



REQUEST FOR QUALIFICATIONS

FOR

PROVIDERS OF SUMMER CAMP AND ALTERNATIVE RECREATIONAL SERVICES FOR 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>

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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 contracts for Summer Camp and Alternative Recreational Sessions. Respondents who become qualified through this RFQ process to offer their summer camps to youth with Developmental Disability (DD) eligibility 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 per diem contribution toward the costs of the summer camp tuition of eligible families of youth with DD eligibility.

A qualified summer camp must be physically located within the State of New Jersey and provide one (1) or more of these three (3) separate types of camp:

1. Traditional Day Camp - recreational activities offered in daily episodes
2. Alternative Recreational Sessions - recreational activities offered on an hourly basis
3. Overnight Camp - recreational activities offered in daily episodes, must include overnight hours

Responses may be for one (1) or all three (3) camp types. If the respondent seeks to contract for more than one (1) type, the response must include for each camp type a separate Program Description Form. This form is described in this RFQ in *Section III – Documents Requested to be Submitted with This Response* and may be accessed by clicking on the links provided there.

Providers of CSOC Summer Camp and Alternative Recreational Session programs previously qualified by DCF CSOC in 2014, 2015, 2016 and 2023 are **not** required to respond to the RFQ. If they would like to add a new camp type to the contracted services they currently provide (i.e., Traditional, Overnight or Alternative Recreational Sessions) they should contact their DCF Contract Administrator to complete and submit for each camp type sought to be added a separate Program Component Form and Agency Data Information Form.

One-to-One Services

Qualified providers of traditional Summer Day Camp or Alternative Recreational Session programs requiring one-to-one support services for youth seeking to register to attend their summer programs must arrange to meet with the family/caregiver and jointly complete and sign the application for one-to-one support services and jointly complete the Child Adaptive Behavior Summary (CABS). The CABS will be used for all youth under age twenty-one (21) who will be attending a CSOC qualified summer day camp or Alternative Recreational Sessions and are requesting one-to-one support services. These meetings are required to take place prior to the youth being given an authorization for services.

Camp providers applying to offer traditional Summer Day Camp or Alternative Recreational Sessions are strongly encouraged to also apply to offer one-to-one support services to prospective campers by responding to the simultaneously published RFQ for one-to-one supports. [<https://www.nj.gov/dcf/providers/notices/requests/2023-RFQ-CSOC.One.to.One.Support.Services.pdf>] One-to-one support services are not available for overnight camp participants.

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 summer camp 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 toward summer camp tuition 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.

Qualified providers of summer camp services for youth with DD will be reimbursed according to the maximum rates in the below rate table for authorized eligible youth:

Type of Service	Authorized Units of Service	Maximum Rate Per Unit
Traditional Day Camp (TDC)	Up to 10 days per youth per summer season	\$82/day
Overnight Camp	Up to 6 nights per youth per summer season	\$136.33/night
Alternative Recreational Sessions (ARS)	Up to 20 sessions per youth per summer season	\$41/session (each session must be a minimum of 2 hours)
Hybrid – Traditional Day	5 days of TDC and 10 sessions	

Camp and Alternative Recreational Sessions	of ARS per youth per summer season	\$82/day for TDC and \$41/session for ARS
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Qualified providers will receive billing instructions with their notice of qualification. DCF will pay qualified providers after reviewing and approving their submitted payment vouchers and supporting documentation.

Please be reminded that DCF provides financial assistance only up to the maximum limits noted above for the daily camp rate. The amount available per child, youth, or young adult is capped and may vary by year and by the number of families that apply. No additional funds shall be provided for start-up or any other purpose. The costs of camp services may not be fully covered by the DCF financial assistance contribution. Additional days, or costs in excess of the maximum rate per unit, are the financial responsibility of the family/caregiver for payment.

CSOC financial support toward summer camp tuition does not cover the following costs:

- camp registration
- camp deposit
- transportation to and from camp
- trips taken during camp

Families and caregivers are responsible for the cost of summer camp tuition minus any financial support provided by DCF. Qualified providers should inform families and caregivers to consider their financial ability to pay the balance that exceeds the DCF tuition cap and encourage them to explore all avenues for funding summer camp tuition and the availability of scholarships such as local recreation departments and civic groups. DCF financial support toward camp tuition is the funding source of last resort.

When a determination regarding the eligibility of youth for DCF financial support toward summer camp tuition has been made, the CSA will provide written notification of the outcome to the family/caregiver and camp within thirty (30) days. The outcome may be approval and authorization, denial due to not meeting eligibility criteria, or denial due to a lack of resources. DCF makes no representation regarding the volume of activity that a provider may expect as a consequence of becoming a qualified provider 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. 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 to be Submitted with This Response, subsection A. Organizational Documents Prerequisite to a DCF Contract Award to be Submitted with the Response*

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*

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 \(nj.gov\)](https://www.nj.gov/dcf/contracting-policy-manuals/).

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 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 those 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.

- 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.

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 or Alternative Recreational Session programs.

- 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:** N/A
- 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:**

Families may choose to apply for one of the following options:

Type of Service	Maximum Units of Service
Traditional Day Camp (TDC)	Up to 10 days per youth per summer season
Overnight Camp	Up to 6 nights per youth per summer season
Alternative Recreational	Up to 20 sessions per youth per

Sessions (ARS)	summer season
Hybrid – Traditional Day Camp and Alternative Recreational Sessions	5 days of TDC and 10 sessions of ARS per youth per summer season

Families will need to request each camp component (subcategory of camp) separately if choosing to enroll in a hybrid.

- 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:** PerformCare, the Contracted System Administrator (CSA) for CSOC, will list on their website each qualified provider of summer camp services for youth with DD. Qualified Providers are responsible for marketing their camp and Alternative Recreational Sessions program services to local schools, community organizations, etc. to find families interested in utilizing their services. Providers shall meet in person, virtually, or telephonically with interested families before camp registration to ensure the camp can meet the youth's needs. Families must register with the camp and receive a summer camp registration letter from the camp before they can complete the summer camp application for funding through CSOC on the PerformCare website:
<https://www.performcarenj.org/families/disability/summer-camp.aspx>.

Qualified Providers should assess the need for one-to-one support services for youth seeking to attend their camp. If one-to-one support is needed, the Qualified Provider and the family will jointly complete and sign the application for one-to-one services and jointly complete the Child Adaptive Behavior Summary (CABS). The CABS will be used for all youth under age twenty-one (21) who will be attending a CSOC-qualified summer day camp or Alternative Recreational Sessions program and are requesting one-to-one support services. These meetings are required to take place before the youth is given an authorization for services.

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.

PerformCare. will provide qualified providers with youth information and authorizations via email. Each qualified provider will conform with and provide services under all protocols, including documentation and timeframes, established by CSOC, and managed by the CSA.

- 7) **The rejection and termination parameters required for this program initiative:** Once admitted to Summer Camp and Alternative Recreation Session programs in accordance with the referral and authorization process, DCF CSOC leaves the rejection or termination parameters up to the camp providers based on what their staff can manage. Qualified providers of these programs are encouraged to work with families during the application process to assess whether the youth's needs may be too high to manage in a group setting and could be met with one-to-one support services.
- 8) **The direct services and activities required for this program initiative:** Qualified providers may provide one or all of the three types of programs: Traditional Day Camp; Overnight Camp; and Alternative Recreational Sessions.

Traditional day camp is designed to offer youth an opportunity to participate in recreational activities while helping to build confidence and increase interactions with peers within the community. Traditional day camp typically runs during the week (Monday-Friday) for 6-8 hours daily. The services are offered in daily increments for up to 10 days each summer season.

Overnight camp is designed to offer youth recreational activities in daily increments and must include overnight hours. Youth are eligible for up to 6 nights of overnight camp services per summer season.

Alternative Recreational Sessions offer youth and families increased flexibility when selecting camp options. The goal of Alternative Recreational Sessions is to provide youth an opportunity to engage in recreational activities within the community with a shorter daily duration and enhanced participant supports than are offered by traditional day

camps. Alternative Recreational Sessions shall provide youth an opportunity to engage in a recreational activity with peers within the community, on an hourly basis, rather than in daily increments. This shorter timeframe will increase camp access for youth who may benefit from a brief structured period compared to a longer traditional camp day. Each session of Alternative Recreational Sessions must be a minimum of two (2) hours.

Qualified providers shall make available to DCF and/or its agents or designees upon request, at all reasonable times and places in New Jersey, documentation in participant's records that will enable DCF to verify that each charge is due and proper prior to payment.

Qualified providers shall:

- a. Demonstrate the ability to conform with and provide services under all protocols, including documentation and timeframes, established by CSOC, and managed by the CSA.
- b. Comport with the program, administrative and fiscal procedures that result in the timely provision of appropriate services, accurate invoicing, and correct payments.
- c. Provide authorized services within thirty (30) days of the authorized start date or inform the CSA of the reason for delay.
- d. Submit invoices within thirty (30) days of the date of service delivery or inform the CSA of the reason for delay.
- e. Limit their billing procedure to receive payment for only the unit of service(s) authorized to and received by the youth;
- f. 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.
- g. Terminate their billing procedures promptly when family/caregiver informs them their service(s) are no longer being requested.

9) **The service modalities required for this program initiative are: (indicate any evidence-based practices, DCF program classifications, and non-evidence-based practices that are required.)**

- a. **Evidence Based Practice (EBP) modalities:** N/A
- b. **DCF Program Service Names:** CSOC Summer 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 COSC 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? N/A**
- 6) **Additional flexible hours, inclusive of non-traditional and weekend hours, to meet the needs of those served? N/A**
- 7) **The language services (if other than English) this program initiative is required to provide: N/A**
- 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:

- a. Comply with staff/youth ratios when providing facility based and/or community-based services. Staff/Youth ratios for youth camps can be found on the NJ Department of Health website: (<https://www.nj.gov/health/ceohs/phfpp/youthcamps/operators/ratios.shtml>).
- b. 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 (2) years thereafter. All employees rendering services to youth for whom CSOC is providing financial support are required to have fingerprint background checks. CSOC will send qualified providers 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.
- c. Shall ensure direct services staff 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.

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 every 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:** Camp service utilization is managed by CSOC's CSA through CYBER authorizations and reports. CSOC's Family Support Service Program Lead will monitor camp service utilization.

Qualified providers are required to create and maintain an individual service record for each youth authorized to receive summer camp services that must be completed in collaboration with the summer camp 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 the following data 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. 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.

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 Requested 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 submission 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 TO REQUESTED BE SUBMITTED WITH THIS RESPONSE, SUBSECTION A. ORGANIZATIONAL DOCUMENTS PREREQUISITE TO A DCF CONTRACT AWARD REQUESTED TO BE SUBMITTED.*)

- 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.
**Provide a separate Program Description Form for each type of service
(Traditional Day Camp, Overnight Camp and/or Alternative
Recreational Sessions).**

Form:

[https://www.nj.gov/dcf/providers/notices/requests/RFQ-
Program.Description.Form-Summer.Camp.and.ARS.docx](https://www.nj.gov/dcf/providers/notices/requests/RFQ-Program.Description.Form-Summer.Camp.and.ARS.docx)

Respondents shall complete a separate Program Description Service Form
for each type of service provided with the following information:

- a. Narrative of activity(ies) offered; please include details explaining how
the activity will be delivered and the level of participation intended for
youth.
 - b. Skill/Benefit obtained from the activity(ies) intended for youth.
 - c. Information on staffing and specific program location.
 - d. Details of safety and accessibility measures taken by the program to
ensure a safe experience for youth attending the program.
- 2) Three (3) **Letter(s) of Support** from community organizations with which
you already partner. specific to the provisions of services under this RFQ.
Letters from family members of individuals receiving services and 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 three (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 New Jersey 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.shtm/#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; and 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