



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

**REQUEST FOR LETTERS OF INTEREST
TO BE ADDED TO A PROVIDER READY DIRECTORY**

December 18, 2020

Jonathan Seifried, Assistant Commissioner
Division of Developmental Disabilities

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I. Purpose and Intent

The New Jersey Division of Developmental Disabilities (“DDD”), within the Department of Human Services (“DHS”), is utilizing the Request for Letters of Interest (“RLI”) process to develop a directory (“Provider Ready Directory”) of DDD/Medicaid providers who are readily available to assume service delivery for residential and/or day agencies in the event that a provider is no longer viable, indicates that it will no longer engage in service provision, or loses its ability to be a DDD/Medicaid authorized vendor of services, and is unwilling or unable to secure a successor independently.

In these extraordinary circumstances, DDD will need to work with providers to meet client needs. As part of that process, it will review the needs of the individuals served, geographic location, and other factors to identify the profile of an agency that will be successful in taking over services. DDD will then review the Provider Ready Directory to identify a potential successor. DDD reserves the right to select an agency not on the Provider Ready Directory to assume service delivery in the event it determines that a suitable agency does not exist on the Provider Ready Directory. DDD does not infer through this RLI funding availability to any successor agency to assume operations.

DDD reserves the right to select an agency from the Provider Ready Directory to assume service delivery without soliciting competing proposals from multiple agencies. However, depending on the circumstances, two or more agencies could be provided the opportunity to complete and submit a service proposal. DDD will determine the successor agency based on the factors listed on pages four and five of this document with consideration given to the preferences of the current participants/guardians.

In the event of an urgent health/safety need or insufficient time for alternate selection methods, DDD may select a provider from the Provider Ready Directory to quickly assume service delivery. Should that occur, it is possible that an agency will be asked to assume operations without being able to meet individuals served or current staff.

In this circumstance, DDD would provide available funding information, individual profiles, services that need to be provided, and other pertinent information for review. The selected provider must have the ability to assume all services delivered by the outgoing provider. There is an expectation that any currently-employed staff be given the opportunity to interview and remain employed with the new provider to the extent reasonable.

If a transfer of Department of Human Services (DHS) assets, such as a residential property with DHS capital investment, is included in the transaction, DHS must approve the transfer in accordance with its policies and procedures.

If a transfer of assets from the closing provider is required, the successor agency would be required to engage in good faith negotiations with the closing entity to reach an agreement. DDD will not reimburse providers for any legal fees or acquisition costs associated with such transactions.

Providers that request to be added to the Provider Ready Directory must be willing and able to assume services within an expedited timeframe. While as much notice as possible will be provided, situations may arise where 30 days or less notice could occur, including situations where the takeover of services is required within 24 hours. Responses are requested for all geographic areas of the State where an applicant will provide services.

The Provider Ready Directory will be comprised of service providers who have expressed interest, meet all qualifications and are able to assume operations within an expedited timeframe. Providers who have submitted the DDD/Medicaid Combined Application may be added to the Provider Ready Directory, and will be considered for opportunities so long as they are approved at the time the service is needed.

There is no funding associated with this RLI. Compensation for services delivered will be through individual budgets using fee-for-service billing. All health and safety concerns must be immediately addressed by the receiving provider and any physical plant or licensing deficiencies must be remediated. Some situations may require the transfer of a state-owned property and/or arrangements for a private lease or sublease agreement. It is possible that the agency ceasing service delivery may be involved in court proceedings such as a bankruptcy or receivership, and a receiving provider may have to be involved in such proceedings.

The establishment of the Provider Ready Directory does not preclude outgoing providers from using the [publicly available provider search database](#) or other networking opportunities to identify a successor independently through a sale of operations. All agency or program transfers must be in accordance with Policy Circular P1.09 “The Acquisition, Affiliation, Consolidation or Merger of a Provider Agency” (Attachment C).

In order to be considered for inclusion in the Provider Ready Directory, interested providers must meet all requirements and qualifications for this RLI. Prospective applicants must submit a letter of interest and completed application to DDD.RFP@dhs.nj.gov. Applicants will receive confirmation when added to the Provider Ready Directory.

DDD will select providers from the Provider Ready Directory to assume services when necessary based on several factors, including but not limited to:

- Demonstrated ability to support the population to be served;

- Assurances provided in the letter of interest (See Section IV “Requirements and Qualifications for Letters of Interest.”);
- Office of Program Integrity and Accountability Risk Management System history. This includes:
 - The last three years of licensing history including a review of provisional licenses. If an agency has had 10% or more programs with provisional licenses they will be determined ineligible.
 - No suspension of admissions during the last three years.
- Fiscal health of the provider, vacancy assessment, and quality management plan (DDD reserves the right to review the fiscal health of the provider before they are selected to assume service delivery);
- Consideration of performance both in New Jersey and nationally, including local and national quality reports and/or negative licensing actions in other states;
- Cooperation and preparedness during previous contract expansions and/or experience with a transfer of operations;
- Compliance with DDD documentation requirements and other factors critical to DDD quality and care business needs.

Providers on the Provider Ready Directory will be notified via email based on the contact information in their application of an opportunity to assume service delivery and the date by which a response is required. If no response is received within the communicated timeframe, the Provider will be removed from consideration for the opportunity and notified by DDD. Therefore, applicants will need to ensure that they update their contact information by emailing DDD.RFP@dhs.nj.gov with changes that may occur after initial application and ensure away messages are added to emails if the designated contact is unreachable due to vacation or other reasons.

If an applicant is contacted and routinely declines the opportunity to assume service delivery, they will be removed from the Provider Ready Directory. After a provider is removed, they may reapply to be added again after one year from the date of their removal.

The intent of the Provider Ready Directory is to facilitate the expedient transfer of services to ensure the health and safety of individuals served. There is an expectation that any residential sites be licensed and/or day programs be certified through the day habilitation certification process by the successor. Only providers who are capable of participating in such a transfer may be added to the Provider Ready Directory. DDD reserves the right to request that a successor provider continue to serve all individuals served by the closing agency. All providers added to the Provider Ready Directory will be expected to adhere to this requirement upon request.

The deadlines set forth in the RLI schedule define the response dates required for the development of the initial Provider Ready Directory. Thereafter, applicants may request to be

added to the Provider Ready Directory on a rolling basis. DDD will review such requests at least annually. DDD will also review the Provider Ready Directory itself at least annually to confirm continued qualification of providers. If a provider no longer qualifies as a result of this review, the provider will be notified and subsequently removed. All providers who are removed from the Provider Ready Directory may reapply no earlier than one year from the date of removal.

The following summarizes the RLI anticipated schedule:

December 18, 2020	Notice of Request for Letters of Interest
December 31, 2020	Deadline for questions
January 8, 2021	Responses to questions released
January 15, 2021	Deadline for receipt of letters
February 1, 2021	Preliminary notification
February 8, 2021	Appeal deadline
February 15, 2021	Final notification
March 1, 2021	Completion of the Provider Ready Directory. Letters of Interest will continue to be accepted on a rolling basis.

II. Background and Population to be Served

DDD has been providing and funding services for state residents with intellectual and developmental disabilities since 1959. DDD was created in response to the need for better and more effective services for state residents with intellectual and developmental disabilities. Advocates for those services included 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 oversees a statewide system of services and supports for about 25,000 eligible adults age 21 and over with intellectual and developmental disabilities. Most DDD-eligible individuals live in the community, either with family or in a community residence such as a group home, supervised apartment or a Community Care Residence with a caregiver. Approximately 1,200 individuals reside in one of five 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.

DDD's mission is based on the following core principles:

- Ensuring health and safety while respecting the rights of individuals;
- Promoting and expanding community-based supports and services;
- Ensuring that services are high in quality and culturally competent;
- Promoting individual choice, natural relationships, and equity in the provision of supports and services;
- Ensuring access to needed services from other state and local agencies;
- Ensuring clear, consistent communication and responsiveness to stakeholders;
- Promoting collaboration and partnerships with individuals, families, providers, and all other stakeholders;
- Supporting provider agencies in achieving core principles; and
- Ensuring financial accountability and compliance with all laws and ethical codes.

III. Who Can Apply?

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

- The applicant must be a non-profit, for-profit or governmental entity;
- The applicant must meet eligibility requirements to be a DDD/Medicaid approved provider as outlined in the [Community Care Program Manual](#) (CCP Manual) and the [Supports Program Manual](#) at the time services are requested;
- The Executive Director or equivalent must have a Bachelor's Degree or high school diploma -AND- five-years-experience working with people with intellectual and developmental disabilities, two of which shall have been supervisory in nature;
- If interested in providing residential services, the applicant must be in compliance with [N.J.A.C 10:44A, Standards for Community Residences for Individuals with Developmental Disabilities](#), have an approved policy and procedure manual, and be in compliance with all [DDD Circulars](#), including DC#19 ([Defensive Techniques and Personal Control Techniques](#)) and DC# 34 ([Behavior Modification Programming](#)) prior to operating a program;
- The applicant must be in good standing with the Office of Licensing, including having not had a moratorium on admissions or 10% or more provisional licenses (per the DHS Risk Management System) at any time within three years preceding the issue date of this RLI. This criteria must be met each time an applicant applies. Vendors that are not in good standing will be removed from the Provider Ready Directory;
- If interested in providing day habilitation services, applicant must be in compliance with day habilitation standards outlined in the CCP Manual Section 17.6;
- If interested in providing day habilitation services, the applicant must have a valid day habilitation certification without any outstanding plans of correction;
- If interested in providing services for individuals with specialized needs, such as severe challenging behaviors or high medical needs, the applicant must demonstrate a history of successfully delivering these services;
- For an applicant that delivers services to DDD-eligible service recipients when this RLI is issued, that applicant must have all outstanding Plans of Correction (POC) for deficiencies submitted to DDD for approval prior to submission;

- If a State capital asset is involved in the program transfer, 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;
- 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;
- 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. This statutory requirement does not apply to non-profit organizations, private colleges and universities, or state and municipal agencies.

IV. Requirements and Qualifications for Letters of Interest:

- a. Requirement for Board letter or President/CEO letter of support:
 - Full written Board of Directors signed resolution. Resolution must indicate the Board of Directors supports the decision to be added to a directory to assume service delivery for residential and day program opportunities. The resolution should list the specific services and geographic locations where the provider is interested in delivering services. If the response is related to providing individual supports in a provider managed setting, the resolution must also indicate the interest to assume services in the existing location through a transfer or lease agreement and/or willingness to relocate the individuals in the setting to an alternate setting through the purchase or rental of a new property;
 - Agencies that are for-profit are instructed to submit a letter of support from the President or Chief Executive Officer on agency letterhead to be added to a directory to assume service delivery for residential and day program opportunities. The letter should list the specific services and geographic locations where the provider is interested in delivering services. If the response is related to providing individual supports in a provider managed setting, the letter must also indicate the interest to assume services in the existing location through a transfer or lease agreement and/or willingness to relocate the individuals in the setting to an alternate setting through the purchase or rental of a new property;
 - Description of the agency's ability to assume services within 30 days or less of notification;
 - Identify proposed geographic location of interest. List all applicable counties;
 - Identify specific services that the provider is currently qualified and prepared to deliver on an emergency basis;
 - Describe plan to provide support services throughout the transition process.
- b. Completed Provider Ready Application (See Attachment A).

- c. The proposal must be electronically submitted in “Times New Roman” or “Georgia” font size twelve (12) not to exceed ten (10) pages and no other agency attachments or brochures shall be included with the RLI submission. Please be advised that total file size must be 10MB or less in order to be successfully received at DDD. Exceeding the page limit may result in disqualification. It is recommended that a request receipt be added to the email.
- d. Letter must clearly outline the qualifications and experience that the agency has to provide. Submission must also include written assurances that the applicant complies with all applicable licensing standards and requirements.
- e. All applicants must state whether they are qualified to deliver services for individuals who require specialized medical or behavioral supports, as assessed by the New Jersey Comprehensive Assessment Tool with medical scores of five (5) and six (6) and behavior scores of three (3) and four (4). Information related to the medical and behavior levels can be found in Attachment A. A provider must explicitly state whether they will serve individuals with a fire setting history or problematic sexual behaviors. If this population is to be supported, then an agency will need to ensure that specialized services for this population are outlined in an Offender Program Model approved through the Division and Office of Licensing (OOL).
- f. Applicant shall state whether they will serve individuals with a forensic history. This includes individuals with current involvement with the correctional system as well as those that are registered Megan’s Law offenders. If a current Offender Program Model is not on file with DDD and the OOL, then one must be developed prior to the start of services for this population.
- g. Applicants are also required to describe in the letter of interest how the agency’s current clinical supports would be utilized to support individuals in a program opportunity made available through this RLI. The agency’s compliance with and confirmation of attainment of DDD-approved policy and procedure for DC#19 ([Defensive Techniques and Personal Control Techniques](#)) and DC#34 ([Behavior Modification Programming](#)) should be also be included.
- h. Letter must identify, by name and title, key administrative personnel who will be responsible for the oversight and management of the transition of operations.
- i. Written assurance of the provider’s commitment to work cooperatively with DDD in order to assume operations within a potentially compressed timeframe.
- j. Written assurance of a non-discrimination policy.

V. General Contracting Information

Interested providers must currently meet or be able to meet the terms and conditions of 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).

DDD reserves the right to reject any and all proposals when circumstances indicate that it is in the best interests of DDD clients. Such factors include, but are not limited to: loss of funding, inability of the applicant to provide adequate services, indication of misrepresentation of information and/or non-compliance with State and Federal laws and regulations, any and all conflict of interest law and/or any existing DHS contract and procedures.

All letters of interest, and the Provider Ready Directory itself, are considered public information and may be made available through the State Open Public Records Act process (P.L. 2001, c. 404; N.J.S.A. 47:1A-1 et seq.) at the conclusion of the RLI process, if requested. DHS also reserves the right to publicize the Provider Ready Directory unilaterally.

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/>.

VI. Questions Related to this Letter of Interest

Providers that have questions and wish to be included in the initial version of the Provider Ready Directory must submit questions prior by email no later than 4:00 pm, December 31, 2020. Phone inquiries will not be accepted. Please type in the subject line RLI Question. All questions should be directed to: DDD.RFP@dhs.nj.gov. DDD will review all submitted questions and will distribute responses on January 8, 2021.

VII. Submission of Request for Letters of Interest Requirements

Letters of interest must be received by 4:00 pm on January 15, 2021 to be included in the initial Provider Ready Directory. A signed letter of interest, Provider Ready Application (Attachment A), and Statement of Assurances and Certification (Attachment B) must be submitted electronically via email and received by the submission deadline using the subject line Provider Ready Directory RLI. Email is to be sent to DDD.RFP@dhs.nj.gov. Paper submissions will not be accepted.

For convenience in submission, stand-alone versions of Attachment A and Attachment B can be obtained at the following links:

- [Provider Ready Application](#);
- [Statement of Assurances and Certification](#).

Only complete and timely received letters of interest and applications shall be reviewed. Letters shall be directed to:

Amy Scartocci, Housing Director
Division of Developmental Disabilities

VIII. Rejection of Applications/Letters of Interest

DDD reserves the right to reject, in whole or in part, any or all applications, to advertise for new applications, to abandon the need for such services, and to cancel this RLI if it is in the best interests of DDD to do so.

Any application may be rejected for reasons that include, but are not limited, to:

- a. The applicant fails to deliver the application by the submission deadline.
- b. The applicant is not an eligible applicant as defined in Section III.
- c. An application is submitted in a manner other than that specified in this RLI.
- d. The applicant fails to include required information or fails to include sufficient information to determine whether an RLI requirement has been satisfied.
- e. The applicant fails to follow the application instructions or presents information requested by this RLI in a manner inconsistent with the instructions of the RLI.
- f. The applicant provides misleading or inaccurate answers.
- g. The applicant states that a mandatory requirement cannot be satisfied.
- h. The applicant's response materially changes a mandatory requirement.
- i. The applicant fails to respond to DDD's request for information, documents, or references.

IX. Appeal of Award Decisions

An appeal of any award decision may be made only by a respondent to this RLI. All appeals must be made in writing and received by DDD at the address below no later than 4:00 pm on February 8, 2021. The written appeal must clearly set forth the basis for the appeal. Appeals

may be sent via USPS or email using the subject line Provider Ready Directory RLI Appeal to DDD-CO.LAPO@dhs.state.nj.us. 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

DDD will review all appeals and render a final decision by February 15, 2020.

Attachment A

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)

PROVIDER READY APPLICATION

Background Information:

- 1 Date _____ Information Completed by: _____
Name and Title _____
- 2 Name of Agency _____ Federal ID #: _____
- a. Agency Address _____
- b. Billing Address _____
- c. Agency Website Yes No Web Address _____
3. Is your agency a subsidiary of a parent or larger organization? Yes No
- a. If yes, name of parent or larger organization _____
- b. Address _____
- c. Telephone # _____ Ext. _____
4. Agency Type: (check all that apply)
- National State Local For Profit
- Not For Profit Religious Not for Profit Limited Liability Corp.
- a. Executive Director Name _____ Telephone # _____
- b. Contact Person Name _____ Telephone # _____
- c. Fax # _____ E-Mail Address _____
- d. Agency Years of Operation _____ Number of Individuals Served _____
- e. Age Groups Served:
- Under 18 46-64
- 19-21 65 and up
- 22-45

f. **Indicate those counties where your agency currently provides services:**
(select all that apply)

Atlantic	<input type="checkbox"/>	Bergen	<input type="checkbox"/>	Burlington	<input type="checkbox"/>
Camden	<input type="checkbox"/>	Cape May	<input type="checkbox"/>	Cumberland	<input type="checkbox"/>
Essex	<input type="checkbox"/>	Gloucester	<input type="checkbox"/>	Hudson	<input type="checkbox"/>
Hunterdon	<input type="checkbox"/>	Mercer	<input type="checkbox"/>	Middlesex	<input type="checkbox"/>
Monmouth	<input type="checkbox"/>	Morris	<input type="checkbox"/>	Ocean	<input type="checkbox"/>
Passaic	<input type="checkbox"/>	Salem	<input type="checkbox"/>	Somerset	<input type="checkbox"/>
Sussex	<input type="checkbox"/>	Union	<input type="checkbox"/>	Warren	<input type="checkbox"/>

g. **Please indicate those counties where your agency is ready to provide services for the Provider Ready Directory:**
(select all that apply)

Atlantic	<input type="checkbox"/>	Bergen	<input type="checkbox"/>	Burlington	<input type="checkbox"/>
Camden	<input type="checkbox"/>	Cape May	<input type="checkbox"/>	Cumberland	<input type="checkbox"/>
Essex	<input type="checkbox"/>	Gloucester	<input type="checkbox"/>	Hudson	<input type="checkbox"/>
Hunterdon	<input type="checkbox"/>	Mercer	<input type="checkbox"/>	Middlesex	<input type="checkbox"/>
Monmouth	<input type="checkbox"/>	Morris	<input type="checkbox"/>	Ocean	<input type="checkbox"/>
Passaic	<input type="checkbox"/>	Salem	<input type="checkbox"/>	Somerset	<input type="checkbox"/>
Sussex	<input type="checkbox"/>	Union	<input type="checkbox"/>	Warren	<input type="checkbox"/>

5. **DDD/Medicaid approved services for which your agency maintains qualification:**
(select all that apply)

<input type="checkbox"/>	Assistive Technology	<input type="checkbox"/>	Personal Emergency Response System
<input type="checkbox"/>	Behavioral Management	<input type="checkbox"/>	Physical Therapy
<input type="checkbox"/>	Career Planning	<input type="checkbox"/>	Prevocational Training
<input type="checkbox"/>	Cognitive Rehabilitation	<input type="checkbox"/>	Respite
<input type="checkbox"/>	Community Based Supports	<input type="checkbox"/>	Respite (camp)
<input type="checkbox"/>	Community Inclusion Services	<input type="checkbox"/>	Speech, Language, Hearing Therapy
<input type="checkbox"/>	Day Habilitation	<input type="checkbox"/>	Support Coordination
<input type="checkbox"/>	Individual Supports	<input type="checkbox"/>	Supported Employment -Individual
<input type="checkbox"/>	Interpreter Services	<input type="checkbox"/>	Supported Employment – Small Group
<input type="checkbox"/>	Natural Supports Training	<input type="checkbox"/>	Supports Brokerage
<input type="checkbox"/>	Occupational Therapy	<input type="checkbox"/>	Transportation
		<input type="checkbox"/>	Other: _____

6. **Current Service Delivery Models Your Agency Participates in:**

<input type="checkbox"/> Provider Managed Services	<input type="checkbox"/> Self-Directed Services
<input type="checkbox"/> Licensed Settings	
<input type="checkbox"/> Unlicensed Settings	

Please review the medical and behavioral supports levels to answer questions 7-10.

Medical Supports	
<p>Level 1: No On-Site Specialized Medical and No Ambulation Support Required Persons may have one or more medical conditions (i.e., high blood pressure, asthma, ulcers, etc.), but no special medical attention is needed on-site besides that normally provided by day and residential support staff such as, but not limited to, medication administration, scheduling of medical appointments, transportation to doctor's appointments, etc. Persons are able to walk independently with or without corrective devices and/or independently use wheelchairs – needing no assistance transferring or moving from place to place.</p>	<p>Level 2: No On-Site Specialized Medical, but Ambulation Support Required Persons may have one or more medical conditions (i.e., high blood pressure, asthma, ulcers, etc.), but no special medical attention is needed on-site besides that normally provided by day and residential support staff such as, but not limited to, medication administration, scheduling of medical appointments, transportation to doctor's appointments, etc. However, Persons can walk only with assistance from another person and/or use wheelchairs and need assistance from staff when transferring and/or moving from place to place.</p>
<p>Level 3: Specialized Medical Supports Required, but No Ambulation Support Required Persons have one or more medical conditions (i.e., respiratory, digestive, cardiovascular, etc.) and these conditions require special medical attention by on-site day and residential staff (non-nursing) who have received appropriate training. Treatments may include, but are not limited to, dressing or wound care; catheter or colostomy emptying and maintenance; monitoring of oxygen use; insulin administration; turning and positioning; use of Epi Pen for allergic reactions; and administration of enemas. Agency is responsible for providing and maintaining the appropriate medical training for staff. Training may be accessed through and/or provided by local Visiting Nurses' Associations (VNAs), agency nurses, hospitals, Persons' physicians, etc. Persons are able to walk independently with or without corrective devices and/or independently use wheelchairs – needing no assistance transferring or moving from place to place</p>	<p>Level 4: Specialized Medical and Ambulation Support Required Persons have one or more medical conditions (i.e., respiratory, digestive, cardiovascular, etc.) and these conditions require special medical attention by on-site day and residential staff (non-nursing) who have received appropriate training. Treatments may include, but are not limited to, dressing or wound care; catheter or colostomy emptying and maintenance; monitoring of oxygen use; insulin administration; turning and positioning; use of Epi Pen for allergic reactions; and administration of enemas. Agency is responsible for providing and maintaining the appropriate medical training for staff. Training may be accessed through and/or provided by local Visiting Nurses' Associations (VNAs), agency nurses, hospitals, Persons' physicians, etc. Persons can walk only with assistance from another person and/or use wheelchairs and need assistance from staff when transferring and/or moving from place to place.</p>
<p>Level 5: Specialized On-Site Nursing, but No Ambulation Support Required Persons have one or more medical conditions (i.e., respiratory, digestive, cardiovascular, etc.) and these conditions require on-site nursing care by a Registered Nurse (RN) or Licensed Practical Nurse (LPN). Treatments may include, but are not limited to: oral and/or nasal suctioning; Intravenous medications; tube feeding; and catheterization. Nurses may also be responsible for overseeing medication administration, and medical management of Person care with off-site medical providers. Agency is responsible for providing and maintaining the appropriate medical training for staff. Training may be accessed through and/or provided by local Visiting Nurses' Associations (VNAs), agency nurses, hospitals, Persons' physicians, etc. Persons are able to walk independently with or without corrective devices and/or independently use wheelchairs – needing no assistance transferring or moving from place to place.</p>	<p>Level 6: Specialized On-Site Nursing and Ambulation Support Required Persons have one or more medical conditions (i.e., respiratory, digestive, cardiovascular, etc.) and these conditions require on-site nursing care by a Registered Nurse (RN) or Licensed Practical Nurse (LPN). Treatments may include, but are not limited to: oral and/or nasal suctioning; Intravenous medications; tube feeding; and catheterization. Nurses may also be responsible for overseeing medication administration, and medical management of Person care with off-site medical providers. Agency is responsible for providing and maintaining the appropriate medical training for staff. Training may be accessed through and/or provided by local Visiting Nurses' Associations (VNAs), agency nurses, hospitals, Persons' physicians, etc. Persons can walk only with assistance from another person and/or use wheelchairs and need assistance from staff when transferring and/or moving from place to place.</p>
Behavioral Supports	
<p>Level 1: No On-Site Specialized Behavioral Supports Required Persons do not currently exhibit any inappropriate/rule violating, property destruction, self-injurious, or aggressive behaviors.</p>	<p>Level 2: Minimal Behavioral Supports Required Persons may exhibit some inappropriate/rule violating behaviors, including, but not limited to self-stimulation (body rocking/hand flashing), noises or other inappropriate vocalizations, non-compliance, and/or being disruptive, but no special behavioral support or environmental modifications are required by day and residential support staff.</p>
<p>Level 3: Formal Behavioral Supports Required Persons have one or more inappropriate/rule violating, self-injurious, or aggressive behaviors and these conditions require special behavioral support and/or environmental modifications by on-site day and residential staff who have received appropriate training. Support may include redirection, providing additional supervision, personal controls, and implementation of a formal behavioral plan. Behaviors may include, but are not limited to, having tantrums/outbursts, smearing feces, hitting own body/face/head, hitting others, property destruction, and/or kicking others. Agency is responsible for determining type and intensity of behavioral supports needed according to regulations developed by DDD. Agency is also responsible for preparing formal behavioral plans and providing staff training as needed.</p>	<p>Level 4: Intensive Behavioral Supports Required Persons have one or more inappropriate/rule violating, self-injurious, or aggressive behaviors and these conditions require a very high level of behavioral support and environmental modifications by on-site day and residential staff who have received appropriate training. Support may include providing one-on-one supervision, personal controls, and implementation of a formal behavioral plan. Behaviors may include, but are not limited to, sexual predatory behaviors, running away, eating or mouthing inedible objects, scratching self/others, hitting self/others, biting self/others, head-butting others, choking others, and/or kicking others. Agency is responsible for determining type and intensity of behavioral supports needed according to regulations developed by DDD. Agency is also responsible for preparing formal behavioral plans and providing staff training as needed.</p>

7. Which level of support(s) is your agency qualified and prepared to provide? (Select all that apply)

- Medical Supports Levels 1-4 Medical Supports Levels 5-6
 Behavioral Supports Levels 1-2 Behavioral Supports Levels 3-4
 Forensic involvement including Megan’s Law Fire-setting behaviors

8. Which settings is your agency interested in providing Individual Supports (CCP) and Community Based Supports (SP) in the event that an existing provider is unable to continue to provide services?

- Provider Managed Self-Directed Day Habilitation
 Licensed Unlicensed

This application will be used to develop a list of providers that are ready to deliver services when a current provider is unable or unfit to safely continue service delivery. Providers added to this ready list are expected to be prepared to assume service delivery within 30 days of notification. In some cases, an emergent situation may require the immediate takeover of services. When these situations arise, DDD may access this directory to identify an alternate agency to ensure the health and safety of the individual(s) served.

Addition to this directory does not guarantee selection. It is the responsibility of the provider to contact DDD to indicate any changes to this listing. If DDD is not informed of changes, this may result in a provider not receiving notification when a service opportunity is available in the preferred area.

This application and any changes to the information contained herein shall be submitted via email to DDD.RFP@DHS.NJ.GOV.

Application completed by :

Name

Title

Date Application
Submitted:

This application is not complete and valid until the Division of Developmental Disabilities is in receipt of the assurances and certifications included in Attachment B.

I certify that I have read all information contained in this application and attest the information is accurate and valid.

Executive Director Signature

Date

PLEASE NOTE: This application is subject to public disclosure under the New Jersey Open Public Records Act (P.L. 2001, c. 404; N.J.S.A. 47:1A-1 et seq.).

Attachment B

Department of Human Services, Division of Developmental Disabilities Statement of Assurances and Certifications

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

- 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, DDD 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 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 on the basis of 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) and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et. seq., which prohibit discrimination on the basis of handicaps; 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. Will have on file signed certifications 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.

Name of Applicant Organization

Signature: Chief Executive Officer or Equivalent

Date

Name and Title

Attachment C

Policy Circular P1.09

**STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES**

SUBJECT: The Acquisition, Affiliation, Consolidation, or
Merger of a Provider Agency

EFFECTIVE: September 1, 1997

PROMULGATED: September 1, 1997

The purpose of this policy circular is to establish Department policy and procedures regarding the continuation of a Contract when a Provider Agency Acquisition, Affiliation, Consolidation, Merger, etc. occurs.

I. SCOPE

This policy circular applies to all Provider Agency Contracts that are affected by an Acquisition, Affiliation, Consolidation, Merger, etc. Other synergies and corporate takeovers, although not defined in this circular, do not preclude this circular from applying to those situations.

II. DEFINITIONS

In addition to the defined terms included in the Glossary of the Manual, the terms listed below, when capitalized, shall have meanings as stated.

Acquiring Organization means the business entity that acquires, affiliates, consolidates, merges, etc. with a Provider Agency.

Acquisition means the takeover of one corporation by another, if both parties retain their legal existence after the transaction.

Affiliation means the association of two or more entities for the advancement of a specific goal or purpose.

Consolidation occurs when two or more corporations cease to exist, and by the same process a new one is created, taking over the assets and assuming the liabilities of those passing out of existence.

Marketable Asset means any item of value that can be sold, bartered or traded.

Merger occurs where one corporation absorbs another of relatively equal size and importance and remains in existence while the other is dissolved.

Transfer of Governing Board occurs when the Provider Agency remains intact, but assigns control or governance to a new entity or Governing Board.

Umbrella Organization means an affiliation among two or more business entities whereby each remains distinct, but join to form a new collective directing organization. The new organization may be given management or service control, without acquiring the assets or liabilities of the existing entities.

III. POLICY

- A. A Department Contract is not a Marketable Asset that may be purchased from a Provider Agency by another organization through an Acquisition, Affiliation, Consolidation, Merger, etc. Because a Department Contract is a negotiated instrument that establishes responsibilities between the Department and the Provider Agency, the Department is contractually obligated to the original signatory party(ies) only. If a Provider Agency is merged with, consolidated with, enters into any form of Affiliation, such as an umbrella arrangement, etc., or is otherwise acquired by another organization, the Department is not obligated to honor the conditions, terms, or fiscal arrangements of the Contract or assume any of the liabilities of the Acquiring Organization.
- B. Department Contracts are not automatically assignable or assumable by the Acquiring Organization, and consent, in writing, for the transfer or renewal of any and all Contract rights is required from the Departmental Component(s) by the Acquiring Organization.
- C. Any anticipated change(s) in the corporate or legal status of a Contract signatory during the Contract term shall be transmitted, in writing, to the Departmental Component(s) at least 90 Days prior to the intended change(s) or takeover.
- D. Whenever an Acquiring Organization acquires, affiliates, consolidates, merges, etc. with a Provider Agency, the Departmental Component may:

1. Continue the current Contract with the Acquiring Organization and modify the Contract in accordance with Contract Modification Policy Circular P1.10.

2. Continue the Contract on a conditional basis as stipulated in a Contract Modification, provided that the Acquiring Organization complies with all conditions indicated within the specified time frames established by the Departmental Component in the Contract Modification.

3. Terminate the current Contract based on an evaluation of the criteria and documentation submitted in accordance with Section IV. of this circular and issue a Request for Proposal (RFP) according to Department Policy Circular P1.04.

- E. The Department reserves the right to issue a Request For Proposal (RFP) for any subsequent renewal Contracts when an Acquisition, Affiliation, Consolidation, Merger, etc. occurs.
- F. Although title to all Equipment purchased through a Department Contract rests with the Provider Agency, the Department's equitable interest in that Equipment does not end or diminish with an Acquisition, Affiliation, Consolidation, Merger, etc. In addition, the Department has the right to require the transfer of any Equipment directly to the Department or to an eligible non-State party designated by the Department.
- G. Failure to submit the documentation required as outlined in Section IV. of this circular will result in a delay in the Departmental Component rendering a final decision on Contract continuation.

IV. PROCEDURES

A. Whenever an Acquisition, Affiliation, Consolidation, Merger, etc. is anticipated, the Acquiring Organization and/or Provider Agency should provide the required information listed below. Time frames listed below are approximate due dates and refer to Days before the intended Contract takeover date.

90 Days

A Provider Agency shall notify the contracting Departmental Component(s), in writing, of the anticipated takeover date of the Acquisition, Affiliation, Consolidation, Merger, etc. The Notification shall be accompanied by a dated copy of the Provider Agency's Board minutes indicating that the Board has discussed the intended Acquisition, Affiliation, Consolidation, Merger, etc.

The minutes shall include the results of the approval vote and any other pertinent information. Such information shall include, as a minimum, a written statement, signed by the Provider Agency Chief Executive Officer, that establishes the name of the Acquiring Organization and the exact date of the intended Acquisition, Affiliation, Consolidation, Merger, etc.

75 Days

A Board resolution by the Acquiring Organization must be received by the Departmental Component(s) prior to the projected take over of the Contract indicating its desire for a continuance of the Department of Human Services Contract. The Board shall also submit, at the same time, correspondence on company letterhead indicating the authorized signatories for Contracts, invoices and checks. In addition, the Acquiring Organization shall submit:

1. A plan explaining how the Acquiring Organization will effect the Acquisition, Affiliation, Consolidation or Merger including safeguards to be taken to protect contracted services.
2. A plan outlining how the Acquiring Organization will notify current clients served under the existing Contract including any impact on the clients.

This information shall be retained on file by the Departmental Component(s) for reference.

60 Days

The following information must be submitted by the Acquiring Organization to the Departmental

Component(s) for review before a determination can be made regarding a continuation of the current Contract.

1. Required Acquiring Organization documents shall be current and attested to regarding their validity, in writing, by the Board of the Acquiring Organization. Current minimum documents required to determine if a continuation of the current Contract is warranted, are:

- a. Certificate of Incorporation
- b. Current list of Board Members
- c. Current list of Chief Operating Officers
- d. Conflict of Interest policy
- e. Federal ID number
- f. Personnel policies
- g. Copy of the By-laws
- h. Copy of the Acquisition, Affiliation, Consolidation, Merger, etc. agreement
 - i. Chief Executive Officer (CEO) statement certifying that the Acquiring Organization is in compliance with all State, federal laws and regulations

2. The name and address of the Acquiring Organization, including the address(es) of all program sites(s) for Department contracted services.

3. A chart of the newly formed organization showing the new structure, along with a functional statement(s) noting the duties and/or responsibilities of all units that are associated with delivering contracted services to the Department.

4. A copy of the Acquiring Organization's balance sheet for all units that are associated with delivering contracted services to the Department which shows all merged assets and liabilities, as of the intended date of association or takeover in accordance with the Financial Accounting Standards Board (FASB) standards and/or interpretations.

5. A copy of the most recent annual organization-wide single audit of the Acquiring Organization, a corrective action plan, if needed, and a remedy of any unsatisfactory condition(s) present at the Acquiring Organization. In addition, any other financial

information concerning the Acquisition, Affiliation, Consolidation, Merger, etc. requested by the Departmental Component(s) must be submitted prior to any consideration for a continuation of the current Contract.

6. A list, if appropriate, of all federal, state, local government or private agency contracts and grants awarded to the Acquiring Organization that overlaps the term of the Department Contract. The list shall include as a minimum: the awarding agency and address, amount of the award, period of performance, purpose of the contract/grant and a contact telephone number of the granting agency.

7. A written statement from the Acquiring Organization that the newly formed entity recognizes its responsibility for any corrective action plan(s), questioned costs, or Contract overpayments incurred by its predecessor organization (Provider Agency) that may be identified in any subsequent audits of Contract(s) assumed by the Acquiring Organization.

45 Days

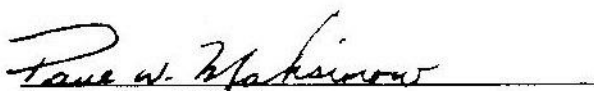
The decision by a Departmental Component(s) to authorize or disapprove a continuation of the current Contract shall be rendered based on submitted documentation, timeliness of submitted documentation, and one or more of the following criteria:

1. The Acquiring Organization has a history of providing the same or like service to individuals demonstrating needs similar to the Department's clients.
2. The service history indicates that the Acquiring Organization, if they had a contractual relationship with the Department has been satisfactory in:
 - a. meeting contractual performance outcomes if stipulated in the Contract(s);
 - b. providing accurate and timely interim reports as specified in any prior Department Contract; and
 - c. providing acceptable contracted Levels of Service (LOS).

3. The Acquiring Organization, where appropriate, has received the endorsement of the Department-affiliated local planning entity, i.e., county mental health board; county human services advisory council; children's inter-agency coordinating council; etc.
4. The Acquiring Organization has/or is capable of presenting an acceptable plan which has a cost equal to or less than the acquired Provider Agency's service delivery cost, while ensuring the professional capability to provide Department of Human Services contracted services.
5. There is no disruption of service or diminution of the quality of service, including no loss of service days, while ensuring that an appropriate continuity of care and/or treatment is maintained, unless written permission to the contrary is obtained from the Departmental Component(s).

B. A written notification that establishes the Departmental Component's intention to issue an RFP, authorize a Contract continuation or require a conditional Contract continuation shall be transmitted to the Acquiring Organization only after all required information and documentation from the Acquiring Organization is date stamped received. Up to sixty (60) Days after receiving all required documentation, the Departmental Component shall send written notification to the Acquiring Organization by certified mail of its decision, or advise, in writing, if an extension is needed.

Issued By:


Paul W. Maksimow
Assistant Commissioner
Department of Human Services