STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES

REQUEST FOR PROPOSALS

UNIFIED CARE MANAGEMENT ORGANIZATION

(Unified CMO)

FOR BURLINGTON COUNTY

Funding of $4,012,000 Available
There will be no Bidders Conference

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Commissioner

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Funding Agency
State of New Jersey
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Section I – General Information

A. Purpose:

The New Jersey Department of Children and Families (DCF) announces the availability of annualized funding of $4,012,000 funding for the purpose of establishing one (1) Unified Care Management Organization (Unified CMO) in Burlington County. Unified CMOs are defined as organizations solely focused on providing wraparound care management services and community resource development. This structure avoids conflicts of interest in the brokering of services and in the development of Individualized Service Plans. This RFP requires that the awarded entity either be such a sole focus organization or be transitioned to a sole focus organization within eight (8) months of award. Please refer to **Applicant Eligibility Requirements** of this RFP for details. The anticipated minimum number of children, youth, and young adults to be served is 480.

The Unified CMO shall serve children, youth, and young adults (denoted as "youth" throughout this document) and their families/caregivers (denoted as "families" throughout this document) with high and moderate level of care coordination needs that are currently served by the local Care Management Organization (CMO) and Youth Case Management (YCM) agency in Burlington. By unifying care management in each service area, DCF will be forming a single entity that will exercise significant responsibility for brokering services within Burlington County. The focus of this entity is to ensure the best and most appropriate services for youth served by the Children's System of Care provided under the auspices of DCF.

B. Background:

The Department of Children and Families (DCF) is charged with serving and safeguarding the most vulnerable youth and their families in the state and ensuring that service delivery is directed towards their safety, protection, permanency, and well being. DCF's Division of Children's System of Care (CSOC), formerly the Division of Child Behavioral Health Services (DCBHS), is the single state agency that provides access to needed services to youth with emotional and behavioral health care challenges and their families across multiple child-serving systems.

CSOC was created to coordinate and expand existing services and to develop new community services to help youth and their families recognize their strengths and plan services to meet their needs. The DCF children's system of care is based on the principles of family-focused, accessible, need based, clinically appropriate, and outcome-driven individualized care for youth. CSOC views youth and their families as full partners in the development of their Individual Service Plans (ISP) and in assessing progress toward their own outcomes. CSOC provides leadership in the development and coordination of services for individual youth and their families by providing care management/care coordination at the level needed by each family.

Care management/care coordination is an essential function for ensuring that all necessary services and supports are requested, obtained, and provided to the youth and their family. Over time, the DCF children's system of care was developed with community entities providing two separate levels of care management. The Care Management Organizations (CMOs) provide care management for those youth and their families who are involved with multiple child serving systems and have been determined to need a high level of assistance in developing and implementing a plan of services and supports to address their needs. Youth Case Management (YCM) agencies provide care management to those youth and their families who have been determined to require a moderate level of assistance and support in accessing services.

Concerns were raised about the bifurcated system of care management. Families raised concerns about youth feeling "penalized" as they progress toward wellness and are transferred from a Care Management Organization (CMO) to a Youth Case Management (YCM) care manager. Families also state that it is not helpful to families to have multiple siblings in the children's system of care each working with a separate care manager.

In 2006-2007 CSOC began an assessment process that examined ways to make the system more accessible for youth and their families and help families keep youth at home, in school, and out of trouble. CSOC contracted with the University of South Florida to conduct an independent assessment of the children's system of care, and conducted three (3) regional public hearings to receive input directly from youth, families, and advocates on care management.

CSOC explored options for improving care management that would build on the strengths of the current systems and address the concerns expressed about the bifurcated care management system. A strong recommendation to CSOC was to pilot unification and coordination of CMO and YCM services, yielding integrated care coordination entities serving youth with high and moderate levels of needs. This is consistent with one of the recommendations of the University of South Florida's independent

assessment, which strongly supported piloting any suggested changes to the children's system of care through initiatives known as "Innovation Zones" prior to implementing any changes statewide.

In 2008, CSOC began to pilot Innovation Zones in three service areas: Essex, Mercer, and Monmouth counties. CSOC identified the following issues that were considered critical and applied to all Innovation Zone changes. They are:

1. A local point of access to and coordination of the services and supports available through the children's system of care;

2. One entity to manage high and moderate levels of care management;

3. Capacity of the Unified CMO determined by the need for services in each local area; and

4. Community oversight.

For three consecutive years CSOC conducted a review of the Innovation Zones and evaluated the changes in the system delivery process, the quality of services, family satisfaction, fidelity to the Wraparound model of care, and outcomes. The findings overwhelmingly indicated that the Innovation Zone pilots had been a success. Key positive impacts and outcomes included:

1. Families now have the consistency of one care management entity and no longer experience the challenges of having to move from one agency to another when moving from one level of care management to another;

2. Implementation of the Wraparound model of care utilizing Child and Family Teams (CFT) for all families was initiated and fidelity to the Wraparound model of care has been maintained;

3. In each of the three Unified CMO counties, the number of admissions to out of home treatment settings decreased in the year post implementation of unified services, compared to the year prior. It is a core principal of the children's system of care to serve youth in the least restrictive setting appropriate to meet their needs. The Unified CMO pilot has helped the CSOC better meet this goal;

4. In each of the three Unified CMO counties, the average length of stay for youth exiting out of home treatment decreased in the year post implementation of unified services, compared to the year prior.

5. With the ability to fully implement the Wraparound model of care, an increased number of families benefited from having access to Family Support Organization (FSO) services. Families have expressed much appreciation for these services, which include education, advocacy, and family support;

6. Re-admission rates to care management services remained stable pre and post Unified CMO implementation;

7. As the result of increased positive outcomes for youth and their families, the average length of stay in care management was decreased in the Unified CMO; and,

8. Families with multiple children receiving care management services no longer have to potentially interact with two different entities. Families have positively received this change.

C. Services to be funded:

The grantee for this program is expected to provide, initiate and/or coordinate an array of care management services including advocacy, brokerage, linkage, and monitoring of the services and supports identified in the youth's plan of care. Each Unified CMO, as a systems partner, is required to develop, manage and monitor an organized local children's system of care to deliver the needed services and supports within the CSOC defined area. The local children's system of care must be designed to:

1. Stabilize the family system and minimize the movement of youth from one living arrangement to another;

2. Prevent inappropriate hospitalization or re-hospitalization;

3. Improve the functioning of youth in all life domains, including but not limited to, social, behavioral, emotional and educational;

4. Respond to the individual needs of families and youth, focusing on the importance of their participation in treatment;

5. Provide timely, on-site access to complete an assessment and evaluation in a wide array of settings convenient to the family; and

6. Manage all challenges by working with the family in the community to prevent movement from the home, school and community. The exceptions would be emergency hospitalization or possibly police involvement, which would indicate serious risk of harm.

Unified CMOs shall assure that the core values and principles of CSOC are incorporated into their care management practices, as follows:

1. Youth-centered and family-focused, with the needs of the youth and family determining the services received and the intensity of care management;

2. Based on an Individualized Service Plan (ISP), using an integrated Wraparound model that incorporates both formal and informal services and supports;

3. Community-based, with the locus of services as well as management and decision-making responsibilities resting at the local level;

4. Culturally competent, with agencies, programs and services that are responsive to the cultural, racial, and ethnic differences of the families they serve; and,

5. Provided in the least restrictive setting, and supportive of the youth in remaining at home, in school, and in their community.

In addition, Unified CMOs are required to incorporate family guided decision making into their practice model by utilizing a Child Family Team (CFT) integrated service planning model and empowering families to request additional supports and services when needed.

Population Description

Unified CMO services are available to eligible youth and young adults who have been determined by DCF, or its designated Contracted System Administrator (CSA), PerformCare, to require care management services due to any one or any combination of the following:

1. The youth has serious emotional or behavioral health challenges that adversely affect his or her capacity to function in the community;

2. The youth's CSOC assessment indicates a need for the level of care management services provided by a Unified CMO; and/or,

3. The youth and/or the youth's family require face-to-face assistance in obtaining and coordinating treatment, rehabilitation, financial and/or social services without which the youth could reasonably be expected to require more intensive services to remain in the community, in school, and out of trouble.

A youth or young adult shall not be eligible for Unified CMO services if the youth's CSOC assessment, or an evaluation performed by an authorized agent of DCF, does not indicate a need for Unified CMO services.

No Eject/No Reject Policy

The grantee must comply with DCF no eject/no reject policy governing this service. Enrollment must be maintained for all referrals until defined outcomes and discharge criteria are met, unless the family opts for discharge from care management services.

Transitional Plan

As part of this RFP each respondent must develop a plan for transitioning youth to the Unified CMO from the existing CMO and YCM.

The transitional plan must include:

1. Transfer of inventory (vehicles, computers, software, etc);

2. Transitioning of staff, including interested staff from the existing CMO and/or YCM agencies;

3. Transitioning of youth and their families to the Unified CMO;

4. Office space;

5. Start-up and operations budget;

6. Open House for all existing staff;

7. Development of a rigorous quality assurance and performance improvement plan;

8. Notification, education and routine communication to families, local system partners, the Judiciary and the local community;

9. Training of all staff including Board and Executive Management; and,

10. The transitional plan must involve the Family Support Organization (FSO) in the process to ease the transition and introduce the FSO to families currently served by the YCM agency. The Burlington County FSO is already serving the families of youth with high level needs. The FSO expansion to serve the families of youth with moderate level needs will take place several months after the award of the Unified CMO.

Please describe your plan to manage this manage this staged transition process.

Unified CMO Responsibilities: Overview

Unified Care Management entities are responsible to:

1. Provide comprehensive care management services to the local system of care;

2. Provide high and moderate levels of care management;

3. Provide Unified CMO capacity to meet the need for all CSOC care management services in each local area;

4. Assure that the assessment, referral, and care management process is transparent;

5. Enroll as a Medicaid/NJ FamilyCare provider, and meet all the requirements of the Division of Medical Assistance and Health Services (DMAHS) as an enrolled provider; including but not limited to N.J.A.C. 10:49 and 10:73-3. All Unified CMO entities are additionally required to participate as DMAHS Presumptive Eligibility/Medicaid/ NJ FamilyCare providers consistent with **Presumptive Eligibility/Medicaid/NJ FamilyCare Requirements** outlined in this RFP;

6. Implement and monitor the services and supports identified in the Individualized Service Plan (ISP). The individualized service planning process identifies the strengths and needs of the youth and family and develops a coordinated plan of interventions, using community-based formal and informal services and supports delivered through the provider services network developed by the Unified CMO;

7. Manage a DCF provided fund to develop community resources to support youth and their families consistent with **Community Resource Development** outlined in this RFP;

8. Manage a flexible fund to provide resources and sustainable services identified in the youth's ISP that are not available through other funding or community resources and the Unified CMO's contract with the DCF; and,

9. Manage the resources provided under the Unified CMO's contract to a financial benchmark developed by DCF.

Service Delivery Standards

All youth shall have a bio-psychosocial and clinical summary completed or acquired by collateral sources to support the level of care management needed.

New Enrollment into the Unified CMO

The Unified CMO shall initiate enrollment of the youth upon receipt of referral from the CSA; conduct a face to face contact to develop an Interim ISP as outlined in this RFP; and complete the electronic case record within seven (7) calendar days of receipt of the referral.

The CSA will open the FSO to the youth and their family at the same time the Unified CMO is assigned. The CSA will include the opening of the FSO in the letter sent out to families. Please refer to **Transitional Plan** of this RFP for additional clarification regarding the provision of FSO services.

The family will have the opportunity to hear the FSO offer its complement of services and have the ability to consent or refuse the service. If the family decides they do not want the FSO's involvement, the family can call PerformCare and decline the offer of FSO services. The CSA will close the FSO tracking element.

Medicaid, NJ FamilyCare, and Presumptive Eligibility (PE) Requirements

To assist youth and their families in accessing all available benefits, Unified CMOs are required to enroll as Medicaid/NJ FamilyCare Presumptive Eligibility (PE) providers consistent with requirements at N.J.A.C. 10:49-2.8 and assure timely access to PE/Medicaid/NJ FamilyCare coverage, as well as any other available third party coverage.

In providing access to coverage, the Unified CMO shall assist the family in all aspects of applying for PE/Medicaid/NJ FamilyCare coverage. This includes, but is not limited to: assisting families to engage in applying for health benefits; explaining to the family the importance of providing health benefit coverage to their youth and any other eligible beneficiary in the home; assisting families in the application process including providing documentation and access to transportation/appointments, as needed, and providing advocacy by contacting the eligibility determination agencies on the families behalf.

All Unified CMOS are required to:

1. Complete a presumptive eligibility (PE) application for each child, youth and young adult who is not otherwise covered under Medicaid/NJ

FamilyCare at the time of the referral to the CMO, if the PE process has not already been initiated by another entity within the first 7 days on referral to the Unified CMO;

2. Submit all appropriate PE applications to DMAHS;

3. Assure that provider case management staff and other appropriate staff complete DMAHS PE training;

4. Designate a PE Coordinator and a backup PE Coordinator;

5. Assist the child, youth or young adult and/or his or her family in collecting the documentation required to complete and submit a Medicaid/NJ FamilyCare application within 30 days of enrollment, if this process has not already been initiated by another entity;

6. As family circumstances indicate, review eligibility factors for each beneficiary and assist the beneficiary and/or his or her family in applying for any and all benefits for which they shall be eligible, including, but not limited to, Medicaid and NJ FamilyCare; and

7. Assist the beneficiary and/or his or her family in maintaining eligibility for Medicaid, NJ FamilyCare and other benefits, including working with the family in accessing new eligibility within 2 weeks of the last day of previous coverage.

The Unified CMO shall work with the family to identify other sources of funding, including any third party coverage that may be available, and assist the family in accessing those benefits. This will expand the network of available providers to the youth and family beyond the children's system of care, and will facilitate the continued provision of services and supports upon the youth and family's transition from CSOC.

Preparation of the Interim Individual Service Plan (ISP)

The Unified CMO shall conduct a face to face contact with the youth and his or her family within three (3) business days of the referral from the CSA to develop the interim ISP, which includes an immediate plan to stabilize the youth and his or her family and address immediate concerns. The interim ISP shall be completed within seven (7) calendar days of the referral and the electronic case record shall be completed with the CSA by the Unified CMO within 24 hours of the referral by the CSA.

Crisis Management

A crisis management plan shall be identified for each youth and their family and shall include the availability of Unified CMO staff to respond to a crisis on 24-hour/seven-day per week basis. If the family is unsuccessful at reaching the Unified CMO directly the family may call the CSA. The expectation is the CSA will reach out to the Unified CMO and the Unified CMO will have 20 minutes to call the family back. If the family does not hear from the UCM within that timeframe the family will call back the CSA and MRSS will be dispatched, if appropriate.

Family Collaboration

The Unified CMO shall collaborate with families for service delivery. The Unified CMO shall make all efforts to engage youth resistant to services in those instances where the family requests and consents for services and where the youth requests services and the family resists for youth over 14 years of age.

Child Family Team (CFT)

To facilitate the development of a Comprehensive ISP for the youth, the Unified CMO, in conjunction with the family is responsible to organize and coordinate the development of a Child Family Team. The CFT shall consist of, at a minimum, the following members:

1. A Unified CMO care manager;

2. The youth and the parent or other caregiver;

3. Any interested person the youth or family wishes to include as a member of the team, including, but not limited to, clergy members, family friends, and any other informal support resource;

4. A representative from the FSO, if desired by the family;

5. A clinical staff member who is directly involved in the treatment of the youth that the ISP is being developed for, if desired by the family;

6. Representation from outside agencies the youth is involved with, including, but not limited to, current providers of services, parole/probation officers, and/or educators that the youth and his or her family agree to include on the team (notwithstanding the requirement that Unified CMO is required to include the local education community); and

7. The DCF Division of Child Protection and Permanency (DCP&P), formerly DYFS, caseworker assigned to the youth, if the youth is receiving protection or permanency services from DCP&P.

8. The Division of Developmental Disabilities (DDD) case manager if the youth is receiving services from DDD.

Comprehensive Individualized Service Plan (ISP)

Within thirty (30) days of the referral the Unified CMO shall create a comprehensive ISP with the following criteria. The ISP shall be comprehensive in nature, strength based and developed in partnership with the youth and the family or other caregivers. It shall include a copy of the DCF confidentiality agreement form signed by all participants. The ISP shall identify the needed services and supports and ensure that the services and supports are provided in the least restrictive manner.

Care Management and Out of Home Treatment Settings

When youth require admission to an out-of-home treatment setting, the value and necessity of a Child Family Team (CFT) meeting is especially clear. The Unified CMO's responsibilities do not change when a youth is being treated in an out-of-home setting. The Unified CMO shall continue to convene a CFT meeting and complete an ISP in coordination with the out-of-home treatment provider. The Unified CMO staff shall be in regular communication with the out-of-home treatment provider, the youth, and the family.

Use of the IMDS Tools

The Unified CMO will use the Information Management and Decision Support (IMDS) tools authorized and approved by DCF and CSOC.

Service Coordination

For youth receiving services through DCP&P, the Unified CMO must involve DCP&P in all planning as a CFT partner for management of care for the youth. The Unified CMO must also include the local education community as a CFT partner and part of the youth's formal and informal community support. Where the youth receives services from the Division of Developmental Disabilities and/or the Division of Mental Health and Addiction Services, or any other social service agency, those entities shall also be included in the planning process for the youth.

Community Resource Development

The Unified CMO is required to partner with DCF to develop the network of individualized service plan providers with the capacity necessary to meet the needs of youth and their families by:

1. Identifying all existing services and community resources in the Unified CMO service area available to support the strategies identified in the ISP;

2. Determining the need for additional capacity and/or new services and supports. Unified CMOs are responsible for assuring that the youth and their family is offered a choice of at least two entities that can provide the needed service.

3. Building upon existing resources available within the Unified CMO designated area;

4. Partnering with CSOC to support the creation of additional services and supports when a full network is not available;

5. Developing Memoranda of Understanding (MOU) with all service providers within the Unified CMO network to support the provision of the services identified in the ISP; and

6. Managing and monitoring the network of service providers.

Each Unified CMO shall assure that youth and their family has a choice of entities to provide the services identified in the ISP. Based on a thorough understanding of the cultural diversity of its service area, each Unified CMO shall identify and develop, as needed, accessible culturally responsive services and supports. These shall include, but are not limited to, affiliations with informal or natural helping networks such as neighborhood and civic associations, faith based organizations, and recreational programs determined by the CFT to be appropriate.

Each Unified CMO shall develop policies and procedures for identifying and recruiting appropriate informal community supports in the individualized service plan and for providing supervision and oversight of their activities.

Each Unified CMO shall develop and maintain working affiliation agreements or Memoranda of Understanding (MOU) with all participants in the community service/resource network and shall identify in the MOU specific goals, roles, and responsibilities for collaborative activity.

In developing their network of service providers, the Unified CMO shall assure the following:

1. The provider network only includes Medicaid/NJ Family Care enrolled providers for Medicaid/NJ FamilyCare reimbursable services;

2. The Unified CMO shall not implement any more restrictive criteria than allowed by Medicaid/NJ FamilyCare unless, prior to implementation, DCF/CSOC has approved such additional restrictive criteria in writing;

3. The network is sufficient to meet capacity, including the identification of specialties and services that are easily accessible for the youth and family and are culturally competent;

4. The youth and family is offered a choice of potential providers (at least 2) from the network that meet the criteria established by the ISP and the youth and family; and

5. The Unified CMO as a sole focus care management entity does not directly or indirectly employ or subcontract to themselves any of the services or supports that are identified in the ISP.

Unified CMOs are required to recruit specialty providers to implement the services included in the ISP to the extent that the services are not already available within their network. Unified CMOs shall work with the specialty provider and CSOC to support their certification and enrollment if they are not currently enrolled in the Medicaid/NJ FamilyCare program.

The Unified CMO is also responsible to manage and monitor the services provided by their network of service providers, report on effectiveness and outcomes, and make changes to the network as needed.

Financial Management

Under CSOC, the services and supports provided and the payment for these services and supports is individualized and youth centered rather than program and service centered. The Unified CMO is responsible, as a systems partner, to assist in the implementation of this principle as outlined in their individual DCF contract.

Financial management and monitoring responsibilities of the Unified CMO shall include:

1. The design and implementation of Individualized Service Plans (ISP) to include a range of services and supports, some of which will be eligible

for reimbursement under Medicaid/NJ FamilyCare or other DHS/DCF contracts;

2. The administration of a flexible funding pool ("flex funds") for purchasing services and social supports that contribute to the goals of an ISP but are not reimbursable under Medicaid/NJ FamilyCare program or other DHS/DCF contracts;

3. The use of DCF funds, through the flexible funding pool and the community resource fund, to develop a local network of innovative community resources available to implement the services and supports identified in the individualized service planning process, organized specifically to contribute to individualized service planning goals and outcomes;

4. The monitoring and tracking of the costs of the ISP in conjunction with DCF, the CSA, and other system partners, including, but not limited to, other State agencies;

5. The reporting of financial outcomes, correlating the clinical outcomes with the financial resources consumed to produce the clinical outcomes; and

6. The tracking and managing of funds consistent with DCF cost benchmarks.

PROVIDER ADMINISTRATIVE REQUIREMENTS

Governance Structure: Board of Directors

Boards must be reflective of the racial and ethnic composition of the communities they serve and must include, at a minimum, 33% composition by parents and/or family members who have or have had youth with behavioral health needs.

No member of the Board of Directors shall be employed by an entity that provides services that may be brokered, purchased or procured by the Unified CMO, unless that Board member clearly discloses their professional relationship and signs a conflict of interest recusal form indicating they will not be involved in any consideration of the board in which they shall have a real or perceived direct personal or financial interest. This includes, but is not limited to, Intensive In-Community or Behavioral Assistance providers, Partial Care or Partial Hospitalization providers, Outpatient Community Treatment Providers, Out-of-Home Treatment providers, or other provider of services,

formal or informal, that a Unified CMO might broker on behalf of a youth and/or their family.

Sole Focus Organization

Unified CMOs being organizations solely focused on providing Wraparound care management services and community resource development has been an identified benefit. This structure avoids conflicts of interest in the brokering of services and in the development of ISPs. This RFP requires that the awarded entity either be such a sole focus organization or be transitioned to a sole focus organization within eight (8) months of award. Please refer to **Applicant Eligibility Requirements** of this RFP for details.

Youth and Family Rights

Youth and their families have the right to be treated with respect and dignity, receive behavioral health care services regardless of race, creed, ethnic origin, gender, and sexual orientation, and without consequence regarding the youth's eligibility or ineligibility for Federal entitlement programs or special education or related services.

Information obtained directly from the youth and/or their family or information obtained from collateral sources will remain confidential unless consent is provided in accordance with the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, except in cases of suspected child abuse or neglect or mandatory reporting laws.

Unified CMOs and all service providers within the Unified CMO network shall demonstrate regard for the rights of the youth and their families to exercise choice and to receive culturally sensitive, clinically appropriate, integrated, coordinated, and carefully monitored services provided in the least restrictive setting appropriate to their individual needs.

The Unified CMO shall deliver services in a manner that includes the youth and their family in service planning and permits maximum freedom of choice by the youth and their family in all areas of their lives where possible, including, but not limited to:

1. Fully informing the youth and their family of all service options and the benefits of those options;

2. Advising the youth and their family of how to access services; and,

3. Ensuring that the youth and their family participate in all decision-making processes about the services and supports they receive, and

are appropriately advised of the expected benefits and possible consequences of those decisions.

The Unified CMO shall inform each youth and their family of their rights and of the responsibilities of the Unified CMO in a language or format that is understood by the youth and family. Youth and their families may openly communicate complaints, grievances, or appeals about any system partner, service provider or other issue without fear of losing their services.

Physical Access

The Unified CMO is to be physically located within Burlington County, and shall be easily accessible to the youth and families of the population being served. Unified CMO offices will be family friendly and compliant with all applicable laws, codes and regulations. Unified CMOs shall arrange for the intermittent use of other county-specific rooms/space if necessary. Unified CMOs will be available on a 24/7 basis with the capacity to deliver case management crisis response as needed.

Program Administration, Core Staffing and Weighted Caseloads

Unified CMO administrative staffing will include an Executive Director and adequate resources to effectively perform clerical, financial, quality management, and MIS functions. Staffing is also to include appropriate professionals for clinical operations, ISP planning and implementation; and community resource development consistent with DCF standards. DCF in coordination with DMAHS will develop regulations governing Unified CMOs. The United CMO developed and funded under this RFP will be subject to such regulations. All staff proposed for the Unified CMO shall be 100% dedicated to the operation of the Unified CMO. Annual contract documents shall indicate the allocation of all staff and certify that all staff has 100% of their time allocated to the Unified CMO operation.

Staff Qualifications

Executive Director – Must possess a Master's degree in a relevant discipline (e.g., social work, counseling, psychology, psychiatric nursing, criminal justice, special education) with a minimum of five years' post Master's related supervisory experience in child welfare, children's mental health, juvenile justice, special education, public administration or management, or a related public sector human services or behavioral health field). Previous system of care experience is preferred. A valid driver's license is required.

Supervisors - Must possess a Master's degree in a relevant discipline (e.g. social work, counseling, psychology, psychiatric nursing, criminal

justice, special education) with a minimum of two years' post Master's related supervisory experience in child welfare, children's mental health, juvenile justice, special education or a related public sector human services or behavioral health field working with at risk children and families). Experience in clinical assessment and child/adolescent development is required, with community-based experience preferred. Supervisors must be clinically and culturally competent and responsive, with training and experience necessary to manage complex cases in the community across child serving systems. A valid driver's license is required. Experience with community relations, resource development, and Wraparound processes are a plus. Bi-lingual skills are a plus in areas with high concentrations of non-English speaking families.

Clinical Consultant (DCP&P) - Must possess a Master's degree in a relevant discipline (e.g., social work, counseling, psychiatric nursing) and a Clinical License to practice in the State of New Jersey. Bi-lingual skills are a plus in areas with high concentrations of non-English speaking families. Prior experience with the Wraparound process is a plus. A valid driver's license is required.

Care Managers - Must possess a Master's degree in a related field (e.g. social work, counseling, psychology, psychiatric nursing, criminal justice, special education) or a Bachelor's degree in a related field and a minimum of one year related experience. Care managers must be energetic and creative, culturally competent and responsive, and able to work under supervision and as part of a community team. A valid driver's license is required. Experience with community relations, resource development, and Wraparound processes are a plus. Bi-lingual skills are a plus in areas with high concentrations of non-English speaking families.

Staff for all positions that provide direct services to youth or who supervise direct services to youth and their families must successfully complete a criminal background check conducted by a recognized and reputable search organization prior to the direct provision or supervision of such services. The criminal background check shall be in accordance with any applicable legal or regulatory requirements.

Each Unified CMO shall assure that a criminal background check is periodically conducted. In no case, shall the periodic criminal background check be conducted less frequently than every two (2) years for all employees who have direct contact with or supervise employees who have direct contact with youth and their families. Employees who do not successfully complete the periodic criminal background check shall not be permitted to have direct contact with youth and their family or supervise such staff.

Staffing ratios

- Supervisors - Are assigned at a 1:6 ratio (Supervisor to Care Managers).

- Weighted Caseloads - A Unified CMO will require Care Managers carry a mixed caseload of youth who are assessed utilizing the CSOC Strength and Needs Assessment as having high or moderate needs for care management.

- Weighted Caseload Guidelines – A point system dependent upon the level of need of youth, with 2 points assigned for high needs youth and 1 point assigned for moderate needs youth. See Table 1.

- Care Managers - Are assigned a caseload totaling between 10 and 20 points. This is a recommended target that shall be adjusted depending on the mix of youth and needs presented at any given time. On average, this weighted caseload structure results in a 1:15 Care Manager to youth ratio. Staffing patterns shall be funded based upon the 1:15 ratio. See Table 1 for Weighted Caseload Chart.

Table 1. Weighted Caseload Chart

High Need Youth	Moderate Need Youth	Total Youth
0	20	20
1	18	19
2	16	18
3	14	17
4	12	16
5	10	15
6	8	14
7	6	13
8	4	12
9	2	11
10	0	10

Training and Technical Assistance

Unified CMOs are required to assure that all appropriate staff attends required CSOC trainings. These trainings are provided through a CSOC contracted provider and can be found at:
http://www.nj.gov/dcf/providers/csc/training/

For new staff, CSOC requires that the Unified CMO assure that all staff providing care management or supervising the provision of care management services shall participate in the following trainings:

- NJ Wraparound- Values and Principles;
- Child Family Team Process;
- Strengths and Needs Assessment IMDS Tool;
- Individual Service Plan Development/ Linking Assessment and Individualized Service Planning Development;
- Developing and Managing the Family Crisis Plan;
- Cultural Competence;
- Parent Professional Partnership; and
- Understanding and Using Continuous Quality Improvement.
- Effective Facilitation;
- Understanding Behavior (through Positive Behavioral Support);
- DSM IV;
- Safety Issues/ Community Safety;
- Domestic Violence;
- Gangs;
- Substance Abuse; and
- Strengths Based Development of Plans of Care.

Unified CMOs shall maintain documentation of training completion in each staff member's personnel file.

Unified CMOs are required to assure that all staff meets all continuing education requirements to maintain licensure, if licensure is a requirement for the position.

All supervisors and staff providing direct services are required to be certified in the use of the CSOC Information Management and Decision Support (IMDS) Tools prior to their use of such tools, and shall be re-certified on an annual basis.

Unified CMO shall provide for the implementation of an internal plan of in-service trainings in addition to the training opportunities offered by CSOC.

Each respondent to this RFP for Unified CMO services shall include with their proposal an assessment of their specific technical assistance and training needs for the following:

- Board Development
- Community resource development
- Systems collaboration
- Collaboration with the local Family Support Organization

Complaints, Grievances and Appeals, and Notification of Rights

Each Unified CMO shall establish an internal youth and family complaint procedure that will be subject to CSOC review and approval at the time of the entity's contract negotiations. The process shall be consistent with DMAHS regulations and CSOC' policy regarding complaints, grievances, and appeals. Current policy information can be found at: http://www.performcarenj.org/pdf/provider/youth-family-guide-eng.pdf

Youth and their families may openly communicate complaints, grievances, or appeals about any system partner, provider, or other issue without fear of losing their services.

The Unified CMO shall track all grievances, complaints and appeals, and their resolution/disposition. Additionally, the Unified CMO shall include in their annual Quality Assurance and Program Improvement (QAPI) plan, as outlined in this RFP, an analysis of all the grievances, complaints, and appeals and a proposed corrective action plan to address any systemic concerns identified as the result of the analysis.

Integration and Use of the CSOC provided Management Information System (MIS)

The Contracted System Administrator (CSA), PerformCare, is the system component charged with integrating information critical to the overall management of the children's system of care. Therefore, the inter-operability of the Management Information Systems operated by the CSA and the Unified CMOs is critical.

CSOC provides a designated Management Information System to the Unified CMOs for their use in managing its functions where this inter-operability is required. The Unified CMOs shall be responsible for acquiring and installing the requisite computer equipment and communications hardware to operate the software and to interface and communicate with CSOC designated entities. CSOC will provide assistance to the Unified CMOs with the installation of the software on the Unified CMO-provided hardware. Installation support shall include, at a minimum, set-up assistance, training and operational testing. CSOC will also provide ongoing technical support for the Unified CMOs, which includes periodic training.

Each Unified CMO shall use the software provided by the CSA to establish and maintain an integrated electronic youth and family file, as well as obtain, organize, analyze, and distribute the following information:

1. Records management, including creating and maintaining individual electronic case records;

2. Real time enrollment, electronic assessment and ISP information;

3. Tracking of client status, ISP outcomes, service/resource availability and utilization, and quality of care and cost indicators;

4. Interfacing with the CSA's system, including the transfer of data for the purposes of updating individual electronic case records and facilitating the claims payment process for authorized service requests; and

5. Maintaining a registry of service providers practicing within the Unified CMO's area of responsibility, and providing access to this registry as needed.

Unified CMOs are required to input required data elements necessary for managing the System of Care and reporting purposes as required by DCF, DMAHS and/or the CSA. Such data shall include, but is not limited to, data to support the creation of an electronic medical record; CSOC designated assessments; ISP/treatment plan documents; progress notes; and other designated elements. Specific data elements include, but are not limited to:

1. Demographic information;

2. Assessment information;

3. Progress notes for each face to face visit, collateral contact, and activity in support of the ISP;

4. Diagnostic information; and,

5. Discharge/Transition Information.

Responsibilities for Reports

Unified CMOs shall meet all programmatic and contracting DCF reporting requirements with regard to fiscal management, service provision, and outcomes. This includes, at a minimum, quarterly fiscal reporting with detailed accounting of all expenditures by the Unified CMO, ongoing tracking of caseloads and services rendered, and tracking of outcomes for youth enrolled in, and transitioned from, the Unified CMOs.

The Unified CMO is responsible for providing the reports required by CSOC utilizing the data that they are required to create and/or which has been

provided to them by CSOC. Reporting requirements additionally include ad-hoc reports as requested by CSOC.

General Provider Record Keeping Requirements

Each Unified CMO shall maintain all records in compliance with all applicable State laws and rules including, but not limited to, N.J.A.C. 10:3, N.J.A.C. 10:49 and N.J.A.C. 15:3.

Unified CMOs shall retain, in a secure location, and in compliance with all applicable Federal and State laws, rules and regulations, confidential information related to the employees providing unified care management services and shall produce the information for the Department of Children and Families, or any Department-authorized agents, in an orderly fashion on demand.

For licensed clinical staff members of the Unified CMO, the following information shall be maintained:

1. Verifiable written documentation of the licensed behavioral healthcare practitioner's credentials and any other adjunct staff involved with the direct administration and/or delivery of this service as appropriate, including, at a minimum:

    a. A copy of his or her current and valid license authorizing him or her to practice in New Jersey or the state where services are delivered; and

    b. Verifiable written documentation of his or her experience working with youth; and,

Updates or changes regarding all information required in **Integration and Use of the CSOC provided Management Information System (MIS)** outlined in of this RFP**,** which shall be forwarded to DCF by the provider within ten (10) days of receipt of the updated information. Updated information shall include, but is not limited to, additional continuing education units obtained, change of provider name and/or address, any action against licensure of the provider, and any criminal charges.

For the non-licensed behavioral health care staff employed by the Unified CMO, the following information shall be maintained:

1. A copy of the staff’s educational credentials; and,

2. Verifiable written documentation, including dates, of the staff member’s relevant experience in a comparable in-community environment; and,

In addition to the records the Unified CMO is required to maintain for specific staff, the following information shall also be maintained for all individuals providing or supervising the provision of services:

1. A copy of his or her current valid driver's license and insurance, if the operation of a motor vehicle is required to fulfill the responsibilities of the job; and,

2. Verifiable written documentation of successful completion of a criminal background check conducted by a recognized and reputable search organization for all staff having direct contact with youth and their families.

Required Records for each Youth

Unified CMOs shall maintain any and all information required by DCF and CSOC, as well as the DHS' DMAHS and any other authorized designee by either Department or the CSA for services rendered to a youth receiving Unified CMO services.

Unified CMOs shall keep such individual legible records as are necessary to fully disclose the nature and extent of the services provided.

Unified CMOs shall maintain the following data in support of all Unified CMO fee-for-service claims:

1. The name of the youth;

2. The name and title of the individual providing the service;

3. The dates of service;

4. The length of time that the service was provided;

5. The length of time of the face-to-face contact (excluding travel to or from client contact); and

6. The name of individual(s) with who contact was maintained on behalf of the client.

Unified CMOs shall enter progress notes into the CSOC Management Information System for each contact or collateral activity rendered on behalf of a youth or family/caregiver. The progress note shall contain, at a minimum:

1. The date, location (as appropriate) and time(s) of each service;

2. The length of face-to-face contact, excluding travel time to or from the location of the beneficiary contact, or the length of time and type for each collateral contact;

3. The names, titles, organizations and phone numbers of relevant collateral contact(s); and,

4. A summary of the service activity.

Collaboration with Systems Partners

The Unified CMO in each service area must establish and maintain working relationships with system partners, including but not limited to, the Division of Child Protection & Permanency, County Mental Health Administrator, the Mental Health Screening Units, the CCIS, the Juvenile Justice System, the Family Court's Family Intervention Crisis Unit, the Family Support Organization, the Division of Developmental Disabilities, the Division of Mental Health and Addiction Services, and the CSA.

Unified CMOs are also responsible for establishing and maintaining collaborative relationships with community partners, resources and youth and family/caregiver supports, including but not limited to schools, detention centers, and shelters.

Transportation

Unified CMOs shall assist the family with exploring and accessing all possible transportation options and/or services as shall be available.

Quality Assurance and Program Improvement (QAPI) Plan

CSOC, in conjunction with systems partners, manages a children's system of care that is responsible for concrete outcomes that reflect the DCF's commitment to maintaining ties among youth, their families, and communities while delivering effective clinical care and social support services to youth with emotional and behavioral challenges. Desired outcomes include, but are not limited to:

1. Improved clinical outcomes and emotional/behavioral stability;

2. Improved permanency in community living situations;

3. Reduced lengths of stay in out-of-home treatment;

4. Reduced use of restrictive out-of-home treatment settings and increased use of more family-like settings;

5. Reduced re-admissions to acute psychiatric hospitals;

6. Improved crisis management and stability in living situations for families and caregivers;

7. Improved educational performance and overall social functioning for youth;

8. Reduction in delinquent behavior among youth involved with services;

9. Improved access to assessments and evaluations and improved timeliness of service delivery in all settings, including youth in detention centers or juvenile shelters;

10. Improved satisfaction and increased participation in treatment by families and youth;

11. Improved continuity and management of care, and accountability, quality, and transparency of service provision; and

12. Improved compliance with CSOC' Clinical Services Standards and National Best Practices.

In addition to these global outcomes, each youth and family's unique service plan will target specific functionality in the CSOC defined major life domains.

As a systems partner, the Unified CMO is required to develop and implement practices and procedures to support the systems outcomes enumerated above.

Dashboards and the QAPI Plan

CSOC is to provide the Unified CMO with a quarterly report known as a Dashboard. This report provides measures in 4 domains: Access, Utilization, Compliance and Outcomes. Within each domain, several measures are provided. The Dashboard allows for uniform measurement of Unified CMOs on a set of indicators that are established and regular for all Unified CMO entities, and allows for comparison to statewide averages and other Unified CMO entities from similar geographic regions. Unified CMOs, in the course of establishing their QAPI plans, will be expected to review and utilize measures from the Dashboard as part of their improvement plan. The QAPI plan shall identify areas where performance on Dashboard measures falls below the Unified CMO's expectations, or the performance of other Unified CMOs, in

order to identify areas for performance improvement measurement and activity.

The annual QAPI plan must be submitted and approved by DCF/CSOC in advance of its implementation. The plan shall include objectives, measures, and outcomes.

The QAPI Plan shall be structured to include the following:

1. A detailed set of annual objectives both external and internal to the Unified CMO, including any objectives required by contract or other CSOC priority;

2. An implementation plan for proposed assessment and improvement activities to attain the annual objectives, including measurable outcomes and provisions to collect data to establish baselines and demonstrate progress on outcomes;

3. A timetable for the implementation of all the assessment and improvement activities;

4. A timetable for the attainment of objectives related to the delineated assessment and improvement activities;

5. Identification of individuals within the Unified CMO responsible for implementation and objective attainment; and

6. A plan for QAPI performance reporting both internally and to CSOC at intervals no less than quarterly.

In addition to the Unified CMO's annual QAPI Plan, each Unified CMO shall be evaluated by DCF, or its designated agent, based on various performance measures, including but not limited to:

1. Timeliness of service plan development;

2. Progress towards the financial benchmarks specified in the Unified CMO's contract;

3. Cultural, ethnic, and linguistic competency;

4. Individual service plan appropriateness;

5. Restrictiveness of living environment;

6. Hospital or CCIS readmission rate;

7. Changes in the level of functioning of the youth;

8. Living environment stability;

9. Permanency, including supporting any DYFS mandates and requirements in this regard;

10. Length of stay in out-of-home residential treatment settings;

11. Reduction in the use of more restrictive out of home residential treatment settings and increased use of community based treatment options, including treatment homes;

12. Involvement of the youth and family in service planning and delivery; and,

13. Consumer satisfaction with the services provided.

The experience and evaluation information of each of the Unified CMOs will be incorporated into the overall quality improvement process and used to develop best practice guidelines.

Unusual Incident Reporting

As part of the Unified CMO quality assurance and performance standards, all Unified CMOs shall comply with the Unusual Incident Reporting Administrative Order (DHS Administrative Order 2:05 and its Addendum) and the CSOC Policy on Unusual Incident Reporting (CSOC-013).

Unified CMOS shall review all their Unusual Incident Reports no less than annually, and in consultation with CSOC determine the necessity of including a quality improvement plan/objective in their submittal of future QAPI Plans.

Internal Controls

Unified CMOs shall assure that they have established effective internal controls that are reviewed, assessed and updated periodically and are included in each Unified CMO's QAPI submitted to CSOC.

At a minimum, each Unified CMO shall assure that there are sufficient checks and balances to assure quality provision of service within contracted timelines; that the Unified CMO is inn compliance with all statutory, regulatory and Administrative Orders; and that there are sufficient controls to detect and avoid fraud and abuse.

Organization Web Site

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

D. Funding Information:

For the purpose of this initiative, DCF will make available on an annualized basis up to $4,012,000 in funding for Burlington County. The funding will be prorated for FY 2013. One (1) proposal will be funded under this program.

It is anticipated that $276,000 of the $4,012,000 will be allocated on an annual basis to flexible funding which is to be dedicated for non-Medicaid services to support the goals of each youth's ISP.

Unified CMOs shall be required to bill Medicaid/NJ FamilyCare for their care management services.

Continuation funding is contingent upon the availability of funds in future fiscal year and the continued contractual obligations being met. Matching funds are not required.

Applicants are required to submit a detailed spending plan. Operational start-up costs are permitted; however shall not exceed three percent (3%) of the award. Applicants must provide a justification and detailed summary of all expenses that must be met in order to begin Unified CMO operations.

Matching funds are not required; however, proposals that demonstrate the leveraging of other financial resources are encouraged.

Funds awarded under this initiative shall not be used to supplant or duplicate existing funding.

The obligation of DCF to implement the terms of this RFP and the resulting contracts is contingent upon the availability of appropriated funds from which payment for contract services can be made. No legal responsibility on the part of DCF for payment shall be made unless and until funds are made available to DCF from the Legislature or Federal Government and incorporated into the DCF budget for this purpose. DCF reserves the right to request agencies to

clarify components of their proposals and may request agencies to make modifications to their proposals regarding the amount of funding and the level of services to be provided.

DCF assumes no responsibility or liability for the costs incurred by an applicant for planning or preparing a proposal in response to this announcement.

Any expenses incurred prior to the effective date of the contract will not be reimbursed by DCF.

E. Applicant Eligibility Requirements:

As an organization that is responsible for managing behavioral health care for youth and brokering services, the Unified CMO must have characteristics that enable it to perform as an independent care management entity.

There are two (2) proposal options for the development of these Unified CMOs: an already formed sole focus Care Management Organization or an existing DCF provider (501(c) (3) or other tax exempt non-profit entity developed or incubated to be a Unified CMO within eight (8) months of contract award. Under either option for the Unified CMO, the following requirements apply:

1. Applicants must be not for profit corporations that are duly registered to conduct business within the State of New Jersey.
2. Applicants must be in good standing with all State and Federal agencies with which they have an existing grant or contractual relationship.
3. Applicants shall not be suspended, terminated, or barred for deficiencies in performance of any award, and if applicable, all past issues must be resolved as demonstrated by written documentation.
4. Applicants that are presently under contract with DCF must be in compliance with the terms and conditions of their contract.
5. Where appropriate, all applicants must hold current State licenses.
6. Applicants that are not governmental entities must have a governing body that provides oversight as is legally required.
7. Applicants must have the capability to uphold all administrative and operating standards as outlined in this document.
8. Applicants must have the ability to be separate from the governance and business plan of any other agency, or any organization directly or indirectly related to a provider agency or the CSA, and, designed solely for the business of care management and community resource development.

9. Have the leadership and administrative and clinical capacity to perform Unified CMO functions effectively.
10. Applicants must comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27, the State Affirmative Action Policy.
11. All applicants must have a Data Universal Numbering System (DUNS) number. To acquire a DUNS number, contact the dedicated toll-free DUNS number request line at 1-866-705-5711 or inquire on-line at: www.dnb.com.
12. Any fiscally viable entity that meets the eligibility requirements, terms and conditions of the RFP, and the contracting rules and regulations set forth in the Contract Policy and Information Manual (N.J.A.C. 10:3) may apply.
13. Copies of any audits or reviews received from DCF or other State entities from 2010 to the present. If available, a corrective action plan should be provided and any other pertinent information that will explain or clarify the applicant's position.
14. Have a Board that includes:
    a. Representatives from the community (If providers of service to this population are included, the total number is not to exceed more than 33% of the total membership. Service providers also include individuals related in any manner to service providers. An individual service provider can have only one representative on the Board. Service providers are not required.)
    b. A minimum of 33% family members whose children are current or past recipients of service of the existing systems serving this population, and
    c. Representation that is reflective of the Unified CMO area's cultural and ethnic diversity.
15. Have corporate by-laws that include the following provisions:
    a. An Executive Director shall be an employee of the Board, and shall not maintain a seat on the Board or serve as an officer of the Board.
    b. All members will assume active board responsibility for the Unified CMO and will not represent the interests of any other provider organization in this capacity.
    c. All Board members in the Community and Provider categories of the Unified CMO organization shall not also be Board members of other provider agencies.
    d. By-laws that indicate a quorum of no less than 50% membership.
    e. By-laws that clearly define policies regarding conflict of interest.

Entities Eligible for Consideration for CMO development

1. A currently operating not-for-profit that serves as a sole focus Care Management Organization anywhere in the State of new Jersey.

2. A currently operating not-for-profit may execute a short term development contract (with an existing DCF provider (501(c) (3) or other tax exempt non-profit), not to exceed eight (8) months from contract award. The proposal needs to clearly specify implementation milestones for organizational and Board development for the new Unified CMO agency and its necessary operational capacities. DCF will initiate a new contract effective at the end of the eight (8) month period with the new, now separate Unified CMO sole focus not-for-profit 501 (c) (3) organization. The RFP response requires a description of how these development activities will be accomplished within eight (8) months of contract award.

F. Related Documents and Forms:

The following documents may be obtained through the DCF website at www.nj.gov/dcf/providers/notices/ or by email request to DCFASKRFP@dcf.state.nj.us. The following application documents are either required or contain important information. (Note: All requests submitted to this email address must identify, in the Subject heading, the specific RFP for which information is being sought).

1. Bidders Frequently Asked Questions
2. Proposal Cover Sheet
3. General and Administrative Costs description
4. DCF Standard Language Document for Social Service Contracts
5. Standard Language Document Signature Pages
6. Annex B Excel Forms and Tutorial
7. Contractor Certification and Disclosure of Political Contributions **
8. Ownership Disclosure Form **
9. Statement of Assurances
10. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion

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

** Ownership Disclosure and Chapter 51 forms are available on the Department of the Treasury website at www.state.nj.us/treasury/purchase (Note: non-profit entities are exempt from Chapter 51 disclosure requirements.)

G. RFP Schedule:

October 12, 2012	**Notice of Availability of Funds/RFP publication**
November 8, 2012	**Question/Answer Period Ends.** Questions must be submitted in writing via email to: DCFASKRFP@dcf.state.nj.us.
November 29, 2012	**Deadline for Receipt of Proposals by 12:00PM**

Proposals must be delivered either:

1. **In person to:**
   Catherine Schafer, Director of Grants Management, Auditing and Records
   Department of Children and Families
   101 South Broad Street, 7th Floor
   Trenton, New Jersey 08625

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

2. **Commercial carrier (hand delivery, Federal Express or UPS) to:**
   Catherine Schafer, Director of Grants Management, Auditing and Records
   Department of Children and Families
   101 South Broad Street, 7th Floor
   Trenton, New Jersey 08625

   Applicants submitting proposals in person or by commercial carrier should submit **one (1) signed original and one CD ROM** with all documents including a signed cover letter of transmittal.

3. **Online- Https://ftpw.dhs.state.nj.us**

   DCF offers the alternative for our bidders to submit proposals electronically to the web address above. Online training is available on our website at www.nj.gov/dcf/providers/notices/

   We recommend that you do not wait until the date of delivery in case there are technical difficulties during your submission. Only a registered Authorized Organization Representative (AOR) or the designated alternate is eligible to send in a submission. Registration

forms are available on our website. Registered AOR forms must be received 5 business days prior to the date the bid is due. You need to register only if you are submitting a proposal online.

H. Administration:

Screening for Eligibility, Conformity and Completeness

DCF will screen proposals for eligibility and conformity with the specifications set forth in this RFP. A preliminary review will be conducted to determine whether the application is eligible for evaluation or immediate rejection. The following criteria will be considered, where applicable, as part of the preliminary screening process:

1. The application was received prior to the stated due date;
2. The application is signed and authorized by the applicant's Chief Executive Officer or equivalent;
3. The application is complete in its entirety, including all required attachments and appendices; and,
4. The application conforms to the specifications set forth in the RFP.

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

Proposal Review Process

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

DCF reserves the right to request that applicants present their proposal in person for final scoring. In the event of a tie in the scoring by the Proposal Evaluation Committee, the bidders that are the subject of the tie will provide a presentation of their proposal to the evaluation committee. The Proposal Evaluation Committee will request specific information and/or specific questions to be answered during a presentation by the provider and a brief time-constrained presentation. The presentation will be scored out of 50

possible points, based on the following criteria and the highest score will be recommended for approval as the winning bidder.

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

The Department also reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so.

The Department's best interests in this context include, but are not limited to: State loss of funding for the contract; the inability of the applicant to provide adequate services; the applicant's lack of good standing with the Department, and any indication, including solely an indication of misrepresentation of information and/or non-compliance with any State of New Jersey contracts, policies and procedures, or State and/or Federal laws and regulations.

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

I. Appeals:

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

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

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

J. Post Award Review:

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

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

Post Award Reviews will not be conducted after February, 2013.

K. Post Award Requirements:

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

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

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

1. Proof of Insurance naming the Department of Children and Families as an additional insured
2. Board Resolution Validation
3. DCF Standard Language Document and Signature Pages
4. Current agency by-laws
5. Copy of lease or mortgage (if applicable)
6. Certificate of Incorporation
7. Conflict of Interest policy
8. Affirmative Action policy and certificate
9. A copy of all applicable professional licenses
10. Copy of the agency's annual report to the Secretary of State
11. Job descriptions of key personnel, resumes and current salary ranges
12. Current and proposed agency organizational charts and staffing patterns
13. Current/dated list of agency Board of Directors and their terms of office
14. Copy of agency code of ethics and/or conflict of interest policy

15. Letters of Commitment/Affiliation Agreements/Memoranda of Understanding
16. Statement of Assurances
17. Certification regarding Debarment
18. Copy of IRS Determination Letter regarding applicant's charitable contribution or non-profit status (if appropriate)
19. All required Certification and Disclosure Forms in accordance with PL 2005, c.51 ("Chapter 51") and Executive Order 117 (2008), if appropriate**
20. Proposed Program Implementation Schedule
21. Copies of all applicable licenses
22. DCF Annex B Budget Forms

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

Section II – Application Instructions

A. Proposal Requirements and Review Criteria:

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

The narrative portion of the proposal must be double-spaced with margins of 1 inch on the top and bottom and 1½ inches on the left and right. The font must be no smaller than 12 points. There is a 25-page limitation for the narrative portion of the grant application. A one (1) point reduction per page will be administered to proposals exceeding the page limit requirements. Five (5) points will be deducted for each missing document. If the deductions total 20 points or more, the proposal shall be rejected as non-responsive. The narrative must be organized appropriately and address the key concepts outlined in the RFP. Items included in the transmittal cover letter, Annex B budget pages, and attachments do not count towards the narrative page limit.

Proposals must be bound or fastened by heavy-duty binder clip. Do not submit proposals in loose-leaf binders, plastic sleeves or folders. Additionally, include one (1) electronic copy of the proposal on CD-ROM.

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

1. **Applicant Organization (20 points maximum)**

   Describe the agency's history, mission and goals, and where appropriate, a record of accomplishments in working in collaboration with the Department of Children and Families and/or the Department of Human Services.

   Describe the agency's governance structure and its administrative, management and organizational capacity to enter into a third party direct state services contract with the Department of Children and Families. Include organization's involvement with the County Inter-Agency Coordinating Council (CIACC); relationship with Department of Education partners; provision of career ladders; innovations in the community and involvement of families. Note the existence (if any) of professional advisory boards that support the operations. Provide any plan for Board development (include any Board expansion, qualifications of members and categories of membership, plans for development of by-laws, policies regarding officers, nominations, terms of office and conflict of interest). If applicable, indicate the relationship of the staff to the governing body. Indicate if any consumers of service or family/caregivers are Board Members, on staff of the organization and/or participate in any advisory capacity. Attach a current organizational chart.

   Provide an indication of the agency's demonstrated capability to provide care management services that are consistent with DCF's goals and objectives for the program to be funded. Applicants must indicate whether they are currently involved with the children's system of care and if so, the extent of involvement. Include information on current programs managed by the agency, the funding sources and if available, any evaluation or outcome data.

2. **Need Justification (10 points maximum)**

   Provide documentation describing the local need for Unified CMO services, including:

   - Statements that demonstrate an understanding of care management services;

   - A summary of existing services in Burlington County including identified gaps in the current provision and availability of those services; and

3. **Program Approach (40 points maximum)**

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

- A description of any collaborative efforts or processes that will be used to provide the Unified CMO services (attach any affiliation agreements or Memoranda of Understanding);

- Describe how the agency will incorporate a “No eject/No reject” mandate into service development and delivery, including services outside of the Unified CMO geographic location. Explain how this will be reflected in the Memoranda of Understanding and affiliation agreements.

- Describe how the agency will identify resources, services, and strengths that are available through the Unified CMO and community including informal community resources;

- Attach the agency's plan regarding conflict of interest and self-referral.

- Describe how the agency will incorporate families and community members into the ongoing resources/services/strength identification and evaluation process.

- Describe how the agency will partner with the Family Support Organization (FSO) in the identified service area.

- Provide information on the accessibility of services, including the hours and days that services will be available to the youth and families, and the geographic location(s) where services will be provided.

- Indicate the number, qualifications and skills of all staff, consultants, sub-grantees and/or volunteers who will perform the proposed service activities. Attach, in the Appendices section of the application, an organizational chart for the proposed program operation; job descriptions that include all educational and experiential requirements; salary ranges; and resumes of any existing staff who will perform the proposed services.

- Describe how the agency will transition staff from the existing CMO and YCM. Describe the agency plan to recruit any additional care managers who reflect the cultural and ethnic diversity of the Unified CMO service area.

- Describe how the agency will respond to and manage crises using the existing crisis services, the CSA and direct Unified CMO planning and intervention. Describe how the agency will ensure 24/7 staff coverage and response.

- Describe the Unified CMO phase-in schedule and transition plan. Describe activities, milestones and timeframes as described in this RFP. Attach a separate Transition Implementation Schedule as an Appendix.

- Describe the management and supervision methods that will be utilized.

- Describe how the agency will operate and manage the ISP process from initial referral through to discharge/transition. Please include all of the activities of agency care managers and their supervisors and timeframes for discrete activities. Also describe how the ISP will facilitate transitioning youth and their families out of Unified CMO services.

- Describe any information management needs. Include the agency's plan to meet the MIS needs for daily operations and discuss the agency's approach to any anticipated interface issues.

- Identify all training and technical assistance needs. Include training and technical assistance needs for Board development and expansion, and for administrative, support and care management staff.

- Describe how the agency as a Unified CMO will meet the needs of various and diverse cultures within the target community based on the Law Against Discrimination (N.J.S.A. 10:51 et seq.).

4. Outcome Evaluation (15 points maximum)

The Unified CMO structure is being expanded as the result of improved outcomes and family satisfaction achieved by a unification of several levels of care management provided by a single entity. DCF will ensure that Unified CMOs engage in the best of current system practices.

Describe your procedures for monitoring the management of outcomes.
Describe the outcome measures that will be used to determine that the service goals and objectives of the program have been met. Provide a brief narrative and attach copies of any evaluation tools that will be used to determine the effectiveness of the program services.

Provide a Quality Assurance and Performance Improvement (QAPI) plan as an attachment.

5. Budget (10 points maximum)

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

The budget must be reasonable and reflect the scope of responsibilities required to accomplish the goals of the Unified CMO. The budget must also reflect a 12-month itemized operating schedule and must include, in separate columns, total funds needed for each line item, the funds requested in this grant, and funds secured from other sources. All costs associated with the completion of the project must be clearly delineated and the budget narrative must clearly articulate all budget items including a description of miscellaneous expenses or "other" items.

The completed budget proposal must also include a detailed summary of and justification for any one-time operational start-up costs (not to exceed three percent (3%) of the award). These costs must be reflected on a separate schedule. DCF intends to purchase as much direct clinical care services as funding allows. However, there may be organizations with sound clinical models that may not have the fiscal resources to incur all start-up costs. DCF will consider modest start-up cost proposals as part of the provider's submission for this RFP for facility renovation and other start-up expenses subject to a clear and convincing case presented regarding the need and an explanation of the need. Both the Budget Narrative and the Annex B will need to be clear concerning the need and the cost of start-up expenses. All contract terms including start-up costs may be subject to contract negotiation.

Describe the agency's approach to meeting the financial management responsibilities of a Unified CMO. Include the agency's procedures for monitoring costs.

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

6. Completeness of the Application (5 points maximum)

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

B. <u>Supporting Documents</u>:

Applicants must submit a complete application signed and dated by the Chief Executive Officer or equivalent. Failure to submit any of the required documents requested in this RFP will result in a loss of five (5) points per item from the total

points awarded for the proposal. All applications/proposals submitted in response to this RFP must be organized in the following manner:

Part I: Proposal

1. Proposal Cover Sheet*
2. Table of Contents
3. Proposal Narrative

Part II: Appendices – The following items must be included:

1. Job descriptions of key personnel, resumes and current salary ranges
2. Current and proposed agency organizational charts and staffing patterns
3. Current/dated list of agency Board of Directors and their terms of office.
4. Copy of agency code of ethics and/or conflict of interest policy
5. Letters of Commitment; Affiliation Agreements; Consulting Agreements and, Memoranda of Understanding
6. Statement of Assurances*
7. Certification regarding Debarment*
8. Contractor Certification and Disclosure Forms in accordance with PL 2005, Chapter 51, together with a completed Ownership Disclosure form**
9. Copy of IRS Determination Letter regarding applicant's charitable contribution or non-profit status (if appropriate)
10. Proposed Program Implementation Schedule/ Transition Implementation Schedule
11. Copies of all applicable licenses
12. Copies of any audits or reviews completed or in process by DCF or other State entities from 2010 to the present. If available, a corrective action plan should be provided and any other pertinent information that will explain or clarify the applicant's position
13. Current single Audit Report
14. Current IRS Form 990
15. DCF Annex B Budget Forms*
16. Evaluation Tools
17. QAPI Plan

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

** Chapter 51 forms are available on the Department of the Treasury website at http://www.state.nj.us/treasury/purchase/ (Note: non-profit entities are exempt from Chapter 51 disclosure requirements.). Click on Vendor Information and then on Forms.

C. Requests for Information/Question and Answer Period

DCF will provide eligible applicants additional and/or clarifying information about this initiative and application procedures through a time-limited electronic Question and Answer Period. Answers will be posted on the website at: http://www.state.nj.us/dcf/providers/notices/

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

All inquiries submitted to this email address must identify, in the Subject heading, the specific RFP for which the question/clarification is being sought.

Written questions must be directly tied to the RFP. Questions should be asked in consecutive order, from beginning to end, following the organization of the RFP. Each question should begin by referencing the RFP page number and section number to which it relates.

All other types of inquiries will not be accepted. **Applicants may not contact the Department directly, in person, or by telephone, concerning this RFP.** Inquiries should only be addressed for technical support through DCFASKRFP@dcf.state.nj.us. Inquiries will not be accepted after the closing date of the Question and Answer Period. Written inquiries will be answered and posted on the DCF website as a written addendum to the RFP.