2-1 (2012)*

§ 10:2-1. Antidiscrimination provisions

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

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

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

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

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

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

## EXHIBIT C

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

Rev. 4-17-17

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

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

## 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. 4-21-17

▶ <b>CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD WITH THE INITIAL CONTRACT:</b>	
1	<input type="checkbox"/> <b>Acknowledgement of Receipt</b> of NJ State Policy & Procedures returned to the DCF Office of EEO/AA Form: <a href="http://www.nj.gov/dcf/documents/contract/forms/DiscriminationAcknowReceipt.pdf">http://www.nj.gov/dcf/documents/contract/forms/DiscriminationAcknowReceipt.pdf</a> Policy: <a href="http://www.nj.gov/dcf/documents/contract/forms/AntiDiscriminationPolicy.pdf">http://www.nj.gov/dcf/documents/contract/forms/AntiDiscriminationPolicy.pdf</a>
2	<input type="checkbox"/> <u>For Each Site Hosting Youth</u> : <b>Certificate of Occupancy</b> --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 <b>Lease, Mortgage</b> --or-- <b>Deed</b> (e.g. AAS, OVR, OOH programs) If not applicable, include a written statement.
4	<input type="checkbox"/> Document showing <b>NJSTART</b> Vendor ID Number (NJ's eProcurement system) Website: Go to SAM by typing <b>www.sam.gov</b> in your Internet browser address bar Helpline: 1-866-606-8220
5	<input type="checkbox"/> <u>If Applicable</u> Signed <b>Schedule of Estimated Claims</b> (SEC) - Provided by contract administrator if applicable
6	<input type="checkbox"/> <b>Updated Annex B Budget Form</b> -updates to the proposed Annex B Budget Form submitted with the Response to the RFP (Include Signed Cover Sheet) Annex B: <a href="http://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls">http://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls</a> Note: Expense Summary Form is auto populated. Begin data input on Personnel Detail Tab.
7	<input type="checkbox"/> <b>Updated Program Staffing Summary</b> Report (PSSR) -updates proposed PSSR submitted with the Response to the RFP Form: ProgramStaffingSummaryReport.xlsm Website: <a href="http://nj.gov/dcf/providers/contracting/forms/csoc.html">http://nj.gov/dcf/providers/contracting/forms/csoc.html</a>
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.
▶ <b>CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD WITH THE INITIAL CONTRACT &amp; WHEN RENEWED OR AMENDED:</b>	
10	<input type="checkbox"/> <u>If Applicable</u> <b>Annex A</b> (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 <b>CSOC Approved Form</b> Annex A: <a href="http://www.nj.gov/dcf/providers/contracting/forms">http://www.nj.gov/dcf/providers/contracting/forms</a> 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> <b>Annex A Addendum</b> (For Each Program Component) - Submitted online in CYBER
12	<input type="checkbox"/> <u>If Applicable</u> <b>Annex B-2</b> - Provided by contract administrator if applicable

▶ <b>CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD &amp; ANNUALLY UPDATED THEREAFTER:</b>	
13	<input type="checkbox"/> Most recent <b>Audit or Financial Statement</b> (certified by accountant or accounting firm) <u>Audit:</u> For agencies expending over \$100,000 in combined Federal/State Awards --or-- <u>Financial Statement:</u> For agencies expending under \$100,000 Policy: <a href="http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf">http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf</a>
14	<input type="checkbox"/> <b>Liability Insurance</b> (Declaration Page and/or Malpractice Insurance) 1. Certificate Holder: NJDCF, 50 East State St., Floor 3, POB 717, Trenton, NJ 08625 --and-- 2. Policy should state in writing that DCF is an "additional insured" Refer to policy for Minimum Standards for Insurance: <a href="http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf">http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf</a>
15	<input type="checkbox"/> <b>Employee Fidelity Bond</b> Certificate (commercial blanket bond for dishonest acts) Refer to policy for Minimum Standards for Insurance: <a href="http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf">http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf</a> Note: Must be at least 15% of the full dollar amount of all State of NJ contracts for the current year when the combined dollar amount exceeds \$50,000. If not applicable, include a written statement.
16	<input type="checkbox"/> <b>Notification of Licensed Public Accountant (NLPA)</b> --and-- copy of non-expired <b>Accountant Certification</b> Form: <a href="http://www.nj.gov/dcf/documents/contract/forms/nlpa.doc">http://www.nj.gov/dcf/documents/contract/forms/nlpa.doc</a> Note: Not required for agencies expending under \$100,000 in combined Federal/State Awards. If not applicable, include a written statement.
17	<input type="checkbox"/> <u>For Each Site Hosting Youth:</u> <b>Health/Fire Certificates</b> (e.g. AAS, OVR, OOH programs) If not applicable, include a written statement.
18	<input type="checkbox"/> <u>For Each Site Hosting Youth:</u> Current <b>DCF Office of Licensing Certificate</b> (e.g. OVR & OOH programs) If not applicable, include a written statement. Website: <a href="http://www.state.nj.us/dcf/about/divisions/ol/index.html">http://www.state.nj.us/dcf/about/divisions/ol/index.html</a>
19	<input type="checkbox"/> <b>Equipment Inventory</b> for items purchased with DCF Funds - If not applicable, include a written statement. Policy: <a href="http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p4_equipment.pdf">http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p4_equipment.pdf</a>
20	<input type="checkbox"/> <u>Cost Reimbursement Contracts Only:</u> <b>Annual Report of Expenditures</b> (ROE) Annex B Interim (15 days of end of 6 <sup>th</sup> month) -and- Final (120 days of FY end) Form: <a href="http://nj.gov/dcf/providers/contracting/forms/">http://nj.gov/dcf/providers/contracting/forms/</a> Submit To: <a href="mailto:ChildrensSystemofCare.BusinessOffice@dcf.state.nj.us">ChildrensSystemofCare.BusinessOffice@dcf.state.nj.us</a>
21	<input type="checkbox"/> <b>Significant Events</b> (see DCF.P1.11) Website: <a href="http://nj.gov/dcf/documents/contract/manuals/CPIM_p1_events.pdf">http://nj.gov/dcf/documents/contract/manuals/CPIM_p1_events.pdf</a>
▶ <b>CONTRACT DOCUMENTS TO BE MAINTAINED ONSITE BY PROVIDER:</b>	
22	<input type="checkbox"/> Copy of Most Recently Approved <b>Board Minutes</b>
23	<input type="checkbox"/> <b>Personnel Manual</b> and <b>Employee Handbook</b> (include staff job descriptions)
24	<input type="checkbox"/> <b>Affirmative Action Policy/Plan</b>
25	<input type="checkbox"/> <b>Conflict of Interest Policy</b> and <b>Attestation</b> Form: <a href="http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf">http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf</a>
26	<input type="checkbox"/> <b>Procurement Policy</b> Policy: <a href="http://www.nj.gov/dcf/documents/contract/manuals/CRM2.pdf">http://www.nj.gov/dcf/documents/contract/manuals/CRM2.pdf</a>