



REQUEST FOR PROPOSALS

FOR

**RESIDENTIAL TREATMENT CENTER CO-OCCURRING
BEHAVIORAL HEALTH AND SUBSTANCE USE
(RTC BH/SU) TREATMENT SERVICES 5 BED
PROGRAMS**

(TOTAL OF 15 BEDS)

Funding of \$2,310,450 Available up to \$770,150 Per 5 bed home

There will be no Mandatory Bidders Conference for this RFP.

Questions are due: March 18, 2020 at 12:00pm

Bids are due: April 21, 2020 by 12:00pm

**Christine Norbut Beyer, MSW
Commissioner**

February 25, 2020

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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:

Questions will be accepted until **March 18, 2020 by 12PM** by providing them via email to DCF.ASKRFP@dcf.nj.gov 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 Residential Treatment Center (RTC) Behavioral Health/Substance Use (BH/SU) to youth ages 14 through 18 that present with co-occurring mental health and substance use needs. The grantor reserves the right to require additional or alternate age and / or gender groups be served upon appropriate notice and subject to licensing and any other legal requirements. This Request For Proposal (RFP) will award a total of **three (3) five-bed programs (two five-bed programs for males and one five-bed program for females) for a total of fifteen (15) beds**. The annualized funding available is \$2,310,450. The per diem rate per youth is \$407.00/day (base rate) or \$422.00 if accredited by one of the following COA, CARF, or Joint Commission) and is reimbursed on a fee for service basis. The per diem rate is all-inclusive reimbursement for clinical services, social, recreational, and other activities, and facility and administrative costs to serve the youth. Medicaid billing is the payment methodology for reimbursement. Reimbursement is based exclusively on occupancy. CSOC does not guarantee 100% occupancy.

Applicants must provide a separate proposal for each 5-bed population they wish to bid on. A successful applicant will be permitted no more than one award (five beds). All funding shall be subject to the appropriation of sufficient funds and the availability of sufficient resources.

This program is not designed for youth with Intellectual and Developmentally Disabilities. Applicants are advised that this program must accept youth statewide.

Applicants are to provide details regarding the implementation of a program reflective of the System of Care Values and Principles, as available on our website at: <https://nj.gov/dcf/about/divisions/dcsc/> which in turn affects operations, policies, procedures, and implementation of Residential Treatment Center Co-Occurring Behavioral Health and Substance Use (RTC BH/SU) Treatment Services to be

provided. DCF/CSOC will consider applicants who successfully operationalize the principles of individualized, needs driven, and family focused care, identify strengths-based strategies and display sustainable progress throughout the course of treatment. Models of service delivery that promote persistence and creativity of professional staff are valued. Service delivery models must pay particular attention to ensure youth have a stable, predictable, familiar, consistent, and nurturing experience. Applicants can demonstrate this attention in their descriptions of staffing patterns, how they intend to recruit and retain staff (particularly milieu staff), site design, 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.

The goal is to create a highly structured environment within a community-based out-of-home treatment setting for youth whose treatment needs extend beyond the usual expectations of individualized care. Specific behaviors that may qualify for RTC BH/SU services include co-occurring behavioral health and substance use, Juvenile Justice System involvement, aggressive and assaultive behavior, problematic sexual behaviors, and trauma. The purpose of Residential Treatment Center Co-Occurring Behavioral Health Services and Substance Use Service Program is to engage the youth in addressing clearly identified behavioral health and substance use challenges and to stabilize symptomology in preparing the youth for a less restrictive environment. To that end, DCF is seeking proposals from universities, private or public non-profit entities, or for-profit organizations to provide treatment approaches that specifically address the youth's individualized needs, which include but are not limited to developmental considerations, such as school atmosphere and peer influences. The goal of treatment is to engage youth to address clearly identified needs, stabilize symptomology, and prepare the youth for a less restrictive environment.

B. Background

The Department is a family and child serving agency, working to assist NJ families in being or becoming safe, healthy and connected.

The DCF CSOC serves children, youth, and young adults with emotional and behavioral health challenges, intellectual/developmental disabilities, and substance use challenges. CSOC is committed to providing these services based on the needs of the youth and family, in a strength-based, family-focused, and culturally competent community-based environments. CSOC understands 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 treatment process to promote youth and family voice and provides families with the tools and support needed to create successful and sustainable life experiences for their children, youth, and young adults. All services within the New Jersey Children's System of Care are expected to function in alignment of the Wraparound Practice Model. Provider agency leadership and staff are required to participate in the *Nurtured Heart Approach* and the *Six Core Strategies to Reduce the Use of Seclusion and Restraints training program*.

C. Services to be Funded:

Applicants for the RTC BH/SU programs are required to provide 24-hour all-inclusive, Out-of-Home (OOH) clinical services in nurturing and comfortable therapeutic settings. Youth will receive individualized clinical interventions, psychopharmacology services (when applicable), education, medical services, and specialized programming in a safe, controlled environment with a high degree of supervision and structure. Treatment will consist of rehabilitative services including, but not limited to, social, psychosocial, clinical, medical, and educational services. The service duration is determined based on individual needs and treatment progress. RTC BH/SU service will provide a treatment framework that integrates behavioral health and substance use clinical services into an integrated co-occurring treatment model to achieve the following programs objectives:

- Engage youth to facilitate the feeling of safety and comfortability in a new setting;
- Identify and address behavioral health challenges and stabilize symptomology to prepare the youth for a less restrictive environment;
- Provide therapeutic interventions that address the youth's specialized treatment needs, which may include aggressive and assaultive behavior, problematic sexual behavior, fire setting, and complex trauma;
- Provide comprehensive and collaborative treatment and transition plans in collaboration with Care Management Organization (CMO) meetings that include all members of the Child Family Team (CFT);
- Respond to youth and family voice throughout the entire care planning process;
- Outline short-term treatment goals while actively pursuing plans for long-term stabilization at home or in an alternate living situation;
- Provide a consistent and predictable environment with intensive support and supervision and in which there is a demonstrative understanding of the trauma the youth may have experienced, either explicit or implicit;
- Provide interventions that are reflective of CSOC's commitment to the *Nurtured Health Approach* and *Six Core Strategies to Reduce Seclusion and Restraint*;
- Provide consistent and robust collaboration with the CSOC CMO and the Division of Child Protection and Permanency (DC&P), when involved, in order to secure a timely transition from this program; and
- Work with the youth's school district to address educational programming with the goal, when possible, of maintaining the youth in his/her current school program.

Scope of Populations Served:

The population in need of RTC BH/SU services are youth ages 14 through 18. The age range is subject to change, based on the needs of CSOC at time of award. RTC BH/SU provides a treatment framework that merges behavioral health and substance use clinical services into an integrated co-occurring treatment model. RTC-BH/SU

focuses on treatment approaches that specifically address the youth's individualized needs, which include, but are not limited to developmental considerations, such as school atmosphere and peer influences. The goal of treatment is to engage the youth to address clearly identified needs, stabilize symptomology, and prepare him/her for a less restrictive environment.

Number of Bedrooms: Single bedrooms are preferred. There must be a minimum of three (3) bedrooms to accommodate the maximum of five youth in the program in a home like setting. At least one bedroom and one bathroom **MUST** be located on the 1st floor and be accessible and barrier free, as well as all common areas within the home. If the proposal is for a campus setting, please provide specific details on how the agency will ensure a homelike, individualized experience for youth.

RTC BH/SU Admission Criteria: The awardee is responsible for serving youth who meet the identified clinical criteria as defined below:

- **Co-Occurring BH/SU Needs:** The youth presents with combination of behavioral health and substance use symptoms consistent with a DSM 5 behavioral health diagnosis and requires intensive out-of-home therapeutic intervention. Although one set of symptoms may predate the other, the disorders may exacerbate one another.

Additionally, awardees are responsible for serving youth present with risk behaviors including, but not limited to, the following:

- **Juvenile Justice System:** The youth may or may not be involved with the Juvenile Justice System, including supervision by Parole or Probation. Youth may have gang involvement.
- **Aggressive/Assaultive Behavior:** The youth has a history or pattern of assaultive behaviors as evidenced by behavior which has occurred within the past twelve-(12) month period, but the injury did not require medical attention. The assaultive behavior may or may not be a result of a learned trauma response (for example, spitting at a police officer or hitting staff during a restraint). There may be legal charges related to the assaultive behavior.
- **Sexual behaviors:** The youth may have current or a previous history of sexually reactive behaviors as a result of trauma; or sexually problematic behaviors. A psychosexual evaluation and/or a risk assessment documents the youth's risk to reoffend as low to moderate (and has had some treatment). There may or may not be legal charges related to the sexual behavior.
- **Trauma:** The youth's presenting behaviors are a result of trauma which may include, but not limited to, physical, sexual, or emotional abuse, neglect, witness to domestic violence, and/or community violence. The youth may have been sexually exploited.

- **Fire Setting:** The youth has a prior history of fire setting, with the most recent incident occurring more than two (2) years ago or youth has received some form of treatment. A fire setting evaluation (which must be completed by a licensed clinician) documents the youth's risk to re-engage in the fire setting behaviors as low to moderate risk.

Youth are not required to have an educational classification to be eligible for this program, but a youth's level of cognitive and/or adaptive functioning is not below a mildly impaired range.

Additional RTC BH/SU clinical criteria, as defined by the CSOC Contracted Systems Administrator (CSA) can be accessed at the PerformCare website via the following link: <https://www.performcarenj.org/provider/clinical-criteria.aspx>

Evidence-based Treatment and Practice Requirements:

Implementation of Reduction of Seclusion and Restraint Use

DCF/CSOC is concerned with the utilization of seclusion and restraint in out of home treatment settings. The reduction of seclusion and restraint (S/R) use has been given national priority by the US government and the DCF/CSOC through its Substance Abuse and Mental Health Service Administration (SAMSHA) grant. S/R is viewed as a treatment failure rather than a treatment intervention. It is associated with high rates of patient and staff injuries and is a coercive and potentially traumatizing and retraumatizing intervention with no established therapeutic value.

The DCF/CSOC is committed to the reduction and ultimate elimination of the use of seclusion and restraints. This RFP requires applicants to describe how they will begin working toward that goal and what methods of de-escalation will be developed and documented. The use of police intervention needs to be clearly defined, as the CSOC understands their potential role, but does not recognize this as a hands-off approach.

The Six Core Strategies for Reducing Seclusion and Restraint Use is an evidence-based practice 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, youth and young adults and adults across the United States and internationally.

Applicants are required to submit as part of the Appendices a summary of no more than three (3) pages that describes how this model will be implemented within their program model. The summary must address the implementation of 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; and
- 6) Debriefing Techniques.

Additional information on *The Six Core Strategies for Reducing Seclusion and Restraint Use* can be located via the following link:

<https://www.nasmhpd.org/sites/default/files/Consolidated%20Six%20Core%20Strategies%20Document.pdf>

The awardee is responsible for participating in the trainings and for the implementation of the Nurtured Heart Approach* and Six Core Strategies to Reduce Seclusion and Restraints.

**Offered through CSOC Training:*

<https://www.nj.gov/dcf/providers/csc/training/>

In addition, CSOC believes seclusion and restraint of youth are not treatment, and contrary to the Mission of the Division. A prevention-oriented philosophy is preferred consisting of progressive policy, regulations, forms, philosophy and environment. **Applicants must describe within their proposed program narrative a plan to eliminate/reduce the use of restraint and seclusion by using therapeutic interventions based on clinical knowledge.** Nonviolent Crisis Intervention (Preventative Techniques, Team Intervention, and Post Intervention) Crisis Prevention Training through the Crisis Prevention Institute is the preferred program. Programs may utilize only **one model** of nonviolent crisis intervention.

Implementation of Healing Centered Care

CSOC is concerned with the management, treatment, and sequelae of trauma that affects 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. Applicants must describe models of intervention that actively treat underlying trauma (both implicit and explicit) and consequent dysregulation and attachment issues. Trauma affects youth in a multitude of ways, such as disruption in emotional responses, behavior, cognition, physical health, self-concept and future orientation. Increased isolation and fewer social opportunities can contribute to low self-esteem/less opportunity to learn about abuse prevention. Applicants must be cognizant of this fact and describe how they plan to assure the safety, predictability, and comfort of this vulnerable population.

Comprehensive services are multidisciplinary, multimodal therapies that include, but are not limited to, the following:

- Individual, group, and family therapy which are facilitated by a clinician, independently licensed in New Jersey (or, at minimum, must be within three

years of obtaining independent NJ clinical licensure and under the direct on-site supervision of a clinically licensed practitioner);

- Psychiatric treatment, consultation, and medication monitoring services, including psychiatric diagnostic evaluations, which are completed by a licensed Psychiatrist and/or Advanced Practicing Nurse * (APN);
- Comprehensive and collaborative treatment and transition planning meetings that include all members of the Child Family Team (CFT);
- Crisis prevention, stabilization, and interventions that are reflective of CSOC's commitment to the Nurtured Heart Approach and Six Core Strategies to Reduce Seclusion and Restraint;
- Recreational activities that build on the youth's strengths and interests;
- Allied therapeutic services that are participatory in nature and focus on developing daily living skills and vocational skills;
- Activities designed to engage and encourage the youth's abilities to integrate into the community and in preparation for return to his/her own home/community or an independent living arrangement, as deemed appropriate;
- Educational services including timely linkage to community-based schools when deemed appropriate;
- Coordination with the Child Study Team, as applicable;
- Modeling for parents/caregivers;
- Nursing services to monitor physical health needs;
- Coordination with the Division of Child Protection and Permanency (DCP&P), when applicable.

The Implementation of Treatment Process and Structure Requirements:

The establishment of a multi-disciplinary treatment team with specific and delineated functions is of primary importance. The youth's plan of care shall identify the youth's interests, preferences, and needs in the following areas, as determined appropriate by the youth, family/caregiver, and Child Family Team (CFT): physical and emotional well-being, risk and safety factors, medical, nutrition, adaptive and independent activities of daily living, personal care needs, educational/vocational skills, recreation and leisure time, family time, community participation, communication, religion and culture, social and personal relationships, transition plan, and any other areas important to the youth and their family.

The treatment team **must** include, but is not limited to, the following individuals.

1. Youth
2. Family members
3. Natural supports as identified and selected by youth and family
4. Psychiatrist*
5. Advance Practice Nurse (APN)*

6. Pediatrician
7. Case Manager
8. Dietitian
9. Psychologist*
10. Nurse (Supervising RN)
11. Allied Therapist
12. Direct Care milieu staff (both Mental Health and Substance Use, as needed)
13. Educational professionals
14. Independently licensed clinicians across both Mental Health and Substance Use
15. Program Director
16. CSOC care management entity (Care Management Organization)
17. Child Protection & Permanency (CP&P), if applicable

*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. Initial evaluations shall be conducted by an Advanced Practice Nurse or a Clinical Psychologist. However, initial evaluations for children and adolescent prescribed psychotropic meds shall be conducted by the Psychiatrist. Please note the DCCP policy regarding psychotropic medication for children available at https://www.nj.gov/dcf/policy_manuals/CPA-V-A-1-1500_issuance.shtml

Implementation Process

Within the first 48 hours of RTC-BH/SU services, the treatment team will:

- Provide a thorough orientation of the youth to all aspects of the program conducted by both agency staff and current residents;
- Assure that the family members are oriented to the program;
- File all necessary consents and releases;
- Complete IMDS Strengths and Needs Assessment;
- Complete initial treatment and crisis plans; provide copies to youth and family;
- Complete a nursing assessment and incorporate it into the initial treatment and crisis plans;
- Complete a pediatric medical assessment.

Within the first week, the youth will have the following assessments completed:

- Psychiatric assessment /evaluation with report;
- Bio-psychosocial assessment, which includes recommendations for inclusion in allied therapies, when appropriate.

Within the first week, the treatment provider will:

- Conduct a treatment team meeting that includes Care Management Organization (CMO) and/or Division of Child Protection & Permanency (DCPP);
- Complete the comprehensive treatment and prospective transition plans integrating all of the treatment team's input, assessments, and recommendations.

By day 30 of treatment, the treatment provider will:

- Develop a behavior assistance plan that is based on a comprehensive behavioral assessment completed by a licensed behavioral healthcare practitioner and implemented by the behavioral assistant.

Staff/Child Ratio: Staff/youth ratio of 1 direct care staff for every 5 youth must be maintained at all hours with a minimum of two awake staff whenever youth are present including while youth are asleep.

Each day the service staff will:

- Practice comprehensive and well documented communication, sharing significant events, youth progress, and other relevant information across disciplines and time frames;
- Provide proper supervision of youth; a ratio of 1 direct care staff for every 5 youth must be maintained at all hours whenever any youth are present with sufficient awake staff on site at all times, and at least 2 awake staff in the 5 bed facility on site including while youth are asleep;
- Ensure fewer than 30% of all youth waking hours will be spent in "milieu" activities;
- Conduct beginning and end of day meetings to "check in" with the youth;
- Provide, as needed, medication dispensing and monitoring;
- Adhere to all required documentation and activities as per licensing regulations;
- Adhere to all required documentation and activities as per Administrative Order 2:05, which addresses the reporting of Unusual Incidents including response;
- Transport, as needed, youth to medical appointments, family visits, community outings, off site activities, and other requisite needs;
- Provide consistent administrative oversight and support to milieu staff, including weekends and holidays.

Each week, every youth and family will receive the below services. The length of time for each service can range from 30 to 45 minutes each, although the duration may be adjusted up or down according to the youth's ability to participate. All service delivery must be clearly documented within the youth's treatment record:

- Three (3) psycho-educational activities, consistent with the treatment focus, directed by Bachelor's level staff. Additional group activities will be provided to support: age-appropriate pro-social learning, problem solving, life-skill development, and coping strategies; for the co-occurring program, two (2) of

these groups shall be conducted by a Licensed Certified Alcohol and Drug Counselor (LCADC).

- Two (2) individual/family (may be 90 minutes) therapy sessions with a licensed clinician. Clinician schedules should promote flexibility for families. Family therapy sessions may be conducted off-site. If necessary, family therapy sessions may be conducted via telephone although no more than half of all family sessions can be conducted by phone.
- Three (3) group therapy sessions with a licensed clinician (see Attachment 1 for qualifications).
- Two (2) Health Oriented Education group sessions with a licensed health professional (See Attachment 1 for qualifications). Topics include but are not limited to medication education, hygiene, sexuality, substance use, and nutrition.
- Structured and guided community-based activities or involvement that is participatory in nature, such as: “YMCA” or “YWCA” classes or organized sports leagues, Scouting programs, volunteerism, community center and/or or public library activities; and public events.
- Six (6) hours of structured Allied Therapies such as life skills, art, music, and recreational therapy. Allied therapies require identified goals and objectives.

Each month the youth will receive:

- Comprehensive treatment and transition plan meetings occur that include all members of the multidisciplinary treatment team;
- Information Management Decision Support (IMDS) assessment review is updated;
- Psychiatrist has a meeting with the staff around medication issues;
- Psychiatrist has a clinical session with the youth;
- Psychiatrist has a meeting with the family;
- On-site family psycho-educational activities occur, minimally three hours of structured and professional-staff directed, per month.

Two months prior to discharge:

The treatment team will provide a “step down” action plan that details week-to-week activities supporting a smooth and planful transition from out-of-home treatment services. At a minimum, the action plan must include:

- At minimum, two (2) meetings between the treatment team to discuss youth and family strengths, continuing goals, successful strategies, and potential pitfalls;
- “Set back” plan for times during the transition phase when youth and/or family encounter difficulties that make transition appear less likely. This plan will

delineate critical staff necessary to re-focus, rally, and support youth and family through to transition (this is where services provided by an Intensive In Community (IIC) intervention might be advantageous);

- Action steps youth and family might take to capitalize on successes such as: formal feedback (in addition to satisfaction surveys) to service staff and any multi-media activity that documents youth and family achievement;
- Joint Care Reviews (JCRs), Transitional Joint Care Reviews (TJCRs), Discharge Joint Care Reviews (DJCR)s, and Strength and Needs Assessments (when applicable) must be completed and submitted on time;
- If the treatment team agrees that a youth has optimized the care in the program, but requires continued treatment, the out-of-home treatment agency must initiate the TJCR in collaboration with the involved case management entity(ies). This process will result in the youth's return to Youth Link. Agencies are encouraged to seek out other suitable OOH programs and indicate them in the TJCR and reach out to the relevant clinical staff in the potential agency;
- Transitional planning documents(s);
- Psychiatric, pediatric, psychological, nursing assessments and substance use summary;
- Educational status;
- Crisis plan.

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

Complete a report for all related accidents, incidents, or unusual occurrences involving staff, youth and/or families and send to CSOC through the UIR system.

Information can be found at:

<https://www.state.nj.us/humanservices/ddd/news/publications/dc14.html>

Transition Planning:

The CFT shall begin planning for transition immediately upon the youth's admission. Youth and family voice are components of transition planning. Therefore, their input must be thoroughly considered and discussed throughout the transition planning process. The team will provide:

- A "step down" action plan that details week-to-week activities supporting a smooth and planful transition from treatment. This action plan should consider the youth and family strengths, continuing goals, successful strategies, and potential pitfalls;
- "Set back" plan for times during the transition phase when youth and/or family encounter difficulties that make transition appear less likely. This plan will identify the critical staff necessary to re-focus, rally, and support the youth and family through to transition;

- Action steps that youth and family will take to build on successes and achievements that were accomplished during treatment.

Staffing Structure:

The following are the minimum responsibilities by staff title. It is the responsibility of the awardee to provide services in accordance with New Jersey State Board of Social Work, State Board of Psychological Examiners, State Board of Medical Examiners, State Board of Nursing, State Boards of Marriage and Family Therapy Examiners and the Professional Counselors Examiners Committee for licensure regulations. These guidelines are not to be interpreted as comprehensive of the total responsibilities each staff member will manage. Applicants agree that by accepting this RFP and applying for this funding that they shall during the term of the contract meet or exceed the following requirements. Applicants must demonstrate, through narrative, Annex B, and with necessary letters of affiliation, that guidelines below are achievable.

The Agency CEO or equivalent is required to sign, date and submit “Minimum Staffing Requirements (Attachment 1). This document attests that the agency will meet the minimal requisite staffing, credentials and experience consistent with the scope of services delineated in this RFP.

Proposals submitted without the signed Attestation of “Minimum Staffing Requirements” will not move to the evaluation process.

Refer to Attachment 1 for required staffing and scope of work.

Staff Retention:

Turnover rates have an impact on quality of services provided. Outcomes for youth are improved where there is staff retention as developing a connection can be an intervention by itself. Competitive compensation for employees is more likely to attract seasoned applicants and maintain a consistent, highly qualified and experienced team. It is imperative that providers of out-of-home treatment services create a structural business framework in which turnover is minimized, particularly of direct care/milieu staff. This includes adequate support and supervision, training, incentives and competitive salary offerings.

Applicants are required to include a summary (no more than one page) which describes steps in place to enhance staff retention.

Staff Training:

Required trainings include and are not limited to:

- Information Management Decision Support Tools (IMDS);
- Six Core Strategies to Prevent Seclusion and Restraint;
- Nurtured Heart;
- Suicide Prevention;
- Trauma Informed Care and interventions;
- Medication protocols;
- Danielle's Law; In compliance with P.L.2003, c.191 (C.30:6D-5.1-5.6) Comply with Danielle's Law (P.L.2003, c.191 [C.30:6D-5.1-5.6]) at: www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html
- Basic First Aid and CPR;
- Narcan Administration Training
- HIPAA: The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Public Law 104-191, and regulations promulgated by the United States Department of Health and Human Services, 45 CFR Parts 160 and 164) was enacted to establish national standards for privacy and security in the handling of health-related information.
- 42 CFR Part 2 training.
- Human Trafficking;
- Confidentiality and the Organization's Ethics Policy;
- Identifying and reporting youth abuse and neglect; (Any incident that includes an allegation of youth/abuse and/or neglect must be immediately reported to the Division of Child Protection and Permanency (DCP&P) at 1-800-NJ ABUSE in compliance with N.J.S.A. 9:6-8.10); and,
- Identifying and reporting abuse, neglect and exploitation of an individual with developmental disability by a caregiver to the Central Registry of Offenders against Individuals with Developmental Disabilities pursuant to N.J.S.A. 30:6D73-82.

Student Educational Program Planning Requirements:

The awardee will be expected to facilitate the ongoing provision of an appropriate educational program as required under federal and State education law through communication with the youth's school district. DCF does not fund educational programs and services that youth are entitled to under those laws; or provide on-site educational services for youth in out-of-home treatment settings. As such, the awardee will be expected to collaborate with the educational entities responsible for providing educational services and funding for those services.

Consistent with those responsibilities, applicants must:

- Describe its procedures for ensuring that youth receiving services will receive an appropriate educational program, including applicant's efforts to maintain

the youth in his/her current educational placement.

- Provide a plan for collegial and proactive coordination with educational providers for both classified and non-classified youth, including procedures for ensuring that information is shared consistent with the applicable federal and State confidentiality laws.
- Applicant organizations that operate a DOE approved private school for students with disabilities may enroll special education students in their Approved Private School for the Disabled. However, in these circumstances, applicants must also demonstrate that arrangements have been made with the local public-school district to enroll and serve general education students.
- If the awardee does not operate a DOE approved school, the awardee must demonstrate at the time of contract negotiation that a commitment has been obtained **or** how it will be obtained from the local public school district in which the home is located to register, enroll, and educationally serve all general and special education students residing in the home. The school district may charge the individual student's parental District of Residence for the cost of the educational program and services.
- All applicants must commit to providing accurate documentation to the local school district to facilitate the educational process for students in their care. Upon registration of each student, applicants must provide the local school district with an Agency Identification Letter, a funding commitment letter from each student's parental District of Residence, and evidence of student immunization. When necessary, awardees shall provide interim transportation services to expedite school placement.

Educational Program Operations Requirements:

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

- Genuine and proactive coordination and collaboration between the grantee and educational providers is expected. To that end, applicants must describe:
 - The strategies to be employed to coordinate clinical treatment with educational planning and service delivery;
 - The daily before and after school communication strategies with school staff;
 - The daily support of student homework, special projects, and study time;
 - The specific strategies, including responsible staff and timelines,

- for including families-of-origin and/or natural supports available to the youth in educational update, progress, and planning;
- The availability of computers for student use to support homework and projects;
- Mechanisms to stay abreast of the educational progress of each student;
- Problem resolution strategies; and
- Ongoing participation in the educational program of each student.

All applicants must also articulate a plan for:

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

Outcome Methods and Evaluation:

This RFP requires an outcomes-oriented approach to contracting for OOH treatment services. This approach includes identifying measurable outcomes, developing a means to measure performance indicators, and a plan to use this data to inform programmatic improvements as needed.

CSOC utilizes the Information Management Decision Support (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 challenging situations and/or settings. Additional considerations and areas of measurement are compliant 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 for:

- Use of the IMDS tools to inform treatment planning;
- Use of the IMDS tools to measure relative achievement and continued need;
- Mechanisms for maintaining compliance with Addendum to Administrative Order 2:05;
- Compliance with risk management mechanisms and structures such that incidents inform changes to policy, practice, and treatment;

- Distribution of ongoing satisfaction surveys to youth, families, and other system partners; and,
- Means for the identification and communication of system needs and areas of excellence to local partners and CSOC administration.

Program Outcomes for Youth:

- 80% of youth who complete the program will require less restrictive services at 3- and 6-month post discharge;
- 80% of all youth will have lengths of stay between 8 to 10 months;
- 90% of all youth will not incur new legal charges or violate existing charges while in treatment;
- 90% of all youth will have a 90% attendance rate at school;
- 80% of all youth served will show improvement on identified strength 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;
- Life skills assessment including outcome measures for Ansell-Casey or Botvin Life Skills where applicable.

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

Data-driven Quality Assurance and Performance Improvement (QA/PI) Activities are a central aspect of CSOC's management of the system of care. The practice model is based on current best practices regarding out-of-home treatment for children, youth, and young adults. In order to support sensitive and responsive management of these services and to inform future practice, regulation, and "sizing," 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 upon request to CSOC. Applicants are to describe on-going QA/PI activities that reflect the capacity to make necessary course corrections in a planned and 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 N.J.A.C. 3A:55 Manual of Requirements for Residential Child Care Facilities.
- 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
 Milieu staff
 "Professional staff"
 Care Management Organization

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.

Service Outcomes:

Programs must focus on transition success, for example lower intensity of service, supports coordinated prior to transition, length of time youth remains in lower level of care, and level of community integration.

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

Additional Requirements:

Licensure:

Applicants must provide evidence of, or demonstrated ability to meet, all NJ Departments of Children and Families, and other applicable State and Federal Licensure standards. DCF Office of Licensing standards as specified in the N.J.A.C. 3A:56 Manual of Requirements for Children's Group Homes can be accessed at: <https://www.nj.gov/dcf/providers/licensing/laws>.

Accreditation:

CSOC requires that awarded programs be Joint Commission, COA, or CARF accredited or, if not currently accredited, achieve accreditation within twenty-four (24) months of award. If applicable, include a copy of the letter from the accrediting body regarding the agency's accreditation status **as part of the appendix**. Upon award, if accreditation status is terminated for any reason, the awardee is responsible for notifying their contract administrator immediately. Awardees that do not achieve accreditation within this timeframe or do not maintain accreditation for awarded program may be subject to contract termination.

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, DXC, within prescribed timelines.

Provider Information Form:

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

Site Visits:

CSOC, in partnership with the DCF Office of Licensing and the Office of Contract Administration's Business Office where needed, will conduct site visits to monitor awardee(s) progress and challenges in accomplishing responsibilities and corresponding strategy for overcoming these challenges. The awardee may receive a written report of the site visit findings and will be expected to submit a plan of correction, if necessary.

Contracted System Administrator (CSA):

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

Organization/Agency Web Site:

Publicly outlining the specific behavioral challenges exhibited by some of the youth served by an agency may lead to confusion and misinformation. Without the appropriate context, the general public may wrongly assume that all youth served are dealing with those challenges. Applicants must ensure that the content of their organization's web site protects the confidentiality of and avoids misinformation about the youth served. The web site should also provide visitors with a mechanism for contacting upper administrative staff quickly and seamlessly.

Software and Data:

All applicants are advised that any software purchased in connection with the proposed project must receive prior approval by the New Jersey Office of Information Technology. Applicants are also advised that any data collected or maintained through the implementation of the proposed program shall remain the property of DCF.

Organ and Tissue Donation:

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

D. Funding Information:

For the purpose of this initiative, the Department will make available up to 3 awards totaling an annualized amount not to exceed \$2,310,450 thereafter as funding is available; services are utilized; and contracts are renewed. Continuation funding is contingent upon the availability of funds in future fiscal years. Universities are reminded that this is a competitive process and on notice that no annual increases will be considered as part of this contract to salaries, fringe or benefits for future negotiations or contracts, unless approved by the State legislature for all contracting entities.

The per diem rate per youth is \$407.00/day or \$422.00 if accredited by one of the following accrediting agencies: Council on Accreditation (COA), Commission on Accreditation of Rehabilitation Facilities (CARF), or the Joint Commission (TCJ)). *The rate is reimbursed on a fee for service basis. The per diem rate is all inclusive compensation and reimbursement for all services, activities, administrative and clinical to serve the youth. Medicaid billing is the payment methodology for reimbursement. 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 startup costs are permitted and must be reasonable. Applicants must provide a justification and detailed summary of all operational start-up costs necessary to begin program operations (See under Budget section).

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 universities, private or public non-profit entities, or for-profit organizations 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 90 days of award. Due to urgent need of this service, proposals should provide a clear time frame on ability to obtain site location and contract negotiation, 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 (6) months of RFP award.**
10. All applicants must have a Data Universal Numbering System (DUNS) number. To acquire a DUNS number, contact the dedicated toll-free DUNS number request line at 1-866-705-5711 or inquire on-line at:
Website: <https://fedgov.dnb.com/webform>

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

F. RFP Schedule:

March 18, 2020 by 12PM	Deadline for Email Questions sent to DCF.ASKRFP@dcf.nj.gov
April 21, 2020 by 12PM	Deadline for Receipt of Proposals by 12:00PM

Proposals received after 12:00 PM on **April 21, 2020** 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, Integrity and Accountability
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 (U.S. Postal Office, Federal Express or UPS) to:

Catherine Schafer, Director of Grants, Integrity and Accountability
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:
<https://www.nj.gov/dcf/providers/notices/requests/>

See *Standard Documents for RFPs* for forms.

- [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.

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

2. Proposal Review Process

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

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

Requested information was covered	10 Points
Approach to the contract and program design was thoroughly and clearly explained and was consistent with the RFP requirements	20 Points
Background of organization and staffing explained	10 Points
Speakers were knowledgeable about topic	5 Points
Speakers responded well to questions	5 Points

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 proof of services, products, transactions and 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 sign, date and submit the *Minimum Staffing Requirements and Attestation* as **Attachment 1**.

Applicants must sign, date and submit the *Community Agency Head and Employee Certification, Permission for Background Check and Release of Information* as **Attachment 2**.

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 as attached as **Exhibit B**.

Applicants must comply with confidentiality rules and regulations related to the participants in this program including but not limited to:

1. Applicants must comply with 42 CFR Part 2 Confidentiality of Substance Use Disorder Patient Records.
2. Keep client specific and patient personal health information ("PHI") and other sensitive and confidential information confidential in accordance with all applicable New Jersey and federal laws and regulations including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").
3. Recognize and understand that case information is mandated by N.J.S.A. 9:6-8.10a is to be kept confidential and the release of any such information may be in violation of state law and may result in the conviction of individuals for a disorderly person's level offence as well as possibly other disciplinary, civil or criminal actions pursuant to N.J.S.A. 9:6-8.10b.

Applicants must submit with their response to this RFP all of the documents listed in **Exhibit C**: *CSOC Pre Award Documents Required to Be Submitted with a Response to an OOH RFP*.

Applicants who receive an award letter after submitting a response to this RFP **thereafter** must submit as a condition of receiving a contract, all of the documents listed in **Exhibit D**: *CSOC Post-Award Documents Required to Be Submitted for Contract Formation if the Response to the OOH RFP Results in an Award*. **Exhibit D**, therefore, provides notice to applicants who are successful in securing an award that the listed documents will be required to be submitted to your assigned

contract administrator, or maintained on site as indicated, after notice of award as a condition of receiving a contract.

H. Appeals:

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

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

no later than ten (10) business 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:
DCF.ASKRFP@dcf.nj.gov

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

J. Post Award Requirements:

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

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

Upon receipt of the award announcement, and where appropriate, selected applicants will be minimally required to submit one (1) copy of the following documents:

1. A copy of the Acknowledgement of Receipt of the NJ State Policy and Procedures returned to the DCF Office of the EEO/AA
2. Proof of Insurance naming DCF as additionally insured from agencies
3. Bonding Certificate
4. Notification of Licensed Public Accountant (NLPA) with a copy of Accountant's Certification
5. ACH-Credit Authorization for automatic deposit (for new agencies only)

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

Section II – Application Instructions

A. Proposal Requirements and Review Criteria:

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

In conjunction with DCF's review of the narrative descriptions you insert under each numbered subsection below, DCF will assess the documents you submitted with your response to this opportunity. DCF will determine the score for each section based on the quality, completeness, and accuracy of both the narrative descriptions and the documents it deems to be relevant.

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 required font is Arial 12 point.** There is a **25-page limitation** for the narrative portion of the grant application. A one (1) point reduction per page will be administered to proposals exceeding the page limit requirements. Five (5) points will be deducted for each missing document. If the deductions total 20 points or more, the proposal shall be rejected as non-responsive. The narrative must be organized appropriately and address the key concepts outlined in the RFP. Annex B budget pages, and attachments do not count towards the narrative page limit.

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

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

I. Community and Organization Fit

(10 Points)

Community and Organizational fit refers to respondent's alignment with the specified community and state priorities, family and community values, culture and history, and other interventions and initiatives.

- 1) Describe how this initiative is consistent with your mission and vision, and priorities.
- 2) Describe how this initiative fits with existing initiatives/programming in your organization.
- 3) Describe any existing services and programs that are categorized as well as supported and promising as per the California Evidence-Based Clearinghouse for Child Welfare definition (CEBC). <https://www.cebc4cw.org/>
- 4) Describe how this initiative is consistent with your organization's experience working with the target (or similar) populations required to be served by this initiative.
- 5) Describe how the requirements of this initiative will be met through your policies implementing trauma informed practices.
 - **Include written policies implementing trauma informed practices, if available.**
- 6) Describe how this initiative fits with family and community values in your community; including the values of culturally and linguistically specific populations.

Describe the agency's background and experience in implementing the types of services relevant to residential treatment services for the target population. Provide a description 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 and youth serving systems. Explain how the provider is working toward a cultural competency plan that describes actions your agency will take to ensure 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.

II. Organizational Capacity

(10 Points)

Organizational Capacity refers to the Respondent's ability to financially and structurally meet and sustain the specified minimum requirements.

- 1) Describe how the requirements of this initiative will be met through your governance and management structure, including the roles of senior executives and governing body (Board of Directors, Managing Partners, Board of Freeholders).
 - **Include a Governing Body List.** (A “governing body” is any of the following: Board or Directors -or- Managing Partners, if LLC/Partnership, -or- Chosen Freeholders of Responsible Governing Body. List must be dated and include the following: names, titles, emails, phone numbers, addresses, and terms for all members of Governing Body.).
 - **Include a current Agency-Wide Organizational Chart.**
- 2) Does the staff have a cultural and language match with the population they serve, as well as relationships in the community? Please provide a clear description of what services will be provided to bi-lingual and/or non-English speaking youth and families and by whom. If so, describe.
- 3) Describe how your Agency plans to fulfill staffing requirements not currently in place by hiring staff, consultants and their qualifications, sub-grantees and/or volunteers who will perform the proposed service activities.
 - Indicate the number, qualifications and skills of all staff, consultants, sub-grantees and/or volunteers who will perform the proposed service activities.

Applicants must:

- Identify the RTC administrator and describe the job responsibilities;
 - Identify the proposed staffing by service component;
 - Identify the Stabilization and Assessment management and describe the job responsibilities;
 - Describe the proposed staffing, include daily, weekly and monthly schedules for all staff positions.
- Describe the management and supervision methods that will be utilized.
- Applicants must:
- **Include an organizational chart for the proposed program operation as part of the appendix.**

- **Include job descriptions that include all educational and experiential requirements as part of the appendix.**
 - **Include professional licenses related to job responsibilities as part of the appendix, if applicable.**
 - **Include resumes of any existing staff who will perform the proposed services as part of the appendix.**
 - **Include a brief narrative on staffing patterns as part of the appendix.**
 - **Include a consultant agreement, letters of affiliation and proposed Student-School Service Provider contracts if graduate students will be involved in the provision of care as part of the appendix, if applicable.**
- 4) Are there designated staff with capacity to collect and use data to inform ongoing monitoring and improvement of the program or practice? If so, describe.
- 5) What administrative practices must be developed and/or refined to support the initiative/program/practice? What administrative policies and procedures must be adjusted to support the work of the staff and others to implement the program or practice?
- 6) Describe how the requirements of this initiative will be implemented through your existing collaborations, partnerships and collaborative efforts with other community, professional advisory boards and systems partners. Provide a clear and detailed plan on how robust collaboration with CMO, DCP&P, and other system partners ensure the youth's timely transition from this short-term program.
- **Include letter of commitment or MOU as part of the appendix.** (if relevant to your program) If not applicable, include a written statement.
 - **As part of the Appendix include three (3) written professional letters of support** on behalf of the applying individual/agency specific to the provisions of services under this RFP. (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.). A professional letter of support from the CMO (s) of the county(ies) you are serving is encouraged. Template/duplicate letters of support are not acceptable. Please include telephone numbers and e-mail for all references so they may be contacted directly.
- 7) Provide supplemental explanation of the Applicant's ability to manage this project described in this RFP and the other ongoing programs.

- **List any programs awarded to your agency within the last eighteen (18) months through an RFP process with DCF that are not yet implemented, as part of the Appendix, if applicable.**
 - **Applicants that were awarded other programs through a previous RFP within the last eighteen (18) months shall submit the status of implementation, as part of the Appendix, if applicable. (Max 5 pages)**
- 8) Briefly describe the ways in which Your Agency's operations (policies and/or practices) mirror the Prevent Child Abuse New Jersey's Safe Child standards.

The Standards are available at: <https://nj.gov/dcf/providers/notices/nonprofit/>

- **Include a brief (no more than 2 pages double spaced) Safe-Child Standards Description demonstrating ways in which your agency's operations mirror the Standards as part of the appendix.**
- 9) Describe how the requirements of this initiative will be met through your plans for program accessibility that include, at a minimum, the following details: site description, safety considerations, and transportation options for clients served.
- **Submit a description/floor plan of program space as part of the appendix (include address).**
 - **Additional photos and/or floor plans are also welcomed, if available-attach as part of the appendix.**
- 10) Describe how the requirements of this initiative will be met through your strategies for identifying and engaging the target population and for maintaining their participation in services in accordance with service recipients' need(s).
- 11) Describe your plans to ensure the needs of the target community will be met in a manner consistent with your commitment to cultural competency and diversity and the Law Against Discrimination (NJSA 10:51 seq.).
- 12) Provide a Proposed Program Implementation Plan, including a detailed timeline for implementing the proposed services or some other detailed weekly description of your action steps in preparing to provide the services of the RFP and to become fully operational within the time specified.
- **Include a Program Implementation Schedule attached as part of the appendix.**

III. Organization Supports

(10 Points)

Organizational Supports refers to the respondent's access to Expert Assistance, Staffing, Training, Coaching & Supervision.

- 1) Describe how your organization will support this initiative with required/necessary training, coaching, supervision. Describe your organization's process to evaluate staff performance.
 - Training for staff shall be conducted within six (6) months of the date of hire and shall minimally include:
 - Creating and maintaining safe, therapeutic, and nurturing environments
 - Verbal de-escalation and engagement skills
 - Proactive intervention for maintaining safety and promoting change
 - Post-crisis debriefing skills
 - Treatment planning that is responsive and focused on change
 - Recommended (evidence based is preferred) treatment approaches
 - Promoting positive peer culture
 - Cultural Competence
 - Information Management Decision Support Tools (IMDS)
 - Understanding and Using Continuous Quality Improvement
 - Human Trafficking Identification
 - Crisis Management
 - Suicide Prevention
 - Trauma Informed Care
 - Training in Nurtured Heart Approach
 - Leadership Toward Organizational Change
 - Use of Data to Inform Practice
 - Workforce Development
 - Use of S/R Prevention Tools
 - Debriefing Techniques
 - Gang Involvement
 - Adolescent Brain Development
 - Substance Use
 - Medication protocols
 - Basic First Aid and CPR
 - HIPAA/42-CFR Part 2/PHI Protection
 - 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)

- **Include a Curricula Table of Contents for current and proposed training as part of the appendix.**
- 2) Describe how this initiative will be supported by your training model and offerings to program staff who will be in contact with youth, including transportation staff.
 - 3) Describe how your organization will support this initiative by leveraging the resources of providers; communities; and other stake holders.
 - 4) Describe how your organization will support the requirements of this initiative for collection, maintenance, and analysis of data. Will this require use of or changes to existing monitoring and reporting systems?

The outcome evaluation includes setting outcomes, establishing indicators, and providing a transformative experience to youth to achieve desired results and outcomes as follows:

- 80% of youth who complete the program will require less restrictive services at 3- and 6-month post discharge;
 - 80% of all youth will have lengths of stay between 8 to 10 months
 - 90% of all youth will not incur new legal charges or violate existing charges while in treatment;
 - 90% of all youth will have a 90% attendance rate at school;
 - 80% of all youth served will show improvement on identified strength 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 by a standardized assessment tool/s.
- 5) Describe how this initiative will be supported by your use of the data after it is analyzed and reported to evaluate program performance.
 - **Include a summary of evaluation tools that will be used to determine the effectiveness of the program services (Summary should be no more than 5 pages) as part of the appendix.**
 - 6) Describe procedures that will be used for data collection, management and timely reporting. Provide a description of student data to be recorded, the intended use of that data and the means of maintaining confidentiality of student records.
 - 7) **Submit a signed Attestation as an appendix “Attestation of Minimum Staffing Requirements (see Attachment 1).**

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

Data-driven performance and outcomes management is a central aspect of CSOC's management of the system of care. The practice model is based on current best practices regarding out-of-home treatment for children, youth, and young adults. In order to support sensitive and responsive management of these services and to inform future practice, regulation, and "sizing," applicants to this RFP are to give outcomes special consideration in their response.

Describe how this initiative will be supported by your quality assurance and performance improvement processes, including the meaningful role of those to be served.

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 upon request to CSOC. Applicants are to describe on-going QA/PI activities that reflect the capacity to make necessary course corrections in a planned and responsive fashion.

9) Describe how this initiative will be supported by your willingness to engage in participatory, collaborative evaluation planning with DCF to improve and finalize outcome indicators.

10) **As part of the appendix, submit corrective action plans and licensing reports requested by IAUI for established or substantiated findings within the last two years.** Provide details, including dates, but redact any identifying information. Attach any plans of correction. Please be advised that the RFP Evaluation Committee may review Unusual Incident Reports (UIRs) and licensing reports.

IV. 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, and the type, scope and frequency of family/caregiver involvement.
- Describe how the agency will engage and sustain the involvement of family and/or natural supports.
 - **As part of the appendix, attach a Policy or Procedures 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 specific to the target population including complex trauma and related behaviors as described in Services to be Funded section.
- Demonstrate how the relationships with direct care staff (as supported through team structure, supervision, and staffing patterns) will help youth move from being “managed” to being “engaged in treatment”.
- Describe milieu (direct care) staff’s supervision of youth and staff/youth ratios.
- Provide specifics on program’s ability to manage medically compromised youth, including staggering of nurse’s schedule.
- Fully articulate the engagement and treatment models to be utilized, including the use of evidence-based, informed, or suggested interventions.
- Describe documentation, mechanisms for communication, responsiveness, flexibility, and creativity of treatment teams.
- Describe the mechanisms for managing and treating aggressive behavior.
- Demonstrate experience with, understanding of, and integration of issues of trauma in youth and how it will be integrated into the treatment plan.
 - **As part of the appendix, attach** a curricula table of contents or 2-page summary of curricula for psycho-educational groups, including those focused on wellness and recovery.
- Applicant agrees by submitting this proposal to comply with CSOC Policy #4 – Referral for OOH Treatment Policy. With this policy in mind, describe in your proposal any youth eligibility requirements, referral processes.
- Detail when and who will meet with the Local Education Authority to ensure coordinated care for youth.
- Describe developmentally and age appropriate community-based activities the program will provide.
 - **As part of the Appendix, attach a Policy or Procedures regarding activities.**
- Describe how the program will engage families in transition planning- Include how the program will work with families to access services so that the youth can transition home.
- Describe access to and utilization of IIC services at the time of transition. IIC providers may be employed by the applicant or by another IIC agency.
- Include a description of youth data to be recorded, the intended use of that data, and the means of maintaining confidentiality of youth records.

- **As part of the appendix, attach Policy or procedures regarding timelines;** program operations; and, staff responsible for admission, orientation, assessment, engagement, treatment planning, transition planning.
- Describe the agency's approach to ensuring safety and continuity of care in the event of an emergency or planned program closure.
- Provide details around any licensure violations in the past 12 months.
- **List of any programs** that were closed in the last eighteen (18) months and include documentation for the reasons the contracts were ended, if applicable as part of the appendix.

If the applicant has not had any closures and these questions do not apply, it will not impact the score, however, applicants that have had a closure may have up to 10 points deducted from their total score depending upon the responses to this section.

- Party that initiated closure (DCF or agency) and include detailed description of reason(s).
- Program intensity of service.
- Number of beds closed.
- Date of closure.
- Time from notification to youth, families, and staff to safe transfer/discharge of all youth served in the program (the "transition period").
- Challenges encountered during the transition period (staff coverage, disruption in programming).

Program Requirements for Student Education

- It is preferred that youth maintain enrollment at their current school when available, so they continue to receive existing supports. Describe how the program will maintain youth in their current school, including the provision of transportation services.
- For youth unable to remain in their original school district describe the arrangements for or access to appropriate educational programs and services for special education and general education students.
- Articulate and clearly describe:
 - Strategies to coordinate clinical treatment with educational planning and service delivery:
 - Daily before & 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.

Program Planning Requirements for Student Education and Child Care

- 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 childcare providers.
- Describe plans for collegial and proactive coordination/collaboration with educational and childcare providers.

V. Staff Retention

(5 Points)

Turnover rates have an effect on quality of services provided. Outcomes for youth are improved where there is staff retention. Competitive compensation for employees is more likely to attract seasoned applicants and maintain a consistent, highly qualified and experienced team. It is imperative that providers of out-of-home treatment services create a structural business framework in which turnover is minimized, particularly of direct care/milieu staff. This includes adequate support and supervision, training, incentives and competitive salary offerings.

As part of this narrative, provide a brief summary (no more than one page) which describes steps taken to enhance staff retention.

VI. Budget

(10 Points)

The Department will consider the cost efficiency of the proposed budget as it relates to the anticipated level of services (LOS). Therefore, applicants must clearly indicate how this funding will be used to meet the project goals and/or requirements. Provide a line item budget and narrative for the proposed program.

- **Include the Budget Narrative and Budget forms as part of the Appendices.**
This will not be included as part of the 25-page limitation.

The budget should be reasonable and reflect the scope of responsibilities required to accomplish the goals of this project. The budget should also reflect a 12-month operating schedule and must include, in separate columns, total funds needed for each line item, the funds requested under this award, and funds secured from other sources. All costs associated with the completion of the project must be clearly delineated and the budget narrative must clearly articulate budget items, including a description of miscellaneous expenses or “other” items. The proposed budget should be based on 100% occupancy and may not exceed \$770,150 per 5 bed program, in funds provided under this award. The successful applicant must also assure a **generator** is installed and operational to address any power outages (to full agency capacity) at the 5-bed program site. Purchase and installation of generators are acceptable as part of startup funds.

Applicants requesting one-time operational startup costs must include a detailed summary of and justification with the completed budget proposal. 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. CSOC would be amenable to modest participation in “facility renovations” costs and will permit reasonable **start-up** under the following conditions:

- The need must be fully presented and explained
- Costs may not exceed 5% of the award (up to \$38,508 per accredited 5 bed program)
- All start-up costs are subject to contract negotiations. Start-up cost funds will be released upon execution of finalized contract and are paid via Schedule of Estimated Claims (SEC)
- Start-up costs **must be** delineated on separate column in the proposed Annex B Budget and be described in the Budget Narrative, attached as an Appendix

The grantee is expected to adhere to all applicable State cost principles.

Standard DCF Annex B (budget) forms are available at:

<https://www.state.nj.us/dcf/providers/contracting/forms/> and a description of General and Administrative Costs are available at <https://www.nj.gov/dcf/providers/notices/requests/>

See *Standard Documents for RFPs* for forms.

VII. Reduction of Seclusion and Restraint Use (5 Points)

The DCF/CSOC is committed to the reduction and ultimate elimination of the use of seclusion and restraints. *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.

This RFP requires applicants to describe how they will begin working toward the goal of reducing and ultimately eliminating the use of S/R and what methods of de-escalation will be developed and documented. **Include a summary of no more than 3 pages that describes how this model will be implemented within the program model as part of the appendix. This can be a separate appendix and will not need to be included within the 25-page narrative.**

The summary must address the following six core strategies:

- a) Leadership Toward Organizational Change
- b) Use of Data to Inform Practice
- c) Workforce Development
- d) Use of S/R Prevention Tools
- e) Consumer Roles in Inpatient Settings
- f) Debriefing Techniques

Additional information on *The Six Core Strategies for Reducing Seclusion and Restraint Use* can be located at:

<https://www.nasmhpd.org/sites/default/files/Consolidated%20Six%20Core%20Strategies%20Document.pdf>

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 Word or PDF versions of all required documents. There is a **25-page limitation** for the narrative portion of the grant application. A one (1) point reduction per page will be administered to proposals exceeding the page limit requirements. Failure to submit any of the required documents requested in this RFP will result in a loss of five (5) points per item from the total points awarded for the proposal.

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

		Part I: Proposal
1	<input type="checkbox"/>	Proposal Cover Sheet – (signed and dated) Website: https://www.nj.gov/dcf/providers/notices/requests/#2 Form: https://www.nj.gov/dcf/providers/notices/Proposal.Cover.Sheet.doc
2	<input type="checkbox"/>	Table of Contents – Please number and label with page numbers if possible in the order as stated in Part I & Part II Appendices for paper copies, CD and electronic copies.
3	<input type="checkbox"/>	Proposal Narrative in following order 25 Page Limitation for (1– 5) 1) Organization Fit (10 points) 2) Organization Capacity (10 points) 3) Organization Supports (10 points) 4) Program Approach (50 points) 5) Staff Retention (5 points)
		Part II: Appendices: As a Condition of receiving an award, the documents below are required to be submitted with your response to the RFP <u>in the order as presented.</u>
4	<input type="checkbox"/>	Budget Narrative (See Budget Section) 10 points
5	<input type="checkbox"/>	Summary of Reduction of Seclusion and Restraint Use (Max 3 pages) 5 points
6	<input type="checkbox"/>	Corrective action plans and licensing reports requested by IAIU for established or substantiated findings within the last two years, if applicable. Provide details, including dates, but redact any identifying information. Attach any plans of correction.
7	<input type="checkbox"/>	List of any programs that were closed in the last eighteen (18) months and include documentation for the reasons the contracts were ended, if applicable. <ul style="list-style-type: none"> ○ Party that initiated closure (DCF or agency) and include detailed description of reason(s). ○ Program intensity of service. ○ Number of beds closed. ○ Date of closure. ○ Time from notification to youth, families, and staff to safe transfer/discharge of all youth served in the program (the “transition period”). ○ Challenges encountered during the transition period (staff coverage, disruption in programming).

8	<input type="checkbox"/>	Provide details around any licensure violations in the past 12 months.
9	<input type="checkbox"/>	Applicants that were awarded other programs through a previous RFP within the last eighteen (18) months shall submit the status of implementation, if applicable. (Max 5 pages)
10	<input type="checkbox"/>	Job descriptions that reflect all educational and experiential requirements of this RFP; salary ranges; and, resumes of any existing staff that will provide the proposed services. Please do not provide home addresses or personal phone numbers.
11	<input type="checkbox"/>	Current Agency-Wide Organizational Chart
12	<input type="checkbox"/>	Policy or procedures regarding timelines; program operations; and, staff responsible for admission, orientation, assessment, engagement, treatment planning, transition planning.
13	<input type="checkbox"/>	Three (3) written professional letters of support on behalf of the applying individual/agency specific to the provisions of services under this RFP. (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.) A professional letter of support from the CMO (s) of the county(ies) you are serving is encouraged. Template/duplicate letters of support are not acceptable. Please include telephone numbers and e-mail for all references so they may be contacted directly.
14	<input type="checkbox"/>	Letters of Affiliation and proposed <u>Student-School-Service Provider contracts</u> if graduate students will be involved in the provision of care
15	<input type="checkbox"/>	Attach Curricula Table of Contents for age, gender, and developmentally appropriate psycho-educational groups
16	<input type="checkbox"/>	Summary of any evaluation tools that will be used to determine the effectiveness of the program services – limit 5 pages
17	<input type="checkbox"/>	Copies of any audits (not financial audit) or reviews (including corrective action plans) completed or in process by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities within the last two (2) years. 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.
18	<input type="checkbox"/>	A copy of the letter from the accrediting body regarding the agency's accreditation status . If not applicable, include a written statement.
19	<input type="checkbox"/>	Policy regarding engaging and sustaining the involvement of family and/or natural supports
20	<input type="checkbox"/>	Policy or Procedures regarding community-based activities

21	<input type="checkbox"/>	Attestation signed and dated by the CEO or equivalent- <u>Attachment 1</u> Attestation of Minimum Staffing Requirements
22	<input type="checkbox"/>	Certification signed and dated by the CEO or equivalent for Background Check and Release of Information-<u>Attachment 2</u>
23	<input type="checkbox"/>	Proposed Program Implementation Schedule or some other detailed weekly description of your action steps in preparing to provide the services of the RFP and to become fully operational within the time specified
24	<input type="checkbox"/>	Safe-Child Standards Description of your agency's implementation of the standards (no more than 2 pages)
25	<input type="checkbox"/>	Statement of Assurances – (Signed and dated) Website: https://www.nj.gov/dcf/providers/notices/requests/#2 Form: https://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc
26	<input type="checkbox"/>	Policies implementing trauma informed practices , if available.
27	<input type="checkbox"/>	Staffing patterns
28	<input type="checkbox"/>	Letter of commitment or MOU (if relevant to your program) If not applicable, include a written statement.
29	<input type="checkbox"/>	Curricula Table of Contents for current and proposed training
30	<input type="checkbox"/>	Description/floor plan of program space , if available, as part of the appendix. Additional photos and/or floor plans are also welcomed.

* Standard forms for RFP's are available at:

<https://www.nj.gov/dcf/providers/notices/requests/>

See *Standard Documents for RFPs* for forms.

Standard DCF Annex B (budget) forms are available at:

<https://www.state.nj.us/dcf/providers/contracting/forms/>

** Treasury required forms are available on the Department of the Treasury website at: <https://www.state.nj.us/treasury/purchase/forms.shtml>

Click on Vendor Information and then on Forms.

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

C. Requests for Information and Clarification:

Question and Answer:

DCF will provide eligible applicants additional and/or clarifying information about this initiative and application procedures through a time-limited electronic Question and Answer Period. Inquiries will not be accepted after the closing date of the Question and Answer Period.

Questions must be submitted in writing via email to: DCF.ASKRFP@dcf.nj.gov.

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 DCF.ASKRFP@dcf.nj.gov 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:

<https://www.nj.gov/dcf/providers/notices/requests/>

Technical inquiries about forms and other documents may be requested anytime through DCF.ASKRFP@dcf.nj.gov.

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- Minimum Staffing Requirements

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

Residential Treatment Intensity of Service (RTC IOS) Services for youth with Co-Occurring Mental Health and Substance Use Diagnoses

Minimum Staffing Requirements

The following are the *minimum* staffing credentials and requirements for a DCF contracted provider of **Residential Treatment IOS (RTC IOS) Services for youth with Co-Occurring Mental Health and Substance Use Diagnoses**. This is not to be interpreted as comprehensive of the total responsibilities each staff member will manage. The following requirements regarding the hours for each youth are to be documented in a manner that can be audited and reviewed. In the event that there are circumstances in which a youth is not able to participate in the treatment, this must be clearly documented to explain the efforts made to engage the youth and the reasons why the youth was not able to participate.

Position	Qualifications	Other Requirements	Hours/youth/week
<i>Psychiatrist or APN</i>	MD, BC/BE/APN. Board certified child and adolescent psychiatrist (in the case of a co-occurring program-who has experience in prescribing and monitoring medication for youth with substance use needs) or psychiatric APN in affiliation with a board-certified child psychiatrist	-Psychiatric intake assessment & report (within 1 st week) -Initial evaluation on all children and adolescent youth prescribed psychotropic medication-Initial treatment & crisis plan -Medication management meetings (monthly) -Clinical visit with youth (monthly) -Clinical visit with family (monthly) -Attend treatment team meeting (monthly)	- .67 clinical hours per week per youth; 75 % of which must be face-to-face time with youth and/or families. -24/7 availability by contract.
<i>Pediatric APN or Pediatrician</i>	MD, BC/BE/APN. NJ licensed, board certified	-Pediatric assessment & report (within 1 st 48 hours). -Initial evaluation for children and adolescent youth who are not prescribed psychotropic medications (within 1 st week) -Provide ongoing medication management for children and adolescent youth after initial evaluation conducted by the Psychiatrist	24/7 availability by contract.

Position	Qualifications	Other Requirements	Hours/youth/week
<i>Independently licensed clinician</i>	<p>A clinician(s) who is dually licensed in mental health and substance use to practice in NJ or, Masters level practitioner with appropriate licensure (MSW must have LSW licensure and MA/MS must have LAC licensure) who is three years or less from NJ clinical licensure and is practicing under the direct and on-site supervision of a clinician who is clinically licensed to practice in NJ. Dually licensed clinician to hold a LCADC, or</p> <p>Independently licensed LCSW, LPC, LMFT or Licensed Psychologist who has at least two years of experience providing direct clinical services to youth and young adults with co-occurring behavioral health and substance use treatment needs. The requisite experience should demonstrate the 1) use of integrated assessment approach that results in highly individualized and holistic treatment plans; 2) the use of trauma informed evidence-based practices that assist youth and young adults in identifying and changing patterns of behavior related to substance use; 3) the delivery of psycho-educational groups supportive of age-appropriate pro-social learning, problem solving, life-skill development, and coping strategies. The clinician must either hold or be actively pursuing Licensed Certified Alcohol and Drug Counselor (LCADC) and obtain licensure within two years to remain in the position.</p>	<ul style="list-style-type: none"> -Bio-Psychosocial assessment & report (within 1st week) -IMDS strengths & needs assessment (within 1st 48 hours) -Initial treatment & crisis plan development, documentation, consultation (within 1st 48 hours) -Initial treatment & crisis plan debriefing w family & youth (within 1st 48 hours) -Comprehensive treatment & transition plan development documentation and consultation (within 1st week) -Individual trauma informed therapy (weekly) -Group therapy (weekly) -Family therapy w family of origin or natural supports (bi-monthly and/or as needed) -IMDS assessment review & update (monthly) - Attend & direct treatment team meeting (monthly) -Supervision of LSW and/or LAC Master's level staff pending clinical licensure to LCSW or LPC as required by the respective state licensing board. 	<p>6 hours per week per youth; at least 75% of each clinical hour must be face-to-face clinical interaction with youth and family; time remaining may be dedicated to all ancillary tasks such as documentation in the youth's record of services provided, meetings, consultations, telephone calls, relevant research, and supervisory responsibilities. The time a clinician spends on case management must be additional to these clinical services.</p>

Position	Qualifications	Other Requirements	Hours/youth/week
<i>Allied Clinical Therapist</i>	Professional (Licensed, credentialed, or certified where applicable)	<ul style="list-style-type: none"> -Recreation/leisure assessment and report (within 1st week); -Allied activities based on cognitive and emotional needs of the youth in the milieu and require identified outcome measures; -Structured, guided and participatory in nature; -Directly related to the youth's treatment planning needs; -May occur both on grounds and within community -Individual providing a particular allied activity should hold credentials, where appropriate, and must follow the requirements for screening/background checks (music, art, movement, recreation, occupational or certified where applicable) 	6 hours per week per youth
<i>Nurse-Health Educator/RN</i>	Registered nurse (RN) or Pediatric Nurse Practitioner, with knowledge of substance use	<ul style="list-style-type: none"> -Assess physical condition of youth (under direction of medical director or psychiatrist) & integrate findings into treatment plan -Educate & support direct care staff on administering medications and possible side effects (under direction of medical director or other physician) -Implement quality assurance program -Provide injections of medication, as needed and directed by medical director or other physician-Nursing assessment & report (within 1st 48 hours of admission) -Initial treatment and crisis plan consultation (within 1st 48 hours & then weekly) -Attend debriefing on youth status (daily) -Health/hygiene/sex education (weekly) -Medication education (monthly) -Attend treatment team meeting (monthly) 	2 hours per week per youth.
<i>Dietician</i>		-A nutritional screening will be completed (may be completed by nurse)	.50 hours at intake; then as needed. Clarification: A Dietician or Nurse shall screen all youth at intake, and

Position	Qualifications	Other Requirements	Hours/youth/week
			thereafter as needed, for any dietary restrictions or allergies to ensure their health and safety.
<i>Psychologist</i>	PhD, PsyD, and Ed.D.	-A psychological evaluation will be completed	At the time of intake and thereafter, if the clinical team determines it is needed to inform the youth's care.
<i>Milieu Staff</i>	Bachelor's level or HS with 3-5 years' experience providing direct care to youth in a behavioral health agency or institutional setting	<ul style="list-style-type: none"> -Youth orientation (within 1st 24 hours) -Milieu activities (daily) -Community integration via focused leisure/recreational activities (weekly) -Direct youth supervision (daily) -Attend treatment team meetings (monthly) -Pre-Vocational skills training (5 hours per week) -Provision of Ansell-Casey or Botvin Life Skills training as appropriate: 3 hours weekly (In case of co-occurring, LCADC is preferred.) 	44 hours per week per youth (represents multiple FTEs).
<i>Case Manager-Bachelors Level Practitioner</i>	Bachelor's level with 3-5 years of relevant experience or unlicensed Master's level practitioner with 1 year of related experience	<ul style="list-style-type: none"> -Family orientation (within 1st 24 hours) -Review and signature of all required paperwork and consents (within 48 hours) -On-site family psycho educational activities consistent w/ comprehensive treatment & discharge plan (as needed/monthly) -Attend treatment team meetings (monthly) 	5.5 hours per week per youth.
<i>Service/Program Director</i>	<ul style="list-style-type: none"> -Relevant Master's degree and three years post Master's experience working w/youth w/emotional, behavioral and substance abuse challenges -Minimum of 1 of the three years' experience must be in a supervisory capacity. -Agencies must adjust their management and administrative structure accordingly to their size 	<ul style="list-style-type: none"> -Attend treatment team meetings (monthly) -Oversee all Quality Assurance/Program improvement activities with a focus on attaining bench-mark activities for all direct care staff. 	FT dedicated, on-site.

Contracted staff to youth ratio:

- Ratio of 1 direct care staff for every 5 youth must be maintained at all hours with a minimum of 2 awake staff whenever youth are present – including while youth are asleep.
- Clarification: One of the 2 minimally required staff members, who must be awake and accessible to youth at all times whenever any youth are present, and must be a direct care milieu worker. The second awake staff person minimally required must be either: 1) an additional direct care staff; or 2) another professional treatment team member working in the home. When a provider elects option 2, the professionals who serve as the second staff person awake in the home: 1) may include Program Directors, House Managers, Program Coordinators, Clinicians, Therapists, Case Managers; and Health Care providers; 2) must be certified in any therapeutic holds or de-escalation techniques the Agency may subscribe to; and 3) trained to provide direct care duties. The time professionals are contractually required to provide treatment is not reduced by the time they serve as the second staff awake in the home.
- Clarification: When no youth are present in the home, N.J.A.C. 10:128-5.3 requires at least one staff member present in the home or immediately reachable by telephone.
- Clarification: Minimum staff requirements apply to each contracted program and it is not permissible to satisfy these requirements by floating staff among different contracted programs. Staff assignments among homes within contracted programs must never result in less than the minimum staff being present at any of one of the homes within the contracted programs.

CEO or Equivalent (please
print)

Title

Signature

Date

ATTACHMENT 2

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 |
| 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:

WITNESS:

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

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).

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

Rev. 9-24-19

**CSOC Pre Award Documents
Required to Be Submitted with a Response to an OOH RFP**

CONTRACT DOCUMENTS TO BE SUBMITTED <u>ONCE</u> WITH THE RESPONSE:
Standard Language Document (SLD) (signed/dated) [Rev. 7-2-19] Form: https://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc
Business Associate Agreement/HIPAA (signed/dated under Business Associate) [Rev. 8-2019] Form: https://www.nj.gov/dcf/providers/contracting/forms/HIPAA.docx
Proposed Annex B Budget Form documenting anticipated budget (include signed cover sheet) Annex B: https://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls Note: Expense Summary Form is auto populated. Begin data input on Personnel Detail Tab.
Dated List of Names, Titles, Emails, Phone Numbers, Addresses & Terms of Board of Directors -or- Managing Partners , if a LLC/Partnership -or- Chosen Freeholders of Responsible Governing Body
Disclosure of Investigations and Other Actions Involving Bidder (signed/dated) [Rev. 3-15-19] Website: https://www.nj.gov/treasury/purchase/forms.shtml Form: https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestigations.pdf
Disclosure of Investment Activities in Iran (signed/dated) [Version 6-19-17] Website: https://www.nj.gov/treasury/purchase/forms.shtml Form: https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf
For Profit: Ownership Disclosure (signed/dated) [Rev. 9-24-19] Website: https://www.nj.gov/treasury/purchase/forms.shtml Form: https://www.nj.gov/treasury/purchase/forms/OwnershipDisclosure.pdf
Subcontract/Consultant Agreements related to this response If not applicable, include a signed/dated note, on agency letterhead, stating your agency will not have any subcontract/consultant agreements and the requirement does not apply.
For Profit: Chapter 51/Executive Order 117 Vendor Certification and Disclosure of Political Contributions [Rev 4/1/19] See instructions for applicability to your organization. If not applicable, include a signed/dated note, on agency letterhead, stating a Chapter 51 form is not required and include a brief explanation as to why. Website: https://www.nj.gov/treasury/purchase/forms.shtml Form: https://www.nj.gov/treasury/purchase/forms/eo134/Chapter51.pdf
Agency By Laws -or- Management Operating Agreement if a LLC
Certificate of Incorporation Website: https://www.nj.gov/treasury/revenue/filecerts.shtml
Document showing Data Universal Numbering System (DUNS) Number [2006 Federal Accountability and Transparency Act (FFATA)] Website: https://fedgov.dnb.com/webform Helpline: 1-866-705-5711

For Profit: **NJ Business Registration** Certificate with the Division of Revenue
See instructions for applicability to your organization. If not applicable, include a signed/dated note, on agency letterhead, stating a NJ Business Registration is not required and include a brief explanation as to why.
Website: <https://www.nj.gov/njbusiness/registration/>

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

If not applicable, include a signed/dated note, on agency letterhead, stating the tax exempt requirement does not apply and include a brief explanation as to why.
Website: <https://www.nj.gov/treasury/taxation/exemptintro.shtml>

Proposed **Program Implementation Status Update Form** documenting anticipated implementation schedule --or-- some other detailed weekly description of your action steps in preparing to provide the services of the RFP to become fully operational within the time specified.

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

CONTRACT DOCUMENTS TO BE SUBMITTED WITH THE RESPONSE & ANNUALLY UPDATED THEREAFTER:

Affirmative Action Certificate --or-- Renewal Application [AA302] sent to Treasury with payment.

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

Website: <https://www.nj.gov/treasury/purchase/forms.shtml>

Form: https://www.nj.gov/treasury/purchase/forms/AA_%20Supplement.pdf

Certification Regarding **Debarment** (signed/dated)

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

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

Tax Forms – Full Return Required

Non-Profit **Form 990** Return of Organization Exempt From Income Tax -or-

For Profit **Form 1120** US Corporation Income Tax Return -or-

LLC **Applicable Tax Form** and may delete or redact any SSN or personal information

Proposed **Organizational Chart** for services required by this response – Ensure chart includes the agency name and current date

Current **Professional Licenses and/or Certificates** related to job responsibilities for this response

If not applicable, include a signed/dated note, on agency letterhead, stating your programs do not require staff to be professionally licensed/certified and the requirement does not apply.

System for Award Management (SAM) printout showing active status and expiration date

Note: Should be obtained free of charge

Website: Go to SAM by typing **www.sam.gov** in your Internet browser address bar

Helpline: 1-866-606-8220

Proposed **Program Staffing Summary Report (PSSR)** documenting anticipated staff levels and assignments


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

EXHIBIT D

Rev. 9-24-19

CSOC Post-Award Documents Required to be Submitted for Contract Formation if the Response to the OOH RFP Results in an Award

	▶ CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD WITH THE INITIAL CONTRACT:
1	<input type="checkbox"/> Annex A (Include: Summary, Agency Documents 1.1, 1.2, 1.3 & Program Component Documents 2.1, 2.2, 2.3, 2.4 & 2.5) -or- other CSOC Approved Form (signed/dated) Annex A: https://www.nj.gov/dcf/providers/contracting/forms CSOC Form: Provided by contract administrator if applicable (e.g. OOH Annex A Attestation, PSSR, Program Summary Form, Agency Data Sheet, Program Component Form)
2	<input type="checkbox"/> Annex A Addendum (for each program component) - submitted online in CYBER (signed/dated)
3	<input type="checkbox"/> <u>For Programs that Submitted a Proposed Annex B in Response to the RFP:</u> Updated Annex B Budget Form (signed/dated) Annex B: https://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls Note: Expense Summary Form is auto populated. Begin data input on Personnel Detail Tab.
4	<input type="checkbox"/> <u>For Fee for Service Contracts [other than those formed by an RFQ]</u> Annex B-2 (DCF.CRM 5.2 and 5.3) CSOC Form: Provided by contract administrator if applicable
5	<input type="checkbox"/> <u>For Cost Reimbursement Contract Components Including Startup:</u> Schedule of Estimated Claims (SEC) (signed/dated) CSOC Form: Provided by contract administrator, if applicable
6	<input type="checkbox"/> Acknowledgement of Receipt of NJ State Policy & Procedures returned to the DCF Office of EEO/AA (signed/dated) Form: https://www.nj.gov/dcf/documents/contract/forms/DiscriminationAcknowReceipt.pdf Policy: https://www.nj.gov/dcf/documents/contract/forms/AntiDiscriminationPolicy.pdf
7	<input type="checkbox"/> Chapter 271/Vendor Certification and Political Contribution Disclosure Form (signed/dated) [Rev 7/10/17] Website: https://www.nj.gov/treasury/purchase/forms.shtml Form: https://www.nj.gov/treasury/purchase/forms/CertandDisc2706.pdf
8	<input type="checkbox"/> <u>For Each Site Hosting Youth:</u> Current or Continued Certificate of Occupancy If not applicable, include a signed/dated note, on agency letterhead, stating you do not host youth onsite and a certificate of occupancy is not required.
9	<input type="checkbox"/> <u>For Each Site Hosting Youth:</u> Copy of Lease, Mortgage or Deed If not applicable, include a signed/dated note, on agency letterhead, stating you do not host youth onsite and a lease, mortgage or deed is not required.
10	<input type="checkbox"/> Document showing NJSTART Vendor ID Number (NJ's eProcurement system) Website: https://www.njstart.gov/ Help Desk: Call 609-341-3500 -or- Email njstart@treas.nj.gov

11	<input type="checkbox"/>	For Medicaid Paid Programs: Medicaid Provider Enrollment Application (signed/dated) Form: Provided by CSOC, if applicable
12	<input type="checkbox"/>	For Programs that Submitted a Proposed Program Staffing Summary Report (PSSR) in Response to the RFP: Updated PSSR Form Form: ProgramStaffingSummaryReport.xlsm Website: https://nj.gov/dcf/providers/contracting/forms/csoc.html
		CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD & <u>ANNUALLY</u> UPDATED THEREAFTER:
13	<input type="checkbox"/>	Annual Report to Secretary of State Website: https://www.njportal.com/dor/annualreports
14	<input type="checkbox"/>	Employee Fidelity Bond Certificate (commercial blanket bond for crime/theft/dishonest acts) Refer to policy for Minimum Standards for Insurance: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf Bond 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 signed/dated note, on agency letterhead, stating the bond certificate is not required as your agency will not exceed \$50,000 in combined State of NJ contracts for the current year. <u>Note:</u> The \$50,000 threshold includes fee-for-service reimbursements made via Medicaid.
15	<input type="checkbox"/>	Equipment Inventory for items purchased with DCF Funds If not applicable, include a signed/dated note, on agency letterhead, stating you will not purchase any equipment with DCF funds and the requirement is not applicable. Policy: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p4_equipment.pdf
16	<input type="checkbox"/>	For Each Site Hosting Youth: Current Health/Fire Certificates If not applicable, include a signed/dated note, on agency letterhead, stating you do not host youth onsite and a health/fire certificate is not required.
17	<input type="checkbox"/>	Liability Insurance (Declaration Page/Malpractice Insurance) <u>Note:</u> Policy must show two items... 1. List DCF as the certificate holder - NJDCF, 50 East State St, Floor 3, POB 717, Trenton, NJ 08625 2. Contain language stating DCF is an additional insured Refer to policy for Minimum Standards for Insurance: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf
18	<input type="checkbox"/>	DCF Notification of Licensed Public Accountant Form (NLPA) [Rev. 7-15-19] -and- copy of Non-Expired Accountant's Certification [Ensure DCF form is used and 2 signatures are provided] Form: https://www.nj.gov/dcf/providers/contracting/forms/NLPA.docx Not required for agencies expending under \$100,000 in combined federal/state awards or contracts. If not applicable, submit a signed/dated note, on agency letterhead, stating the NLPA form and accountant's certificate is not required as you will not exceed \$100,000 in combined federal/state awards or contracts. <u>Note:</u> The \$100,000 threshold includes fee-for-service reimbursements made via Medicaid. Also, the NLPA is a State of NJ form and need only list federal/state funds received via contracts with the State of NJ.
19	<input type="checkbox"/>	For Each Site Hosting Youth: Current DCF Office of Licensing (OOL) Certificate If not applicable, include a signed/dated note, on agency letterhead, stating you do not provide services to youth onsite and an OOL certificate is not required. Website: https://www.nj.gov/dcf/about/divisions/ol/

20	<input type="checkbox"/>	<p>Most recent Audit -or- Financial Statement (certified by accountant or accounting firm) <u>Audit</u>: For agencies expending over \$100,000 in combined federal/state awards/contracts -or- <u>Financial Statement</u>: For agencies expending under \$100,000 Policy: https://www.state.nj.us/dcf/policy_manuals/CON-I-A-7-7.06.2007_issuance.shtml [Policy Rev. 7/15/19]</p>
21	<input type="checkbox"/>	<p><u>For Cost Reimbursement Contract Components Including Startup</u>: Report of Expenditures (ROE) Annex B Interim (15 days of end of 6th month) -and- Final (9 months after end of fiscal year) Form: https://nj.gov/dcf/providers/contracting/forms/ Submit To: ChildrensSystemofCare.BusinessOffice@dcf.state.nj.us</p>
22	<input type="checkbox"/>	<p><u>For Each Site Hosting Youth - Copy of Accreditation {Joint Commission, COA, CARF} as applicable (required annually and as amended).</u> If not applicable, include a signed/dated written statement on agency letterhead stating you do not host youth onsite and the accreditation requirement is not applicable.</p>
▶ CONTRACT DOCUMENTS TO BE MAINTAINED <u>ONSITE</u> BY PROVIDER:		
23	<input type="checkbox"/>	Agency Organizational Chart
24	<input type="checkbox"/>	Copy of Most Recently Approved Board Minutes
25	<input type="checkbox"/>	Personnel Manual and Employee Handbook (include staff job descriptions)
26	<input type="checkbox"/>	Affirmative Action Policy/Plan
27	<input type="checkbox"/>	<p>Conflict of Interest Policy and Attestation https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf</p>
28	<input type="checkbox"/>	<p>Procurement Policy https://www.nj.gov/dcf/documents/contract/manuals/CRM2.pdf</p>