STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES

REQUEST FOR PROPOSALS
FOR

DEAF AND/OR HARD OF HEARING
SPECIALTY SERVICES

Funding of $784,750 Available

There will be no Bidder’s Conference for this RFP

Bids are Due January 24, 2013

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December 14, 2012
# TABLE OF CONTENTS

## Section I - General Information

A. Purpose Page 3  
B. Background Page 4  
C. Services to be Funded Page 5  
D. Funding Information Page 18  
E. Applicant Eligibility Requirements Page 20  
   (Specific Requirements for Specialty Services Providers)  
F. RFP Schedule Page 22  
G. Administration Page 23  
H. Appeals Page 25  
I. Post Award Review Page 25  
J. Post Award Requirements Page 25  

## Section II – Application Instructions

A. Review Criteria Page 27  
B. Required Supporting Documents Page 32  
C. Requests for Information and Clarification Page 34
Section I – General Information

A. Purpose:

The New Jersey Department of Children and Families’ (DCF) Division of Children’s System of Care announces the availability of $784,750 in grant funding for the purpose of seeking proposals from private or public non-profit entities and for profit organizations to provide Specialty Services to New Jersey deaf and/or hard of hearing youth ages 12 through 21 and their families for the New Jersey Division of Children’s System of Care (CSOC). Proposals are being sought from across New Jersey’s 21 counties. Funding for up to 5 co-ed beds statewide is available under this announcement. The goal is to create a service environment with professional competencies and equipment capabilities to maintain a treatment milieu that would be culturally and functionally relevant to deaf and/or hard of hearing children and adolescents. This would serve as one important component within a comprehensive treatment continuum of services for children/adolescents who are deaf and/or hard of hearing, and their families. This announcement seeks to maximize the utilization of Specialty Services through a transparent and contracted clinical model paired with a rate structure consistent with national best practices.

Individuals to be served are children and adolescents who are deaf and/or hard of hearing and have co-occurring behavioral health issues, mental health challenges, substance abuse or severe issues related to behavior in home, school and community. The target population would require intensive clinical treatment and supports from specialty skilled staff. Qualified staff should be fluent in American Sign Language (ASL) and Signed English, knowledgeable in deaf culture, and experienced in working with a range of deaf and hard of hearing individuals.
B. Background:
The Department is charged with serving and safeguarding the most vulnerable children and families in the state and ensuring that service delivery is directed towards their safety, protection, permanency, and well being.

The Department of Children and Families, Division of Children’s System of Care, has sought to better develop out-of-home (OOH) clinical services for youth and families in a variety of ways. CSOC researched and established a rate setting methodology that delineates critical elements of out-of-home treatment services and market-based rates for each service element. CSOC awards Specialty Services beds targeted for those youth who are most challenging to serve.

Specialty Services criteria were established to address the particular treatment needs of youth whose needs are often beyond the “traditional” complement of services. The need was apparent as requests for treatment of youth exhibiting sexually aggressive, fire setting, and extreme violent behaviors grew while the availability of in-state providers who could meet these needs decreased. The need to develop services for these youth prompted the creation of Specialty Services providers. DCF/CSOC currently funds 11 in-state Specialty Services provider agencies, with 35 site locations, for a total of 337 contracted beds throughout the state. Specialty Services capacity remains consistently high and there are often waiting lists for these services.

CSOC Specialized Residential Treatment Services Unit (SRTU), through comprehensive record review, analysis, and monitoring of OOH treatment utilization, identified gaps in services to particular age groups, gender, and cognitive functioning levels. Additionally, SRTU staff analyzed the distribution of services across the state in terms of density and paucity. Difficult to match youth, those waiting for Specialty Services beds, and identified specialty youth who might have required out-of-state treatment due to a lack of available Specialty Services were reviewed to cross check their specific behavioral specifiers with the existing in-state Specialty Services. This process validated the need for the Deaf and/or Hard of Hearing population.

The CSOC system of care is based on the principles of family-focused, accessible, need based, clinically appropriate, and outcome-driven individualized care for children and youth. All system partners of CSOC, through contracted quality assurance measures, are expected to work toward ensuring that youth remain at home, in school, and out of trouble. This metric remains the same for youth in out of home care as providers are asked to provide services in homelike and community-embedded settings with a strong and demonstrated ability to engage, cultivate, and maintain youths’ connections to family and natural supports. The present initiative emphasizes the complement of services to youth and family and is less focused on the “residential” aspect of these services. Proposals are expected to describe flexible, family-friendly, clinically expert, and imaginative service delivery that are independent of locality. Referrals will come
through the CSOC SRTU and will be strictly managed on a no eject/no reject basis.

C. Services to be Funded:

The grantee for this program is expected to provide, initiate and/or coordinate an array of services, including a Specialty Services program for the deaf and hard of hearing:

Funding for one five (5) bed Specialty Services program is available.

Target Population(s):

Total # of beds: 5
Age: 12-21
Gender: Co-ed
IQ: 60+

Specified Location: A property on the grounds of Marie Katzenbach School for the Deaf. Successful applicants will provide expert consultation to the State of New Jersey on the building modifications that will be needed to meet the specific needs of the deaf and hard of hearing. The applicant should describe its ability to provide this consultation. The State of New Jersey will be responsible for the initial remodeling of the home to meet all licensing requirements and will install needed equipment.

Standard Specialty Services Criteria:
Fire Setting: within the past two years; low, moderate, and high risk with fire setting evaluation;
Assault: within the last two years; with or without a weapon and causing injury; history of repetitive assaults;
Sexually Reactive Behavior: within the last two years; low, moderate, or high risk with psychosexual evaluation; predatory or non-predatory; adjudicated or non-adjudicated; Tier I or II Megan’s Law;
Significant Trauma Indicators: history of multiple placements, substantiated history of physical, sexual, or emotional abuse and/or substantiated history of moderate to severe neglect.

The Division of Children’s System of Care is seeking for respondents who demonstrate that they can successfully operationalize the principles of individualized, needs driven, and family focused care, and display sustainable progress throughout the course of treatment. Models of service delivery that promote persistence and creativity of professional staff are valued. Services that are demonstrated as effective through research, evidence-based, -informed, or – suggested, are strongly encouraged. Most importantly, Specialty Services will be provided in homelike settings in the community. Service delivery models must pay particular attention to ensure youth have a stable, familiar, consistent, and
nurturing experience. Respondents can demonstrate this attention in their descriptions of staffing patterns, site design and utilization, and the type, scope, and frequency of family involvement.

Specialty Services are, by definition, uniquely tailored to the particular needs of youth in a manner that extends beyond the usual expectations of individualized care. Specialized care settings must conceptualize the etiology and the "driving dynamics" of youth's need. Etiology should describe the source, nature, intensity, frequency, and duration of the particular disturbances with which youth present. Services and delivery design should reflect a direct correlation to etiology. Some appropriate examples are: Aggression Replacement Therapy, the Parenting Wisely Program, Cognitive Behavior Therapy (CBT -- conducted and/or supervised by an appropriately trained and credentialed clinical professional), Functional Family Therapy, the Sanctuary Model, Trauma Affect Regulation: Guidelines for Education and Therapy (TARGET), and Participation Enhancement Intervention (1). Respondents will have the opportunity to articulate etiology and demonstrate the links between the intervention model, strategies, and techniques.

Common to youth manifesting the above-mentioned behaviors is a history of trauma. Therefore, CSOC is particularly concerned with the management and treatment of trauma and the sequelae of trauma that affect so many of our youth. Many youth who present with "specialty" challenges should also be understood in terms of their experiences of trauma and consequent difficulties in forming and maintaining healthy attachments. Specialty Services proposals should articulate the management of behaviors that impede and support healthy attachments. Management of behavior is not sufficient, however, and respondents must also describe models of intervention that actively treat underlying trauma and consequent attachment issues. For example, youth with physically aggressive behaviors are often managed with additional or altered staffing patterns, alterations to youth's schedule, and more carefully controlling the youth's movements and interactions with others, etc. Management is necessary and an important aspect of serving youth well. However, it is not sufficient for true change and growth. Therefore, respondents are asked to demonstrate, for example, how the relationships with direct care staff (as supported through team structure, supervision, and staffing patterns) will help youth move from being merely "managed" to engaging in treatment. This RFP asks respondents to consider this continuum of care from management to treatment as it is fluid and seasoned providers will recognize many management strategies are directly linked to treatment interventions. Respondents are asked to fully articulate their management and treatment model.

The CSOC is based on the principles of family-focused, accessible, need based, clinically appropriate, and outcome-driven individualized care for children and youth. All system partners of CSOC, through contracted quality assurance measures, are expected to work toward ensuring that youth remain at home, in
school, and out of trouble. This metric is the same for youth in out-of-home treatment as providers are asked to provide services in homelike and community-based settings with a strong and demonstrated ability to engage, cultivate, and maintain youth’s connections to family and natural supports. This initiative emphasizes the complement of services for youth and family and is less focused on the “residential” aspect of these services. Proposals must describe flexible, family-friendly, clinically expert, and imaginative service delivery that are independent of locality. Referrals will come exclusively through the CSOC.

Specialized Residential Treatment Services Unit (SRTU) and will be strictly managed on a no eject/no reject basis.

**Course and Structure of Treatment:**

The grant requires the establishment of a multi-disciplinary treatment team with required functions. Respondents must provide detailed information about treatment team members. Additionally, respondents must describe, through policy and procedure documents, mechanisms for communication, responsiveness, flexibility, and creativity of treatment teams.

The minimum treatment activities to be provided in this service are described below. Respondents must demonstrate the capacity to meet these minimum requirements. Qualified staff should be fluent in American Sign Language (ASL) and Signed English, knowledgeable in deaf culture, and experienced in working with a range of deaf and hard of hearing individuals.

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

1. Youth
2. Family members
3. Natural supports as identified and selected by youth and family
4. Psychiatrist (Fluent in ASL)
5. Nurse (Supervising RN) (Fluent in ASL)
6. Allied Therapist (Fluent in ASL)
7. Direct Care staff (Fluent in ASL)
8. Educational professionals (Fluent in ASL)
9. Licensed clinicians (Fluent in ASL)
10. Program Coordinator/Recruiter (Fluent in ASL)
11. CSOC Case Management entity
12. CP&P Case Management entity (if applicable)

Within the first 24 hours of Specialty Services the treatment team will:

- Complete IMDS Strengths and Needs Assessment.
• Complete initial treatment and crisis plan; provide copies to youth and family.
• Complete a nursing assessment and incorporate it into the initial treatment and crisis plan.
• Have a completed Pediatric assessment
• Assure that the youth is oriented to the service.
• Assure that the family members are oriented to the service.
• File all necessary consents and releases.

Within 72 hours the youth will:

• Have a completed psychiatric assessment and report.
• Have a completed psychosocial assessment, which includes recommendations for inclusion in allied therapies where appropriate.

Within the first week the service will:

• Have conducted a treatment team meeting and completed the comprehensive treatment and discharge plan integrating all of the treatment team’s input, assessments, and recommendations.
• Complete a Functional Behavioral Assessment and Behavior Support Plan, as needed, for those youth identified as MI/DD

Each day the service staff will provide:

• Comprehensive and well documented communication sharing significant events, youth behaviors, and other relevant information across disciplines and time frames.
• Proper supervision of youth; a ratio of 1 direct care staff for every 4 youth must be maintained at all hours with a minimum of two awake staff present at all times, including while youth are asleep.
• Fewer than 30% of all youth waking hours will be spent in “milieu” activities.
• Beginning and end of day meetings are also to be used to “check in” with the emotional state of youth.
• As needed, medication dispensing and monitoring.
• Adhere to all required documentation and activities in accordance with licensing regulations and the addendum to Administrative Order 2:05.
• Transport, as needed, youth to medical appointments, family visits, community outings, and any other requisite need as regulated by licensing standards.

Each week, every youth and family will receive (each 30 to 45 minutes in duration):
Six (6) psycho-educational activities directed by a Bachelor’s level staff fluent ASL consistent with the treatment focus of the service. Additional group activities will be provided to support: pro-social learning, problem solving, life-skill development, and coping strategies.

Two (2) individual and/or family (shall be a total of 90 minutes) therapy sessions with a licensed clinician; family therapy sessions may be conducted off-site; if necessary, family therapy sessions may be conducted via telephone for not more than half of all family sessions.

Three (3) group therapy sessions with a licensed clinician or unlicensed Master's level clinician fluent ASL under the supervision of an on-site clinically licensed Master's level clinician or on-site Physician.

Two (2) Health Education group sessions with a licensed health professional fluent ASL (RN, MD, LPN, APN). Topics include, but are not limited to: medication education, hygiene, sexuality, substance abuse, and nutrition.

Structured and guided community-based activities or involvement that is participatory in nature, such as: “YMCA or YWCA” classes or organized sports leagues, Scouting programs, volunteerism, community center and/or public library activities and public events.

Allied therapy - (6) hours per week; for MI/DD youth the grantee(s) will have the ability to substitute a portion of the 6 hours per week per child for behavioral support interventions and activities.

Each month:

- Comprehensive treatment and discharge plan meetings occur that include all members of the multidisciplinary treatment team. The treatment plan is reviewed, discussed, and modified to reflect needed changes.
- IMDS assessment review is updated.
- Psychiatrist has a meeting with the staff around medication issues.
- Psychiatrist has a clinical session with the youth
- Psychiatrist has a meeting with the family.
- On site family psycho-educational activities occur, minimally three hours of structured and professional-staff directed per month.

Two months prior to discharge:

- The team will provide a “step down” action plan that details week-to-week activities supporting a smooth and planful transition from out-of-home services. At minimum, the action plan must include:
  - More than two (2) meetings between the Specialty Service treatment team to discuss youth and family strengths, continuing goals, successful strategies, and potential pitfalls;
“Set back” plan for times during the discharge phase when youth and/or family encounter difficulties that make discharge appear less likely. This plan will delineate critical staff necessary to re-focus, rally, and support youth and family through to discharge;

Action steps youth and family might take to capitalize on successes such as: formal feedback (in addition to satisfaction surveys) to service staff, and any multi-media activity that documents youth and family achievement.

For MI/DD youth, Parent/Guardian training on implementation of Behavior Support Plan, use of Assistive Technology, if needed and support for transition of the youth/young adult back home or to an alternative living arrangement.

Joint Care Reviews (including JCR’s, TJCR’s, and DJCR’s) and Strength and Needs Assessments (when applicable) must be completed and submitted on time.

**Staffing Structure:**

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

**A Board certified child psychiatrist or Psychiatric Advanced Practice Nurse (APN) in affiliation with a Board Certified Child Psychiatrist who has experience with working with deaf and/or hard of hearing children and adolescents will provide:**

- Provide 1.25 hours per week per youth; 75% of which must be face-to-face time with youth and/or families
- Intake Psychiatric assessment and report within the first week of admission
- Initial treatment and crisis plan within the first 24 hours of admission
- Medication management meetings monthly
- Clinical visit with youth monthly
- Clinical visit with family monthly
- Attend treatment team meeting monthly
- 24/7 availability by contract

**A Pediatric Advanced Practice Nurse or Pediatrician who has experience with working with deaf and/or hard of hearing children and adolescents will provide:**

- Pediatric assessment and report within the first 24 hours of admission
• 24/7 availability by contract

Direct Care staff - Bachelor’s level practitioner(s) or a high school diploma practitioner with 3-5 years of experience providing direct care to youth in a behavioral health agency or institutional setting, who have experience with working with deaf and/or hard of hearing children and adolescents will provide:

• 63 hours per week per youth (represents multiple FTEs)
• Youth orientation within the first 24 hours of admission
• Milieu activities daily
• Community integration focused leisure/recreational activities weekly
• Direct youth supervision daily
• Attend treatment team meeting monthly
• Pre-Vocational skills training 5 hours weekly
• Provision of Ansell-Casey or Botvin Life Skills training: 3 hours weekly

Allied Therapies (music, art, movement, recreation, occupational, vocational, combination thereof) Professional(s) who have experience with working with deaf and/or hard of hearing children and adolescents will provide:

• 6 hours per week per youth
• Recreation/Leisure Assessment and report within the first week of admission
• For MI/DD youth the grantee(s) will have the ability to substitute a portion of the 6 hours per week per youth for behavioral support interventions and activities.

Bachelors level practitioner(s) with 3-5 years of relevant experience or an unlicensed master’s level practitioner who have 1-year experience with working with deaf and/or hard of hearing children and adolescents will provide:

• 5.5 hours per week per youth
• Family orientation in the first 24 hours
• Review and signing of all required paperwork and consents within the first 24 hours of admission
• As needed on-site family psycho educational activities tied to comprehensive treatment and discharge plan monthly
• Attend treatment team meeting monthly

Clinician(s) who is clinically licensed to practice in NJ or a master’s level practitioner who is two years or less from NJ licensure and is
practicing under the direct and on-site supervision of a clinician who is clinically licensed to practice in NJ and have experience working with deaf and/or hard of hearing children and adolescents will provide:

- **8 hours per week per youth**
- Psychosocial assessment and report with the first week of admission.
- IMDS Strengths and Needs Assessment within the first 24 hours of admission
- Initial treatment and crisis plan development, documentation, and consultation with the first 24 hours
- Initial treatment and crisis plan family and youth debriefing within the first 24 hours of admission
- Comprehensive treatment and discharge plan development, documentation, and consultation in the first 7 days
- Individual therapy weekly
- Group therapy weekly
- Supervision of non-licensed Master's staff weekly
- Family therapy with family of origin or natural supports weekly
- IMDS assessment review and update monthly
- Attend and direct treatment team meeting monthly
- *For MI/DD youth the grantee(s) will have the ability to substitute a portion of the 8 hours per week per youth for behavioral support interventions and activities.*

A Registered Nurse (RN) or a Licensed Practical Nurse (LPN) under the direct supervision of an RN who has experience with working with deaf and/or hard of hearing children and adolescents will provide:

- **1.5 hours per week per youth (30% of all hours must be provided by an RN)**
- Nursing assessment and report within the first 24 hours of admission
- Initial treatment and crisis plan consultation within the first 24 hours and then weekly
- Medication dispensing daily
- Health/Hygiene/sex education weekly
- Medication education monthly
- Attend debriefing on youth status daily
- Attend treatment team meeting monthly

Service/Program Director with a Master’s degree and three (3) years post M.A. who has experience with working with deaf and/or hard of hearing children and adolescents (at least one year of experience which shall be in a supervisory capacity) will:

- Attend treatment team meeting monthly
• Oversee all QA/PI activities with particular attention to bench-marking activities for all direct care staff

For Youth and Young Adults with Mental Health Disorders and Intellectual/Developmental Disabilities

The grantee(s) for this program are expected to demonstrate the capability of providing the therapeutic rehabilitative supports and services combined with individualized behavioral supports and services specific for dually diagnosed youth (MI/DD) based upon each youth’s assessed need including but not limited to:

Assessment:

• Functional Behavioral Assessment or Applied Behavioral Analysis
• Level of Functioning in the six major life areas, also known as Activities of Daily Living (ADL) as measured by the Vineland or other similar accepted tool.

Treatment:

Development of an integrated plan of care, which includes:

• Appropriate augmentative and alternative communication supports and functional communication training, e.g. visual schedules, contingency maps, PCS, wait signal training.
• Individual behavioral supports such as Positive Behavioral Supports; training/coaching for the youth/young adult and caregivers/staff to meet the individual’s behavioral needs.
• Referrals for medical, dental, neurological or other identified evaluations.
• The Functional Behavioral Assessment or Applied Behavioral Analysis and development of a Behavioral Support Plan shall be an integral part of the treatment planning process for those identified youth.

Interventions shall include but are not limited to:

• Instruction in learning adaptive frustration tolerance and expression, which may include anger management
• Instruction in stress reduction techniques
• Problem solving skill development
• Psycho-educational services to improve decision making skills to manage behavior and reduce risk behaviors
• Social skills development
• Instruction in Activities of Daily Living
• Behavioral Support Plan
Parent/guardian training and support for transition of the youth/young adult back home or to an alternative living arrangement.

The treatment program must be able to safely address complex needs and challenging behaviors including but not limited to: elopement, property destruction, physical/verbal aggression, self-injurious behaviors, tantrums, non-compliance to verbal/written directions, and inappropriate sexual behavior.

Staff Training:

- Positive Behavioral Supports
- Identifying developmental needs, strengths
- Crisis management
- Develop the needed skills to complete Functional Behavior Assessment activities as well as to develop, implement and adapt proactive intervention plans.

Applied Behavioral Analysis:

Master’s Degree Board Certified Behavioral Analyst, MA BCBA is preferred; A Master’s degree in Psychology, Special Education, Guidance and Counseling, Social Work, or in a related field with at least one year of experience in the development and implementation of behavior support plans for those identified youth, (MI/DD):

- Functional Behavioral Assessment or Applied Behavioral Analysis and development of a Behavioral Support Plan
- Implementation of individualized Behavior Support Plan
- Providing coordinated support with agency staff and participating as part of the clinical team
- Attend Monthly Treatment Team Meetings

Katzenbach School Collaboration

This Specialty Services program will be housed on the grounds of the Katzenbach School. As such, the Provider is required to work collaboratively with the School, follow all property and school policies, enter into a lease agreement, and establish a positive working relationship with the Katzenbach School. Furthermore, the Provider is required to have direct care staff provide behavioral assistance and support to Specialty Services' children in the school during the school day. This is required except in situations where a child or children are unable to attend school and are remaining in the Specialty Services residence during the school day and require direct care staff supervision in the residence.
**Student Educational Program Planning Requirements:**
Assessment of school performance is an essential component of treatment planning as is involvement with school personnel to monitor the ongoing impact of treatment and to facilitate constructive ways of working with the youth. The Department of Children and Families will not fund or provide on-site education programs and services for children/youth placed within an out-of-home treatment setting. Providers intending to propose Specialty Services must demonstrate that arrangements have been confirmed for the provision of appropriate educational programs and services for both special education and general education students.

It is expected that most of the children attending this Specialty Services program will attend the Katzenbach School unless this is not in the best interest of the child or the child’s specific educational needs cannot be appropriately met within the Katzenbach School. Admission to and continued education at Katzenbach is not guaranteed. For children that do not attend the Katzenbach School, the Provider must make arrangements to ensure the child receives an appropriate education.

A Department of Education (DOE) approved school must provide the educational program for students with disabilities. Educational programs must be provided for a minimum of four hours per day, five days per week. High School graduates must be provided with an alternate educational/vocational curriculum.

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

Applicant organizations that do not operate a DOE approved school must demonstrate that a commitment has been received from the local public school district in which the facility is located to register, enroll, and educationally serve all general and special education students placed in the Specialty Services program. The school district may charge the individual student’s parental District of Residence for the cost of the educational program and services.

All applicants must commit to providing accurate documentation to the local school district to facilitate the educational process for students in their care. Upon registration of each student, applicants must provide the local school district with an Agency Identification Letter, a funding commitment letter from each student’s parental District of Residence, and evidence of student immunization. When necessary, applicants shall provide interim transportation services to expedite school placement.

Genuine coordination and collaboration between the applicant organization and the educational provider is expected. All applicants must articulate:
The strategies that will be employed to coordinate clinical treatment with educational planning and service delivery
- Daily before and after-school communication strategies with school staff
- Daily support of student homework, special projects and study time
- The availability of computers for student use to support schoolwork
- Mechanisms to stay abreast of the educational progress of each student
- Problem resolution strategies
- Ongoing participation in the educational program of each student
- Immediate and therapeutic responses to problems that arise during the school day
- Supervision of students who are unable to attend school due to illness or suspension
- Adequate supervision to support home instruction when determined necessary in accordance with educational regulations
- The supervision and programming for students who do not have a summer school curriculum

**Outcome Measures:**

This RFP represents an outcomes approach to contracting for Deaf and/or Hard of Hearing Specialty Services. The outcome evaluation includes setting outcomes, establishing indicators and changing behavior to achieve desired results and outcomes.

CSOC makes use of the IMDS tools, service authorizations, and satisfaction surveys, in measuring the achievement of system partners and achieving the primary system goals of keeping youth in home, in school, and out of trouble. Additional considerations and areas of measurement are compliance with all reporting requirements, compliance with all requirements of record keeping, advocacy on behalf of youth and families, and collaborative activities that support youth and their families. Respondents are expected to consider and articulate where necessary plans:

- Use of the IMDS tools to inform treatment planning;
- Use of the IMDS tools to measure relative achievement and continued need;
- Mechanisms for maintaining compliance with the addendum to Administrative Order 2:05;
- Risk management mechanisms and structures such that incidents inform changes to policy, practice, and treatment;
- On-going satisfaction surveys to youth, families, and other system partners;
- Means for identification and communication of system needs and
areas of excellence to local partners and CSOC administration.

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.

Quality Assurance and Performance Improvement (QA/PI) Activities

Data-driven performance and outcomes management is a central aspect of CSOC’s management of the system of care. This RFP is based in large part on data that identifies youth and family need within New Jersey. The practice model is based on current best practices regarding specialty care for children and youth. In order to support sensitive and responsive management of these Specialty Services and to inform future practice, regulation, and “sizing”, respondents to this RFP are to give outcomes special consideration in their response. Respondents must articulate a robust quality assurance and performance improvement (QA/PI) plan that includes all members of the service: youth, families, and all levels of staff. QA/PI plans and data must be submitted quarterly to CSOC. Respondents must describe on-going QA/PI activities that reflect the capacity to make necessary course corrections in a planful and responsive fashion.

Respondents must submit a QA/PI plan that:

- Measures the three foundation metrics of CSOC: in school, out of trouble, and at home.
- Demonstrates integration with overall organization/provider goals and monitoring activity
- Demonstrates a multi-disciplinary approach that engages staff at all levels and discipline in the activities of QA/PI
- Demonstrates compliance with addendum to Administrative Order 2:05 and DCF licensing standards at NJAC 10:128.
- Demonstrates a commitment to approaching critical events as opportunities to improve care of youth, training, monitoring, and regulation of their service. QA/PI plans must articulate a meaningful and manageable process for responding to critical events that minimally collects, analyzes, and synthesizes information from:
  - Youth
  - Family
  - Natural supports
  - Direct care staff
“Professional staff”
Case management entity if applicable

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

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

Youth outcomes

- At least 80% of youth who complete the service will not require out of home at 3 and 6 months post discharge
- At least 80% of all youth will have a length of stay between 4 and 6 months.
- At least 85% of all youth will not incur new legal charges or violate existing charges while in Specialty Services.
- At least 85% of all youth will be regularly attending (9 out of 10 days) their least restrictive educational option
- At least 95% of all youth will be involved in community-based activities every 7 days.
- 70% or greater of all youth served will show improvements on identified strength and needs domains from the time of admission to discharge.
- 75% of all youth and families will demonstrate improved functioning (from time of intake to time of discharge) as measured on independent, valid, and reliable measures. Acceptable measures will be determined in collaboration with CSOC.

Service Outcomes

- Service will not reject or eject any CSOC referred youth who are appropriately matched to their service as indicated on the PIF, including notes found therein.
- Service will maintain compliance with all CSOC reporting requirements and timeframes: Joint Care Reviews (JCR), Transitional Joint Care Reviews (TJCR), Discharge Joint Care Reviews (DJCR), addendum to AO 2:05, and contracting requirements
- Service will collect “3-D” satisfaction surveys from youth, family members, and other providers for 75% percent of all youth served at two points during the service period.
- Service will conduct quarterly “health checks” through satisfaction surveys, stakeholders meetings, and review of SNA data. Health
checks will report status, progress, and needs to the service community and CSOC.

All applicants are advised that any software purchased in connection with the proposed project must receive prior approval by the New Jersey Office of Information Technology.

Applicants are also advised that any data collected or maintained through the implementation of the proposed program shall remain the property of DCF.

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

D. Funding Information:

For the purpose of this initiative, the Department will make available $784,750 in SFY 2013 funding for the development of 5 Deaf and/or Hard of Hearing Specialty Services beds to meet the needs of the target populations described herein. The per diem rate is $430. Continuation of funding is contingent upon the availability of funds in future fiscal years and/or compliance with contractual obligations and levels of service.

Matching funds are not required.

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

Any expenses incurred prior to the effective date of the contract will not be reimbursed by the Department of Children and Families.

E. Applicant Eligibility Requirements:

1. Applicants must be for profit or not for profit corporations that are duly registered to conduct business within the State of New Jersey.
2. Applicants must be in good standing with all State and Federal agencies with which they have an existing grant or contractual relationship.
3. Applicants may not be suspended, terminated or barred for deficiencies in performance of any award, and if applicable, all past issues or corrective action plans 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 achieve full operational status within 120 days or 4 months of contract execution.
9. Successful applicants will provide expert consultation to the State of New Jersey on the building modifications that will be needed to meet the specific needs of the deaf and hard of hearing. The applicant should describe its ability to provide this consultation. The State of New Jersey will be responsible for the initial remodeling of the home to meet all licensing requirements and will install needed equipment.
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 1-800-705-5711 or inquire on-line at http://www.dnb.com
12. Any fiscally viable entity that meets the eligibility requirements, terms and conditions of the RFP, and the contracting rules and regulations set forth in the DCF Contract Policy and Information Manual (N.J.A.C. 10:3) may submit an application.

**Specific Requirements for Specialty Services Providers**

**NJ Medicaid Enrollment:**

Respondents must have the demonstrated ability, experience, and commitment to enroll in NJ Medicaid, and subsequently submit claims for reimbursement through NJ Medicaid and its established fiscal agent, Molina, within prescribed timelines.

**Licensure:**

Respondents must provide evidence of, or demonstrated ability to meet, all NJ Department of Children and Families; Health and Senior Services; Human Services; and other Federal Licensure standards.

The grantee must comply with DCF Office of Licensing requirements at NJAC 10:128.
No Eject/No Reject Policy:

The grantee must comply with DCF No Eject/No Reject policies governing this service:

Rejection:
If the clinical supervisor or service supervisor/director wishes to challenge any referral’s appropriateness (which is made in strict adherence to the notes the provider has made in his/her Provider Information Form) they may do so by sending a letter or e-mail to the CSOC SRTU Manager and Specialty Liaison and/or Special Needs Liaison. CSOC will review these challenges and make the final decision within 2 business days of receiving the letter or e-mail. This letter/e-mail must be received within 3 business days of the initial referral. Admission will be put on hold until a decision is made only if the letter/e-mail is received within the defined time frame. The provider must accept the final decision of CSOC.

Ejection:
Under no circumstances may a provider terminate a child who is enrolled from their service without first contacting and receiving written approval from DCSOC. The facility must submit this request in writing with supporting documentation. DCSOC will make the final determination about disposition for the youth.

Eject/Reject Follow-up:
Careful controls and monitoring regarding the number and type of disputes will be maintained by CSOC and may result in regulatory action within the contract year. Additionally, any eject/reject activities will be addressed at the time of contract renewal.

Accreditation
It is a preference of CSOC that respondents to this RFP are Joint Commission, COA, or CARF accredited.

Provider Information Form

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

Site Visits
CSOC, in partnership with the DCF Office of Licensing, will conduct site visits to monitor grantee progress and problems in accomplishing responsibilities and corresponding strategy for overcoming these problems. The grantee will receive a written report of the site visit findings and will be expected to submit a plan of correction, if necessary.

**Contracted System Administrator (CSA):**

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

**Organization/Agency Web site:**

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

**Purchase of Software:**

Any software purchased by the grantee in connection with the project must receive prior approval by the New Jersey Office of Information Technology.

**Data Collection:**

Applicants are advised that any data collected or maintained through the implementation of the proposed program shall remain the property of DCF.

**F. RFP Schedule:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 14, 2012</td>
<td>Notice of Availability of Funds/RFP publication</td>
</tr>
<tr>
<td>January 8, 2013</td>
<td>Period for Email Questions sent to <a href="mailto:DCFASKRFP@dcf.state.nj.us">DCFASKRFP@dcf.state.nj.us</a></td>
</tr>
<tr>
<td>January 24, 2013</td>
<td>Deadline for Receipt of Proposals by 12:00pm</td>
</tr>
</tbody>
</table>
Proposals received after 12:00 PM will **not** be considered. Applicants should submit one (1) signed original and one (1) **CD-ROM**, including a signed cover letter of transmittal as indicated below.

Proposals must be delivered either:

1.) **In person to:**

   Catherine Schafer, Director of Grants Management, Auditing and Records Department of Children and Families
   101 South Broad St.
   Trenton, NJ 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 at the bidder’s conference and on our website at: [www.nj.gov/dcf/providers/notices/](http://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.

G. Administration:

1. Screening for Eligibility, Conformity and Completeness

DCF staff 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 subject to immediate rejection.

The following criteria will be considered, where applicable, as part of the preliminary review process:

a. The application was received prior to the stated deadline
b. The application is signed and authorized by the applicant’s Chief Executive Officer or equivalent
c. The applicant attended the Bidders Conference (if required)
d. The application is complete in its entirety, including all required attachments and appendices
e. The application conforms to the specifications set forth in the RFP

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

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

2. Proposal Review Process

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

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

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

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

The Department’s best interests in this context include, but are not limited to: State loss of funding for the contract; the inability of the applicant to provide adequate services; the applicant’s lack of good standing with the Department, and any indication, including solely an 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.

H. Appeals:

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

Office of Legal Affairs
Contract Appeals
PO Box 729
50 East State Street
Trenton NJ 08625

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

I. Post Award Review:

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

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

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

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 as set forth in the Standard Language Document, the Contract Reimbursement Manual (CRM) and the Contract Policy and Information Manual (CPIM). Applicants may review these items via the Internet at

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 required to submit one (1) copy of the following documents, if applicable:

- Proof of Insurance naming the Department of Children and Families as an additional insured
- Board Resolution Validation
- DCF Standard Language Document and Signature Pages
- Current agency by-laws
- Copy of lease or mortgage (if applicable)
- Certificate of Incorporation
• Conflict of Interest policy
• Affirmative Action policy and certificate
• A copy of all applicable professional licenses
• Copy of the agency’s annual report to the Secretary of State
• Job descriptions of key personnel, resumes and current salary ranges
• Current and proposed agency organizational charts and staffing patterns
• Current/dated list of agency Board of Directors and their terms of office
• Copy of agency code of ethics and/or conflict of interest policy
• Three (3) Letters of Commitment/Affiliation Agreements from community-based agencies
• Current and proposed agency organizational charts and staffing patterns
• Additional Statement of Assurances – The following additional six (6) assurances must be included:
  1) Explicit No Eject/No Reject policy for all youth approved for admission by CSOC
  2) Compliance with all aspects indicated in the out-of-home treatment process through the CSA
  3) Youth will have access to appropriate educational programs; classified and unclassified youth will be served in the least restrictive environment.
  4) Applicant will meet and maintain compliance with all Licensing regulations.
  5) Applicant will comply with all reporting requirements, including the addendum to AO 2:05. (under Outcome Measures QAPI, as determined by CSOC).
  6) Date Specialty Services will be operational.
• Certification regarding Debarment
• Copy of IRS Determination Letter regarding applicant’s charitable contribution or non-profit status (if appropriate)
• All required Certification and Disclosure Forms in accordance with PL 2005, c.51 (“Chapter 51”) and Executive Order 117 (2008), if appropriate**
• Proposed Program Implementation Schedule
• Copies of all applicable licenses
• Completion of Annex A and Provider Information Form (PIF) in collaboration with CSOC

The actual award of funds is contingent upon a successful Contract negotiation. If, during the negotiations, it is found that the selected Applicant is incapable of providing the services or has misrepresented any material fact or its ability to manage the program, the notice of intent to award may be rescinded. 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.
Any fiscally viable entity that meets the eligibility requirements, terms and conditions of the RFP, and the contracting rules and regulations set forth in the DCF Contract Policy and Information Manual (N.J.A.C. 10:3) and Contract Reimbursement Manual may submit an application.

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 1¼ inch on the left and right. The font may be no smaller than 12 points. There is a 25-page limitation for the narrative portion of the grant application. A one point reduction per page will be administered to proposals exceeding the total number of pages. 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 toward the narrative page limit.

Proposals may be bound or fastened by staple or 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 must contain the following items organized by heading:

1) Applicant Organization (15 Points)

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. Note the existence (if any) of professional advisory boards that support the operations. If applicable, indicate the relationship of the staff to the governing body. Attach a current organizational chart.

Provide an indication of the agency’s demonstrated capability to provide services that are consistent with the Department’s goals and objectives. Include information on current programs managed by the agency, the funding sources, and if available, any evaluation or outcome data.
2) Program Approach (55 Points)

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

Service Description

- Demonstrate the capacity to meet minimum requirements listed in “Section I: C. Services to be Funded, Course and Structure of Treatment”

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

- Include policy regarding engaging and sustaining the involvement of family and/or natural supports

- Articulate etiology and demonstrate the links between the intervention model, strategies, and techniques

- Demonstrate how the relationships with direct care staff (as supported through team structure, supervision, and staffing patterns) will help youth move from being “managed” to being “engaged in treatment”

- Describe direct care staff’s supervision of youth and staff/youth ratios

- Fully articulate the management and treatment models to be utilized, including the use of evidence-based, informed, or suggested interventions

- Describe, through policy and procedures: documentation, mechanisms for communication, responsiveness, flexibility, and creativity of treatment teams

- Describe the mechanisms for managing and treating aggressive behavior

- Demonstrate experience with, understanding of, and integration of issues of trauma in youth and how it will be integrated it into the treatment plan

- Include curricula for psycho-educational groups, including those focused on wellness and recovery

- Identify and describe the geographic location(s) of the services

- Describe client eligibility requirements, referral processes, and include client rejection/termination policies

- Provide a feasible timeline for implementing the proposed services. Attach a separate Program Implementation Schedule. Provide a detailed
week-by-week description of your action steps in preparing to provide this service. At a minimum, detail when and who will:

- Secure and ready site
- Secure licensing from OOL from staff and site
- Recruit all necessary staff
- Train all staff
- Complete Medicaid application
- Complete Provider Information File and meet with the CSA
- Meet with Local Education Authority officials to ensure coordinated care for youth

- Describe any fees for services, sliding fee schedules, and waivers
- Include a description of client data to be recorded, the intended use of that data, and the means of maintaining confidentiality of client records
- Describe how the proposed program will meet the needs of various and diverse cultures within the target community based on the Law Against Discrimination (N.J.S.A. 10:15 et seq.)
- Include policy or procedures regarding:
  - The use of the IMDS tools and any additional outcome measures
  - Community-based activities
- Attach three (3) letters of support/affiliation from community-based organizations

**Program Planning Requirements for Student Education**

- Describe arrangements for or access to appropriate educational programs and services for both special education and general education students
- Describe plans for coordination/collaboration with educational providers

**Program Operation Requirements for Student Education**

- Articulate and clearly describe:
  - Strategies to coordinate clinical treatment with educational planning and service delivery
  - Daily before & after-school communication strategies with school staff
  - Daily support of student homework, special projects and study time
  - Specific strategies, including responsible staff and timelines, for including families-of-origin and/or natural supports in educational updates, progress monitoring and planning
  - Availability of computers for student use to support schoolwork
Mechanisms to monitor the educational progress of each student
Problem resolution strategies
Ongoing participation in the educational program of each student

Provide a detailed plan for:
- Immediate and therapeutic responses to problems that arise during the school day
- Supervision of students who are unable to attend school due to illness or suspension
- Planned collaboration with all school personnel ensuring that youth remain in school when appropriate
- Adequate supervision, programming, and professional staff contact to support home instruction in accordance with educational requirements
- The supervision and programming for students who do not have a summer school curriculum

Governance and Staffing

- Indicate the number, qualifications and skills of all staff, consultants, sub-grantees and/or volunteers who will perform the proposed service activities. Attach, in the proposal Appendices, an organizational chart for the proposed program; job descriptions that include all educational and experiential requirements; salary ranges; and resumes of any existing staff who will perform the proposed services. Applicants must:
  - Identify the Specialty Services administrator and describe the job responsibilities
  - Describe the proposed staffing by service component, include daily, weekly, and monthly schedules for all staff positions
  - Describe any consultants & their qualifications, include a consultant agreement if applicable
  - Provide letters of affiliation and proposed Student-School-Service Provider contracts if graduate students will be involved in the provision of care

- Include policy or procedures regarding: Timelines; program operations; and responsible staff for admission, orientation, assessment, engagement, treatment planning, discharge planning, and step down

- Describe a staff training model that includes all required training in accordance with Licensing regulations as well as all appropriate New Jersey System of Care trainings. Training for staff shall minimally include:
  - Creating and maintaining safe, therapeutic and nurturing environments
  - Verbal de-escalation and engagement skills
  - Proactive intervention for maintaining safety and promoting change
Post-crisis debriefing skills
- Treatment planning that is responsive and focused on change
- Recommended (evidence based is preferred) treatment approaches
- Promoting positive peer culture
- Cultural Competence
- Information Management Decision Support Tools (IMDS)
- Understanding and Using Continuous Quality Improvement

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

3) Outcome Evaluation (10 Points)

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

4) Budget (15 Points)

The Department will consider the cost efficiency of the proposed budget as it relates to the anticipated level of services (LOS) at 100%. Therefore, applicants must clearly indicate how this funding will be used to meet the project goals and/or requirements. Provide a line item budget and narrative for the proposed project/program.

The budget must be reasonable and reflect the scope of responsibilities required to accomplish the goals of this project. The budget must also reflect a 12 month itemized operating schedule and include, in separate columns, total funds needed, the funds requested through this grant, and where necessary, funds secured from other sources. All costs associated with the completion of the project must be clearly delineated. The budget narrative must articulate all budget items, including a description of all actions for each line item. The proposed budget must be based on 100% occupancy and may not exceed $430 per diem in funds provided under this grant.

It is not a preferred practice of CSOC to offer or provide start-up costs. Subsequently, the inclusion of such costs may be a determining factor in the proposal selection process. CSOC intends to purchase as much direct clinical care services as funding allows. CSOC acknowledges that there may be organizations with sound clinical care models that may not have the fiscal resources to incur all related costs. Thus, CSOC would be amenable to modest participation in “facility renovations” costs and will permit reasonable start-up under the following conditions:

- The need must be fully presented and explained
- Costs may not exceed 5% of the award
All start-up costs are subject to contract negotiations.

All start-up costs must be reflected in a separate column.

The grantee must adhere to all applicable State cost principles.

All proposed budgets must be presented on standard DCF Annex B forms, which are available at:
http://www.state.nj.us/dcf/providers/contracting/forms/

5) Completeness of the Application (5 Points)

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

B. Required Supporting Documents

Applicants must submit a complete application signed and dated by the Chief Executive Officer or equivalent. 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 in the following order and Requirements-see Section III above
   A. Applicant Organization
   B. Program Approach
   C. Outcome Evaluation
   D. Budget

Part II: Appendices

The following is a listing of required supporting documentation to be included in the following order with the submission of the RFP as appendices. Failure to provide any or all of the following required documentation will result in a deduction of five (5) points per missing or incomplete item from the applicant’s total score.

1. Key personnel job descriptions resume and current salary ranges.
2. Current and proposed agency organizational charts
3. Current/dated list of agency Board of Directors
4. Copy of agency code of ethics and/or conflict of interest policy
5. Letters of Commitment/Affiliation Agreements
6. Statement of Assurances*
7. Certification regarding Debarment*
8. Copy of IRS Determination Letter regarding applicant’s charitable contribution or non-profit status (if appropriate)
9. All required Certification and Disclosure Forms in accordance with PL 2005, c.51 (“Chapter 51”) and Executive Order 117 (2008), if appropriate**
10. Copies of all applicable licenses
11. DCF Annex B Budget Forms* A completed annualized budget proposal (Annex B) Budget Information Summary (PI.04 Attachment C) must be included. [See Appendix.] Separate budget sheets should be used for any start-up, facility, or housing costs. These budget costs should be noted on a separate budget sheet from the operational and service related costs-
Copy of proposed curriculum or sample of existing curriculum.
12. 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 http://www.dnb.com
13. 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.
14. Current Single Audit Report and/or Audit by Certified Public Accounting Office for a nonprofit or current audited financial statement if a for profit entity.
15. Current IRS Form 990 if a nonprofit or current tax return if a for profit entity.

* Standard DCF forms are available at www.nj.gov/dcf.
** Chapter 51 forms are available on the Department of the Treasury at: http://www.state.nj.us/treasury/purchase/forms.shtml

(Note: non-profit entities are exempt from Chapter 51 disclosure requirements).

C. Requests for Information and Clarification

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.