



STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES

REQUEST FOR PROPOSAL

**Behavioral Health Stabilization Homes for
Individuals with Intellectual and/or Developmental Disabilities**

April 13, 2021

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Division of Developmental Disabilities

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I. Purpose and Intent

The New Jersey Department of Human Services (DHS), Division of Developmental Disabilities (DDD) is utilizing the Request for Proposal (RFP) process to identify one (1) provider to develop three (3), four (4) bedroom Behavioral Health Stabilization (BHS) Homes for Individuals with Intellectual and/or Developmental Disabilities (I/DD). Smaller variations may be proposed so long as the overall operating budget, total number of beds (12) and geographic location of programs comport with the requirements of this RFP. The purpose of the BHS Home is to provide out-of-home stabilization and assessment services on a statewide basis to individuals with I/DD under DDD services that present with intense behavioral and/or emotional challenges that cannot be effectively managed in their current living arrangement. Examples of these behaviors may include, but are not limited to:

- Aggression toward others;
- Self-injurious behavior;
- Property Destruction;
- Elopement.

This program shall not replace in-patient hospitalization when medically indicated. Services provided through this RFP shall be funded via contract with DDD and not through fee-for-service. The total annual contract award for all program operations shall not exceed \$4 million total. All programs must be licensed, open, and operational no later than September 16, 2022. Contingent on DDD approval, up to \$250,000 in one-time funding (based on actual costs) will be allocated for each of the three sites that shall include:

- Two vehicles per site, one of which shall be accessible;
- \$12,000 per site for furnishings;
- \$90,000 per site for capital costs related to acquisition or renovation; and
- Installation of sprinkler and fire alarm for each site (This will be provided in addition to the aforementioned capital costs funding).

The goal is to create a short-term highly structured, and nurturing environment with professional competencies to stabilize individuals and work to transition them back to their previous living arrangement, or to an alternate setting, as appropriate for the individual and approved by DDD. While individual circumstances may vary, the average stay at this program is anticipated to be approximately 90 days.

The homes shall be developed in accordance with DDD standards and policies, including DHS guidance and best practices related to COVID-19. While person centered and innovative behavioral stabilization techniques are encouraged, a behavior support policy that comports to the requirements of Division Circular #34 and Division Circular #19 must be developed to allow for the use of personal control techniques and other emergency measures as appropriate and approved by the individual's treatment team. The homes must be licensed under N.J.A.C. 10:44A and shall be accessible to

individuals with ambulation needs. Settings must be in compliance with the Centers for Medicare and Medicaid Services (CMS) Home and Community Based Settings Final Rule and shall include environmental design features that enhance service delivery in the home. Such features may include specialized design and space planning for individuals with sensory processing difficulties. The installation of a comprehensive sprinkler and fire alarm system for each residential site is required and will be funded by DDD.

Applicants are advised that this program must accept all individuals referred by DDD. Homes shall not be clustered or co-located with other programs. Applicants may elect to operate programs in the same geographical area. However, additional points will be awarded in the scoring of this RFP if these homes are developed in the following locations:

- One (1) program located in the Northern Region (Hunterdon, Warren, Sussex, Morris, Passaic, Bergen, Essex, and Hudson);
- One (1) program in the Central Region (Mercer, Monmouth, Ocean, Middlesex, Somerset, and Union);
- One (1) program in the Southern Region (Burlington, Camden, Gloucester, Salem, Cumberland, Atlantic and Cape May).

Each program must be able to serve men, women, transgender and gender non-conforming individuals. Bedrooms shall be single occupancy. BHS Home beds are to be available for admissions seven (7) days per week, 365 days a year with 24-hour coverage provided by at least two staff on the premises at all times when clients are present, including awake overnight coverage. Consistent and quality staffing must be provided at each home. The program manager or designee is to be available on an on-call basis 24 hours a day, seven (7) days a week. The level of staffing in the BHS Home program shall be assigned based on the individual needs of the person(s) utilizing the service. Staff must always be available to provide needed services including transportation (to and from day/employment services, doctor's appointments, etc.) and supervision based on the needs of the individual. The successful applicant shall demonstrate expertise working with I/DD individuals who present with complex behavioral health challenges on an emergent basis who do not meet the commitment criteria for psychiatric admission.

The intent is to stabilize crises while diagnostic assessments, services, and supports that meet the individual's needs are provided. The goal of this intervention is to develop a plan of care that will not only stabilize the individual, but will also provide transition support and technical assistance upon discharge to their identified living arrangement.

Individuals referred may have ambulation challenges and/or medical involvement, however, such medical involvement shall not warrant on-site nursing such as feeding tubes. Examples of medical involvement individuals referred may have include, but are not limited to: insulin dependent diabetes, administration of diastat, etc. Additionally, some individuals may present with a history of fire setting and/or inappropriate sexual

behaviors, therefore, agencies applying for this RFP will need to possess the ability to serve this population, which will require an approved Offender Model through the DHS Office of Licensing prior to opening.

The successful applicant shall provide trauma-informed care to individuals in the BHS Homes. An understanding of the impact of trauma, the provision of trauma-informed care, and the related approaches to healing must be demonstrated throughout the program design.

All direct support professional (DSP) and other relevant staff involved in the operation of this program are expected to receive the mandated trainings outlined in the Community Care Program Manual for the service they are providing as well as those trainings required for licensure. Additionally, due to the specialized nature of the BHS Home, DSP and other relevant staff must also receive Division approved specialized trainings. These trainings include, but are not limited to:

- Crisis Intervention;
- Positive Behavior Supports;
- Trauma Informed Care;
- Development and Implementation of a Behavior Support Plan.

Mandated and required trainings are non-negotiable. However, applicants may elect to propose specialized trainings in their submission.

Although this RFP describes specific deliverables related to the provision of care, DDD welcomes bidders to submit innovative approaches to support people with I/DD and complex behavioral and emotional support needs. Due to the complexities of individual presentations, comprehensive program design models that use assistive technology, program innovation, and are in alignment with best practices will be considered.

The following summarizes the anticipated RFP schedule:

| | |
|--------------------|---|
| April 13, 2021 | Notice of Funding Availability |
| April 27, 2021 | Close of Question & Answer Period |
| July 2, 2021 | Submission Deadline |
| August 6, 2021 | Preliminary Notification of Award |
| August 27, 2021 | Appeal Deadline |
| September 10, 2021 | Notification of Final Award |
| September 16, 2022 | Deadline for Program Opening, All Locations |

II. Background and Population to be Served

DDD has been providing and funding services for state residents with Intellectual/Developmental Disabilities since 1959. DDD was created in response to the need for better and more effective services for state residents with developmental disabilities. Advocates for those services included many parents and other family

members who wanted community-based alternatives to the institutional care that had been their only option for many decades.

Currently, DDD is responsible for overseeing a statewide system of services and supports for about 24,000 eligible adults age 21 and over with developmental disabilities. Most DDD-eligible individuals live in the community, either with family or in a community residence such as a group home or supervised apartment or in a Community Care Residence with a family caregiver. Approximately 1,300 individuals reside in one of five (5) developmental centers administered by DDD.

DDD assures the opportunity for individuals with intellectual and developmental disabilities to receive quality services and supports, participate meaningfully in their communities, and exercise their right to make choices.

This mission and Division goals are founded within these Core Principles:

- Ensure Health and Safety while Respecting the Rights of Individuals;
- Promote and Expand Community-Based Supports and Services to Avoid Institutional, Segregated, and Out-of-State Services;
- Promote Individual Choice, Natural Relationships, and Equity in the Provision of Supports and Services;
- Ensure Access to Needed Services From Other State and Local Agencies;
- Support Provider Agencies in Achieving Core Principles;
- Ensure that Services are High in Quality and Culturally Competent;
- Ensure Financial Accountability and Compliance with all Laws and Ethical Codes;
- Ensure Clear, Consistent Communication and Responsiveness to Stakeholders; and
- Promote Collaboration and Partnerships with Individuals, Families, Providers, and All Other Stakeholders.

III. Who Can Apply?

To be eligible for consideration for this RFP, the applicant must satisfy the following requirements:

- The applicant must be a non-profit, for-profit or governmental entity;
- Must meet eligibility requirements to become a DDD/Medicaid approved provider as outlined in the Community Care Program manual and N.J.A.C 10:44A, Standards for Community Residences for Individuals with Developmental Disabilities;
- The applicant must demonstrate a proven history of serving individuals with intellectual and/or developmental disabilities who experience severe challenging behaviors;
- For an applicant that is a DDD provider when this RFP is issued, that applicant must have all outstanding Plans of Correction (POC) submitted to DDD for approval prior to submission;

- The bidder must be in good standing with OOL, including having not had a moratorium on admissions, 10% or more provisional licenses, or deficiencies in three or more risk management categories (per the [DHS Risk Management System](#)) at any time within the three years preceding the issue date of this RFP;
- The applicant must be fiscally viable based upon an assessment of the applicant's audited financial statements. If an applicant is determined, in DDD's sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, DDD will deem the proposal ineligible for contract award;
- The applicant must not appear on the State of New Jersey Consolidated Debarment Report at <http://www.state.nj.us/treasury/revenue/debarment/debarsearch.shtml> or be suspended or debarred by any other State or Federal entity from receiving funds;
- The applicant shall not employ a member of the Board of Directors in a consultant capacity; and
- Pursuant to N.J.S.A. 52:32-44, a for-profit applicant and each proposed subcontractor must have a valid Business Registration Certificate on file with the Division of Revenue, (i.e., this statutory requirement does not apply to non-profit organizations, private colleges and universities, or state and municipal agencies).

IV. Contract Scope of Work

The successful bidder will be required to secure the services of a psychiatrist licensed to practice in the State of NJ, Board Certified Behavior Analyst (BCBA) or a Board Certified Behavior Analyst – Doctoral (BCBA-D), and Registered Nurse to effectively operate the program. A summary of required qualifications can be found in Attachment E.

Additionally, DDD requires the establishment of a Transition Navigator employed through each BHS Home who will be responsible to conduct weekly treatment team meetings to assure that a comprehensive and person-centered approach underlies the intensive short-term treatment and the long-term planning for a successful transition.

In addition to the Transition Navigator, the treatment team **must** include, but is not limited to, the following individuals:

- Individual receiving services;
- Family Members/Caregivers, Guardian as applicable;
- Assigned 1:1 staff or support staff, as applicable;
- Site Manager;
- Program Nurse;
- DDD representative;
- Lead Behavioral Clinician;
- Psychiatrist or Psychiatric APN, as applicable;

- Support Coordinator/Case Manager, as applicable;
- Representatives from the individual's target placement (either previous or newly identified), as applicable;
- Care Management Organization (CMO or MCO) Care Manager, as applicable;
- Other health care providers, allied therapists, or clinicians involved in the care and treatment of the individual, as applicable.

Prior to admission:

DDD will review all referrals and will direct placements to the BHS Home. This may include individuals served in other more restrictive programs who have demonstrated improvement in their behavioral needs and are determined by the Division to be ready for the BHS Home. The successful bidder will be required to have a zero-reject policy and must have the ability to facilitate a same day admission, to include transport to the program when needed.

The BHS Home will review all available referral information and will solicit any additional information needed to support the individual. Additionally, the BHS Home shall act as the main point of contact between all entities needed to facilitate the admission.

Upon admission:

The BHS Home will immediately assess and train staff for awareness of individual preference and critical vulnerability to include, but not limited to:

- Specialized diet needs, including diet texture;
- Supervision;
- Behavioral presentation;
- Medical issues.

Additionally, staff will begin to monitor and collect data that may include, but is not limited to the following domains:

- Medical;
- Behavioral;
- Sleeping patterns;
- Level of independence in self-care;
- Other areas as needed based on the presentation of the individual and agreed upon by the treatment team.

Within the first 72 hours of admission:

The provider shall conduct global person-centered assessments to:

- Identify strengths, needs and preferences;
- Complete a trauma informed mental health assessment;

- Rule out associated causative health related conditions;
- Determine the function of problem behavior by completing a Functional Assessment of Behavior, and utilizing Functional Analysis, Interview-Informed Synthesized Contingency Analysis (IISCA) or other tool as needed or clinically indicated for accurate and expeditious identification of the function of problem behavior;
- Ensure that a psychiatric assessment, report, and recommendations will be completed.

A comprehensive safety plan will be developed for each individual in collaboration with the treatment team. This safety plan will outline supervision requirements, identify triggers and provide specific interventions for staff. This safety plan shall be updated on a regular basis.

Within the first seven days of admission:

- A complete comprehensive behavior support plan for reduction of target behavior(s), including basic interventions to introduce and teach functional replacement behavior, shall be implemented and trained using competency based training.
 - Fidelity checks to be completed to ensure consistent implementation of behavior support plan as indicated by treatment team;
 - Routine data analysis on progress to ensure immediate and rapid adjustments to behavior plan as needed;
 - Staff training provided as needed to continue dynamic treatment for the individual;
 - A treatment team meeting held, which shall include the individual, family/caregiver, DDD and other appropriate team members, to develop a comprehensive treatment and transition plan that integrates the team's input, assessments and recommendations.
 - The treatment plan shall be developed to include the individual's preferences as much as possible and shall contain clearly delineated goals and objectives with specified timelines and benchmarks for success, including a detailed description of the treatment goals that must be attained for the individual to be considered transition ready.

Each day the provider shall:

- Implement the behavior support plan, document data and review trends. Clinical supervisory staff will review behavioral data and significant events.
- Record comprehensive and well-documented communication regarding significant events, the behaviors of the individual, and other relevant information for each shift.

- Require the communication log to be reviewed and initialed when staff arrive on shift.
- Ensure individuals are properly supervised with a minimum of 2 awake staff on at all times - including while individuals are asleep. The program must demonstrate the capacity to provide 1:1 supervision as needed. Required supervision ratios must be maintained during crisis situations.
- Develop a person centered activity schedule that will engage individuals in structured skill building activities tailored to meet their identified needs, documenting participation daily.
- Medication will be dispensed and monitored as prescribed.
- Provide transportation to medical appointments, family visits, community outings, and any other off-site requisite activities as needed. This can include transportation to and from day program.
- Direct therapeutic staff to have daily face-to-face contact and “check-in” with each individual.
- Require the Transition Navigator have a daily check-in with staff to obtain necessary updates for transition planning.

Prior to an individual’s transition:

- The team will provide a “step down” action plan that details week-to-week activities to support a person centered, coordinated transition from BHS Home placement.
- Development of a contingency plan in the event that during the transition phase the individual and/or receiving caregiver/provider encounter challenges that make the transition appear compromised. This contingency plan will identify the critical staff necessary to support the individual through to transition.
- Staff/family/caregivers from the individual’s original or newly identified placement, as applicable, shall be included in the entirety of the transition process so that they can receive the proper training and support on the current behavioral support plan and any other ancillary support needs so that the individual can smoothly transition out of the BHS Home.
- As progress is achieved, strategies shall be developed to include the person centered, individualized transition activities with the proposed residential and/or day placement.

Disposition Challenges

In the event that an individual cannot return to their original placement and/or an alternate placement cannot be secured, the BHS Home will be required to develop a permanent placement for the individual, with approval from the individual/guardian and DDD. This placement will provide the needed services and supports for the individual. Funding for the target placement will be through the fee-for-service system and be based on the individual's assigned tier.

Division monitoring and oversight

DDD will conduct routine oversight utilizing the following metrics to determine if the program is meeting the deliverables outlined in this RFP. A sample of these metrics are available in Attachment F. If it has been determined that the provider is not meeting expectations, DDD may take action to transfer the BHS Home to an alternate provider. Examples of factors that may lead to this determination include, but are not limited to:

- Behavioral supports provided are consistently ineffective, not in line with best practices or habitually under resourced;
- Inability of the BHS Home provider to open expansion programs in a timely manner to facilitate resident discharge;
- Inability of the BHS Home provider to train and support staff/family in targeted permanent placement in behavioral programming, causing consistent delays in the discharge of the individual.

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

Applicants must articulate a robust QA/PI plan that includes all members of the treatment team. On a monthly basis, the provider must provide to DDD reporting on the following metrics:

- Admissions/discharges;
- Current average length of stay;
- Number of incident reports;
- Incident Report trending analysis;
- Number of personal control techniques utilized for an individual;
- Staffing vacancies.

V. General Contracting Information

Interested providers must currently meet, or be able to meet, the terms and conditions of the DHS contracting policies and procedures as set forth in the Standard Language Document, the Contract Reimbursement Manual (CRM), and the Contract Policy and Information Manual. These documents are available on the DHS website at: <https://www.state.nj.us/humanservices/olra/ocpm/resources/manuals/index.html>

Interested providers are required to comply with the Affirmative Action Requirements of Public Law 1975, c. 124 (N.J.A.C. 17:27) and the requirements of the Americans with Disabilities Act of 1991 (P.L. 101-336).

Bidders must adhere to all applicable State and Federal cost principles. Budgets should be reasonable and reflect the scope of responsibilities in order to accomplish the goals of this project.

All interested providers will be notified in writing of DHS's intent to award a contract. All Proposals are considered public information and will be made available after announcement of the contract award and prior to final award, as well as through the State Open Public Records Act process at the conclusion of the RFP process.

All interested providers must comply with all rules and regulations for any DDD program element of service proposed by the applicant. Additionally, please take note of the DDD Organizational Rules, N.J.A.C. 10:40, which apply to all contracted developmental disabilities services. These regulations can be accessed at <http://www.state.nj.us/humanservices/providers/rulefees/regs/>.

Contracts awarded as a result of this RFP may be renewable based on continuing appropriations and achievement of contractual commitments. Site visits conducted by State representatives and review of progress reports submitted by successful applicants will be the primary basis for the State's compliance reviews.

Funds may only be used to support services that are specific to this award; hence, this funding may not be used to supplant or duplicate existing funding streams.

Capital funding is available to offset costs incurred directly by providers in developing group homes licensed under N.J.A.C 10:44A, as well as for accelerated principal payment related to the financing of such costs.

Funding will be secured by the Division's standard capital agreement and promissory note, as well as a mortgage reflective of the Division's position in the financing structure. Only new sites shall be considered. A new site is defined as:

- A home or buildable lot that has not yet been purchased by a provider or by a housing entity/developer affiliated with a provider; or
- A home that is not licensed by DHS but is already owned and requires capital investment to meet licensing standards.

Individuals moving into these homes must be eligible for Division services and referred by the Division.

Funding will not be released to a community-based provider unless the provider has secured 100% of the financing required to fund the project cost.

No funding match is required, however, bidders are required to identify all other sources of funding for the project, both in-kind and monetary, that will be used to fund the entire project cost. Bidders may not fund any costs incurred for the planning or preparing of a proposal in response to this RFP from current DHS/Division contracts.

VI. Required Proposal Content

All Proposal submissions will be evaluated based on the elements indicated below. The proposal must not exceed 20 pages (not inclusive of appendices and required attachments.) All Proposals must include responses that clearly correspond to each category as delineated below.

Funding Proposal Cover Sheet: (See Attachment A)

Bidder's Organization, History, and Experience: (5 points)

Provide a brief and concise summary of the bidder's background and experience in implementing this or related types of services and explain how the bidder is qualified to fulfill the obligations of the RFP. The written narrative should include:

1. Describe the agency's history, mission, purpose, current licenses and modalities, and record of accomplishments. Explain the bidder's work with the target population, the number of years' experience working with the target population; and experience implementing a program similar to those described in the project scope;
2. Describe why the bidder is most appropriate and best qualified to implement this program;
3. Explain the bidders administrative and organizational capacity to carry out the program
4. Summarize the steps in place to enhance staff retention, including items such as adequate support and supervision, training, incentives and competitive salary offerings;
5. Describe the bidder's current status of DDD/Medicaid approval for individual supports, behavioral supports, and any other relevant service. All bidders must plan to support individuals of all tier levels including those with medical or behavioral acuity. As such, providers must ensure that staff meet or exceed the qualifications and training requirements contained in the Community Care Program Manual for relevant services. Proposals must state that the applicant meets these requirements;

6. Confirmation of the provider's attainment of DDD-approved policy and procedure manual in compliance with all DDD Circulars, including DC#19 (Defensive Techniques and Personal Control Techniques) and DC#34 (Behavior Modification Programming), or a realistic timeframe for which this will be completed. This document must be approved before operation of the program begins. Timeframes must be in line with those outlined in this RFP;
7. Include a description of the provider's ability to provide culturally competent services, assurance of a non-discrimination policy, and no reject policy;
8. Discuss experience in conducting trauma-informed assessments, providing trauma-informed care, and creating plans that respond to the individual's life story and experiences.
9. Describe the bidder's current status and history relative to debarment by any State, Federal, or local government agency. If there is debarment activity, it must be explained with supporting documentation as an appendix to the bidder's proposal;
10. Provide a description of all active litigation in which the bidder is involved, including pending litigation of which the bidder has received notice. Failure to disclose active or pending litigation may result in the agency being ineligible for contract award at the Division's sole discretion;
11. Non-profit providers must submit a Board of Directors signed resolution, on Board letterhead, listing all members indicating full support and commitment.
12. Each proposal must identify key administrative personnel by name, title and how their job function relates to oversight and management of the BHS Home program operations.
13. For profit providers shall submit a letter indicating full support and commitment from the President or Chief Executive Officer on agency letterhead.
14. Describe the bidder's current status and compliance in regard to programmatic performance, level of service, and compliance with all applicable licensing standards and requirements.
15. Written assurance of the provider's commitment to work cooperatively with DDD is mandatory in order to establish operations within a compressed timeframe.
16. Description of the history of compliance with previous service expansions, licensing history, OPIA risk management system, fiscal health of the bidder, vacancy assessment, compliance with DDD Housing Unit's capital documentation requirements; and other factors critical to DDD business needs.
17. Describe the provider's ability and experience with facilitating same day emergency admissions and behavioral stabilization techniques.

Project Description: (40 points)

In this section, the bidder is to provide an overview of how the services detailed in the scope of work will be implemented and the timeframes involved, specifically addressing:

1. A detailed timeline of plans to assess, stabilize, and support individuals upon admission to services. This description should include benchmarks of:
 - a. Services and actions that will occur prior to admission; upon admission; daily; 72 hours after admission, every seven days thereafter, and any other additional benchmarks throughout course of stabilization.
 - b. This timeline should include a description of the specific actions, evaluations, and reports to be provided.
 - c. Describe how evidence-based practices will be used.
 - d. While a dedicated psychiatrist or psychiatric APN will be available in this program, residents may select to keep their current provider(s). Describe how staff will collaborate with any current physicians, psychiatrists, and/or allied therapists who are involved in the care and treatment an individual in the program.
2. A detailed description of how the bidder will include the individual, family/guardian, and current/future service providers/caregivers in the treatment team. Address how the agency will resolve differences of opinion among team members and ensure that the individual rights and preferences are met throughout the course of stabilization.
3. Discuss plans to conduct trauma-informed assessments, provide trauma-informed care, and create plans that respond to the individual's life story and experiences.
4. Discuss plan to address preferred discharge timeframe of 90 days of admission to the program, as applicable based on individual circumstance.
5. Upon referral, it is expected that the BHS Home provider shall be willing and able to facilitate a same day admission upon receipt and review of an individual's referral from DDD with a zero reject policy. This can include transporting the individual to the program for admission if directed by the Division. Due to the emergent nature of this program, all referral information may not be available. It is expected that the BHS Home provider will follow up with all associated providers to obtain any additional information and evaluations that may be needed. The bidder should describe how the referral information will be reviewed, shared with appropriate staff, and how additional information and evaluations will be obtained post admission.
6. The bidder should describe the admissions process for the program and a plan for how the BHS Home provider will obtain documentation not available at time of admission.
7. Describe the strategies and techniques that will be used for behavioral stabilization;
8. Provide a sample Safety Plan that will be utilized upon admission to the program.
9. Describe the treatment needs and service profiles that your agency is qualified and prepared to support in this program.

10. Description of how the BHS Home provider will address the following behavioral presentations:
 - a. Elopement/walkaways;
 - b. PICA;
 - c. Peer to peer aggression;
 - d. Property destruction;
 - e. Self-injurious behavior;
 - f. Problematic sexual behavior and/or fire setting.
11. Some individuals referred to BHS Home by DDD may be referred from a more restrictive setting after the individual has demonstrated the ability to be served in the BHS Home. This may necessitate the BHS Home provider to partner with the sending provider to ensure a smooth transition. The bidder should describe how these referrals will ideally be addressed to ensure the most positive outcome for the individual.
12. Describe discharge and transition planning. This must include a plan to either assist the individual to transition back to their original residential/home environment, or to develop an alternate step down program when appropriate;
13. Describe how the bidder will work with all team members to create a sustainable discharge plan that will address the individual's needs and preferences, in a program that will meet home and community-based standards.

Outcome(s) and Evaluations(s): (15 points)

In this section, the bidder must provide information related to the projected outcomes associated with the proposal as well as the evaluation methods that will be used to measure success and continuous quality improvement. The following elements should be included in the description:

1. Describe methods of data collection and evaluation. Explain how the determination of behavioral stabilization will be achieved.
2. Describe how this program will be continuously evaluated for success and what ongoing internal evaluation methods will be implemented.
3. Describe how the agency will continue to use and engage emerging best practices in the field.
4. Demonstrate how the provider will evaluate administrative structures and quality assurance services on an ongoing basis and revise as needed to ensure effective service delivery.
5. Describe all assessment tools and evaluations to be used.
6. Details of any outside entity planned for use to conduct evaluations, including but not limited to the entity's name, contact information, brief description of credentials and experience conducting program evaluation.
7. An additional 10 points will be awarded in the scoring process if the bidder can demonstrate one or more of the following:
 - a. Agency is accredited by the Council on Quality Leadership.

- b. Firm plans and commitment to have BHS Home program DSP staff working shifts in the settings receive National Association of Dual Diagnosis credentials before program opening.
 - c. Affiliation with a New Jersey Hospital which will be used for the benefit of the BHS Home.
8. Tools and activities the bidder will implement to ensure fidelity to the evidence-based practice.
9. The expectation is for the program to open on or before September 16, 2022. A development timeline that describes how this deliverable will be met shall be included in the submission. Alternate timelines shall be considered but may negatively impact scoring.

Staffing: (15 points)

1. All proposals must include a detailed staff schedule that addresses the applicant's ability to adequately meet the needs of individuals in a behavioral crisis state, seven (7) days a week, twenty-four (24) hours a day including a plan for call-outs, and the ability to provide 1:1 services when needed.
2. Describe the composition and skill set of the proposed treatment team, including staff qualifications, credentials, and professional licensure. This shall include the on staff psychiatrist or psychiatric APN, Board Certified Behavior Analyst (BCBA) or a Board Certified Behavior Analyst – Doctoral (BCBA-D), and Registered Nurse.
3. Provide the details of the Full Time Equivalent and Part Time Equivalent staffing required to satisfy the scope of work.
4. Provide copies of job descriptions or resumes as an appendix – limited to two (2) pages each – for all proposed staff.
5. Describe hiring policies, including drug testing, background and credential checks, as well as handling of prior criminal convictions.
6. Describe how staff trainings, as outlined in the Purpose and Intent portion of this RFP, will be addressed. Include how the agency will ensure that the on-boarding of staff will be managed in relation to training to ensure proper coverage.
7. Describe your agencies approach to staff training.
8. Submit a list of the bidder's board members and current term, including each member's professional licensure and organization affiliation(s).

Facilities/Equipment: (5 points)

The bidder should detail the facilities where business operations are performed, and where BHS Home services will be delivered:

1. Describe plans for site acquisition and financing.
2. Describe the proposed location of the homes. Applicants who plan to operate BHS Homes in three separate regions of the state as previously described will be awarded an additional 5 points.

3. Describe the bidder's ability and plans to make appropriate accessibility modifications to facilities and offices for individuals with disabilities.
4. Describe environmental design features that will enhance service delivery at this location.
5. Each home should be developed in accordance with DDD Housing policy, should be fully accessible, and able to accommodate four (4) individuals. Describe ability to meet this requirement.
6. Sprinkler and fire alarm installation is required, please describe your ability to meet this requirement.
7. Describe any assistive technology that will be incorporated into the home.
8. Describe plans to obtain furnishings and vehicles within the required timeline.
9. Describe whether there will be cameras or video equipment used in the homes. If these are used, please attach a copy of the agency policy governing the use of this equipment.

Budget: (20 points)

Contract award recommendations will be based on such factors as the proposal score, quality and appropriateness, applicant history and experience, as well as budget reasonableness. Providers are advised that the contract award may be conditional upon final contract and budget negotiation. The Division will consider the cost efficiency of the proposed budget as it relates to the scope of work. Therefore, bidders must clearly indicate how this funding will be used to meet the program goals and/or requirements. In addition to the budget forms, bidders are asked to provide budget notes.

1. The budget should be reasonable and reflect the scope of responsibilities required to accomplish the goals of the program. All costs associated must be delineated and budget notes must clearly articulate the details of all proposed budget items including a description of miscellaneous and other costs.
 - a. Failure to provide adequate information could result in lower ranking of the proposal. Budget notes, to the extent possible, should be displayed on the Excel template itself.
2. Each proposal must express written assurance that if the agency receives an award pursuant to this RFP, it will pursue all available sources of revenue and support upon award.
3. The name and address of each organization providing support and/or money to help fund the program for which the proposal is being submitted.
4. The timeline for completion of the project.

Appendices

The following items must be included as appendices with the bidder's proposal, limiting appendices to a total of 40 pages. Proposals that do not include all items will not be considered.

1. Attachment A;
2. Bidder mission statement;
3. Organizational chart;
4. Job descriptions of key personnel;
5. Resumes of proposed personnel if currently on staff, limited to two (2) pages each;
6. Letter of support from affiliate/partner hospital or medical facility.
7. A description of all pending and in-process audits identifying the requestor, the firm's name and telephone number, and the type and scope of the audit;
8. List the board of directors, officers, and terms;
9. Copy of documentation of the bidder's charitable registration status;
10. Original and/or copies of letters of commitment/support;
11. Department of Human Services Statement of Assurances (RFP Attachment C);
12. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (RFP Attachment D);
13. Disclosure of Investment in Iran (www.nj.gov/treasury/purchase/forms.shtml); and
14. Statement of Bidder/Vendor Ownership Disclosure (www.nj.gov/treasury/purchase/forms.shtml).

The documents listed below are also required with the proposal, **unless the bidder has a current contract with the Division and these documents are current and on file with the Division.**

1. Most recent single audit report (A133) or certified statements (submit only two (2) copies); and
2. Any other audits performed in the last two (2) years (submit only two [2] copies).

VII. Submission of Proposal Requirements

The Division assumes no responsibility and bears no liability for costs incurred by the bidder in the preparation and submittal of a proposal in response to this RFP. The narrative portion of the proposal should not exceed 20 pages, be single-spaced with one (1") inch margins, and no smaller than twelve (12) point Arial, Courier or Times New Roman font. For example, if the bidder's narrative starts on page 3 and ends on page 23 it is 21 pages, not 20 pages. The Division will not consider any information submitted beyond the page limit for RFP evaluation purposes.

The budget notes and appendix items do not count towards the narrative page limit. Proposals must be submitted no later than 4:00 p.m. on the submission deadline date

noted above. All bidders are required to submit one (1) original and five (5) copies of the proposal narrative, budget and appendices (six [6] total proposal packages) to the following address:

For U.S. Postal Service delivery:

Amy Scartocci, Housing Director
Department of Human Services
Division of Developmental Disabilities
PO Box 726
Trenton, NJ 08625-0726

OR

For private delivery vendor such as UPS or FedEx:

Amy Scartocci, Housing Director
Department of Human Services
Division of Developmental Disabilities
222 South Warren Street
Trenton, NJ 08625

The bidder may mail or hand-deliver its proposal, however, DDD is not responsible for items mailed but not received by the due date. Note that U.S. Postal Service two-day priority mail delivery to the post office box listed above may result in the bidder's proposal not arriving timely and, therefore, being deemed ineligible for RFP evaluation. The bidder will not be notified that its proposal has been received. The State will not accept facsimile transmission of proposals.

VIII. Review of Proposals

Technical assistance regarding this RFP will be provided via the DHS web site. Potential applicants are encouraged to submit questions to the Division at DDD.RFP@dhs.nj.gov no later than 4:00 P.M. on "Close of Question & Answer period" date listed above. Responses to submitted questions will be posted on the DHS website location <https://www.nj.gov/humanservices/providers/grants/rfprfi/index.html>.

There will be a review process for all timely submitted proposals. DDD will convene a review committee of public employees to conduct a review of each proposal accepted for review.

The bidder must obtain a minimum score of 70 points out of 100 points for the proposal narrative and budget sections in order to be considered eligible for funding.

DDD will award up to 20 points for fiscal viability, using a standardized scoring rubric based on the audit, which will be added to the average score given to the proposal from the review committee. An additional 15 points may be awarded as described in the

Outcomes/Evaluation section and the Facilities/Equipment section. Thus, the maximum points any proposal can receive is 135 points which includes the combined score from the proposal narrative and budget as well as fiscal viability.

In addition, if a bidder is determined, in the Division's sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, the Division will deem the proposal ineligible for contract award.

In addition to the overall score through the review process, contract award recommendations will be based on such factors as the proposal scope, quality and appropriateness, bidder history and experience, as well as budget reasonableness. The review committee will look for evidence of cultural competence in each section of the narrative. The review committee may choose to visit a bidder's existing program(s), invite a bidder for interview, and/or review any programmatic or fiscal documents in the possession of the Division. The bidder is advised that the contract award may be conditional upon final contract and budget negotiation.

The Division reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. The Division's best interests in this context include, but are not limited to, loss of funding, inability of the bidder(s) to provide adequate services, an indication of misrepresentation of information and/or non-compliance with State and federal laws and regulations, existing DHS contracts, and procedures set forth in DHS Policy Circular P1.04 <http://www.state.nj.us/humanservices/olra/ocpm/resources/manuals/>

The Division will notify all bidders of contract awards, contingent upon the satisfactory final negotiation of a contract, by the final allocation date above.

IX. Appeal of Award Decisions

An appeal of any award decision may be made only by a respondent to this RFP. All appeals must be made in writing and be received by the Division at the address below no later than 4:00 p.m. on the appeal date noted above. The written appeal must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

Jonathan Seifried, Assistant Commissioner
Department of Human Services
Division of Developmental Disabilities
PO Box 726, Trenton, NJ 08625-0726

Or via email: DDD-CO.LAPO@dhs.state.nj.us

Please note that all costs incurred in connection with appeals of Division decisions are considered unallowable cost for the purpose of Division contract funding.

The Division will review all appeals and render a final decision by September 10, 2021. Contract award(s) will not be considered final until all timely filed appeals have been reviewed and final decisions rendered.

An appeal based on the determination may be filed in writing to the Division Director within seven calendar days following receipt of the notification. An appeal of the selection process shall be heard only if it is alleged that the Division has violated a statutory or regulatory provision in the awarding of the contract. An appeal will not be heard based upon a challenge to the evaluation of a proposal.

X. Post Award Required Documentation

Upon final contract award announcement, the successful bidder(s) must be prepared to submit (if not already on file), one (1) original signed document for those requiring a signature or copy of the following documentation (unless noted otherwise) in order to process the contract in a timely manner, as well as any other contract documents required by DHS/Division.

1. Most recent IRS Form 990/IRS Form 1120, and Pension Form 5500 (if applicable) (submit two [2] copies);
2. Copy of the Annual Report-Charitable Organization (for information visit: https://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.shtml);
3. A list of all current contracts and grants as well as those for which the bidder has applied for from any Federal, state, local government or private agency during the contract term proposed herein, including awarding agency name, amount, period of performance, and purpose of the contract/grant, as well as a contact name for each award and the phone number;
4. Proof of insurance naming the State of New Jersey, Department of Human Services, Division of Developmental Disabilities, PO Box 362, Hamilton, NJ 08601-as an additional insured;
5. Board Resolution identifying the authorized staff and signatories for contract actions on behalf of the bidder;
6. Current Agency By-laws;
7. Current Personnel Manual or Employee Handbook;
8. Copy of Lease or Mortgage;
9. Certificate of Incorporation;
10. Co-occurring policies and procedures;
11. Policies regarding the use of medications, if applicable;
12. Policies regarding Recovery Support, specifically peer support services;
13. Conflict of Interest Policy;
14. Affirmative Action Policy;
15. Affirmative Action Certificate of Employee Information Report, newly completed AA 302 form, or a copy of Federal Letter of Approval verifying operation under a federally approved or sanctioned Affirmative Action program. (AA Certificate must be submitted within 60 days of submitting completed AA302 form to Office of Contract Compliance);

16. A copy of all applicable licenses;
17. Local Certificates of Occupancy;
18. Master lease agreements, evidence of all State (non-Division), federal and local housing subsidies and resources.
19. Current State of New Jersey Business Registration;
20. Procurement Policy;
21. Current equipment inventory of items purchased with DHS funds (Note: the inventory shall include: a description of the item [make, model], a State identifying number or code, original date of purchase, purchase price, date of receipt, location at the Provider Agency, person(s) assigned to the equipment, etc.);
22. All subcontracts or consultant agreements, related to the DHS contract, signed and dated by both parties;
23. Business Associate Agreement (BAA) for Health Insurance Portability Accountability Act of 1996 compliance, if applicable, signed and dated;
24. Updated single audit report (A133) or certified statements, if differs from one submitted with proposal;
25. Business Registration (online inquiry to obtain copy at https://www1.state.nj.us/TYTR_BRC/jsp/BRCLoginJsp.jsp; for an entity doing business with the State for the first time, it may register at <https://www.nj.gov/treasury/revenue>);
26. Source Disclosure (EO129) (www.nj.gov/treasury/purchase/forms.shtml); and
27. Chapter 51 Pay-to-Play Certification (www.nj.gov/treasury/purchase/forms.shtml).

XI. Attachments

Attachment A – Proposal Cover Sheet

_____ Date Received

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
Division of Developmental Disabilities
Proposal Cover Sheet

Name of RFP _____

Incorporated Name of Bidder: _____

Type: Public _____ Profit _____ Non-Profit _____ Hospital-Based _____

Federal ID Number: _____ Charities Reg. Number (if applicable) _____

Address of Bidder: _____

Contact Person Name and Title: _____

Phone No.: _____ Email Address: _____

Total dollar amount requested: _____ Fiscal Year End: _____

Funding Period: From _____ to _____

Total number of unduplicated consumers to be served: _____

County in which services are to be provided: _____

Brief description of services by program name and level of service to be provided:

Authorization: Chief Executive Officer (printed name): _____

Signature: _____ Date: _____

Attachment B – Addendum to RFP for Social Service and Training Contracts

STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES

ADDENDUM TO REQUEST FOR PROPOSAL FOR SOCIAL SERVICE AND TRAINING CONTRACTS

Executive Order No. 189 establishes the expected standard of responsibility for all parties that enter into a contract with the State of New Jersey. All such parties must meet a standard of responsibility that assures the State and its citizens that such parties will compete and perform honestly in their dealings with the State and avoid conflicts of interest.

As used in this document, "provider agency" or "provider" means any person, firm, corporation, or other entity or representative or employee thereof that offers or proposes to provide goods or services to or performs any contract for the Department of Human Services.

In compliance with Paragraph 3 of Executive Order No. 189, no provider agency shall pay, offer to pay, or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any State officer or employee or special State officer or employee, as defined by N.J.S.A. 52:13D-13b and e, in the Department of the Treasury or any other agency with which such provider agency transacts or offers or proposes to transact business, or to any member of the immediate family, as defined by N.J.S.A. 52:13D-13i, of any such officer or employee, or any partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13g.

The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any State officer or employee or special State officer or employee from any provider agency shall be reported in writing forthwith by the provider agency to the Attorney General and the Executive Commission on Ethical Standards.

No provider agency may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such provider agency to, any State officer or employee or special State officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to any State agency or any instrumentality thereof, or with any person, firm or entity with which he is employed or associated or in which he has an interest within the meaning of N.J.S.A. 52:13D-13g. Any relationships subject to this provision shall be reported in writing forthwith to the Executive Commission on Ethical Standards, which may grant a waiver of this restriction upon application of the State officer or employee or special State officer or employee upon a finding that the present or proposed relationship does not present the potential, actuality or appearance of a conflict of interest.

No provider agency shall influence, or attempt to influence or cause to be influenced, any State officer or employee or special State officer or employee in his official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee.

No provider agency shall cause or influence, or attempt to cause or influence, any State officer or employee or special State officer or employee to use, or attempt to use, his official position to secure unwarranted privileges or advantages for the provider agency or any other person.

The provisions cited above shall not be construed to prohibit a State officer or employee or special State officer or employee from receiving gifts from or contracting with provider agencies under the same terms and conditions as are offered or made available to members of the general public subject to any guidelines the Executive Commission on Ethical Standards may promulgate.

Attachment C – Statement of Assurances

Department of Human Services Statement of Assurances

As the duly authorized Chief Executive Officer/Administrator, I am aware that submission to the Department of Human Services of the accompanying application constitutes the creation of a public document that may be made available upon request at the completion of the RFP process. This may include the application, budget, and list of applicants (bidder's list). In addition, I certify that the applicant:

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non-Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.
- Will give the New Jersey Department of Human Services, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RFP, including development of specifications, requirements, statement of works, or the evaluation of the RFP applications/bids.
- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1) Title VI of the Civil Rights Act of 1964 (P.L. 88-352;34 CFR Part 100) which prohibits discrimination based on race, color or national origin; 2) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination based on handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et seq.; 3) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5) federal Equal Employment Opportunities Act; and 6) Affirmative Action Requirements of PL 1975 c. 127 (NJAC 17:27).
- Will comply with all applicable federal and State laws and regulations.

- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et seq. and all regulations pertaining thereto.
- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.
- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.
- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State Executive Order 34 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. The applicant will have signed certifications on file for all subcontracted funds.
- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.
- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

Applicant Organization

Signature: CEO or equivalent

Date

Typed Name and Title

6/97

Attachment D - Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

READ THE ATTACHED INSTRUCTIONS BEFORE SIGNING THIS CERTIFICATION. THE INSTRUCTIONS ARE AN INTEGRAL PART OF THE CERTIFICATION.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by an Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date

This certification is required by the regulations implementing Executive order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510.

**Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions**

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-Procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarments

ATTACHMENT E

**State of New Jersey-Department of Human Service Division of Developmental Disabilities
Behavioral Health Stabilization Home Staffing Attestation**

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

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

| Position | Qualifications | Other requirements | Hours/Week |
|----------------------|--|---|-------------------------|
| Transition Navigator | Must meet the federal requirements for a Qualified Intellectual Disabilities Professional (QIDP) outlined in 42 CFR 483.430. | <p>Coordinate, lead and document actions of the Treatment Team; Oversee the establishment of needed services including general assessments, Psychiatric Assessment initiation, and establish health care relationships for general and identified behavior-related concerns.</p> <p>Assure attainment all performance deliverables listed as upon admission, within the first 72 hours of admission, within the first seven days of admission, and prior to an individual's transition.</p> <p>Establishment of post-transition supports and coordination needed for a smooth transition.</p> <p>Conduct weekly treatment plan meetings with all required participants, have a daily check-in with staff to obtain necessary updates for transition planning.</p> | Minimum 40hrs per site. |
| Designated Program | Board Certified | Will conduct psychiatric | Minimum 12 hours |

| | | | |
|---------------------------|--|---|---|
| Psychiatrist or APN | Psychiatrist or Psychiatric APN in affiliation with a Board Certified Psychiatrist. | assessments, generate reports and make treatment recommendations as requested. | per site weekly; Staffing configuration to be determined by provider. |
| Lead Behavioral Clinician | Board Certified Behavior Analyst (BCBA) or a Board Certified Behavior Analyst – Doctoral (BCBA-D). | <p>Data requirements - Behavior related data collection to begin upon admission and daily thereafter to include: Behavior, Sleep, Mood and related.</p> <p>Oversee the timely initiation of Functional Behavioral Assessment, with revisions as clinically indicated.</p> <p>Behavior Support Plan Developed / Implemented</p> <ul style="list-style-type: none"> • Based upon Functional Assessment, least-restrictive model. • Identifies Target Behavior / Includes specific staff instruction on the frequency, conditions, nature and method of reinforcement to be delivered or withheld. • Includes Documentation of Target behavior occurrence and documentation of unreinforced intervals and staff compliance with BSP protocols. • Approvals per DC#34. • Documentation provided to DDD & Support | Minimum 20 hours per site. |

| | | | |
|--|--|---|--|
| | | <p>Coordinator on BSP development / Implementation Status to include approvals, trainings and data-based reports of progress and staff compliance (fidelity).</p> <p>Transition Metrics</p> <ul style="list-style-type: none"> • Articulation / Planning / inclusion of staff and caregivers from the receiving (destination) placement begun within the first week. • Community Supports for successful transition established. <p>Outcomes measures and Satisfaction</p> <ul style="list-style-type: none"> • Behavioral stabilization sufficient for transition within 90 days. • Reportable Incidents / 911 emergency calls remain below baseline. • Reduction of Target Behavior maintained within statistical significance at 120 days post transition. • Post treatment placement remains intact at 180 days (only consider behavioral | |
|--|--|---|--|

| | | | |
|------------------|--|---|---|
| | | <p>reasons).</p> <ul style="list-style-type: none"> • Increased Employment and Community participation. • Conduct, compile and report on customer satisfaction using survey tool. | |
| Behavioral Staff | BA or HS with 3-5 years' experience providing direct care to individuals with developmental disabilities and behavioral challenges in a community or institutional setting. | Duties assigned under the clinical direction of the Lead Behavioral Clinician and administrative supervision of the Site Manager, to include: Data collection and data review, fidelity checks, monitoring of BSP implementation, collection of assessment related data; technical assistance to direct therapeutic staff. | Minimum 40 hours per site. |
| Nurses | Registered Nurse (RN) or a Licensed Practical Nurse (LPN) under the supervision of a RN who possesses a current New Jersey registered nursing license and one year direct care nursing experience. | <p>Assess the physical condition of those in the program and administer nursing care under the direction of a physician or psychiatrist in a manner consistent with the individual's treatment plan;</p> <p>Attend treatment and transition planning meetings and provide input into an individual's comprehensive safety plan and transition planning, as requested;</p> <p>Provide education and support to direct therapeutic staff on medical issues, specialized dietary needs and the administering of medications and their possible side effects; under the direction of a physician;</p> | Minimum 12 hours per site; Staffing configuration to be determined by provider. |

| | | | |
|-------------------------------|--|---|---|
| | | Provide injections of medication or dispense medication as needed and directed by a physician. | |
| Allied Therapists | NJ Licensed where applicable | | As needed |
| Site Manager | Must meet the federal requirements for a Qualified Intellectual Disabilities Professional (QIDP) outlined in 42 CFR 483.430. | Each day will: Assure staffing ratios and adjust to ensure safety; there are sufficient medication, food, hygiene and therapeutic supplies on hand; physical condition of the facility is properly maintained in safe condition; oversee direct therapeutic staff timely and appropriate performance of duties. | Minimum 40 hours per site. |
| Available /On-call Supervisor | Must meet the federal requirements for a Qualified Intellectual Disabilities Professional (QIDP) outlined in 42 CFR 483.430. | Perform QIDP functions as designee of site manager. | Supervisory staff must be available at all times when the manager is not on site. |
| Direct Therapeutic Staff | BA or HS with 3-5 years' experience providing direct care to individuals with developmental disabilities and behavioral challenges in a community or institutional setting. Valid NJ Drivers license. | Each shift will: Review communication log entries of significant events and critical information, and will make entries of events and information; follow activity schedule; assist with ADL; dispense and document medication administration; have daily face-to-face contact and "check-in" with individuals as assigned; implement behavior support plans and complete documentation of behavior; provide transportation consistent with the provisions set | Staffing will be sufficient to provide for a 1:2 ratio of staff to individuals with a minimum of two awake staff in residence at all times, including community trips. Provides 1:1 supervision as needed. |

| | | | |
|--|--|--------------------------|--|
| | | forth in the CCP Manual. | |
|--|--|--------------------------|--|

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

| CEO or Equivalent (please print) | Title | Signature | Date |
|-------------------------------------|-------|-----------|------|
|-------------------------------------|-------|-----------|------|

ATTACHMENT F

**State of New Jersey-Department of Human Service Division of Developmental Disabilities
Summary of Behavioral Health Stabilization Home Requirements**

DOMAIN: Staff Qualifications / Verification /Training

- Qualifications

- Copy of current professional licensure or certification is available in the personnel record for the Designated Program Psychiatrist or Psychiatric APN. When utilized, Nurses and Allied Therapists will meet New Jersey credentialing requirements.
- Transition Navigator and Site Manager must meet the federal requirements for a Qualified Intellectual Disabilities Professional (QIDP) outlined in 42 CFR 483.430.
- Lead Behavioral Clinician – must be a Board Certified Behavior Analyst (BCBA) or a Board Certified Behavior Analyst – Doctoral (BCBA-D).
- Employee Verification
 - Verification of passing drug test as per Steven Komninos Law prior to hire.
 - Documentation of completed Fingerprint within 10 working days of hire.
 - Documentation of ongoing Criminal History Record Inquiries (every 2 years, effective 2002).
 - Verification of Central Registry check prior to hire.
 - Documentation of Child Abuse Record Information (CARI) background check.
 - Verification of Federal Exclusion Check.
- Training
 - DDD System Mandatory Training Bundle: Danielle's Law.
 - DDD Stephen Komninos Law Training.
 - Provider Developed Orientation: Incident Reporting.
 - DDD System Mandatory Training Bundle: DDD Shifting Expectations- Changes in Perception, Life Experiences & Service.
 - Prevention of Abuse Neglect and Exploitation.
 - Positive Behavior Support / Applied Positive Behavior Supports (from The Boggs Center on Developmental Disabilities or a Division approved alternate source).

DOMAIN: Performance Standards and Timeframes

- Admission
 - Staffing and Supports for new admissions available 24/7.
 - 100% acceptance / Zero Reject.
 - Safety Awareness / known vulnerabilities – info disseminated to staff with plan to address these.
- Routine Operations
 - Medication Administration.
 - Maintain safe environment / meet licensing standards.
 - Communications Log established and utilized.
 - Implement care and treatment plans to include data collection and documentation.
- Transition Navigator
 - Perform daily check-in with staff to obtain updates to inform transition planning.
 - Coordinate, lead and document actions of the Treatment Team. Oversee the establishment of needed services to include:
 - General assessments;
 - Psychiatric Assessment initiated; and
 - Health care relationships established for general and identified behavior-related concerns.
 - Assure attainment all performance deliverables listed as Upon Admission, Within the first 72 hours of admission, Within the first seven days of admission, and Prior to an individual's transition.

- Establishment of post-transition supports and coordination needed for a smooth transition.
- Lead Behavioral Clinician
 - Data
 - Behavioral data collection begun upon admission.
 - Behavior, Sleep, Mood and related data collected daily.
 - Timely initiation Functional Behavioral Assessment, revised as clinically indicated.
 - Behavior Support Plan Developed / Implemented.
 - Based upon Functional Assessment, least-restrictive model.
 - Identifies Target Behavior / Includes specific staff instruction on the frequency, conditions, nature and method of reinforcement to be delivered or withheld.
 - Includes Documentation of Target behavior occurrence and documentation of unreinforced intervals and staff compliance with BSP protocols.
 - Approvals per DC#34.
 - Documentation provided to DDD & Support Coordinator on BSP development / Implementation Status to include approvals, trainings and data-based reports of progress and staff compliance (fidelity).
- Transition Metrics
 - Articulation / Planning / inclusion of staff and caregivers from the receiving (destination) placement begun within the first week.
 - Community Supports for successful transition established.
- Outcomes measures and Satisfaction
 - Behavioral stabilization sufficient for transition within 90 days.
 - Reportable Incidents / 911 emergency calls remain below baseline.
 - Reduction of Target Behavior maintained within statistical significance at 120 days post transition.
 - Post treatment placement remains intact at 180 days (only consider behavioral reasons).
 - Increased Employment and Community participation.
 - Conduct, compile and report on customer satisfaction using survey tool.

Attachment G

BUDGET PROPOSAL FORM

LOS of Program

PROGRAM TYPE

**GH - Behavioral
Stabilization**

BUDGET SUMMARY

**GH - Behavioral
Stabilization**

- A. Personnel
- B. Consultants & Professional Fees
- C. Materials & Supplies
- D. Facility Costs
- E. Specific Assistance to Clients
- F. Other

SUBTOTAL -

G. General & Admin. Allocation -

H. Total Operating Costs

I. Equipment (Schedule 6)

J. TOTAL COST -

K. (Less) Revenue (Schedule 2)

L. Net Cost -

M. Profit

N. REIMBURSABLE CEILING -

O. Units of Service

P. Unit Cost #DIV/0!

| | |
|----------------------------------|--------------------------------------|
| BUDGET DETAIL - PERSONNEL | GH - Behavioral Stabilization |
|----------------------------------|--------------------------------------|

| <u>A. Personnel (Annex A/PD)</u> | Position | # | Rate/Hour | Hours/Week |
|----------------------------------|----------|---|-----------|------------|
|----------------------------------|----------|---|-----------|------------|

TOTAL STAFFING COSTS 0

TOTAL STAFFING HOURS (not including sub hours) 0

Nursing/Behaviorist/Clinical

Nursing/Behaviorist/Clinical

Nursing/Behaviorist/Clinical

Nursing/Behaviorist/Clinical

Nursing/Behaviorist/Clinical

Nursing/Behaviorist/Clinical

TOTAL SALARY & WAGES -

Federal - FICA, SS, Medicare, Unemployment Ins. 7.00% -

State - SDI/SUI, Unemployment Ins. 3.00% -

Worker's Compensation 5.00% -

Health Ins. 12.00% -

Pension/Life Ins. 2.00% -

TOTAL FRINGE BENEFITS 29.00% -

| | |
|---------------------------------|---|
| TOTAL PERSONNEL SERVICES | - |
|---------------------------------|---|

| | |
|--------------------------------------|--------------------------------------|
| BUDGET DETAIL - NON-PERSONNEL | GH - Behavioral Stabilization |
|--------------------------------------|--------------------------------------|

B. Consultants & Professional Fees

Fees

Accounting/Audit/Payroll
 Nursing and/or Behaviorist
 IT/MIS Support

TOTAL CONSULTANTS & PROFESSIONAL FEES -

C. Materials & Supplies

Program Supplies
 Office Supplies
 Food - Client
 Food - Staff

TOTAL MATERIALS & SUPPLIES -

D. Facility Costs

Rent/Mortgage Interest
 Depreciation/Use Allowance
 Maintenance/Repair
 Utilities
 Communication
 Insurance
 Taxes/In Lieu of Taxes

TOTAL FACILITY COSTS -

E. Specific Assistance to Clients

Clothing/Personal Items
 Leisure

TOTAL SPECIFIC ASSISTANCE TO CLIENTS -

F. Other

Travel/Transportation
 Meetings/Conferences/Training
 Staff Physical/Background Checks
 Professional Insurances

TOTAL OTHER -

| | | | |
|--------------------------|---------------------|------------------|--------------------------------------|
| ONE-TIME START UP | <i>Vehicle Cost</i> | <i>Furniture</i> | GH - Behavioral Stabilization |
|--------------------------|---------------------|------------------|--------------------------------------|

A. Personnel
 B. Consultants & Professional Fees
 C. Materials & Supplies (Furniture)
 D. Facility Costs
 E. Specific Assistance to Clients
 F. Other (15% Start-Up)

SUBTOTAL -

G. General & Admin. Allocation
 H. Total Operating Costs -

| | | |
|--------------------------------|--------|---|
| I. Equipment (Vehicle) | 3 bids | |
| J. TOTAL COST | | - |
| K. (Less) Revenue (Schedule 2) | | |
| L. Net Cost | | - |
| M. Profit | | |
| N. REIMBURSABLE CEILING | | - |

STAFF SCHEDULES

LOS 4

**GH - Behavioral
Stabilization**

| Day | Shift (8 hrs) | # of staff | hours/day | days/week | hours/week |
|-------------------------|---------------|---------------|-----------|-----------|------------|
| M-F | Day | | | | 0 |
| M-F | Evening | | | | 0 |
| M-F | Overnight | | | | 0 |
| S&S | Day | | | | 0 |
| S&S | Evening | | | | 0 |
| S&S | Overnight | | | | 0 |
| Total Hours/Week | | | | | 0 |