



REQUEST FOR PROPOSALS

FOR

STABILIZATION AND ASSESSMENT SERVICES 5-BED PROGRAM SERVING YOUTH WITH MENTAL/BEHAVIORAL HEALTH CHALLENGES STATEWIDE

Publication Date: April 18, 2024

Response Deadline: June 5, 2024, by 12:00 P.M.

Funding of \$1,643,062 Available in state funds

**There will be a non-mandatory virtual
conference on April 29, 2024, at 2:00 P.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 a new contract.

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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 a contract for the provision of out-of-home Stabilization and Assessment Services for youth ages 13 to 17 at age of admission with behavioral/emotional challenges associated with complex trauma. Respondents are advised that the program must accept youth statewide.

The contract to be awarded will result in the implementation and maintenance of one 5-bed Stabilization and Assessment Services program in a home that will accommodate no more than two (2) youth per bedroom. Single bedrooms are preferred. The program must be able to serve both males, females, and transgender youth, as determined by need. Occupants of bedrooms shall be separated by gender.

The operations, policy, procedures, and implementation of each Stabilization and Assessment Services program shall be consistent with the System of Care goal of enabling youth to remain at home, in school, and within their community. CSOC is committed to providing services that are:

- A. Clinically appropriate and accessible;
- B. Individualized and delivered through a continuum of services and/or supports, both formal and informal, based on the unique strengths and needs of each youth and his or her family/ caregivers;
- C. Provided in the least restrictive, most natural setting appropriate to meet the needs of the youth and his or her family/caregivers;
- D. Family-guided, with families engaged as active participants at all levels of planning, organization, and service delivery;
- E. Community-based, coordinated, and integrated with the focus of having services, decision-making responsibility, and management operational at a community level;
- F. Culturally competent, with agencies, programs, services, and supports that are reflective of and responsive to the cultural, racial, and ethnic differences of the populations they serve;
- G. Protective of the rights of youth and their family/caregivers; and
- H. Collaborative across child-serving systems, including: child protection, juvenile justice, and other system partners who are responsible for providing services and supports to the target populations.

B. Funding Information:

All funding is subject to appropriation. The continuation of funding is contingent upon the availability of funds and resources in future fiscal years.

This is a competitive process. Respondents are on notice that no annual increases will be considered as part of this contract to salaries, fringe, or benefits in future negotiations or contracts, unless approved by the State legislature for all contracting entities. Funds awarded under this program may not be used to supplant or duplicate existing funding.

DCF will make available up to \$1,643,062 for the 5-bed awarded program inclusive of start-up. Of this amount, up to \$1,556,250 is available for 12 months of operating expenses and up to \$77,812 (5% of operating expenses) for one-time approved start-up costs. DCF reserves the right to award all or a portion of these funds. The awarded respondents will be paid at the current per diem rate per bed of \$852.74. The per diem rate will be paid to the awarded respondents on a fee for service basis and constitutes all-inclusive compensation and reimbursement for all services, activities, and administrative costs involved in serving the youth. Reimbursement is based exclusively on occupancy. CSOC does not guarantee 100% occupancy. Medicaid billing is the payment methodology for reimbursement.

The intended funding period for the contract is: July 1, 2024, through June 30, 2025. 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 except for approved start-up costs. Contract renewal is contingent on the availability of funds.

The facility must also ensure a generator is installed and operational that allows the program to function at full agency capacity during any power outage. Purchase and installation of generators are acceptable as part of startup funds. CSOC would be amenable to considering modest facility renovations costs as part of startup costs. Vehicles can be purchased with start-up costs.

All start-up costs are subject to contract negotiations and DCF approval. Funds for approved start-up cost funds will be released upon the execution of a finalized contract and are paid via Scheduled Payments.

Matching funds are not required.

C. Pre-Response Submission Information:

There will be a non-mandatory virtual conference for all respondents held on **April 29, 2024, at 2:00 P.M.** Respondents may not contact DCF in person or by

telephone concerning this RFP. Questions may be sent in advance of the response deadline via email to DCF.ASKRFP@dcf.nj.gov.

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)
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Join by H.323

- 161.199.138.10 (US West)
- 161.199.136.10 (US East)

Meeting ID: 160 468 4613

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 requested by 12 P.M. on Friday, May 10, 2024.** Questions should be asked in consecutive order, from beginning to end, following the organization of the RFP 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 RFP. Written inquiries will be answered and posted on the DCF website as a written addendum to this RFP at: <https://nj.gov/dcf/providers/notices/requests/>.

D. Response Submission Instructions:

All responses must be delivered ONLINE by 12:00 P.M. on Wednesday, June 5, 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 RFP 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 Requested to Submitted with This Response, Subsection B. **Additional Documents** Requested to be Submitted in Support of This Response*

PDF 4: *Section IV - Respondent's **Narrative Responses**, subsections A. Community and Organizational Fit; B. Organizational Capacity; C. Organizational Supports; D. Program Approach; and E. Staff Recruitment, Retention, and Wellness*

F. Respondent Eligibility Requirements:

Respondents shall have expertise working on an emergent basis with youth who are engaged in the child welfare system and/or present with complex behavioral health challenges or mental health concerns.

Respondents that have State or Federal grants or contracts must be compliant 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.

DCF may disqualify and decline to forward for the review of the Evaluation Committee a response from those with other DCF Out of Home (OOH) programs that were closed in the last eighteen (18) months.

DCF may disqualify and decline to forward for the review of the Evaluation Committee a response from those awarded other DCF OOH programs through a previous RFP within the last eighteen (18) months that are not yet implemented.

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 RFP.

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 should ensure the program is operational and fully staffed to meet the needs of the maximum census of youth within one hundred and eighty (180) days of contract award or the award may be rescinded. Extensions may be available by way of written request to DCF.

Respondents awarded a contract must be prepared to execute any planned sub-contracts, memorandum of agreements with vendors, consultants, or agencies, after the review and approval of DCF, within forty-five (45) days of contract execution.

Respondents awarded a contract must have the demonstrated ability, experience, and commitment to enroll as a NJ Medicaid provider and subsequently to submit claims for reimbursement through NJ Medicaid and its established fiscal agent, Gainwell Technologies, within prescribed timelines; etc.

Providers of this intensity of service must maintain site specific accreditation from one of the following accrediting bodies: The Joint Commission (TJC), Council on Accreditation (COA), or the Commission on Accreditation of Rehabilitation Facilities (CARF). if not currently accredited, awarded respondents must achieve accreditation within twenty-four (24) months of award.

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 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 ensure New Jersey youth and their families are safe, healthy, and connected. CSOC serves children, youth, and young adults with emotional and behavioral healthcare challenges, intellectual/developmental disabilities, and substance use challenges and their families. CSOC is committed to providing these services, based on the needs of the youth and family, in strength-based, family-focused, and culturally competent/reflective community-based environments.

CSOC believes that family and caregivers play a central role in the health and well-being of children, youth, and young adults. CSOC involves families/caregivers/guardians throughout the planning and treatment process to create a service system that values and promotes the advice and recommendations of the family, is family-friendly, and provides families with the tools and support needed to create successful and sustainable life experiences for their children, youth, and young adults. All services within the New Jersey Children's System of Care are expected to function under the aegis of the Wraparound Practice and the values and principles of the System of Care approach.

Out of home treatment is designed for youth and their families that have engaged in and exhausted all available community-based services with minimal progress. It is a time-limited intervention aimed at stabilizing identified behaviors and addressing the underlying factors that may have influenced the etiology of these behaviors so that the youth may safely return home or to a non-clinical setting with as little disruption to his/her life as possible.

2) The goals to be met by this program are:

- a) Create a short-term, highly structured, and trauma informed therapeutic environment to support the emotional and behavioral regulation of youth with complex trauma, ages 13 through 17 under the care, supervision or custody of the Division of Protection and Permanency.
- b) Provide comprehensive diagnostic assessments to distill a comprehensive clinical conceptualization resulting in an individualized service plan (ISP) that is strength-based, youth centered, and family-driven with corresponding measurable treatment goals.
- c) Design a plan for transition that includes goals for long term stabilization in a less restrictive environment including a lower intensity out of home treatment program or non-clinical community-based setting.
- d) Maximize the utilization of the services through a transparent, clinical model paired with a rate structure consistent with national best practice.

3) **The prevention focus of this program:**

Institutionalization, abuse or neglect; hospitalization

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

- 1) **Age:** 13 to 17 at age of admission
- 2) **Grade:** N/A
- 3) **Gender:** Female; Male; Transgendered; 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:** CP&P In Home Case; CP&P Out-of-Home Case; CP&P Adopt/KLG; open with CSOC Care Management Organization (CMO).
- 8) **Descriptors of the youth to be served:** Youth are determined to need stabilization services as evidenced by the following:
 - a) Youth was removed from the home by the DCF Division of Child Protection and Permanency (DCP&P) due to abuse or neglect, including exposure to family violence, AND cannot be admitted to a resource home, shelter or live with family members with therapeutic supports services, such as Mobile Response and Stabilization Services (MRSS) due to presenting behavioral health needs.
 - b) Youth is unable to adequately function within the significant life domains of family, school, or social settings, or to participate in recreational activities, due to his or her behavioral health diagnosis and/or presenting behaviors, and requires immediate stabilization, close supervision, assessment, and targeted clinical/behavioral interventions. Presenting behaviors may include but are not limited to:
 - i. Isolation;
 - ii. School refusal;
 - iii. frequently missing from home or a program;
 - iv. property destruction;
 - v. physical/verbal aggression;
 - vi. sleep disorders;

- vii. cruelty to animals;
- viii. suicidal behavior;
- ix. non-suicidal self-injurious behavior;
- x. at risk of or suspected involvement in sexual exploitation;
- xi. sexually reactive behavior;
- xii. Substance use;
- xiii. other behavior (such as recent fire setting) that will need to be considered on an individualized basis; and

The youth must present with stabilized medical needs as determined in writing by a medical provider, including but not limited to, seizure disorder, diabetes, and asthma.

The youth may be a general education or educationally classified student.

- 9) **Descriptors of the Family Members/Care Givers/Custodians required to be served by this program initiative:** Youth, guardian/s, family, and caregivers.
- 10) **Other populations/descriptors targeted and served by this program initiative:** N/A
- 11) **Does the program have income eligibility requirements?** No.

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:**
5 Beds per day

2) **The frequency of these increments to be tracked:**

Daily. The projected length of stay is anticipated to be 90 days, although length of stay may be shorter or longer based on individual treatment needs and authorization. The awarded respondent shall request an additional 15-day authorization if it determines the youth requires a longer stay contingent on medical necessity and the agreement of the guardian in conjunction with the Child Family Team.

3) **Estimated Unduplicated Clients:** 5 per program.

4) **Estimated Unduplicated Families:** 5 per program

- 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:**

DCP&P Local Office Resource Development Specialist (RDS), and CSOC Contract System Administrator (CSA).

Referrals shall be received from a DCF Liaison from DCP&P or CSOC and authorized by PerformCare, the Contracted System Administrator (CSA). Referrals shall be made after clinical triage. The awarded respondent shall admit and provide trauma informed interventions on a 24/7/365 (including weekends and holidays) emergent basis. Referral information that may not be available on an emergent basis is not a prerequisite to admission.

- 7) **The rejection and termination parameters required for this program initiative:**

Youth presenting with behavioral challenges and intellectual and/or developmental disabilities or determined eligible or presumptively eligible for CSOC Developmental Disability services shall **not** be admitted to the Stabilization and Assessment Services program and instead will be assessed for treatment within existing CSOC Crisis Stabilization and Assessment Services for Youth with I/DD.

The awarded respondent shall comply with the following DCF CSOC No Eject/No Reject policies governing this program initiative.

a) **Rejection:**

If the clinical supervisor or program supervisor/director of the awarded respondent elects to challenge the appropriateness of a referral, which is made in strict adherence to the awarded respondent's Provider Information Form (PIP), they may do so by sending an e-mail to the DCF CSOC Office of Residential Services Stabilization and Assessment Program Lead for review and a final decision.

b) **Ejection:**

The awarded respondent shall **not** transition a youth who is enrolled from their service without first submitting a written request with supporting documentation to, and receiving written approval from, the DCF CSOC Office of Residential Services Stabilization and Assessment Services Program Lead.

c) **Eject/Reject Follow-up:**

Careful controls and monitoring regarding the number and type of disputes will be maintained by CSOC and may result in contractual changes within the

contract year. Additionally, any eject/reject activities will be addressed at the time of contract renewal.

8) The direct services and activities required for this program initiative:

Awarded respondents shall deliver program services in accordance with the principles of individualized and family focused care using culturally sensitive and strength-based strategies to promote sustainable progress throughout the course of treatment. Awarded respondents shall deliver a continuum of trauma-informed care from stabilization of the initial presenting crisis, comprehensive diagnostic assessments, and tailored therapeutic treatment, with the goal of either returning the youth home or transitioning the youth to an alternate out-of- home setting.

All the services and interventions must be directly related to the goals and objectives established in each youth's initial Individual Service Plan (ISP)/care plan, which is developed by the Child/Family Team/Family Team Meeting (CFT/FTM) in collaboration with the provider agency. The ISP is an integrated care plan that identifies the youth's interests, preferences, and needs in the following areas, as determined appropriate by the youth, family/caregiver and the CFT/FTM: physical and emotional well-being, risk and safety factors, nutrition, personal care needs, educational abilities, recreation and leisure time, community participation, communication, religion, culture, social and personal relationships and any other areas important to the youth and their family.

Awarded respondents shall regard family/caregiver/natural support involvement as extremely important and, unless contraindicated, it must occur from the beginning of treatment and on a weekly including participation in family therapy and psychoeducation. Families/care givers/natural support/DCP&P/CMO shall be consulted about and apprised of the youth's care and progress.

a) Trauma informed, culturally sensitive assessments: Completed by qualified staff or through affiliation agreement. (Note: Assessments should only be conducted after thorough review by the treatment team to avoid unnecessary/repetitive assessment).

- i. Biopsychosocial Assessment including diagnosis.
- ii. Nursing Assessment
- iii. Nutritional Assessment
- iv. Psychiatric Evaluation
- v. Pediatric Physical Assessment
- vi. Specialized assessments provided on an expedited basis through provider or affiliation agreements as deemed necessary by the treatment team. Awarded respondents must submit to DCF for review and approval their specialized

evaluator consultant agreements prior to their use. The evaluations procured through these agreements may include:

1. Psychological evaluation;
2. Neurological evaluation;
3. Neuropsychological evaluation
4. Psychosexual evaluation, by a Licensed Psychologist with a specialization in this area;
5. Fire setting evaluation, by a Licensed Psychologist with a specialization in this area;
6. Life skills assessment including outcome measures for Ansell-Casey or Botvin Life Skills where applicable; and
7. Other assessments as indicated.

b) Trauma informed, culturally sensitive and developmentally appropriate therapeutic services and supports:

- i. Comprehensive crisis planning, including prevention and intervention supports and services;
- ii. Psychiatric treatment services, routine and emergent, inclusive of prescription adjustments;
- iii. Medication dispensing and monitoring;
- iv. Psychiatric consultation (including input into the clinical component of an individualized treatment plan developed by the multidisciplinary treatment team);
- v. Individual, family/caregiver and group therapy;
- vi. Allied therapy;
- vii. Structured recreational activities;
- viii. Access to other services (including but not limited to psychological testing, medical services, occupational therapy consultation, etc.);
- ix. Linkage to the youth's current home school to facilitate the youth's continuation as a student or arrangement of educational programming for youth that cannot remain at their current school and the coordination of transportation to school;
- x. Ongoing communication and coordination with educational program including acquiring routine updates on school performance and behavioral functioning, coordination of behavioral management strategies and identifying and administering educational supports as needed in the program (i.e., homework support);
- xi. Robust collaboration with CMO, DCP&P, educational program, and other system partners such as probation, that involves attendance at weekly team meetings to monitor youth progress and evolving needs; and

- xii. Partners with Child Family Team to develop a therapeutically appropriate transition plan that is dictated by clinical necessity that includes a clinical consultation and overlapping sessions with receiving therapeutic providers.
 - c) Trauma informed milieu: Create and support a therapeutic milieu where youth can heal and thrive that guides all adult-youth interactions, promotes engagement with trusted adults and the successful practice of self-regulation and interpersonal skills.
- 9) **The service modalities required for this program initiative are:** Therapeutic modalities must be evidence-based or promising practices and integrated into all components of programming. Startup funding can be used to train staff in required modalities.
 - a) **Organization/Program wide practices:**

Awarded respondent shall employ the Six Core Strategies for Reducing Seclusion and Restraint Use. Six Core Strategies is an evidence-based model that was developed by the National Association of State Mental Health Program Directors to support the organizational integration and sustainability of trauma informed care and the prevention of coercive interventions such as restraint and seclusion. It is grounded in a strength-based, trauma informed, youth guided, and family driven model of care.

These strategies have been found to successfully reduce the use of seclusion and restraints in a variety of mental health settings for children, youth, young adults, and adults across the United States and internationally. The Awarded respondent shall develop policies and related protocols guiding implementation and the sustainability of these strategies. Additional information on The Six Core Strategies for Reducing Seclusion and Restraint Use may be found at:
<http://www.nasmhpd.org/sites/default/files/Consolidated%20Six%20Core%20Strategies%20Document.pdf>
 - b) **Mindfulness-Based Interventions:** Awarded respondent shall utilize Mindfulness-Based Interventions within the program with youth in individual and group sessions and/or allied therapy as clinically indicated. Mindfulness refers to the practice of non-judgmental present-focused awareness and learning to attend to thoughts, feelings, and behaviors and cultivate emotion regulation. Mindfulness Based Interventions have been shown to increase the mental health and wellbeing of youth through symptom reduction, enhancement of executive functioning and socioemotional skills.

c) Trauma informed therapeutic modality (Dialectical Behavioral Therapy, Attachment, Regulation and Competency Framework, Trauma Focused-Cognitive Behavioral Therapy, Attachment Therapy): Clinicians must be trained and utilize at least one trauma-informed therapeutic intervention. Training in more than one modality is recommended to enable an individualized approach to treatment. Certain modalities may incorporate mindfulness-based interventions, such as Dialectical Behavioral Therapy.

d) **Other/Non-evidence-based practice service modalities:**

Trauma informed milieu: Create and support a therapeutic milieu where youth can heal and thrive that guides all adult-youth interactions, promotes engagement with trusted adults and the successful practice of self-regulation and interpersonal skills.

i. Healing Centered Care: CSOC is particularly concerned with the management, treatment, and sequelae of youth trauma. Youth who present challenges requiring services should be understood in terms of their experiences of trauma and consequent difficulties in forming and maintaining healthy attachments. Individuals referred to this program have historically been subjected to traumatic events, including but not limited to:

1. Separation from primary relationships at an early age;
2. Loss due to early and/or multiple significant separations, such as removal from the home due to abuse/neglect, unsuccessful adoptions, etc.;
3. Multiple placements with family members or resource homes;
4. Exposure to family violence;
5. Human trafficking and other exploitation;
6. Significant medical issues/procedures; and
7. Multiple screenings and/or hospitalizations.

Trauma may affect youth in a multitude of ways, such as causing disruption in emotional responses, behavior, cognition, physical health, self-concept, and future orientation. Increased isolation and fewer social opportunities can contribute to low self-esteem/less opportunity to learn about abuse prevention. Awarded respondents must be cognizant of this and plan to assure the safety, predictability, and comfort of this vulnerable population by adopting models of intervention that actively treat both underlying (both implicit and explicit) trauma and consequent dysregulation and attachment issues. (See, SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

<https://cssp.org/wp-content/uploads/2021/05/Crosswalk-Youth-Thrive-and-Healing-Centered-Engagement.pdf>).

- ii. Nurtured Heart Approach: The awarded respondent is responsible for the implementation of the Nurtured Heart Approach for supporting youth and shall train staff in its conceptual framework, the four ways to recognize and energize positive behaviors, and how to effectively set and enforce clear limits when working with youth. (See, <https://nurturedheart.net/nha-overview/>). Trainings in Nurtured Heart are offered through CSOC: <https://www.nj.gov/dcf/providers/csc/training/>.

- 10) **The type of treatment sessions required for this program initiative are:** Complete intake assessment, Individual, Group, Family, Face to Face, One to One (as needed clinically and in alignment with required service deliverables).

Awarded respondents shall provide up-to-date knowledge and evidence-based interventions designed to address the treatment needs of youth appropriate for this program. Treatment/intervention is provided with the understanding that good mental health and positive relationships are essential to the overall health of the youth.

Treatment modalities must focus on supporting and assisting the youth in achieving greater independence and fulfillment in her/his life, while improving their functioning, participation, and reintegration into the family home/resource home (preferred) or potentially transitioning to an alternate out- of-home living situation. Interventions must address the etiology of the youth's presentation with the meta-perspective of both implicit and explicit trauma.

All youth shall have daily contact with clinically licensed professionals who are in regular consultation with the family/caregiver and psychiatrist. The clinical professionals will also provide daily observation, assessment, and intervention when needed in support of the youth and milieu staff.

While youth may not necessarily receive individual therapy on a daily basis, the program therapist shall provide other means of therapeutic support that may consist of developmentally appropriate treatment strategies. The therapeutic staff will have face-to-face contact and "check-in" daily with each youth.

Awarded respondents also shall engage all youth in structured skill building activities tailored to meet their individual needs. Awarded respondents shall document each youth's participation in these activities.

Comprehensive and well-documented communication regarding significant events, youth's behaviors, and other relevant information will be provided for each shift. During the change of shifts, meetings will be convened to monitor the emotional well-being of each youth.

Documentation of interactions is required. When a youth is not willing or unable to participate in the therapeutic interventions offered, these instances must be documented as well as the strategies being used to encourage participation in therapeutic support and treatment.

11) The frequency of the treatment sessions required for this program initiative are:

In addition to the above requirements for the daily ongoing treatment of youth in this program, awarded respondents shall conform to the required timeframes for administering the assessments, treatments, and interventions to ensure each youth is properly admitted, oriented, engaged, and transitions to an appropriate and less restrictive setting upon stabilization. (See the Staffing Attestation for required timeframes).

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

Staff Screening:

Awarded respondents must ensure that all employees of the agency who provide direct service will have State and Federal background checks with fingerprinting completed and passed at the time of hire and every two (2) years thereafter. The cost of the fingerprinting and criminal history background check to become a qualified provider will be paid for by DCF. Instructions on the fingerprinting process and background checks will be provided to each qualified respondent. Awarded respondents must ensure that all staff complete a TB Blood or Skin Test. Awarded respondents shall record and maintain records of staff on file in the respondent office available for review and audit upon reasonable notice.

Staff Retention:

The development of meaningful relationships between youth and staff can improve outcomes for youth. Therefore, a high staff retention rate shall be maintained. Competitive compensation for employees is more likely to attract seasoned respondents and maintain a consistent, highly qualified, and experienced team. Awarded respondents shall implement a business model that minimizes staff turnover for clinicians and direct care/milieu staff. This shall include adequate support, supervision, training, and other staff retention incentives, as well as a program to support workforce wellness.

Staff Training:

Awarded respondents shall provide staff the following training:

Training topic	Required staff	Timeframe	Requiring Entity	Offering
Program overview including statement of purpose	All staff	At hire	N.J.A.C. 3A:56 Manual of Requirements for Children's Group Homes	Agency
Program behavior management policy	All staff	At hire	N.J.A.C. 3A:56 Manual of Requirements for Children's Group Homes	Agency
Cardio-pulmonary resuscitation	All staff	At hire	N.J.A.C. 3A:56 Manual of Requirements for Children's Group Homes	Agency
First aid	All staff	At hire	N.J.A.C. 3A:56 Manual of Requirements for Children's Group Homes	Agency
Child abuse and neglect identification and reporting	All staff	At hire	DCF NJ Law	Agency
Health Insurance Portability and Accountability Act (HIPAA) of 1996	All staff	At hire	Public Law 104-191, and regulations promulgated by the United States Department of Health and Human Services, 45 CFR Parts 160 and 164	Agency
42 CFR Part 2 training	All staff	At hire	42 CFR Part 2 -- Confidentiality of Substance Use Disorder Patient Records	Agency
Unusual incident reporting and management	All staff	At hire	2004 DHS-Administrative Order 2:05 2005 Addendum	CSOC
Narcan administration	All staff	At hire	CSOC	Agency

Training topic	Required staff	Timeframe	Requiring Entity	Offering
Human Trafficking	All staff	At hire	CSOC	Agency
Information Management Decision Support Tools/CANS	Clinician/s	At hire	CSOC	DCF Training and Technical Assistance (nj.gov)
Search and seizure policy	All staff	At hire	N.J.A.C. 3A:56 Manual of Requirements for Children's Group Homes	Agency
Emergency procedures	All staff	At hire	N.J.A.C. 3A:56 Manual of Requirements for Children's Group Homes	Agency
Medication protocols	All staff	At hire	N.J.A.C. 3A:56 Manual of Requirements for Children's Group Homes	Agency
Infection control procedures	All staff	At hire	N.J.A.C. 3A:56 Manual of Requirements for Children's Group Homes	Agency
Crisis intervention and clinical treatment of behavioral disorders, including restraint techniques	All staff	At hire	N.J.A.C. 3A:56 Manual of Requirements for Children's Group Homes	Agency
Cultural responsivity	All staff	At hire	N.J.A.C. 3A:56 Manual of Requirements for Children's Group Homes	Agency or DCF Training and Technical Assistance (nj.gov)
Principles of behavior management	Social service and childcare staff members	At hire	N.J.A.C. 3A:56 Manual of Requirements for Children's Group Homes	Agency or DCF Training and Technical Assistance (nj.gov)
Alcohol and substance use	Social service and childcare staff members	Annually	N.J.A.C. 3A:56 Manual of Requirements for Children's Group Homes	Agency or DCF Training and Technical Assistance (nj.gov)

Training topic	Required staff	Timeframe	Requiring Entity	Offering
Human sexuality and AIDS	Social service and childcare staff members	Annually	N.J.A.C. 3A:56 Manual of Requirements for Children's Group Homes	Agency
Suicide prevention	Social service and childcare staff members	Annually	N.J.A.C. 3A:56 Manual of Requirements for Children's Group Homes	Agency or DCF Training and Technical Assistance (nj.gov)
Nurtured Heart Approach	All staff	Within 6 months	CSOC	Agency or DCF Training and Technical Assistance (nj.gov)
Six Core Strategies to Prevent Seclusion and Restraint	Cross-disciplinary team responsible for implementation	Within one year	CSOC	Agency or DCF Training and Technical Assistance (nj.gov)
Evidence based practices as needed	Discipline specific	At hire		

In addition to the above one-time training courses, clinical staff/administrative staff/milieu staff shall receive refresher training (at least bi-annually) and advanced training, annually, to be provided by the agency, or an outside source. Designated administrative agency staff who satisfactorily complete the training may, in turn, train the remaining staff.

- 13) **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**

- 14) **The student educational program planning required to serve youth in this program:**

The awarded respondent will be expected to facilitate the ongoing provision of an appropriate educational program as required under federal and state education law through communication with the youth's school district. DCF does not fund educational programs and services that youth are entitled to under those laws or provide on-site educational services for youth in out-of-

home treatment settings. As such, the awarded respondent will be expected to collaborate with the educational entities responsible for providing educational services and funding for those services with the CFT/FTM. The best interests and safety of the youth shall be the primary concerns of the CFT/FTM.

The youth's involvement in this program is short-term and the awarded respondent shall work with the school district to maintain the youth's current educational placement when possible. The continuation of the youth's education in a familiar setting with teachers and staff who know the youth will avoid further disruptions and changes that might exacerbate the underlying crisis that triggered their admission to the program.

Consistent with those responsibilities, awarded respondents shall:

- a) Develop and implement a plan for collegial and proactive coordination with private and public-school educational providers for both classified and non-classified youth, including procedures for sharing information in accordance with applicable federal and state confidentiality laws.
- b) Enroll special education students in their Department of Education (DOE) approved private school for students with an Individualized Education Plan (IEP), if the awarded respondent operates one, with the approval of the youth's local public-school district of parental residence.
- c) Awarded respondents that do not operate a DOE-approved school shall obtain from the youth's local public-school district approval to register, enroll, special education students residing in the home in a DOE approved school and charge the student's parental district of residence for the costs.
- d) Provide accurate documentation to the local public-school district to facilitate the educational process for students in their care, including an Agency Identification Letter, a funding commitment letter, and evidence of student immunization.
- e) Provide immediate and therapeutic responses to problems that arise during the school day.
- f) Supervise students who are unable to attend school due to illness or suspension.
- g) Supervise and implement activities for students during school breaks and vacations.
- h) Support home instruction as provided in accordance with educational regulation.
- i) Assess school performance as an essential component of treatment planning.
- j) Support student homework, special projects, and study time;
- k) Provide computers for student use to support homework and projects;

- l) Coordinate with school personnel to:
 - i. monitor the ongoing impact of treatment and to facilitate constructive ways of working with the youth;
 - ii. ensure the youth remains in school as appropriate.
 - iii. communicate daily before and after school with school staff;
 - iv. adopt strategies for including families-of-origin and natural supports available to the youth in educational updates, progress, and planning; and
 - v. adopt strategies for problem resolution.

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:**

Stabilization and Assessment Services shall be provided in community based homelike settings. Single bedrooms are expected to maximize capacity and provide each youth with their own space. It is the goal to place the same sex in each bedroom; however, the admission must be made recognizing gender identity. Bedrooms, preferably five per program to maximize capacity, shall be separated by gender. It is required that there be a minimum of four (4) bedrooms.

Each home must have at least one (1) bedroom that is wheelchair accessible. Each home must have at least one (1) bathroom that is ADA compliant or wheelchair accessible.

- 2) **The geographic area the program initiative is required to serve is:**

Statewide

- 3) **The program initiative's required service delivery setting is:**

Community, CSOC Out-of-Home.

- 4) **The hours, days of week, and months of year this program initiative is required to operate:**

Twenty-four (24) hours a day, seven (7) days a week

- 5) **Additional procedures for on call staff to meet the needs of those served?**

Yes. See the staffing requirements of this RFP and the answer to #11 below.

- 6) **Additional flexible hours, inclusive of non-traditional and weekend hours, to meet the needs of those served?**

Yes. See the staffing requirements of this RFP.

- 7) **The language services (if other than English) this program initiative is required to provide:**

The program must have the ability to meet the cultural and linguistic needs of youth and their families per the DCF Cultural Competency in Contracts policy: [Microsoft Word - DCF P3 03 Cultural Competence in Contracts Revised 1-01-13.doc \(nj.gov\)](#). Clinical treatment services for youth with limited English proficiency (LEP) must be provided in the youth's primary language; providers may retain per diem staff to meet this requirement. The respondent may propose technology solutions to support communication with peers and non-clinical program staff.

This may be done through the awarded respondent's affiliations with informal or natural helping networks such as language services, neighborhood and civic associations, faith-based organizations, and recreational programs determined to be appropriate. Supervisors must be culturally competent and responsive, with the training and experience necessary to manage complex cases in the community across child and youth serving systems.

- 8) **The transportation this program initiative is required to provide:**

When necessary, awarded respondents shall provide transportation to bring the youth to the Stabilization and Assessment program and to expedite school placement. Youth also will be transported to medical appointments, family time, community outings, and any other off-site requisite activities as needed.

- 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:**

The following are the minimum staffing credentials and requirements for a DCF contracted provider of these services as of August 1, 2023. This is not to be interpreted as comprehensive of the total responsibilities each staff member will manage. The following requirements regarding the hours for each youth shall be documented in a manner that can be audited and reviewed. In the event that there are circumstances in which a youth is not able to participate in the

treatment, this must be clearly documented to explain the efforts made to engage the youth and the reasons why the youth was not able to participate.

Position	Qualifications	Other Requirements	Hours/ youth/ week
<i>Psychiatrist (75% face to face with youth and/or families)</i>	New Jersey board- certified or board -eligible child / adolescent psychiatrist or psychiatric advanced practical nurse, in affiliation with a New Jersey board - certified child / adolescent psychiatrist	<ul style="list-style-type: none"> •Psychiatric intake assessment & report (within one week) •Initial treatment & crisis plan (within 1st 24 hours) •Medication management meetings (monthly) •Clinical visit with youth (as needed) •Clinical visit with family (as needed) •Attend treatment team meeting (monthly) •24/7 availability by contract •Psychiatric treatment services (as needed) including routine and emergency psychiatric evaluations, medication evaluations, and prescription adjustments •Psychiatric consultation (including input into the clinical component of an individualized treatment plan developed by the multidisciplinary treatment team) •All of the above must be provided in accordance with the DCF Psychotropic Medication Policy 	1.25
<i>NJ Licensed Physician</i>	New Jersey licensed pediatrician or advanced practical nurse in affiliation with a New Jersey board- certified pediatrician	<ul style="list-style-type: none"> •Pediatric assessment will be completed within 24 hours •24/7 availability by contract 	

Position	Qualifications	Other Requirements	Hours/ youth/ week
<p><i>New Jersey Licensed Clinician</i></p> <p><i>(*full-time position(s) dedicated exclusively to the program is expected as a best practice)</i></p>	<p>Master's or doctoral degree in counseling, social work, psychology or a related field and a license to practice independently in NJ including LCSW, LMFT, LPC, PsyD, PhD.</p> <p>or</p> <p>Master's level therapist licensed to practice in NJ including LSW and LAC who will achieve full independent licensure in the timeframe required by the appropriate licensing board and is practicing under the supervision of a NJ independently licensed therapist. Supervision must be provided in accordance with corresponding licensing board regulations.</p>	<ul style="list-style-type: none"> •Biopsychosocial assessment & report, which includes recommendations for the inclusion of allied therapies where appropriate (within 1st week) •IMDS strengths & needs assessment (within 1st 24 hours) •Initial treatment & safety/soothing plan development, documentation, consultation (within 1st 24 hours) •Initial treatment & safety/soothing plan debriefing w family & youth (within 1st 24 hours) • A substance use screen will be completed (within 72 hours of admission), as applicable for age/developmental level. •Comprehensive treatment & discharge plan development documentation and consultation (within 1st week) • Positive Behavioral Supports (daily) •Individual therapy utilizing an evidence-based practice (weekly). •Group therapy (weekly) •Family therapy w family of origin or natural supports utilizing an evidence-based practice (weekly) •Face-to-face contact and “check-in” with each youth (daily) •Skill building, including but not limited to: problem solving, decision making, social skills, stress reduction, frustration tolerance, anger management (weekly) •IMDS assessment review & update (monthly) •Attend & direct treatment team meeting (monthly) •Minimum of eight (8) hours per week includes six (6) hours face-to-face interaction and two (2) hours to document the interaction. •Must be available by telephone for emergency consultation 	<p>8</p>

Position	Qualifications	Other Requirements	Hours/ youth/ week
<i>Allied Therapist</i>	Licensed, credentialed, or certified, where applicable. (Must follow the requirements for screening/background checks)	<ul style="list-style-type: none"> •Recreation/leisure assessment and report (within 1st week) •Allied activities that are based on the cognitive and emotional needs of the youth in the milieu and require identified outcome measures •Allied therapists must provide youth with structured and guided activities, on the program's site or in the community, which are participatory in nature and directly related to the youth's treatment planning needs. Examples may include, but not be limited to, yoga, movement, music, art therapy, vocational activities not supported through educational funding, etc. These hours must be additional to the minimum number of hours per week of clinical services delivered by clinicians. Direct care staff qualified to deliver Allied therapies may not do so while also providing direct supervision. 	6
<i>Nurse / Health Educator</i> <i>(Minimum 30% delivered by RN)</i>	Nurse-health educator/registered nurse (RN) or a licensed practical nurse (LPN), under the supervision of an RN, with a current NJ registered nursing license and one year of direct care nursing experience with children.	<ul style="list-style-type: none"> •Assess the physical condition of the youth in the program under the direction of the medical director or psychiatrist and integrate findings into the youth's treatment plan •Provide education and support to direct care staff on the administering of medications and possible side effects, under the direction of the medical director or other physician •Implement the quality assurance program •Provide injections of medication, as needed, and directed by the medical director or other physician •Nursing assessment and report within the first 24 hours of admission •Initial treatment and safety plan consultation (within the first 24 hours and then weekly) •Medication dispensing (as needed when milieu staff is unable) •Health/Hygiene/sex education (weekly) •Medication education monthly •Attend debriefing on youth status daily •Attend treatment team meeting monthly •Provide a minimum of 3 hours per week per youth at the program, or more as needed 	3

Position	Qualifications	Other Requirements	Hours/ youth/ week
		<p>dependent upon the needs of the population for health education, medication education and or psychoeducational activities.</p> <ul style="list-style-type: none"> •Health education is defined as the practice of educating youth about topics of health. Areas within health education encompass environmental health, physical health, social health, emotional health, intellectual health, and spiritual health. It can be defined as the principle by which individuals and groups of people learn to behave in a manner conducive to the promotion, maintenance, or restoration of health. Health education shall cover topics that are applicable to a particular program's age and gender population and related health needs. 	
<i>Dietitian</i>		<ul style="list-style-type: none"> •A dietitian or nurse shall screen all youth at intake, and thereafter as needed, for any dietary restrictions or allergies to ensure their health and safety* 	.5*
<i>Psychologist</i>	New Jersey licensed psychologist or NJ licensed child adolescent psychiatrist with PhD, PsyD, or Ed.D.	<ul style="list-style-type: none"> •A psychological or psychiatric evaluation will be completed at the time of intake and thereafter, if the clinical team determines it is needed to inform the youth's care * 	2*
<i>Direct care milieu staff</i>	Bachelor's level practitioner or high school graduate with 3 or more years of experience providing direct care to youth in a behavioral health agency or institutional setting	<ul style="list-style-type: none"> •Youth orientation (within 1st 24 hours) •Milieu activities (daily) •Community integration via focused recreational activities (weekly) •Direct youth supervision (daily) •Attend treatment team meetings (monthly) • Data collection (daily, as indicated) •Life Skills and/or Vocational Training •Provision of Ansell-Casey or Botvin Life Skills training: a minimum of 3 hours weekly •Provide individual behavioral supports such as Positive Behavioral Supports; training/coaching for the youth/young adult and caregivers/staff to meet the individual's behavioral needs, as applicable. •Comprehensive and well-documented communication regarding significant events, youth behaviors, and other relevant information will be provided for each shift 	112

Position	Qualifications	Other Requirements	Hours/ youth/ week
<i>Other: Program Transition Specialist</i>	Bachelor's level practitioner with 3 or more years of relevant experience or an unlicensed master's level practitioner with 1-year of related experience.	<ul style="list-style-type: none"> • Family Orientation (within 1st 24 hours) • Review and signature of all required paperwork and consents (within 1st 48 hours) • Demonstrates collaborative relationships with system partners including CMO and DCP&P (if involved) and knowledge of system of care procedures and resources. • Daily check in with program staff to obtain necessary information for transition planning. • Contact with parent/caregiver at minimum twice per week (more frequently as appropriate) to discuss status of their youth's transition plan. • Provide as needed on-site family psycho-educational activities tied to comprehensive treatment and discharge plan (monthly) • Gathers input from all team members and enters a weekly summary in the youth's progress notes within CSOC's CYBER EHR (weekly) • Attend treatment team meetings (monthly) • Monitors transition plans of youth and facilitate follow-up as needed in effort to minimize delayed transition of youth (routinely). 	7
<i>Other: Service/ Program Director (full-time position, dedicated 100% exclusively to this program)</i>	Full-time service/program director dedicated exclusively to this program with a clinically based master's degree and three (3) years post M.A. experience (at least one year of which shall be in a supervisory capacity)	<ul style="list-style-type: none"> • Attend monthly treatment team meetings • Oversee all quality assurance/program improvement activities w/focus on attaining bench-mark activities for all direct care staff • Provide on-site support and oversight exclusively to program 	

Position	Qualifications	Other Requirements	Hours/ youth/ week
<u>Assessments</u>	<p>Completed by qualified staff or through an affiliation agreement.</p> <p><u>Note:</u> Assessments should only be conducted after thorough review by the treatment team to avoid unnecessary/repetitive assessment.</p>	<ul style="list-style-type: none"> • CSOC Bio Psychosocial Assessment • Nursing Assessment • Nutritional Assessment • Psychiatric Evaluation <p>Psychological evaluation</p> <ul style="list-style-type: none"> • Neurological evaluation • Psychosexual evaluation, by a licensed psychologist with a specialization in this area • Fire setting evaluation, by a licensed psychologist with a specialization in this area. • Life skills assessment including outcome measures for Ansell-Casey or Botvin Life Skills where applicable. • Developmentally appropriate assessments to determine level of functioning in the six major life areas, also known as Activities of Daily Living (ADLs) • Other assessment may be indicated. Clinicians must be familiar with the array of considerations. 	

Contracted staff to youth ratio:

Non-school hours:

- Minimum of three (3) awake staff whenever youth are present outside of in session school weekday hours; this includes while youth are asleep and on community trips. Each youth must be supervised unless specified otherwise in the treatment plan. Once the minimum of three (3) direct care staff has been met, a ratio of one (1) direct care milieu staff for every three (3) youth must be maintained at all hours.

School hours:

- Minimum of two (2) direct care staff must be present during school hours whenever 1-2 youth are in the home and not participating in on-site school session. For three (3) or more youth in the home and not participating in on-site school session, once the minimum of three (3) direct care staff has been met, a ratio of one (1) direct care milieu staff for every three (3) youth must be maintained. During on-site school hours the proximity of the direct care staff may be determined based upon needs of the individual youth and Provider Agency's arrangements with school. Staff supervision cannot be used to supplement or supplant a youth's educational entitlement.
- Provision of 1:1 supervision as needed; required supervision ratios must be maintained during crisis situations.
- A minimum of three direct care milieu staff members must be present and awake providing supervision to youth whenever any youth are present outside of in session school week-day hours, and available to provide 1:1 supervision as needed. Awake staff in the home/dwelling/unit that may provide additional supervision

support during crisis situations include the following titles: program directors, house managers, program coordinators, clinicians/therapists, case managers, and health care providers. These staff must be certified in any approved therapeutic holds or de-escalation techniques and trained to provide direct care duties. The time professionals are contractually required to provide treatment services is not reduced by the time they provide additional supervision support in the home. These professionals may not serve in lieu of the minimum required three direct care milieu staff.

Additional Clarifications:

- Minimum staff requirements apply to each contracted program. It is permissible for provider agencies to allow direct care staff to cover vacant shifts within programs of the same or lower intensity of service as their primary assignment provided it does not disrupt or reduce coverage in other programs. Providers are encouraged to limit overtime. CHRIs are required for each program.
- Providers of this intensity of service must maintain site specific accreditation from one of the following accrediting bodies: The Joint Commission (TJC), Council on Accreditation (COA), The Commission on Accreditation of Rehabilitation Facilities (CARF). If not currently accredited, awarded respondents must achieve accreditation within twenty-four (24) months of award.
- Providers of this intensity of service shall ensure crisis prevention, stabilization, and interventions are reflective of CSOC's commitment to the Nurtured Heart Approach and Six Core Strategies to Reduce Seclusion and Restraint.

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

- a) **Licensure** - Respondents must provide evidence of, or demonstrated ability to meet, all DCF and other applicable state and federal licensure standards. DCF Office of Licensing standards as specified in the Manual of Requirements for Children's Group Homes N.J.A.C. 3A:56 Manual of Requirements for Children's Group Homes can be accessed at: <http://www.nj.gov/dcf/providers/licensing/laws>.
- b) **Accreditation** - Awarded respondents shall operate programs that are accredited by the Joint Commission (TJC), Council on Accreditation (COA), or the Commission on Accreditation of Rehabilitation Facilities (CARF). If not currently accredited, they shall achieve accreditation within twenty-four (24) months of award.
- c) **NJ Medicaid Enrollment – Awarded** respondents must have the demonstrated ability, experience, and commitment to enroll in NJ Medicaid, and subsequently submit claims for reimbursement through NJ Medicaid and its established fiscal agent, Gainwell Technologies, within prescribed timelines.
- d) **Provider Information Form** - The awarded respondent will be required to complete a Provider Information Form (PIF) in

collaboration with CSOC at the time of contracting. The PIF will reflect the obligations outlined in this RFP.

- e) Site Visits - CSOC, in partnership with the DCF Office of Licensing, will conduct site visits to monitor awarded respondent progress and challenges in accomplishing responsibilities and corresponding strategy for overcoming these challenges. The awarded respondent may receive a written report of the site visit findings and will be expected to submit a plan of correction, if necessary.
- f) Contracted System Administrator (CSA) - The CSA is the single point of entry for CSOC. The CSA facilitates service access, linkages, referral coordination, and monitoring of CSOC services across all child-serving systems. The awarded respondent must demonstrate the ability to conform with and provide services under protocols, including documentation and timeframes, established by CSOC, and managed by the CSA.
- g) Organization/Agency Web site - Publicly outlining the specific behavioral challenges exhibited by some of the children served by an agency may lead to confusion and misinformation. Without the appropriate context, the general public may wrongly assume that all children served are dealing with those challenges. Respondents must ensure that the content of their organization's web site protects the confidentiality of and avoids misinformation about the youth served. The web site should also provide visitors with a mechanism for contacting upper administrative staff quickly and seamlessly.
- h) Unusual Incident Reporting & Management - All required documentation and activities will be provided in accordance with applicable licensing regulations and NJ DHS 2004 Administrative Order 2:05 and related 2005 Addendum, which address the reporting of Unusual Incidents.

<https://www.nj.gov/humanservices/staff/opia/cimu/>

11) **The availability for electronic, telephone, or in-person conferencing this program initiative requires:**

This program requires electronic, telephone, and in-person conferencing capability to ensure effective and timely communication between the youth, family, and other team members. The program operates 24 hours a day 7 days a week and a staff member shall be on call at all times including outside of normal business hours to address and stabilize crisis.

12) **The required partnerships/collaborations with stakeholders that will contribute to the success of this initiative:**

An overriding goal of the Stabilization and Assessment Service is to facilitate coping skills, social skills, and life skills so the youth can live, learn, and participate in their communities. This will require close and consistent collaboration with the family/caregivers, CMO and DCP&P representatives, and other members of the CFT/FTM.

Of primary importance to the type and course of treatments provided to each youth is the awarded respondent's establishment of the CFT/FTM with specific and delineated functions. The CFT/FTM **must** include, but is not limited to, the following individuals:

- a) Youth;
- b) Family members/caregivers;
- c) Natural supports as identified and selected by the youth and family when possible;
- d) CSOC Care Management Organization (CMO);
- e) DCP&P Case Management entity (if involved);
- f) CSOC Mobile Response and Stabilization Services (if applicable);
- g) Probation Officer if applicable;
- h) Psychiatric Care Provider;
- i) Nurse (Supervising RN);
- j) Allied Therapist(s);
- k) Milieu staff;
- l) Educational professionals;
- m) Licensed clinicians;
- n) Program Director; and
- o) Program Transition Specialist.

Awarded respondents shall collaborate with system partners to ensure the youth's timely transition from this short-term program. Out-of-home care is an intervention and should not be seen or considered as permanent. It is essential that youth return to their own communities and families/caregivers within the shortest period possible.

13) **The data collection systems this program initiative requires:**

The CSA is the single point of entry for the Children's System of Care and utilizes CYBER as its Information and Technology solution. The CSA facilitates service access, linkages, referral coordination, and monitoring of CSOC services across all child and youth serving systems. The awarded respondent shall conform with and provide services under protocols, including documentation and timeframes,

established by CSOC, and managed by the CSA inclusive of the use of CYBER.

14) **The assessment and evaluation tools this program initiative requires:**

CSOC makes use of the IMDS tools, service authorizations, and satisfaction surveys, in measuring the achievement of system partners and achieving the primary system goals of keeping youth in home, in school, and out of trouble. Awarded respondents shall implement plans for the:

- a) Use of the IMDS tools to inform treatment planning;
- b) Use of the IMDS tools to measure relative achievement and continued need;
- c) Adoption of mechanisms for maintaining compliance with NJ DHS 2004 Administrative Order 2:05 and related 2005 Addendum;
- d) Adoption of risk management mechanisms and structures such that incidents inform changes to policy, practice, and treatment;
- e) Issuance of on-going satisfaction surveys to youth, families, and other system partners; and
- f) Identification and communication of system needs and areas of excellence to local partners and CSOC administration.

CSOC, in partnership with the DCF Office of Licensing and the Office of Contract Administration's Business Office, also will conduct site visits as needed to monitor the awarded respondent's progress and problems in accomplishing its responsibilities. The awarded respondent will receive a written report of the site visit findings and will be expected to submit a plan of improvement to address any problems found.

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:**

A fully updated Program Staffing Summary Report (PSSR) must be submitted annually and timely, to demonstrate compliance with all staffing required to deliver effective services.

2) **The outcomes required of this program initiative:**

Awarded respondents must be willing, and have the capacity, to engage in participatory, collaborative evaluation planning with DCF to assess program outcomes, including but not limited to, gathering and monitoring data and implemented performance improvement.

Data-driven performance and outcomes management is a central aspect of CSOCs' management of the system of care. To support sensitive and responsive management of these RTC services and to inform future practice, regulation, and "sizing", awarded respondents must implement a robust quality assurance and performance improvement (QA/PI) plan that includes all service participants: youth, families, and all levels of staff. In doing so, awarded respondents must also dedicate resources to meet with CSOC, and the DCF Offices of Monitoring and Quality to ensure the QA/QI plan is in alignment with oversight requirements and DCF quality standards.

3) **Required use of databases:**

Providers shall use an electronic health record documentation system to document service planning and delivery. Providers shall be required to use the Department of Children and Families Unusual Incident Reporting systems to report all incidents as per NJ DHS 2004 [Administrative Order 2:05](#) and related 2005 [Addendum](#).

4) **Reporting requirements:**

In addition to the quality improvement requirements outlined in #2, above, providers shall comply with all reporting and data collection requirements as determined by CSOC to support systems and program management and oversight.

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 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/attestation-form-for-public-law-2021-c-1.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** in process or 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) A RESPONSE SHALL BE DEEMED NON-RESPONSIVE UNLESS THIS FORM IS SUBMITTED WITH IT.**
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 aligned with the [DCF Cultural Competency in Contracts Policy](#)

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) A completed **Proposed Budget Form** documenting all costs associated with operating the program. If DCF is allowing funding requests for **start-up costs**, document these separately in the final column of the Proposed Budget Form. This form is found at:
<https://www.nj.gov/dcf/providers/contracting/forms/>
- 2) A completed **Budget Narrative** is required for the proposed program that:
a) clearly articulates budget items, including a description of miscellaneous expenses or “other” items; b) describes how funding will be used to meet the project goals, responsibilities, and requirements; and c) references the costs associated with the completion of the project as entered in the Proposed Budget Form found at:
<https://www.nj.gov/dcf/providers/contracting/forms/>. When DCF allows funding requests for start-up costs, include in the Budget Narrative a detailed summary of, and justification for, any one-time program implementation costs documented in the final column of the Proposed Budget Form.
- 3) An **Implementation Plan** for the program that includes a detailed timeline for implementing the proposed services, or some other detailed weekly description of your action steps in preparing to provide the services and to become fully operational. (For CSOC-OOH link to this form: [CSOC-OOH Implementation Plan Form](#))
- 4) **Letter of Collaboration** specific to a service to demonstrate commitment to the program.
- 5) **Letter of Commitment** specific to a service or MOU to demonstrate commitment to the program.
- 6) **Three Letter(s) of Support** from community organizations with which you already partner. Letters from any New Jersey State employees are prohibited.

- 7) **Proposed Program Staffing Summary Report (PSSR)**
This proposed PSSR must be fully updated and resubmitted **prior to opening** a new program and updated and submitted **annually**. [NOTE to CSOC reviewers: The submission of this form makes it redundant to also ask for a Program Org Chart.]
Form:
<https://www.nj.gov/dcf/providers/contracting/forms/ProgramStaffingSummaryReport.xlsx>
- 8) **Proposed Subcontracts/Consultant Agreements/ Memorandum of Understanding** to be used for the provision of contract services.
- 9) **Summary of Reduction of Seclusion and Restraint Use** (maximum 3 pages) describing policies adopted and the practices implemented to achieve this goal.

Section IV - Respondent's Narrative Responses

Respondents who sign the above Statement of Acceptance to provide services in accordance with the *Required Performance and Staffing Deliverables* additionally must submit a narrative response to every question below. A response will be evaluated and scored as indicated on each of the following three Narrative Sections: A. Community and Organizational Fit; B. Organizational Capacity; and C. Organizational Supports. Respondents must organize the Narrative Response sections submitted in the same order as presented below and under each of the three corresponding title headings.

There is a thirty-five (35) page limitation for Sections A - D of the narrative response and a one (1) page limitation for Section E, for a total of no more than thirty-six (36) pages. The narrative should be double-spaced with margins of one (1) inch on the top and bottom and one (1) inch on the left and right. Narrative Sections of the responses should be double-spaced with margins of one (1) inch on the top and bottom and one (1) inch on the left and right. The font shall be no smaller than twelve (12) points in Arial or Times New Roman.

(ALL FIVE (5) OF THESE SECTIONS MUST BE SUBMITTED AS A SINGLE PDF DOCUMENT, WHICH WOULD BE THE FOURTH PDF SUBMISSION IN YOUR RESPONSE PACKET AND IS TO BE LABELED AS: PDF 4 – SECTION IV: RESPONDENT'S NARRATIVE RESPONSES, SUBSECTIONS A. COMMUNITY AND ORGANIZATIONAL FIT; B. ORGANIZATIONAL CAPACITY; C. ORGANIZATIONAL SUPPORTS; D. PROGRAM APPROACH; AND E. STAFF RECRUITMENT, RETENTION, AND WELLNESS.)

A. Community and Organizational Fit (20 Points)

Community and Organizational fit refers to respondent's alignment with the specified community and state priorities, family and community values, culture and history, and other interventions and initiatives.

- 1) Describe how this initiative is consistent with your organization's mission, vision, and priorities.
- 2) Describe how this initiative fits with existing initiatives/programming in your organization.
- 3) Describe any existing services and programs that are categorized as well supported, supported, or promising as per the California Evidence-Based Clearinghouse for Child Welfare definition(s) (CEBC). <https://www.cebc4cw.org/>
- 4) Describe how this initiative is consistent with your organization's experience working with the target (or similar) populations required to be served by this initiative.
- 5) Describe how you will meet the geographic area requirements of this program initiative.

B. Organizational Capacity (20 Points)

Organizational Capacity refers to the respondent's ability to meet and sustain the specified minimum requirements financially and structurally.

- 1) Describe how the organization's leadership is knowledgeable about and in support of this initiative. Include how the requirements of this initiative will be met through your governance and management structure, including the roles of senior executives and governing body (Board of Directors, Managing Partners, or the members of the responsible governing body of a county or municipality). Do leaders have the diverse skills and perspectives representative of the community being served?
- 2) Does the organization currently employ or have access to staff that meet the staffing requirements for this initiative as described and certified to in the Resources/Staff Requirements section of the Required Performance and Staffing Deliverables of this RFP. If so, describe.
- 3) Does staff have a cultural and language match with the population they serve, as well as relationships in the community? If so, describe.

- 4) Describe how your Agency plans to fulfill staffing requirements not currently in place by hiring staff, consultants, sub-grantees and/or volunteers who will perform the proposed service activities. Are there designated staff with capacity to collect and use data to inform ongoing monitoring and improvement of the program or practice? If so, describe.
- 5) What administrative practices must be developed and/or refined to support the initiative/program/practice? What administrative policies and procedures must be adjusted to support the work of the staff and others to implement the program or practice? Describe how the requirements of this initiative will be met through your existing collaborations, partnerships and collaborative efforts with other communities and systems. Describe how the requirements of this initiative will be met through your membership in professional advisory boards.
- 6) Describe how the requirements of this initiative will be implemented through the existing or anticipated community partners listed and certified to in the resources section and the collaborative activities listed and certified to in the activities section of the Required Performance and Staffing Deliverables of this RFP.
- 7) Describe how the requirements of this initiative will be met through your plans for program accessibility that include, at a minimum, the following details: site description, safety considerations, and transportation options for those served. Include a description of how staff scheduling will be managed to ensure on call coverage in accordance with program expectations.
- 8) Describe how the requirements of this initiative will be met through your strategies for identifying and engaging the target population and for maintaining their participation in services in accordance with service recipients' need(s).

C. Organizational Supports (20 Points)

Organizational Supports refers to the respondent's access to Expert Assistance, Staffing, Training, Coaching & Supervision.

- 1) Describe how your organization will support this initiative with required/ necessary training, coaching, supervision. Describe your organization's process to evaluate staff performance.
- 2) Describe how your organization will support the staff implementing this initiative by leveraging the resources of providers; communities; and other stake holders.

- 3) Describe how your organization will support the requirements of this initiative for collection, maintenance, and analysis of data. Will this require use of or changes to existing monitoring and reporting systems?
- 4) Describe how this initiative will be supported by your use of the data after it is analyzed and reported to evaluate program performance.
- 5) Describe how this initiative will be supported by your quality assurance and performance improvement processes, including the meaningful role of those to be served.
- 6) Describe how this initiative will be supported by your willingness to engage in participatory, collaborative evaluation planning with DCF to improve and finalize outcome indicators.

D. Program Approach (30 points)

- 1) Describe how you will develop and sustain a trauma informed therapeutic milieu that is grounded in a healing culture in which all interactions and activities are aligned with a youth's clinical needs.
- 2) Describe the evidence based and promising practices that will be utilized to support the emotional and behavioral stabilization and growth of youth and their families.
- 3) Describe the teaming structure and process you will utilize to ensure an integrated approach to care and the inclusion of DCPP, family and natural supports.
- 4) Use a vignette to describe the way you propose to provide the STAS services required by this RFP and the anticipated impact on youth and their families.

E. Staff Recruitment, Retention, and Wellness (10 points)

Provide a summary (no more than one page) that describes a structural business framework in which recruitment is maximized and turnover is minimized. This includes adequate support and supervision, training, incentives, and competitive salary offerings and means for ensuring work / life balance.

Section V - 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 requested 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, except those documents, such as the Ownership Disclosure Form, required by the applicable law to be submitted with the response. 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 RFP.

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

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

B. Response Review Process

DCF 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.

DCF reserves the right to reject any response when circumstances indicate that it is in its best interest to do so. DCF'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, respondent's lack of good standing with a State 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 an RFP 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, 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 the service implementation and payment processes described. In addition, a response to an RFP will be evaluated and scored by the Evaluation Committee based on the quality, completeness, and accuracy of each of the three Narrative Sections: A. Community and Organizational Fit; B. Organizational Capacity; and C. Organizational Supports. A response earning the highest score may result in a contract award. The narrative must be organized appropriately and address the key concepts outlined in the RFP. The quality and completeness of the required documents may impact the score of the Narrative Sections to which they relate.

All respondents will be notified in writing of DCF'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 VI - 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 DCF Office of Contract Administration (OCA). As a condition of executing a contract, awarded respondents must resolve with OCA any issues raised in the award letter or otherwise found to be in 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 DCFs' 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) Copy of **Accreditation** (The Joint Commission (TJC), Council on Accreditation (COA), or the Commission on Accreditation of Rehabilitation

Facilities (CARF) as applicable. If not currently accredited, awarded respondents must submit documentation of the achievement of accreditation within twenty-four (24) months of award. Loss of accreditation must be reported immediately.

- 10) **Annex A Addendum** - Complete for each program component in CYBER. Submit online in CYBER.
- 11) **Fixed Rate Information Summary**-signed
Form: Provided by contract administrator when applicable.
- 12) **Annex B Budget Form** - Include Signed Cover Sheet
Form: <https://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls>
Note: The Annex B Expense Summary Form is auto populated. Begin data input on Personnel Detail Tab.
Website: <https://www.nj.gov/dcf/providers/contracting/forms>
- 13) **Schedule of Estimated Claims (SEC)**-signed (for Startup funds)
Form: Provided by contract administrator when applicable.
- 14) For Each FSS Overnight Respite Program and OOH Program a current **Office of Licensing (OOL) Certificate**
Website: <https://www.nj.gov/dcf/about/divisions/ol/>
- 15) For Programs Hosting Youth, Adults, and Families or relying on Rent, Interest, or Depreciation in their program budget: current **Health/Fire Certificates**
- 16) For Programs Hosting Youth, Adults, and Families or when including Rent, Interest, or Depreciation in the program budget: copies of an executed **Lease, Mortgage or Deed**.
- 17) For Programs Hosting Youth, Adults, and Families or relying on Rent, Interest, or Depreciation in their program budget: current/continued **Certificate of Occupancy**.
- 18) **Medicaid Provider Enrollment Application** (signed/dated) Provided by CSOC for Medicaid paid services.
- 19) **Professional Licenses and/or Certificates** currently effective related to job responsibilities.
- 20) **Program Staffing Summary Report (PSSR)**
A full updated report must be submitted **prior to opening** a new program, and **annually** by the 10th day of the month following each contract year.
Form: <https://www.nj.gov/dcf/providers/contracting/forms/ProgramStaffingSummaryReport.xlsm>

- 21) **Subcontracts/Consultant Agreements/ Memorandum of Understanding** related to this contract for DCF review and approval.

C. Reporting Requirements for Awarded Respondents

Awarded Respondents are required to produce the following reports in accordance with the criteria set forth below, in addition to the reports specified above in this RFP related to the delivery and success of the program services.

- 1) **Audit or Financial Statement** (Certified by accountant or accounting firm.)
A copy of the Audit must be submitted to DCF by all agencies expending over \$100,000 in combined federal/state awards/contracts if cognizant with any department of the State of NJ. As noted in the Audit DCF Policy CON -I-A-7-7.6.2007 Audit Requirements, section 3.13 of the Standard Language Document, DCF also may request at any time in its sole discretion an audit/financial statement from agencies expending under \$100,000 that are not cognizant with any department of the State of NJ. Note: Document should include copies of worksheets used to reconcile the department's Report of Expenditures (ROE) to the audited financial statements. (DCF Policy CON -I-A-7-7.6.2007 Audit Requirements)

Awarded respondents are to submit the most recent audit or financial statement with the initial contract and then each subsequent one within 9 months of the end of each fiscal year.

Policy:

https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf

- 2) **DCF Notification of Licensed Public Accountant Form (NLPA)-and-copy of Non-Expired Accountant's Certification**

Awarded respondents must ensure DCF form is used, and 2 signatures are provided. Not required for agencies expending under \$100,000 in combined federal/state awards or contracts. The \$100,000 threshold includes fee-for-service reimbursements made via Medicaid. Also, the NLPA is a State of NJ form and need only list federal/state funds received via contracts with the State of NJ.

Awarded respondents are to submit this form with each Audit, providing info related to the year subsequent to the audit.

Not Applicable Note: Must state your agency will not exceed \$100,000 in combined Federal/State awards or contracts.

Form: <https://www.nj.gov/dcf/providers/contracting/forms/NLPA.docx>

3) Photocopies of Licensed Public Accountant firm's **license to practice**, and most recent **external quality control review** to be submitted with the NPLA.

4) **Reports of Expenditures (ROE):**

A. Scheduled Payments Contract Component: To be submitted two times during the contract year: Interim (15 days from the end of the 6th month, and Final (120 days after the end of the fiscal year); or in accordance with any separate DCF directive to file additional ROEs for specific contracted programs. **Quarterly ROEs must be submitted for contracted program budgets funded with federal grants.** The format for the ROE must match that of the Annex B budget form. **Note:** Must be prepared in accordance with the governing cost principles set forth in the DCF Contract Reimbursement Manual (CRM Section 6)

B. Fee for Service Contract Component: Not Required

Website: <https://nj.gov/dcf/providers/contracting/forms/>

5) **Significant Events Reporting:**

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