



REQUEST FOR QUALIFICATIONS

FOR PROVIDERS OF SUMMER DAY CAMP AND ALTERNATIVE RECREATIONAL SESSION PROGRAMS TO OFFER ONE-TO-ONE SUPPORT SERVICES TO YOUTH WITH DEVELOPMENTAL DISABILITIES SERVED BY THE CHILDREN'S SYSTEM OF CARE

Publication Date December 29, 2023

Response Deadline: February 16, 2024 by 12:00 P.M.

There will be a non-mandatory virtual conference on: February 2, 2024 at 10:00 A.M.

The link for the conference is:

<https://www.zoomgov.com/j/1604684613>

Christine Norbut Beyer, MSW

Commissioner

The Department of Children and Families (DCF) is the agency dedicated to ensuring all New Jersey residents are safe, healthy, and connected. To that end, DCF announces to potential respondents its intention to award new contracts.

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Section I - General Information

A. Summary Program Description:

The Department of Children and Families (DCF) Children's System of Care (CSOC) announces its intent to award to its qualified providers of Summer Day Camp and Alternative Recreational Session programs additional complementary contracts that will permit them to offer one-to-one support services to the children, youth, and young adults (hereinafter youth) they serve who are under the age of twenty-one (21) with developmental disabilities (DD).

Respondents who become qualified through this RFQ process to offer one-to-one support services at their Summer Day Camp and Alternative Recreational Session programs will be included on the Qualified Provider (QP) list located at www.performcarenj.org

Only those on the QP list are eligible to receive the DCF CSOC contribution toward the costs of the one-to-one support services of eligible families of youth with DD eligibility.

Respondents will be qualified to provide one-to-one support services to youth attending only the qualified Summer Day Camp or Alternative Recreational Session programs operated by the respondent's agency. Respondents will not be qualified to provide one to one support services to overnight camp participants.

Respondents applying to become qualified providers of Summer Day Camp or Alternative Recreational Session programs for the first time or applying to provide one-to-one support services for the first time to the youth they serve in their Summer Day Camp or Alternative Recreational Session programs **must** respond to this RFQ.

Providers previously qualified to offer one-to-one support services for their Summer Day Camp or Alternative Recreational Session programs do **not** need to respond to this RFQ. Qualified providers remain on the QP unless they advise their Contract Administrators of their wish to be removed.

Respondents who can demonstrate the capacity to provide services to non-verbal and/or bi-lingual individuals are encouraged.

Families who apply for one-to-one support services may be eligible to receive these services if CSOC determines their youth either have challenging behaviors that may threaten the health or safety of themselves or others without the supervision and involvement of a one-to-one support services staff, or an absence of developmentally appropriate adaptive, social, or functional skills and need direct physical assistance from a one-to-one support services staff in order to successfully participate in recreational and social summer camp activities.

Youth who require skilled nursing care to provide for their special medical needs would not be a candidate for a one-to-one support service for camp; one-to-one support services staff are not expected to be qualified to provide skilled nursing care.

B. Funding Information:

DCF intends to fund services offered by providers that meet the qualifications and agree to all the terms and conditions of the consequent DCF contract. The intended funding period supports a one-year contract term. Funding is for the provision of one-to-one support services from June through August of 2024.

The funds available are to be budgeted to cover the expenses incurred during the contract term. DCF will not reimburse expenses incurred prior to the effective date of the contract.

As with all services provided through CSOC, financial support of one-to-one support services for Summer Day Camp and Alternative Recreational Session programs is based on available resources in a given fiscal year. All funding is subject to appropriation. The continuation of funding and contract renewals are contingent upon the availability of funds and resources in future fiscal years. Respondents are on notice that no annual increases will be considered as part of this contract in future negotiations or contracts, unless approved by the State for all similar contracts. Funds awarded under this program may not be used to supplant or duplicate existing funding. Matching funds are not required.

Each respondent that meets the qualifications and requirements set forth in the RFQ shall be reimbursed for their provision of one-to-one services on a fee-for-service basis. DCF will pay qualified providers after reviewing and approving their submitted payment vouchers and supporting documentation.

Units of service are defined as fifteen (15) continuous minutes of direct contact service provided to, or on behalf of, the child, youth, adolescent, or young adult.

Qualified providers shall receive the published rate for this service as follows:

Staff Positions	Rate	Unit
One-to-one Support Services Aide BA/BS with 1-year relevant experience OR One-to one Support Services Aide HS Diploma/GED with 3 years relevant experience	\$7.69	Per 15 Minutes

The amount received by the provider shall change only if the published rate changes. One-to-one support services may be provided at any level by a

practitioner whose credentials meet and/or exceed the minimum requirements for that service level. The reimbursement rate shall not increase when the credentials of the practitioner providing the service exceed the minimum.

DCF makes no representation regarding the volume of activity that a provider may expect as a consequence of becoming qualified to provide services under this RFQ. There is no guarantee that the services will be accessed.

DCF reserves the right to disqualify a qualified provider. The breach or violation of any one of the provisions in this RFQ is subject to DCF's immediate cancellation of the qualified provider's contract at DCF's discretion.

C. Pre-Response Submission Information:

There will be a Non- Mandatory Virtual Conference for respondents held on February 2, 2024, at 10:00 A.M.

Join ZoomGov Meeting
<https://www.zoomgov.com/j/1604684613>

Meeting ID: 160 468 4613

One tap mobile
+16692545252,,1604684613# US (San Jose)
+16469641167,,1604684613# US (US Spanish Line)

Dial by your location

- +1 669 254 5252 US (San Jose)
- +1 646 964 1167 US (US Spanish Line)
- +1 646 828 7666 US (New York)
- +1 415 449 4000 US (US Spanish Line)
- +1 551 285 1373 US (New Jersey)
- +1 669 216 1590 US (San Jose)

Meeting ID: 160 468 4613

Find your local number: <https://www.zoomgov.com/u/abJFckq1X4->

Join by SIP
• 1604684613@sip.zoomgov.com

Join by H.323

Respondents may not contact DCF in person or by telephone concerning this RFQ. Questions may be sent in advance of the response deadline via email to DCF.ASKRFP@dcf.nj.gov.

Technical inquiries about forms, documents, and format may be requested at any time prior to the response deadline, but **questions about the content of the response must be submitted by 12:00 P.M. on January 16, 2024.** Questions should be asked in consecutive order, from beginning to end, following the organization of the RFQ and each question should reference the page number and section number to which it relates. All inquiries submitted should reference the program name appearing on the first page of this RFQ. Written inquiries will be answered and posted on the DCF website as a written addendum to this RFQ at: <https://nj.gov/dcf/providers/notices/requests/>

D. Response Submission Instructions:

All responses must be delivered ONLINE by 12:00 P.M. on February 16, 2024. Responses received after this deadline will not be considered.

To submit online, respondent must complete an Authorized Organization Representative (AOR) form found at [AOR.pdf \(nj.gov\)](#). The completed AOR form must be signed and dated by the Chief Executive Officer or designated alternate and sent to DCF.ASKRFP@dcf.nj.gov. Upon receipt of the completed AOR, DCF will grant the Respondent permission to proceed and provide instructions for the submission of the response.

Registered AOR forms should be received in the DCF.ASKRFP mailbox not less than five (5) business days prior to the date the response is due. DCF recommends emailing your AOR forms as soon as you know you will be filing a response to allow time to report to DCF any technical difficulties you may encounter and to timely resolve them.

E. Required PDF Content of the Response:

Submit in response to this RFQ separate PDF documents labeled as follows:

PDF 1: *Section II - Required Performance and Staffing Deliverables ending with a Signed Statement of Acceptance*

PDF 2: *Section III - Documents Requested to be Submitted with This Response, Subsection A. Organizational Documents Prerequisite to a DCF Contract Award Requested to be Submitted with the Response*

PDF 3: *Section III – Documents to Submitted with This Response, Subsection B. Additional Documents Requested to be Submitted in Support of This Response*

F. Respondent Eligibility Requirements:

Respondents that have State or Federal grants or contracts must be in compliance with all their terms and conditions and in good standing as grantees and contractors.

Respondents must not be suspended, terminated, or barred for deficiencies in the performance of any grant or contract award, and if applicable, all past issues must be resolved as demonstrated by written documentation.

DCF may disqualify and decline to forward for the review of the Evaluation Committee a response from those under a corrective action plan in process with DCF or any other New Jersey State agency or authority.

Respondents must be fiscally viable and be able to comply with the contracting rules and regulations set forth in the DCF Contract Policy and Information Manual (CPIM) found at: [DCF | Contracting Policy Manuals \(nj.gov\)](#).

Where required, all respondents must hold current State licenses.

Respondents that are not governmental entities must have a governing body that provides oversight as is legally required in accordance with how the entity was formed, such as a board of directors for corporations, or the managing partners of a Limited Liability Corporation (LLC)/Partnership, or the members of the responsible governing body of a county or municipality.

Respondents must have the capability to uphold all administrative and operating standards as outlined in this RFQ.

Respondents must be business entities that are duly registered to conduct business within the State of New Jersey, for profit or non-profit corporations, partnerships, limited liability companies, etc. or institutions of higher education located within the State of New Jersey.

Respondents awarded a contract must demonstrate the ability to conform with and provide services under protocols, including documentation and timeframes, established by the Children's System of Care (CSOC), and managed by Perform Care, the Contract System Administrator (CSA). DCF contracts with the CSA to serve as DCF's single point of entry for CSOC. The CSA facilitates service access, linkages, referral coordination, and monitoring of CSOC services across all child-serving systems.

Section II - Required Performance and Staffing Deliverables

NOTE: After reviewing the required deliverables listed below, respondents must sign the statement at the bottom of this Section II to signify acceptance of all of them.

(SUBMIT A COMPLETE COPY OF THE CONTENT OF SECTION II, ENDING WITH YOUR SIGNED STATEMENT OF ACCEPTANCE, AS A SINGLE PDF DOCUMENT. THIS WILL BE THE FIRST PDF SUBMISSION IN YOUR RESPONSE PACKET AND IS TO BE LABELED AS: *PDF 1: SECTION II - REQUIRED PERFORMANCE AND STAFFING DELIVERABLES.*)

A. Subject Matter - The below describes the needs the awarded respondent must address in this program, the goals it must meet, and its prevention focus.

- 1) **The need for this program as indicated by data regarding the health and human services issues and parent and community perceptions is:**
DCF is charged with serving and safeguarding the most vulnerable children and families in the State and our mission is to assist all New Jersey residents to be safe, healthy, and connected. Within the Department, CSOC serves youth with emotional and/or behavioral healthcare challenges, DD, and/or in need of addiction services. CSOC is committed to providing these services based on the needs of the youth and family in a family-centered, strength-based, culturally competent, and community-based environment. CSOC believes that the family or caregiver plays a central role in the health and well-being of youth and involves families throughout the planning and treatment process in order to create successful life experiences for their youth.
- 2) **The goals to be met by this program are:**
Summer Camp and Alternative Recreational Session programs are designed to offer youth an opportunity to participate in recreational activities while helping to build confidence and increase interactions with peers and within the community. These programs also allow families a temporary break from caregiving responsibilities. One-to-one support services permit families and youth to take advantage of these opportunities when they otherwise might be unable to do so.
- 3) **The prevention focus of this program:**
Developmental Disability, Emotional Abuse/Neglect, Isolation, Medical Condition, Physical Disability

B. Target Population - The below describes the characteristics and demographics the awarded respondent must ensure the program serves.

- 1) **Age:** 0-through 21
- 2) **Grade:** Pre-K; Kindergarten; 1-12
- 3) **Gender:** Female; Male; Trans; Non-binary; All
- 4) **Marital Status:** N/A
- 5) **Parenting Status:** N/A
- 6) **Will the program initiative serve children as well as their parent or caregiver?** N/A
- 7) **DCF CP&P Status:** N/A
- 8) **Descriptors of the youth to be served:** Children, youth, adolescents, and young adults with DD eligibility in accordance with N.J.A.C. 10:196 and determined by CSOC to be eligible for services who attend Summer Day Camp or Alternative Recreational Session programs.

Qualified providers will apply uniform standards of care and conduct regardless of any youth's race, ancestry, color, age, sex, religion, marital status, disability, national origin, mental disorder, sexual preference, or ability to pay.

Youth with DD eligibility who reside in Community Care Residences and out of home treatment settings, including but not limited to: Treatment Homes, Specialty Homes, Skill Development Homes, Group Homes, Residential Treatment Centers, and Psychiatric Community Homes, are not eligible to receive DCF financial support for Summer Camp, Alternative Recreational Session programs or for one-to one support services.

- 9) **Descriptors of the Family Members/Care Givers/Custodians required to be served by this program initiative:** As defined in the Family Support Act, N.J.S.A. 30:6D-35, a family to be served refers to the eligible youth with a developmental disability, the youth's biological or adoptive parent or uncompensated resource family parent or legal guardian who lives with and cares for the youth with the developmental disability.
- 10) **Other populations/descriptors targeted and served by this program initiative:**

The provision of one-to-one support services is beneficial to those youth who may:

- a. not have the capacity to engage in and maintain peer relationships or to stay on task and follow directions without constant verbal and/or physical prompting;
- b. need assistance with all Activities of Daily Living (ADL's) e.g., eating, toileting, communication, mobility;
- c. present with serious behavior problems with ongoing (daily) incidents of injurious behaviors to self and/or others or wandering off/elopement by youth;
- d. need an adult in close proximity to supervise social interactions with peers at all times and assist in communication;
- e. require direct physical assistance with non-medical specialized health care support (e.g., feeding, assistance with braces or prosthesis) or require positioning or bracing multiple times daily;
- f. require health-related interventions which do not rise to the level of needing skilled nursing care, multiple times daily;
- g. require direct physical assistance with most personal care.

11) **Does the program have income eligibility requirements?** N/A

C. Activities - The below describes the activities this program initiative requires of awarded respondents, inclusive of how the target population will be identified and served, the direct services and service modalities that will be provided to the target population, and the professional development and training that will be required of, and provided to, the staff delivering those services.

- 1) **The level of service increments for this program initiative:**
Funding is for the provision of one-to-one support services from June through August for up to seven (7) hours a day, and a maximum of ten (10) days for traditional Summer Day Camp programs, or twenty (20) sessions for Alternative Recreational Session programs.
- 2) **The frequency of these increments to be tracked:** Daily
- 3) **Estimated Unduplicated Clients:** N/A
- 4) **Estimated Unduplicated Families:** N/A
- 5) **Is there a required referral process?** Yes
- 6) **The referral process for enabling the target population to obtain the services of this program initiative:** Qualified providers of Summer Day Camp or Alternative Recreational Session programs shall assess whether youth with Intellectual/Developmental Disabilities

under the age of twenty-one (21) seeking to attend their programs will need one-to-one support services by **meeting with their families/caregivers to jointly complete and sign the response for one-to-one services and the Child Adaptive Behavior Summary (CABS)**. Both the response for one-to-one services and the CABS are located on Part B of the Summer Camp application found on the PerformCare website:

<https://www.performcarenj.org/families/disability/summer-camp.aspx>

These meetings are required to take place **prior to** the youth being authorized for one-to-one services. Qualified providers shall retain a copy of the jointly completed CABS. The CABS is intended to gather information about the youth's typical functioning within the last six (6) months. It should reflect, to the extent possible, how the youth acts and reacts in common daily routines at home, in school, and in the community and provide a broad picture of the impact of the youth's disability on daily life for both the youth and the caregiver.

When preparing the CABS with the youth and family, providers shall ensure that every item is completed. Indicate "not applicable" as appropriate (i.e., the behavior has not been observed or the item does not apply to the youth). Include comments at the end of each section, unless indicated otherwise. Comments may include additional information about actions or behaviors such as intensity, triggers, and whether the youth's current functioning is improving or declining compared to past abilities.

The completed response for one-to-one support services and the completed CABS must be submitted online via PerformCare's Family Portal or by mail to PerformCare. After reviewing the CABS, response, and criteria, PerformCare will generate an authorization for eligible youth. PerformCare will send notification to both the caregiver and the camp or provider agency of the services authorized. **Qualified providers of one-to-one support services will not be paid for any services rendered without prior authorization by the CSA.**

Upon receipt of the authorization information from the CSA, each qualified provider agency is required to make available one-to-one support services for those found eligible. Qualified providers shall maintain a list of youth registered with their camp and requiring one-to-one support to compare with the emailed authorization list from the CSA. Any discrepancies should be directed to the CSA's service desk at ServiceDesk@pcnj.org.

Qualified providers shall inform families at intake of:

- a. the mandated reporting responsibilities of agency staff regarding suspected abuse and neglect against a child under eighteen (18) years of age to the Division of Child Protection and Permanency (DCP&P); a vulnerable adult eighteen (18) years of age or older to Adult Protective Services (APS); and reporting every related accident, incident, or unusual occurrence involving staff, youth and/or families to CSOC and the Universal Incident Management Reporting System, as further explained below in **Section D. Resources, paragraph 10.**
 - b. the grievance procedure established by the agency; and,
 - c. their access to records upon request and within statutory authority.
- 7) **The rejection and termination parameters required for this program initiative:** One-to-one support services will not be authorized if the youth's needs do not meet clinical criteria for eligibility as indicated by the youth's completed CABS.
- 8) **The direct services and activities required for this program initiative:**

Qualified providers shall:

- a. Assign one dedicated staff to one youth who is no more than one arm's length away and within eyesight at all times. An exception to the arm's length requirement may be made for youth who are swimming, at the discretion of the certified lifeguard. The one-to-one support service staff shall ensure that the youth is supervised and aided at all times.
- b. Utilize positive behavior supports and, if applicable, collaborate effectively with ABA professionals (BCBA and/or BCaBA) who are also supporting the youth and implementing the behavior support plan, to ensure consistency with treatment approaches.
- c. Demonstrate the ability to conform with and provide services under all protocols, including documentation and timeframes, established by CSOC, and managed by the CSA.
- d. Comport with the program, administrative and fiscal procedures that result in the timely provision of appropriate services, accurate invoicing, and correct payments.
- e. Provide authorized services within thirty (30) days of authorization or inform the CSA of the reason for delay.
- f. Submit invoices within thirty (30) days of the date of service delivery or inform the CSA of the reason for delay.
- g. Limit billing procedure to receive payment for only the unit of service(s) authorized to and received by the youth.
- h. Make available to DCF and/or its agents, at all reasonable times and places in New Jersey, the following if requested: documentation in participant's records which will enable the DCF,

its agents or designee to verify that each charge is due and proper prior to payment.

- i. Terminate their billing procedures promptly when family/caregiver informs them their service(s) are no longer being requested; and notify the CSA in a timely manner.

9) **The service modalities required for this program initiative are:**

- a. **Evidence Based Practice (EBP) modalities:** N/A
- b. **DCF Program Service Names:** One-to-One Support Services for CSOC Summer Day Camp and Alternative Recreational Session programs.
- c. **Other/Non-evidence-based practice service modalities:** N/A

10) **The type of treatment sessions required for this program initiative are:** N/A

11) **The frequency of the treatment sessions required for this program initiative are:** N/A

12) **Providers are required to communicate with Parent/Family/Youth Advisory Councils, or to incorporate the participation of the communities the providers serve in some other manner:** N/A

13) **The professional development through staff training, supervision, technical assistance meetings, continuing education, professional board participation, and site visits, required for this program initiative are:**

Qualified providers shall ensure staff receives training and meet the minimum requirements for employment in accordance with any other licensing, certifying or accreditation entities by which your agency is regulated. In addition, they shall promote the improvement of the quality of services provided by training every worker, the form of which is up to the provider.

Qualified providers are required to familiarize staff with the following policies and procedures:

- a. Agency Policies
- b. Recognition and Reporting of Abuse and Neglect: Child Abuse and Neglect; and Abuse, neglect, or Exploitation of a Vulnerable Adult age eighteen (18) or over;
- c. Crisis management: Prevention, Recognition, and Intervention;
- d. HIPAA;
- e. Confidentiality and Ethics;
- f. Danielle's Law, in compliance with P.L.2003, c.191 (C.30:6D-5.1-5.6); and

g. Identifying and reporting abuse and neglect.

In addition, while DCF recognizes the employment of summer staff is short-term, qualified providers should endeavor to familiarize staff with as much of the following as possible:

- h. Child and Adolescent Developmental milestones, identifying needs and strengths;
- i. Cultural Competency;
- j. CPR and First Aid;
- k. Infectious Disease Control;
- l. Interpersonal Communication and Effective Listening;
- m. Limit Setting and Boundaries;
- n. Conflict Resolution;
- o. Impulse Control and Anger Management;
- p. Reduction of Seclusion and Restraint Use;
- q. Positive Behavior Supports;
- r. Functional Behavior Assessment activities as well as how to implement proactive intervention plans.

- 14) **The court testimony activities, which may address an individual's compliance with treatment plan(s); attendance at program(s), participation in counseling sessions, required for this program initiative are: N/A**
- 15) **The student educational program planning required to serve youth in this program: N/A**

D. Resources - The below describes the resources required of awarded respondents to ensure the service delivery area, management, and assessment of this program.

- 1) **The program initiative's service site is required to be located in:**
Anywhere in New Jersey
- 2) **The geographic area the program initiative is required to serve is:**
Statewide
- 3) **The program initiative's required service delivery setting is:**
Agency Site or CSOC-approved location.
- 4) **The hours, days of week, and months of year this program initiative is required to operate:** Summer
- 5) **Additional procedures for on call staff to meet the needs of those served twenty-four (24) hours a day, seven (7) days a week? No**

- 6) **Additional flexible hours, inclusive of non-traditional and weekend hours, to meet the needs of those served?** No
- 7) **The language services (if other than English) this program initiative is required to provide:** No
- 8) **The transportation this program initiative is required to provide:** N/A
- 9) **The staffing requirements for this program initiative, including the number of any required FTEs, ratio of staff to clients, shift requirements, supervision requirements, education, content knowledge, staff credentials, and certifications:**

Qualified providers shall ensure one-to-one support services staff:

- a. Shall be at least eighteen (18) years in age and have either:
 - A Bachelor's degree in psychology, special education, guidance and counseling, social work, or a related field and at least one (1) year of supervised experience in implementing behavior support plans and teaching/assisting with ADL skills for individuals who have intellectual/developmental disabilities.
 - A High School Diploma or GED and at least three (3) years of supervised experience in implementing behavior support plans and teaching/assisting with ADL skills for individuals who have intellectual/developmental disabilities.
- b. Are covered by substitute staff members who are available to be assigned in the event of planned or unplanned absences of the regularly assigned one-to-one staff.
- c. Have completed and passed the TB skin test. This information shall be held in the provider agency file. Do not forward this information to CSOC.
- d. Assess whether the youth to be served is willing to accept instruction and assistance from the assigned service staff and substitute staff.
- e. Assess whether the youth is able to respond to direction and to comply with evacuation procedures in the event of an emergency.
- f. Assist with planning for any crisis related issues and assess those issues.
- g. Assess and review any risk or safety issue for youth at camp and determine resolutions.
- h. Provide support to assist the youth in developing life skills and enhancing personal relationships through community integration, while increasing safety awareness in various camp settings.
- i. Receive and respond to e-mails and phone calls within one (1) business day.

Qualified providers shall ensure that all employees rendering services will have state and federal Criminal History Record Information (CHRI) background checks, with fingerprinting completed now and every two years thereafter. All employees rendering services to youth for whom CSOC is providing financial support are required to have fingerprint background checks. Qualified providers will receive from CSOC an information packet with the appropriate steps for the fingerprinting background check process. The cost of the fingerprinting background check will be paid for by DCF. The qualified provider will be responsible for ensuring provider clearance and maintaining a record of the background checks by accessing the Department of Human Services records as described in the informational packet provided by CSOC.

10) **The legislation and regulations relevant to this specific program, including any licensing regulations:**

Qualified providers shall:

- a. Ensure that the names of all agency employees, volunteers, and consultants that provide services to youth with intellectual/developmental disabilities shall be checked against those names in the Central Registry of Offenders Against Individuals with Developmental Disabilities as required by N.J.S.A. 30:6D-73 et seq. A qualified respondent not registered to access the Central Registry may seek DCF's assistance to facilitate the registration. Additional information can be found at: http://www.state.nj.us/humanservices/staff/opia/central_registry.html
- b. Comply with the requirements to report suspected abuse and neglect against a child under eighteen (18) years of age to the Division of Child Protection and Permanency (DCP&P) at 1-800-NJ ABUSE as set forth in N.J.S.A. 9:6-8.10; and a vulnerable adult 18 years of age or older to Adult Protective Services (APS) as set forth in N.J.S.A. 52:27D-406 to 426.
- c. Complete a report for each related accident, incident, or unusual occurrence involving staff, youth and/or families and send the report to CSOC and the Universal Incident Management Reporting System, Pursuant to Administrative Order 2:05 and related Addenda: <https://www.nj.gov/humanservices/staff/opia/cimu/>
- d. Comply with Danielle's Law, which requires anyone who works directly with individuals with developmental disabilities or traumatic brain injury to call 911 in life-threatening emergencies. [Division of Developmental Disabilities | Danielle's Law \(nj.gov\)](#)
- e. Protect the confidentiality of youth information as required by the Health Insurance Portability and Accountability Act (HIPAA), the

federal law that establishes privacy standards for protected health information held by “covered entities” (health plans, health care clearinghouses, and most health care providers). The implementing regulations at 45 C.F.R. Parts 160 and 164 (known as the “Privacy Rule”) issued by the U.S. Department of Health and Human Services provide standards for the use and disclosure of protected health information. Protected Health Information (PHI) refers to individually identifiable health information transmitted or maintained by a covered entity or its business associate. Health information is any information that “relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.” 45 C.F.R. 160.103.

- f. Maintain status as a Qualified Provider of services by complying with all applicable federal, state, and local laws, rules and regulations regarding licenses, certifications, accreditations and/or other credentialing entities.
 - g. Notify CSOC within five (5) business days of occurrence of permanent loss, temporary suspension, or probationary status of all qualifying credentials, i.e., licenses, certifications, accreditations, insurance, and changes in Executive Director, name of agency, address, telephone number or contact person.
- 11) **The availability for electronic, telephone, or in-person conferencing this program initiative requires:** The qualified provider must be available via phone to address urgent policy and procedure issues and/or provide support during camp hours and must respond to all e-mails and phone calls within one (1) business day.
 - 12) **The required partnerships/collaborations with stakeholders that will contribute to the success of this initiative:** The qualified provider agrees to not subcontract any of the services described in this RFQ.
 - 13) **The data collection systems this program initiative requires:** N/A
 - 14) **The assessment and evaluation tools this program initiative require:** N/A

E. Outcomes - The below describes the evaluations, outcomes, information technology, data collection, and reporting required of respondents for this program.

- 1) **The evaluations required for this program initiative:** N/A
- 2) **The outcomes required of this program initiative:**

- a. **Short Term Outcomes:** N/A
 - b. **Mid Term Outcomes:** N/A
 - c. **Long Term Outcomes:** N/A
- 3) **Required use of databases:** N/A
- 4) **Reporting requirements:** One-to-one support service utilization is managed by CSOC's CSA through CYBER authorizations and reports. CSOC's Family Support Service Program Lead will monitor one-to-one service utilization.

Qualified providers are required to create and maintain an individual service record for each youth authorized to receive one-to-one support services that must be completed in collaboration with the one-to-one support services staff providing the service that shall contain, at a minimum, the following information:

- a. The dates of service and number of care hours, per level of service received, and
- b. Documentation of any and all crisis or emergency situations that occur during the provision of the services, including a summary of corrective action taken and resolution of the situation.

Qualified providers are required to maintain in support of all claims for payment:

- a. The name and address of the youth being provided services.
- b. The name and credentials of the person(s) providing the service.
- c. The exact date(s), location(s), and time(s) of service.
- d. The type of service(s) provided.
- e. The length of face-to-face contact, excluding travel time to or from the location of the contact with the youth receiving services.

F. Signature Statement of Acceptance:

By my signature below, I hereby certify that I have read, understand, accept, and will comply with all the terms and conditions of providing services described above as *Required Performance and Staffing Deliverables* and any referenced documents. I understand that the failure to abide by the terms of this statement is a basis for DCF's termination of my contract to provide these services. I have the necessary authority to execute this agreement between my organization and DCF.

Name:

Signature:

Title:

Date:

Organization:

Federal ID No.:

Charitable Registration No.:

Unique Entity ID #:

Contact Person:

Title:

Phone:

Email:

Mailing Address:

Section III - Documents to be Submitted with This Response

In addition to the Signature Statement of Acceptance of the Required Performance and Staffing Deliverables, DCF requests respondents to submit the following documents with each response. Respondents must organize the documents submitted in the same order as presented below under one (1) of the two (2) corresponding title headings: A. *Organizational Documents Prerequisite to a DCF Contract Award Requested to be Submitted with This Response* and B. *Additional Documents Requested to be Submitted in Support of This Response*. **Each of these two (2) sections must be submitted as a separate PDF, which would be the second and third PDF submissions in your response packet.**

A. Organizational Documents Prerequisite to a DCF Contract Award Requested to be Submitted with this Response:

(THIS WILL BE THE SECOND PDF SUBMISSION IN YOUR RESPONSE PACKET AND IS TO BE LABELED AS: PDF 2: SECTION III - DOCUMENTS REQUESTED TO BE SUBMITTED WITH THIS RESPONSE, SUBSECTION A. ORGANIZATIONAL DOCUMENTS PREREQUISITE TO A DCF CONTRACT AWARD REQUESTED TO BE SUBMITTED WITH THIS RESPONSE.)

- 1) A description of how your **Accounting** System has the capability to record financial transactions by funding source, to produce funding source documentation, authorization to support all expenditures, and timesheets which detail by funding source how the employee spent their time, invoices, etc.
- 2) **Affirmative Action Certificate:** Issued after the renewal form [AA302] is sent to Treasury with payment.
Note: The AA302 is only applicable to new startup agencies and may only be submitted during Year One (1). Agencies previously contracted through DCF are required to submit an Affirmative Action Certificate.
Website: https://www.state.nj.us/treasury/contract_compliance/
- 3) **Agency By-Laws -or- Management Operating Agreement** if a Limited Liability Corporation (LLC) or Partnership
- 4) Statement of **Assurances** signed and dated.
Website: <https://www.nj.gov/dcf/providers/notices/requests/#2>
Form: <https://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc>
- 5) **Attestation Form for Public Law P.L. 2021, c.1** - Complete, sign and date as the provider.
Form: [Attestation.Form.To.Be.Completed.by.Providers.Covered.by.Public.Law.2021c.1.-6.7.21.pdf \(nj.gov\)](https://www.nj.gov/dcf/providers/notices/Attestation.Form.To.Be.Completed.by.Providers.Covered.by.Public.Law.2021c.1.-6.7.21.pdf)
- 6) Dated List of Names, Titles, Emails, Phone Numbers, Addresses and Terms of either the **Board of Directors** of a corporation, or the **Managing Partners** of a Limited Liability Corporation (LLC)/Partnership, or the **members** of the responsible governing body of a county or municipality.
- 7) For Profit: **NJ Business Registration Certificate** with the Division of Revenue (see instructions for applicability to your organization).
Website: <https://www.nj.gov/treasury/revenue/busregcert.shtml>
- 8) **Business Associate Agreement/HIPAA** - Sign and date as the Business Associate.
Form: <https://www.nj.gov/dcf/providers/contracting/forms/HIPAA.docx>
- 9) **Conflict of Interest Policy** (Respondent should submit its own policy, **not** a signed copy of the DCF model form found at the end of the following DCF policy.)
https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf

- 10) All **Corrective action plans or reviews** completed by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities within the last two (2) years. If applicable, a copy of the corrective action plan should be provided and any other pertinent information that will explain or clarify the respondent's position.

If not applicable, the respondent is to **include a signed written statement** that it has never been under any Corrective Actions or reviews. Respondents are on notice that DCF may consider all materials in our records concerning audits, reviews, or corrective active plans as part of the review process. DCF may disqualify and decline to forward for the review of the Evaluation Committee a response from those under a corrective action plan in process with DCF or any other New Jersey State agency or authority.

- 11) Certification Regarding **Debarment**
Form: <https://www.nj.gov/dcf/documents/contract/forms/Cert.Debarment.pdf>
- 12) Disclosure of **Investigations & Other Actions Involving Respondent**
Form:
<https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestigations.pdf>
- 13) **Disclosure of Investment Activities in Iran**
Form:
<https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf>
- 14) **Disclosure of Ownership (Ownership Disclosure Form)**
Form:
<https://www.nj.gov/treasury/purchase/forms/OwnershipDisclosure.pdf>
The Ownership Disclosure form must be completed and returned by non-profit and for-profit corporations, partnerships, and limited liability companies. The failure of a **for-profit** corporation, partnership, or limited liability company to complete the form prior to submitting it with the response **shall result in rejection of the response.**
- 15) **Disclosure of Prohibited Activities in Russia and Belarus**
Form:
<https://www.state.nj.us/treasury/administration/pdf/DisclosureofProhibitedActivitiesinRussiaBelarus.pdf>
- 16) **Source Disclosure Form (Disclosure of Source Location of Services Performed Outside the United States)**
Form:
<http://www.state.nj.us/treasury/purchase/forms/SourceDisclosureCertification.pdf>

- 17) Document showing **Unique Entity ID (SAM) Number**
Website: <https://sam.gov/content/duns-uei>
- 18) **Certificate of Incorporation**
Website: <https://www.nj.gov/treasury/revenue>
- 19) **Notice of Standard Contract Requirements, Processes, and Policies**
Sign and date as the provider
Form: [Notice.of.Standard.Contract.Requirements.pdf \(nj.gov\)](#)
- 20) **Organizational Chart of respondent** - Ensure chart includes the agency name, current date, and the allocation of personnel among each of the agency's DCF programs with their position titles and names.
- 21) **Prevent Child Abuse New Jersey's (PCA-NJ) Safe-Child standards** - A brief description (no more than two (2) pages double spaced) of the ways in which respondent's operations (policies and/or practices) mirror these standards. The document should include the agency name & current date. The Standards are available at: ["Sexual Abuse Safe-Child Standards" \(state.nj.us\)](#)
- 22) **Standard Language Document (SLD) (or Individual Provider Agreement or Department Agreement with another State Entity as designated by DCF.)**
Sign and date as the provider
Form:
<https://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc>
- 23) **System for Award Management (SAM)** Submit a printout showing active status and the expiration date. Available free of charge.
Website: <https://sam.gov/content/home>
Helpline:1-866-606-8220
- 24) **Tax Exempt Organization Certificate (ST-5) -or- IRS Determination Letter 501(c)(3)**
Website: <https://www.nj.gov/treasury/taxation/exemptintro.shtml>
- 25) **Tax Forms: Submit a copy of the most recent full tax return**
Non-Profit: Form 990 Return of Organization Exempt from Income Tax
or- For Profit: Form 1120 US Corporation Income Tax Return -or-
LLCs: Applicable Tax Form and may delete/redact any SSN or personal information
Note: Store subsequent tax returns on site for submission to DCF upon request.

- 26) **Trauma Informed and Cultural Inclusivity Practices** - Submit written policies describing the incorporation of these practices into your provision of services.

B. Additional Documents Requested to be Submitted in Support of This Response

(THIS WILL BE THE THIRD PDF SUBMISSION IN YOUR RESPONSE PACKET AND IS TO BE LABELED AS: PDF 3: SECTION III – DOCUMENTS REQUESTED TO BE SUBMITTED WITH THIS RESPONSE, SUBSECTION B. ADDITIONAL DOCUMENTS REQUESTED TO BE SUBMITTED IN SUPPORT OF THIS RESPONSE.)

- 1) **Program Description Form** that specifies its statement of purpose and describes the overall approach to service delivery and family involvement. Form:
<https://www.nj.gov/dcf/providers/notices/requests/RFQ-Program.Description.Form.for.One-To-One.docx>
- 2) Three (3) **Letter(s) of Support** from community organizations with which you already partner specific to the provisions of services under this RFQ. References from family members of individuals receiving services and/or New Jersey State employees are prohibited. Template/duplicate letters of support are not acceptable. Please include telephone numbers and e-mail for all references so they may be contacted directly.
- 3) **Summary of Reduction of Seclusion and Restraint Use** (maximum 3 pages) describing policies adopted and the practices implemented to achieve this goal.

Section IV - Response Screening and Review Process

A. Response Screening for Eligibility, Conformity and Completeness:

DCF will conduct a preliminary review of each response to determine whether it is eligible for evaluation or immediate rejection in accordance with the following criteria:

- 1) The response was received prior to the stated deadline.
- 2) The Statement of Acceptance is signed by the person with the necessary authority to execute the agreement.
- 3) The response is complete in its entirety, including all documents required to be submitted in support of the response listed in Section III. A. and the organizational documents prerequisite to a contract award listed in Section III. B. If any of these documents are missing from the response, DCF may

provide an email notice to the respondent after the response is submitted. Respondents will have up to five (5) business days after notice from DCF to provide the missing documentation. If the documents are not then timely submitted in response to that notice, the response may be rejected as non-responsive.

- 4) The response conforms to the specifications set forth in the RFQ.

Failure to meet the criteria outlined above, constitutes grounds for rejection of the response.

Responses meeting the initial screening requirements of the RFQ will be distributed to the Evaluation Committee for its review and recommendations.

B. Response Review Process

The Department convenes an Evaluation Committee in accordance with existing policy to review all responses. All voting and advisory reviewers complete a conflict-of-interest form. Those individuals with conflicts or with the appearance of a conflict are disqualified from participation in the review process. The voting members of the Evaluation Committee will review responses, deliberate as a group, and recommend final funding decisions.

The Department reserves the right to reject any response 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, the State's loss of funding, inability of the respondent to provide adequate services, applicant's lack of good standing with the Department, and indication or allegation of misrepresentation of information or non-compliance with any State contracts, policies and procedures, or State or Federal laws and regulations.

A response to a RFQ may result in a contract award if the Evaluation Committee concludes the respondent will comply with all requirements as demonstrated by submitting the specified documentation and signing the Statement of Acceptance. All respondents are required to provide all the requested documentation and to confirm their ability to meet or exceed all the compulsory requirements, to provide services consistent with the scope of services delineated, and to comply with all the service implementation and payment processes described.

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

C. Appeals

An appeal of a determination to reject a response as incomplete or unresponsive may be considered only to dispute whether the facts of a particular case are

sufficient to meet the requirements for rejection and not to dispute the existence of any of the requirements.

An appeal of a determination not to award contract funding may be considered only if it is alleged that DCF has violated a statutory or regulatory provision in its review and evaluation process.

Pursuant to DCF policy P1.08, such appeals must be submitted in writing within ten (10) business days following the date on the Notice of Disqualification or Notice of Regret letter by emailing it to DCF.AHUAppeals@dcf.nj.gov and/or mailing it to:

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

Section V - Post Award Requirements

A. General Conditions of Contract Execution:

Respondents who receive notice of DCF's intent to award them a contract will be referred to the DCF Office of Contract Administration (OCA). As a condition of executing a contract, qualified respondents must resolve with OCA any issues raised in the award letter or otherwise found to be need of clarification. If DCF finds after sending a notice of intent to award that the awarded respondent is incapable of providing the services or has misrepresented any material fact or its ability to manage the program, the award may not proceed to contract execution. DCF determines the effective date of any contract, which is the date compensable services may begin.

An awarded respondent shall be required to comply with the terms and conditions of the Department of Children and Families' contracting rules, regulations, and policies as set forth in the Standard Language Document, the Notice of Standard DCF Contract Requirements, the Contract Reimbursement Manual, and the Contract Policy and Information Manual. Awarded respondents may review these items via the Internet at:

www.nj.gov/dcf/providers/contracting/manuals

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

Awarded respondents also shall comply with all applicable State and Federal laws and statutes, assurances, certifications, and regulations regarding funding.

B. Organizational Documents Prerequisite to Contract Execution to be Submitted After Notice of Award:

The OCA contract administrator assigned to initiate and administer an awarded respondent's contract will require the awarded respondent to submit the following documents prior to finalizing the contract for funding:

Post-Award Documents Prerequisite to the Execution of All Contracts

- 1) **Acknowledgement of Receipt** of NJ State Policy and Procedures:
Return the receipt to DCF Office of EEO/AA.
Form: <https://www.nj.gov/dcf/documents/contract/forms/DiscriminationAcknowReceipt.pdf>
Policy: <https://www.nj.gov/dcf/documents/contract/forms/AntiDiscriminationPolicy.pdf>
- 2) **Annual Report to Secretary of State** proof of filing.
Website: <https://www.njportal.com/dor/annualreports>
- 3) **Employee Fidelity Bond Certificate** (commercial blanket bond - crime/theft/dishonest acts)

Bond must be at least 15% of the full dollar amount of all State of NJ contracts for the current year when the combined dollar amount exceeds \$50,000. The \$50,000 threshold includes fee-for-service reimbursements made via Medicaid. Not Applicable Note: Should state your agency will not exceed \$50,000 in combined State of NJ contracts for the current year.

Email To: OfficeOfContractAdministration@dcf.nj.gov and copy your contract administrator

Policy: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf

- 4) **Liability Insurance** (Declaration Page/Malpractice Insurance/Automobile Liability Insurance)

Important: Policy must show:

- a. DCF as the certificate holder – NJDCF 50 E State Street, Floor 3, P.O. Box 717, Trenton, NJ 08625
- b. Language Stating DCF is “an additional insured”
- c. Commercial Liability Minimum Limits of \$1,000,000 an occurrence, \$3,000,000 aggregate
- d. Commercial Automobile Liability Insurance written to cover cars, vans or trucks, limits of liability for bodily injury and property damage should not be less than \$2,000,000/occurrence.

Email To: OfficeOfContractAdministration@dcf.nj.gov and copy your contract administrator

Policy: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf

- 5) Document showing **NJSTART** Vendor ID Number (NJ's eProcurement System) Website: <https://www.njstart.gov/> Helpline: 609-341-3500 or -njstart@treas.nj.gov
- 6) **Standardized Board Resolution Form**
Form: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p1_board.pdf
- 7) **Chapter 271/Vendor Certification and Political Contribution Disclosure Form**
[2006 Federal Accountability & Transparency Act (FFATA)]
Form: <https://www.nj.gov/treasury/purchase/forms/CertandDisc2706.pdf>
- 8) **Program Organizational Chart**
Should include agency name & current date.

Post-Award Documents Prerequisite to the Execution of This Specific Contract

- 9) **Agency Data Information Form**
Ensure all fields are completed with accurate information. Forms with incomplete/inaccurate information will be returned. This includes all agency identifying numbers i.e., FEIN, UEI, and NJSTART as well as staff contact information.
Note: For multi-year contracts, the contract number will remain the same each year.
Form: Provided by Contract Administrator
- 10) **Program Component Form**
Ensure all fields are completed with accurate information. Forms with incomplete/ inaccurate information will be returned. This includes staffing levels (enter #), level of service (enter approx. #), ages, hours/days, counties, languages, etc.
Form: Provided by Contract Administrator
- 11) **Youth Camp Safety Act Certificate of Approval** issued by the Department of Health
Form:
<https://www.nj.gov/health/ceohs/phfpp/youthcamps/operators/license.shtml#4>

C. Reporting Requirements for Awarded Respondents

Qualified Providers are required to timely report to DCF about Significant Events relevant to their agencies and contracts. Timely reports as events occur to include, but not be limited to, changes to: (1) Organizational Structure or Name [DCF.P1.09-2007]; (2) Executive and/or Program Leadership; (3)

Names, titles, terms and addresses, of the Board of Directors; (4) Clinical Staff; (5) Subcontract/consultant agreements and the development or execution of new ones; (6) a FEIN; (7) Corporate Address; (8) Program Closures; (9) Program Site locations; (10) Site Accreditations (TJC,COA,CARF); (11) the contents of the submitted Standard Board Resolution Form; (12) Debarment and SAM status; and (13) the existence and status of Corrective Action Plans, Audits or Reviews by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities.

Note: Agencies are under a continuing obligation, through the completion of any contract with the State of NJ, to renew expired forms filed with the NJ Department of the Treasury and to notify Treasury in writing of any changes to the information initially entered on these forms regarding: Investment Activities in Iran as per P.L. 2012, C.25; Investment Activities in Russia or Belarus as per P.L. P.L.2022, c.3; Disclosures of Investigations of the Vendor; Ownership Disclosure if for profit; Service Location Source Disclosure as per P. L. 2005, C.92; Political Contribution Disclosure as per P.L. 2005, C.271; Report of Charitable Organizations.

Policy:

https://nj.gov/dcf/documents/contract/manuals/CPIM_p1_events.pdf

Website:

<https://www.state.nj.us/treasury/purchase/forms.shtml>

D. Requirements for Awarded Respondents to Store Their Own Organizational Documents on Site to be Submitted to DCF Only Upon Request

- 1) Affirmative Action Policy/Plan
- 2) Copy of Most Recently Approved Board Minutes
- 3) Books, documents, papers, and records which are directly pertinent to this contract for the purposes of making audits, examinations, excerpts, and transcriptions, and to be produced for DCF upon request.
- 4) Personnel Manual & Employee Handbook (include staff job descriptions)
- 5) Procurement Policy