



REQUEST FOR PROPOSALS

FOR

**Stabilization and Assessment Services 5-Bed Program Serving Youth
with Mental/Behavioral Health Challenges Statewide**

Publication Date: September 8, 2026

Questions Due: September 24, 2026

AOR Form Due: October 20, 2026

Response Deadline: by 12:00 NOON October 27, 2026

Funding of \$1,792,998 available in state funds

**There will be a non-mandatory virtual conference on September 22,
2026 at 10:30 A.M. The link for the conference is:**

<https://www.zoomgov.com/j/1656016783>

Joseph E. Ribsam Jr.

Acting 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 New Jersey Department of Children and Families' (DCF) Children's System of Care (CSOC) announces its intent to award contracts for the provision of out-of-home Stabilization and Assessment (STAS) Services for youth, ages 11 years old up to and including 17 years old at time of admission, with behavioral/emotional challenges associated with complex trauma. Respondents are advised that the programs must accept youth statewide.

Up to two opportunities for contracts may be awarded from this Request for Proposals (RFP). There is a limit of one response and one award per respondent. Organizations who submitted responses to the STAS RFP published by DCF on May 1, 2026, and whose responses were accepted but did not receive an award, may request to be considered for this RFP based on their previously submitted response and without submitting a new response in its entirety. Considerations for and instructions on how to request to be considered for award through this RFP based on a previously submitted and accepted proposal to the May 2026 STAS RFP are included in Section 1 (F), below.

Each contract to be awarded will result in the implementation and maintenance of one five-bed STAS program in a community-based homelike setting with a preference for five separate bedrooms and a minimum of four separate bedrooms. Each home must have at least one bedroom that is wheelchair accessible. Each home must have at least one bathroom that is Americans with Disabilities Act (ADA) compliant or wheelchair accessible.

The operations, policy, procedures, and implementation of each STAS program shall be consistent with CSOC's 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 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, educational institutions 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.

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.

Intended funding period: The intended funding period for the initial term for each contract is six months: January 1, 2027, through June 30, 2027. The funds available are to be budgeted to cover the expenses incurred during the initial contract term to implement the program and operate program services for six months. 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.

Available funding per contract: DCF will initially make available up to \$896,499 in state funds for each 5-bed program, inclusive of start-up. Of this amount, up to \$814,796 is available for operating expenses and up to \$81,703 is available for one-time start-up expenses.

Operating/Per-Diem per contract: Up to \$814,796 is available for six months of operating expenses for five beds at the current per diem rate of \$895.38 per bed. The per diem rate will be paid to the awarded respondent 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.

Start-up per contract: DCF may reimburse start-up expenditures for these initial contracts.

- Respondents may propose start-up expenditures up to \$81,703.
- 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 will be paid via Scheduled Payments.
- All start-up funds must be expended by June 30, 2027.

DCF reserves the right to award all or a portion of these funds.

Matching funds: Matching funds are not required. Responses that demonstrate the leveraging of other financial resources are encouraged.

Anticipated funding FY28: DCF anticipates making available up to \$1,634,069 in funding per contract for the 12-month budget period beginning July 1, 2027, through June 30, 2028. This funding is for operating expenses for five beds at the current per diem rate of \$895.38 per bed. Contract renewal is contingent on the availability of funds.

Proposed budgets and budget narratives: One proposed budget for the initial 6-month budget period is required with this RFP response. The proposed budget will detail anticipated expenditures to implement the program and operate program services for six months beginning January 1, 2027, through June 30, 2027. Award amounts may not exceed the proposed budget amounts for a budget period.

Proposed budgets, including anticipated costs for program operations and start-up, must be submitted using the [Proposed Budget Form for NJ DCF](https://www.nj.gov/dcf/providers/contracting/forms/) found at: <https://www.nj.gov/dcf/providers/contracting/forms/>.

In addition to the proposed budgets, your response requires a proposed budget narrative that includes a justification and detailed summary, including basis of allocation and a breakdown of categories, where applicable, for the costs in the proposed budget.

The proposed budget forms and the proposed budget narratives must be submitted as documents included in “PDF 3” of your proposal. For additional information on PDF 3, see Section III, *Documents Requested to be Submitted with This Response*, below.

Actual Budgets: The proposed budget submitted with a response is not the actual budget an awarded respondent will submit for DCF approval as part of the contract. If awarded a contract, the awarded respondent shall submit for approval its first Annex B Budget for the period of January 1, 2027, through June 30, 2027, using the more detailed Annex B Budget Form found at:

<https://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls>. In addition to the first six months of operating costs, all start-up costs also must be included in this Annex B Budget.

The first year's start-up budget will require a Report of Expenditures and will be subject to the DCF contract close out process following the end of the contract term in accordance with the DCF Contract Close Out policy at:

https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_closeout.pdf

DCF will compare the actual approved expenditures appearing on the final report of expenditures and the independent audit with the total contract revenue realized through the receipt of scheduled payments and may recoup as an overpayment the funds that exceeded the actual allowable contract expenditures of the approved budget.

C. Pre-Response Submission Information:

Virtual Conference

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1656016783>

Meeting ID: 165 601 6783

One tap mobile

+16692545252,,1656016783# US (San Jose)

+16469641167,,1656016783# US (US Spanish Line)

Dial by your location

• +1 669 254 5252 US (San Jose)

• +1 646 964 1167 US (US Spanish Line)

• +1 646 828 7666 US (New York)

• +1 669 216 1590 US (San Jose)

• +1 415 449 4000 US (US Spanish Line)

• +1 551 285 1373 US (New Jersey)

Meeting ID: 165 601 6783

Find your local number: <https://www.zoomgov.com/u/abyaY6AjBK>

Join by SIP

• 1656016783@sip.zoomgov.com

Join by H.323

- 166.108.98.42 (US West)
- 166.108.66.42 (US East)

Meeting ID: 165 601 6783

Questions

Respondents may not contact DCF in person or by telephone concerning this RFP. Questions must be submitted in writing via email to DCF.ASKRFP@dcf.nj.gov.

Questions about the content of the RFP must be emailed by September 24, 2026. Technical inquiries about forms, documents, and format may be emailed at any time prior to the response deadline.

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. Questions 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 NOON on October 27, 2026**. Responses received after this deadline will not be considered.

To submit online, respondent must first complete an Authorized Organization Representative (AOR) registration form found at [AOR.pdf \(nj.gov\)](#) and send it to DCF.ASKRFP@dcf.nj.gov no later than five business days before the response due date. AOR registration forms received after close of business on **October 20, 2026**, may not be processed in time for the response due date.

AOR registration forms must be signed and dated by the Chief Executive Officer or designated alternate and sent to DCF.ASKRFP@dcf.nj.gov. Only one AOR registration form is required, even if the respondent intends to file multiple responses. The respondent is required to enter each location to be served on the AOR registration form.

Upon receipt of the completed AOR registration form, DCF will grant the respondent permission to proceed and provide instructions for the submission of the response(s) electronically. DCF recommends emailing your AOR registration 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 resolve them.

E. Respondent Eligibility Requirements:

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

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

Where required, all respondents must hold current State licenses.

Respondents 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 shall ensure their program is operational and fully staffed to meet the needs of the maximum census of youth within one hundred and twenty (120) 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 120 days of contract execution.

Respondents awarded a contract must have the demonstrated ability, experience, and commitment to enroll as a NJ FamilyCare/Medicaid provider and subsequently to submit claims for reimbursement through NJ

FamilyCare/Medicaid and its established fiscal agent, Gainwell Technologies, within prescribed timelines; etc.

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

F. Required PDF Content of the Response:

In response to this RFP, you are required to submit four 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), and*
- **PDF 4:** *Section IV - Respondent's Narrative Responses, Subsections A, B, C, and D (A. Community and Organizational Fit; B. Organizational Capacity; C. Organizational Supports; and D. Program Approach).*

The required contents of these four PDFs are detailed in Sections II through IV of this RFP.

Organizations Electing DCF Consideration Based on Response to DCF's May 1, 2026, STAS RFP: Organizations who submitted responses to the STAS RFP published by DCF on May 1, 2026, and did not receive an award, *may, but are not required to*, request to be considered for this RFP based on the proposal they submitted to DCF's May 1, 2026, RFP. If a provider requests to be considered for award through the present RFP based on their previously submitted proposal, the provider is not required to submit the four separate PDFs outlined above. Instead, the provider is required to submit three documents as follows:

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

- **PDF 4- New:** *Section IV- Respondent's Narrative Responses*, Subsection D, Program Approach, only (maximum 10 pages), and
- A letter on agency letterhead indicating that you are requesting that DCF consider the remainder of your unmodified response to the May 1, 2026, STAS RFP as a response to the present STAS RFP. This letter must be signed by your Chief Executive Officer or designated alternate.

If you elect for DCF to consider your previously submitted proposal as a response to the present RFP, DCF will consider PDF 1- New alongside PDF 2, PDF 3 and PDF 4, Sections A. B., and C. from your prior submission. Information included in PDF 4- Modified will replace the information contained in your previously submitted PDF 4, Section D. This full proposal will be included in screening and evaluation procedures as usual.

The *Section II - Required Performance and Staffing Deliverables* for the present RFP are identical to those in the May 1, 2026, RFP with two exceptions in Section B-Target Population:

- #1) Age (expanded to 11-17)
- #8) Descriptors of Primary Service Recipient (expanded to include youth who are court-involved and meet Detention Alternative Program (DAP) criteria).

Section II - Required Performance and Staffing Deliverables

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. Section II is required of all respondents, including organizations electing DCF consideration based on their response to DCF's May 1, 2026, STAS RFP.

Submit a complete copy of the content of *Section II – Required Performance and Staffing Deliverables*, starting with this page and 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.**

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 and family-focused environments that reflect and are responsive to the specific communities they serve.

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 all recommended community-based services with minimal progress who require a more intensive level of treatment. 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 11 years of age up to and including 17 years of age under the care, supervision or custody of the Division of Child Protection and Permanency (CP&P).
- 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 is:**

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:** 11 years of age up to and including 17 years of age at admission, with a maximum 4-year age range among the youth residing in the program at any given time (i.e., 11-14, 12-15, 13-16, 14-17).

2) **Grade:** N/A

3) **Gender:** All

4) **Marital Status:** N/A

5) **Parenting Status:** N/A

6) **Will the program also serve the children of the primary service recipient?** N/A

7) **DCF CP&P Status:** Youth must be open as a CP&P In Home Case; CP&P Out-of-Home Case; and/or CP&P Adopt/KLG

8) **Descriptors of the primary service recipient:** Youth are determined to need stabilization services as evidenced by the following:

a) Youth was removed from the home by CP&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 only.

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.

- c) Youth are court-involved and meet Detention Alternative Program (DAP) criteria while awaiting CSOC out-of-home treatment services. These youth, waiting in detention, present with significant mental health needs and trauma history as this prolonged stay has deleterious effects on their mental well-being and often re-traumatizes them. Many of these youth are often detained for repeated violations of probation, where the original charge is minor, or are detained by the court for their own safety due to chronic running away and the risk they pose to themselves.

- 9) **Descriptors of the Family Members / Care Givers / Custodians of the primary service recipients also required to be served:**

Youth, guardian/s, family, and caregivers.

- 10) **Other populations/descriptors targeted and served by this program: 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, those delivering the services.

- 1) **The level of service increments for this program initiative:**
Five (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 from PerformCare, the contracted system administrator (CSA). If the CSA 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 Service Recipients: N/A**
- 4) **Estimated Unduplicated Families: N/A**
- 5) **Is there a required referral process? Yes**
- 6) **The referral process for enabling the target population to obtain the services of this program initiative:**
CP&P Local Office Resource Development Specialist (RDS) and CSOC Contract System Administrator (CSA).

Referrals shall be generated by a CP&P Liaison and sent to PerformCare, the contracted CSA. The CSA review referrals and render a determination about whether a youth meets criteria for stabilization and assessment residential services. If authorized for care, the CP&P liaison will coordinate admission planning directly with the provider. 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 for admission.

- 7) **The rejection and termination parameters required for this program initiative:**
Youth presenting with 1) behavioral challenges and intellectual and/or developmental disabilities (I/DD) or 2) determined eligible or presumptively eligible for CSOC Developmental Disability services shall **not** be referred and/or 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. Exceptions may be made on a case by case basis for youth who have the cognitive capacity to benefit from the services and adequate supports within the existing service deliverables to effectively manage adaptive challenges (e.g., high functioning autism).

The awarded respondent shall comply with the following No Eject/No Reject criteria: .

a) Rejection:

If the clinical supervisor or program supervisor/director of the awarded respondent elects to challenge the appropriateness of a referral due to the referral falling outside of the awarded respondent's Provider Information File (PIF), they may do so by sending a Reject Request, a standardized form, to CSOC's Office of Residential Services Stabilization and Assessment Program Lead for review and a final decision.

b) Ejection:

The awarded respondent shall *not* transition an enrolled youth from their service without first submitting an Eject Request, a standardized form, with supporting documentation to, and receiving written approval from, the CSOC's 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/CP&P/Care Management Organization (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. Substance use screening
- iii. Nursing Assessment
- iv. Nutritional Assessment
- v. Psychiatric Evaluation
- vi. Pediatric Physical Assessment
- vii. 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 programs, 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:**

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: [Home - National Association of State Mental Health Program Directors](#)

- 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 (e.g., 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 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://healingandresilient.nj.gov/pathways-to-learning/news_feed/healing-centered-engagement-certification).

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

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

Staff Screening:

Awarded respondents must ensure that all employees of the agency and contracted entities 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 the following training to staff:

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

Training topic	Required staff	Timeframe	Requiring Entity	Offering
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
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 responsiveness	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.

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

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

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 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 partners with the Care Management Organization in working with 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 regulations.
- 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:**

Within the State of New Jersey.

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

Statewide.

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

Community, CSOC Out-of-Home.

Stabilization and Assessment Services shall be provided in community-based homelike settings with a preference for five (5) separate bedrooms and a minimum of four (4) separate bedrooms. Single bedrooms maximize capacity and provide each youth with their own space. The program must be able to serve all genders, as determined by need, with appropriate assignment of 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.

- 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 twenty-four (24) hours a day, seven (7) days a week?**

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 holistically reflect and serve the needs of the constituency served through the awarded contract, while promoting access and accountability in its programs and services per DCF policy for Ensuring Integrity and Fairness in Contracts: [DCF CON I A 3.03.2007 Ensuring Integrity and Fairness in Contracts](#). 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 worker to youth, shift requirements, supervision requirements, education, content knowledge, credentials, and certifications:

The table below includes the minimum staffing credentials and service requirements for a DCF contracted provider of the STAS service line. This is not to be interpreted as comprehensive of the total responsibilities each staff member will manage.

Please note:

- The activities and treatment delivered should be tailored to a youth's individual needs within the required service deliverable hours. The hours of direct service provided should reflect the youth's clinical needs and be aligned with the

treatment plan goals.

- All treatment delivered to or on behalf of a youth and their family must be evidence based and/or guided by promising practices.
- Telehealth can be used when a parent/guardian is unable to attend an in-person meeting due to insurmountable barriers (e.g., geographic distance).
- All treatment must be documented in the medical/health record within best practice and agency required timeframes. Please see the link to the Center for Medicare & Medicaid Services Documentation Matters Toolkit:
<https://www.cms.gov/medicare/medicaid-coordination/states/dcdocumentation-matters-toolkit>
- All other activities must be documented in attendance and/or activity logs (e.g., allied activities, treatment team meetings).
- If a youth and/or parent/guardian are unable or refuses to participate in the treatment or related services the reason for not participating must be clearly documented and, if applicable, inclusive of efforts to engage the youth and/or family in treatment.
- The program must comply with the CSOC No Eject No Reject guidance.
- The agency must maintain site specific accreditation from one of the following bodies: The Joint Commission, The Council on Accreditation or the Commission on Accreditation of Rehabilitation Facilities.
- The agency is required to ensure that staff are practicing and being supervised in accordance with corresponding licensing board regulations, DCF policies, and contractual requirements and subsequent updates to the aforementioned.

Table of Minimum Staffing Credentials and Service Requirements for a DCF contracted provider of the STAS service line, effective 12/1/2025.

Position	Qualifications	Required Services & Activities	Required Hours	Documentation
<i>Program Manager</i>	Clinically based Master's Degree AND 3 years' experience in behavioral health field. At least one of these years shall be in a supervisory capacity	• Supervise milieu staff and schedules. • Oversee daily operational aspects of the home. • Ensure program compliance with applicable regulations and policies (e.g., Administrative Order 2:05, Unusual Incident Reporting and Management System). • Attend treatment team meetings. • Oversee all quality assurance and program Improvement activities with a focus on attaining benchmark activities for all direct care staff.	Full-time, 40 hours per week and dedicated exclusively to the program.	
<i>Psychiatrist or Psychiatric Advanced Psychiatric Practice Nurse (APN)</i>	New Jersey Board Certified or Board Eligible Child Adolescent Psychiatrist OR APN in affiliation with the agency New Jersey Board Certified Child & Adolescent Psychiatrist	• Psychiatrist completes a psychiatric assessment and written report within the first 5 business days of admission. • Psychiatrist and/or APN participates in the development of the initial treatment and safety/soothing plan within the first 24 hours of admission and subsequent updates. • Psychiatrist and/or APN completes weekly in person, face to face clinical visit with each youth. • Psychiatrist and/or APN conducts medication management meetings	• 1.25 hours / youth / week or 5 hours / youth / month. • Psychiatrist and/or APN completes a minimum of one weekly individual, in person, face to face clinical visit per youth. • Psychiatrist and / or APN completes a minimum of one monthly, in person, face to face visit with the family / guardian. • Required hours include direct service and all other clinical	• Psychiatric assessment / report and updates documented in health record. • Meetings with youth and/or family documented in progress notes in the health record. • Attendance at treatment team meetings, trainings, consultation, and related activities

Position	Qualifications	Required Services & Activities	Required Hours	Documentation
		including evaluating the youth's current symptoms, medical history, and past medication trials to determine the most appropriate medication regimen, discussing risks, benefits, and alternatives to any proposed medication before obtaining informed consent. The psychiatrist and/or APN may then prescribe medication, monitor for effectiveness and tolerability, and adjust the medication as needed to support the treatment plan to reduce symptoms and improve overall well-being. • Psychiatrist and/or APN completes a minimum of one family meeting per youth per month. • Psychiatrist and/or APN attends treatment team meetings at minimum once a month. • Psychiatrist and/or APN is available 24/7 for emergencies.	activities including meetings, consultation, training, and related activities.	documented through a standardized process to memorialize participation (e.g., attendance records).
<i>Pediatrician or Pediatric Advanced Practice Nurse (APN)</i>	New Jersey Board Certified Pediatrician OR New Jersey APN	• Completes pediatric assessment and written report within the first 24 hours. • 24/7 availability for emergencies.	Hours necessary to complete a pediatric assessment.	Pediatric assessment documented in health record.
<i>Registered Nurse (RN) and Licensed Practical Nurse (LPN)</i>	New Jersey Licensed RN OR	• RN participates in the development of the initial treatment and safety/soothing plan within the first 24 hours. • RN completes nursing	• 3 hours per week/youth or 15 hours per youth/month. • Completes a minimum of 30 minutes a week in person, face-	• Nursing assessment and updates documented in health record.

Position	Qualifications	Required Services & Activities	Required Hours	Documentation
	RN & New Jersey LPN with one-year direct care nursing experience with youth	assessment and written report within the first 24 hours. • RN completes weekly face to face clinical visits with each youth. • RN provides ongoing assessment of the physical condition of the youth under the direction of the Pediatrician, Pediatric APN or Psychiatrist/APN and integrates findings into the youth's treatment plan. • RN or LPN provides education and support to direct care milieu staff on the administering of medications and possible side effects, under the direction of the Psychiatrist, APN, or physician. • RN or LPN administers medications as directed by the prescribing physician(s) or APN. • RN or LPN aids with activities of daily living as needed. • RN or LPN provides education to youth as clinically indicated individually and/or in groups. • RN and/or LPN attends treatment team meetings.	to-face clinical visit per youth. • The remaining hours should be devoted to all other clinical activities including meetings, consultation, training, and related activities.	• Meetings with youth and/or family documented in progress notes in the health record. • Attendance at treatment team meetings, trainings, consultation, and related activities documented through a standardized process to memorialize participation (e.g., attendance records).
<i>Licensed Clinician</i>	New Jersey master's or doctoral degree in counseling, social work, psychology or a related	• Completes a Biopsychosocial Assessment including an assessment of co-occurring psychiatric symptoms, if	• 8 hours / week / youth or 32 hours / youth / month. • Minimum of 2 hours in-person,	• Biopsychosocial assessment documented in health record.

Position	Qualifications	Required Services & Activities	Required Hours	Documentation
	field and a license to practice independently in NJ including LCSW, LMFT, LPC, PsyD, PhD OR 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.	applicable, with a valid and reliable tool within 5 business days of admission. • Completes a Child and Adolescent Strengths & Needs Assessment (CANS) within 5 business days of admission and updated as needed. • Completes, in conjunction with other disciplines, the initial safety/soothing plan development within the first 24 hours of admission. • Develops a comprehensive treatment & discharge plan within 5 business days and updated as needed and according to prescribed agency timeframes. • Provides individual therapy in person face to face with each youth each week. More services will be provided as clinically indicated. • Provides family therapy with parent/guardian/s and/or natural supports including a minimum of one monthly in person, face to face clinical visit. • Provides group therapy in areas related to treatment goals • Attends treatment team meetings Provides education and support to direct care milieu staff on implementing treatment plan.	direct service, per youth and/or family per week. More services will be provided as clinically indicated. • The remaining hours should be devoted to all other clinical activities including meetings, consultation, training, and related activities.	• CANS completed in CYBER. • Safety and soothing plan documented in health record. • Treatment plan and updates documented in health record. • Meetings with youth and/or family documented in progress notes in the health record. • Attendance at treatment team meetings, trainings, consultations, and related activities documented through a standardized process to memorialize

Position	Qualifications	Required Services & Activities	Required Hours	Documentation
				participation (e.g., attendance records).
<i>Allied Therapist</i>	Licensed, credentialed, or certified, where applicable	- Conducts recreation/leisure assessment and written report within 5 business days of admission. - Provides or conducts oversight of 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. - Direct service personnel and other program staff can lead allied activities in addition to their required deliverables if they meet the requirements, and the staffing ratio is maintained.	6 hours or 24 hours/youth in person per month.	- Recreation / leisure report documented in health record. - Activity log indicating activity type, date, time, and attendance.
<i>Psychologist</i>	NJ Licensed Clinical Psychologist	A psychological 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	Hours necessary for completion.	Psychological evaluation and updates documented in health record.

Position	Qualifications	Required Services & Activities	Required Hours	Documentation
<i>Dietician</i>	New Jersey Registered Dietician OR RN	A nutritional screening will be completed at the time of admission and updated as needed to reflect any dietary restrictions or allergies to ensure their health and safety.	.5/hours per youth at admission	Nutritional screening and updates documented in health record
<i>Direct care milieu staff</i>	Bachelor's degree with one-year experience OR High school graduate (or equivalent) with 1 year of experience providing direct care to individuals in a behavioral health or related institutional setting	• Conducts youth orientation within 1st 24 hours of admission. • Conducts daily supervision of milieu activities. • Conducts daily direct youth supervision. • Conducts and supports the delivery of developmentally appropriate recreational activities that promote integration into the community. • Implements the therapeutic treatment plan as designed by and indicated by the clinician/therapist and psychiatrist and/or APN. • Collects and records behavioral data as directed. • Provides instruction/assistance in activities of daily living as needed,	• 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. • 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	• Behavioral interventions including restraints should be documented according to agency policy and/or accreditation standards.

Position	Qualifications	Required Services & Activities	Required Hours	Documentation
			care staff may be determined based upon needs of the individual youth and Provider Agency's arrangements with school. • Provision of 1:1 supervision as needed; required supervision ratios must be maintained during crisis situations. • Staff in the program may provide additional supervision support during crisis situations include the following titles: program directors, house 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.	
<i>Program Transition Specialist</i>	Bachelor's level practitioner(s) AND a minimum of one-year relevant experience with youth with behavioral health challenges	• Conducts program orientation with family within 24 hours of admission. • Review and obtain all required signed paperwork including consent for treatment at the time of admission. • Work with system partners, including educational placement, CMO and DCP&P (if applicable), to coordinate treatment. • Coordinate scheduling of assessments as needed. • Coordinates educational placement with parent/guardians,	• 7 hours / youth / week or 28 hours / youth / month • Minimum of 30 minutes individual, in-person, per youth and family per week. More services will be provided as indicated • The remaining hours should be devoted to all other care management activities including meetings, care coordination, and related activities	• Completed admission paperwork in health record • Weekly case management note/s documented in health record • Completed youth and family satisfaction surveys mid-treatment and at discharge

Position	Qualifications	Required Services & Activities	Required Hours	Documentation
		sending school district, CMO and CP&P if applicable. • Conduct daily check in with program staff to obtain necessary information for transition planning. • Leads the interdisciplinary team in conjunction with CMO to support care and transition planning. • Conduct groups designed to develop targeted skills as needed. • Provides, as needed, on-site family psycho educational activities related to treatment goals and discharge planning a minimum of once/month and as directed by Clinician. • Administration of youth and/or family satisfaction survey minimally mid-treatment and at discharge to inform individual treatment and program quality improvements.		• Documentation of attendance at treatment team meetings, trainings, consultation, and related activities
Evaluator/s	Completed by qualified staff or through affiliation agreement	Evaluations will be completed as needed to distill needs and may include, but not limited to neurological, psychosexual and fire setting.	Hours required to completed necessary assessments.	Completed by qualified staff or through affiliation agreement

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 D C F 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 shall 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;
- 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 CSOC 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:

Awarded respondents shall use an electronic health record documentation system to document service planning and delivery. Awarded respondents 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, awarded respondents 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.

Region to be served: Statewide

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 of the two 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 sections must be submitted as a separate PDF, which**

would be the second (“PDF 2”) and third (“PDF 3”) PDF submissions in your response packet.

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

Submit all the documents described in this Subsection as a single PDF. This will be the second PDF submission in your response and must be labeled: **PDF 2**.

- 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: [Statement-of-Assurance-Form.doc](#)
- 5) Dated List of Names, Titles, Emails, Phone Numbers, Addresses and Terms of either the Board of Trustees of a nonprofit organization, **Board of Directors** of a corporation, the **Managing Partners** of a Limited Liability Corporation (LLC)/Partnership, or the **members** of the responsible governing body of a county or municipality. This is not applicable for sole proprietors.
- 6) 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>
- 7) **Business Associate Agreement/HIPAA** - Sign and date as the Business Associate.
Form: [HIPAA Form 200-B](#)
- 8) **Your Organization’s Conflict of Interest Policy** (not the DCF Conflict of Interest Policy).

- 9) **Corrective action plans, performance improvement 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 or performance improvement plan should be provided and any other pertinent information that will explain or clarify the respondent's current position under the corrective action plan and remedial measures implemented.

If not applicable, the respondent should complete, sign, date, and submit the Statement of Non-Applicability Regarding Corrective Action or Performance Improvement Plan.

Form: [Statement of Non-Applicability Regarding CAP or PIP](#)

DCF may consider all materials in our records concerning audits, reviews, performance improvement, or corrective active plans as part of the review process. DCF may disqualify and/or decline to forward for the review of the Evaluation Committee responses from those under corrective action plans in process with DCF or any other New Jersey state agency or authority.

- 10) **Certification Regarding Debarment**

Form: <https://www.nj.gov/dcf/documents/contract/forms/Cert.Debarment.pdf>

- 11) **Disclosure of Investigations & Other Actions Involving Respondent**

Form:

<https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestigations.pdf>

- 12) **Disclosure of Investment Activities in Iran**

Form:

<https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf>

- 13) **Ownership Disclosure Form**

* THIS FORM MUST BE SUBMITTED WITH THE RESPONSE. 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.

- 14) **Disclosure of Prohibited Activities in Russia and Belarus**

Form:

<https://www.state.nj.us/treasury/administration/pdf/DisclosureofProhibitedActivitiesinRussiaBelarus.pdf>

- 15) **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>
- 16) **System for Award Management (SAM)** - Submit a printout showing the Unique Entity Identification Number, active status, and the expiration date. Available free of charge.
Website: <https://sam.gov/content/home>
Helpline: 1-866-606-8220
- 17) **Certificate of Incorporation**
Website: <https://www.nj.gov/treasury/revenue>
- 18) **Notice of Standard Contract Requirements, Processes, and Policies** -
Sign and date as the provider
Form: [Notice.of.Standard.Contract.Requirements.pdf \(nj.gov\)](#)
- 19) **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.
- 20) **Chapter 271/Vendor Certification and Political Contribution Disclosure** [2006 Federal Accountability & Transparency Act (FFATA)]
Form: <https://www.nj.gov/treasury/purchase/forms/CertandDisc2706.pdf>
- 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.

SLD Form: [DCF Standard Language Document](#)

Individual Provider Agreement: [DCF Individual Provider Agreement for Services](#)

State Entity Agreement: [DCF Agreement with a Contracted State Entity](#)
- 23) **Tax Exempt Organization Certificate (ST-5) -or- IRS Determination Letter 501(c)(3)**

Website: <https://www.nj.gov/treasury/taxation/exemptintro.shtml>

- 24) **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 must delete/redact any SSN or personal identifying information

Note: Store subsequent tax returns on site for submission to DCF upon request.

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

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

Submit all the documents described in this Subsection as a single PDF document. This will be the third PDF submission in your response and must be labeled: **PDF 3.**

- 1) A completed [Proposed Budget Form](https://www.nj.gov/dcf/providers/contracting/forms/) documenting all costs associated with operating the program for up to six months. If DCF is allowing funding requests for **start-up costs**, document these separately in the appropriate 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 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. [CSOC OOH Implementation Form](#)
- 4) **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**.
Form: [PSSR Form](#)

- 5) **Proposed Subcontracts/ Consultant Agreements/ Memorandum of Understanding**, or a **Letter of Commitment** to demonstrate the intent to enter into a Subcontract/ Consultant Agreement/ Memorandum of Understanding upon award, for the provision of contract services.
- 6) **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. Organizations electing DCF consideration based on their response to DCF's May 1, 2026, STAS RFP are only required to submit a narrative response to D. Program Approach.

A response will be evaluated and scored as indicated on each of the following four Narrative Sections: A. Community and Organizational Fit; B. Organizational Capacity; C. Organizational Supports, and D. Program Approach. Respondents must organize the Narrative Response sections submitted answers to the questions in the same order as presented below and under each of the four corresponding title headings.

There is a combined 30-page limitation for Sections A-D of the narrative response, including the vignette. Organizations electing DCF consideration based on their response to DCF's May 1, 2026, STAS RFP are only required to submit a narrative response to D. Program Approach and have a 10-page limitation.

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.

Submit responses to all the questions described in this Subsection as a single PDF within the prescribed page limit. This will be the fourth PDF submission in your response and must be labeled as: **PDF 4.**

A. Community and Organizational Fit (10 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 (30 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 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.
- 5) 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.
- 6) 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?
- 7) Describe how the requirements of this initiative will be met through your existing collaborations, partnerships and collaborative efforts with other communities and systems.
- 8) Describe how the requirements of this initiative will be met through your membership in professional advisory boards.
- 9) 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.
- 10) 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.
- 11) 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 (40 Points)

Program Approach refers to the respondent's plan for delivering a safe, evidence-based treatment environment that prioritizes youth healing and growth. Respondent must demonstrate how the program goals defined in this RFP will be accomplished through key organizational components.

- 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 CP&P, 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.

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, applicant's lack of good standing with a State Department, and an 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 four Narrative Sections: A. Community and Organizational Fit; B. Organizational Capacity; C. Organizational Supports; and D. Program Approach. 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 the 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 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 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) **Attestation Form for N.J.S.A. 30:1-1.2b** - Complete, sign and date as the provider.

Form: <https://www.nj.gov/dcf/providers/contracting/forms/Attestation-of-DCF-Contractors-Required-by-N.J.S.A.-301-1.2b.pdf>

Note: Read each statement carefully and do not check all options. Pay attention to the 'or-either-and' statements. A signature and date are required.

- 4) **Employee Fidelity Bond Certificate** (commercial blanket bond - crime/theft/dishonest acts)

Bond must be at least 15% of the full dollar amount of all NJ State contracts for the current year when the combined dollar amount exceeds \$50,000. The \$50,000 threshold includes fee-for-service reimbursements made via NJ FamilyCare/Medicaid. If not applicable, respondent must submit a signed/dated written statement on agency letterhead stating they will not exceed \$50,000 in

combined NJ State 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

5) **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

6) Document showing **NJSTART Vendor ID Number** (NJ's eProcurement System)
Website: <https://www.njstart.gov/> Helpline: 609-341-3500 or -
njstart@treas.nj.gov

7) **Standardized Board Resolution Form**

Form: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p1_board.pdf

8) **Program Organizational Chart**

Should include agency name & current date

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

- 1) **Copy of Accreditation** (Joint Commission, COA, CARF, as applicable)
Cancellation of accreditation must be reported Immediately.
- 2) CSOC only: **Annex A Addendum** – Complete for each program component in CYBER. Submit online in CYBER.
- 3) **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>

- 4) **Fixed Rate Information Summary** – signed
Form: Provided by contract administrator when applicable.
- 5) **Current Office of Licensing (OOL) Certificate** for each FSS Overnight Respite Program and OOH Program.
Website: <https://www.nj.gov/dcf/about/divisions/ol/>
- 6) **Current Health/Fire Certificates** for programs hosting youth, adults, and families or relying on rent, interest, or depreciation in their program budget.
- 7) **Copy of Executed Lease, Mortgage, or Deed** for programs hosting youth, adults, and families or when including rent, interest, or depreciation in the program budget.
- 8) **Current/Continued Certificate of Occupancy** for programs hosting youth, adults, and families or relying on rent, interest, or depreciation in their program budget.
- 9) CSOC Only: **Medicaid Provider Enrollment Application** (signed/dated)
Provided by CSOC for Medicaid paid services.
- 10) **Professional Licenses and/or Certificates** currently effective related to job responsibilities.
- 11) CSOC Only: **Program Staffing Summary Report (PSSR)**
A full updated report must be submitted prior to opening a new program and then annually by the 10th day of the month following each contract year.
Form: [Program Staffing Summary Report.xlsm](#)
- 12) **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 reporting requirements 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) Photocopies of Licensed Public Accountant firm's **license to practice**, and most recent **external quality control review** to be submitted with the NPLA.

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

A. Scheduled Payments Contract Component: A quarterly ROE is to be submitted during the contract year 15 calendar days after the end of each fiscal quarter, and a Final ROE is to be submitted 120 calendar days after the end of the fiscal year. Alternatively, an ROE is to be submitted in accordance with any separate DCF directive to file ROEs at other intervals for specific contracted programs.

The format for the ROE must match that of the Annex B budget form.

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

Note: An ROE must be prepared in accordance with the governing cost principles set forth in the DCF Contract Reimbursement Manual (CRM Section 6). [Microsoft Word - SECTION 6 - Expenditure Reporting.doc \(nj.gov\)](#)

B. Fee for Service Contract Component: Not Required.

4) **Level of Service (LOS) Reports**

Enter the cited DCF Standard Template Form for each month the number of youth, adults, and families served and ages of those receiving services, and the hours/days, county locations, etc. of those services, or record this data into another form, survey, or database that DCF agrees can serve to track LOS for the contracted program.

Website: <https://www.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: Awarded respondents 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) Awarded Respondent's Procurement Policy