

## **QUESTIONS AND ANSWERS**

### **RESIDENTIAL TREATMENT SERVICES (RTC) INTENSITY OF SERVICES (IOS)**

**(TOTAL OF 250 BEDS)**

Questions? Email us anytime at [dcfaskrfp@dcf.state.nj.us](mailto:dcfaskrfp@dcf.state.nj.us)

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- 1. Should there be a different proposal for each sex (boys, girls and co-ed) and age range (7-10, 10-13, 14-17) or do we need to submit one for our “Current Facilities”, “cluster RTC IOS”, “Co-occurring RTC IOS” and “co-occurring Cluster RTC IOS”?**
  - If neither of those is true, do we need to simply submit 1 proposal each for the number of RTC IOS and number of Co-occurring RTC IOS beds we are proposing to operate?**

No, different proposals are not required for gender or age. Rather, separate distinct proposals (including budget) are required for:

- Existing RTC providers to maintain current RTC program
  - Existing RTC providers to provide co-occurring services for up to 20% of their total contracted beds (minimum of 5)
  - Existing or new providers to provide RTC services in 5-bed homes in the community
  - Existing or new providers to provide co-occurring services in 5-bed homes in the community
  - Existing or new providers to provide RTC services in 15-bed hub model (may not be co-occurring)
- 2. From Page 9 If an agency is/or becomes an IIC provider, is the proposal saying that IIC staff can be utilized while the youth is in the RTC or as a support for when the youth is going home during home visits or**

**discharging? In other words how do IIC services work in conjunction with an RTC?**

IIC services are utilized when a youth is preparing to transition home.

- 3. Pg. 11 says develop a behavior assistant plan that is implemented by the behavior assistant. Are we required to have certified behavioral assistants or do the Milieu staff suffices in implementing the plan?**

Milieu staff will implement the behavioral plan.

- 4. Also, is the behavior assistant plan a separate plan or in conjunction with the individual service plan and/or JCR?**

There is one (1) service plan – the Joint Care Review (JCR). Any supplemental plan (such as a behavioral plan) is a component of the JCR.

- 5. Pg. 12 Traditionally the ratio for RTCs has been 1:3. What is the exact supervision ratio as it says 1:5 at all hours and 2 awake at all times in a 5 bed community while youth are asleep?**

The standard staffing ratio for RTC IOS is not 1:3. This RFP requires 2 awake staff at all times in a five (5) bed home while youth are asleep.

- 6. This is to confirm that this RFP does not require many of the appendices we are used to submitting with previous RFPs, except for the items on pages 38 and 39.**

Many of the Appendices items are still required. Please see Exhibit C.

- 7. (page12) Are we to interpret that transportation to and from family visits is required of providers? Or, can transportation be shared with the family?**

Transportation cannot be a barrier to family visits. Providers must facilitate transportation with the family and/or the care manager involved with the family.

- 8. (page 3) The stated age range for this RFP is 7-17. Currently, we have not seen referrals for youth under the age of 12. What is the number of youth under the age of 12 that we can anticipate?**

There are currently children under the age of 12 being served in RTCs and on Youth Link. We cannot anticipate the ongoing demand to serve youth under 12 in RTCs. Please refer to page 6 of the RFP which indicates that CSOC reserves the right to change populations based on ongoing trends.

- 9. The RFP speaks to co-occurring youth. Will this be a new population added to the referrals on Youth Link? We are currently seeing a higher**

**number of youth referred with co-occurring issues. Will these be the same youth?**

A new intensity of service will be created in CYBER to specifically include co-occurring RTCs.

**10. (page 14) Please provide clarity on what is considered a “behavioral health agency” or an “institutional setting,” as it relates to the background/experience required of milieu staff.**

Behavioral health agency is meant to identify an agency that can offer various intensities of service –from community based (outpatient) to residential setting. Institutional setting can mean state psychiatric hospital, developmental centers, school setting.

**11. In relation to staffing, what will be required of current staff? Will current staff who may not meet the criteria as defined in the RFP be grandfathered in to this contract? Will the experience they’ve already acquired with us count toward the requirement?**

No. Existing staff will not be grandfathered-in. Staff experience in having served in your agency will count toward the requirements.

**12. (page 3) Is there a preferred accreditation standard or will all three listed in the RFP be equally weighted for consideration?**

CSOC does not have a preference.

**13. If we plan to use an existing home that is not currently being utilized, nor has it previously been licensed for CSOC contracted RTC beds, would that building be considered to house newly developed beds?**

Yes

**14. Do we need to submit separate proposals for each program/location (main campus RTC, Bound Brook, Liberty House, New Brunswick)?**

If they fall under the \$350 rate and are separate contracts.

**15. Do we need to submit a proposal for a program already compliant with \$350/day rate and contract requirements?**

No.

**16. For the 20% of total contracted beds to convert to co-occurring do we use all levels of service contracted beds or existing RTC LOS?**

Existing RTC contracted beds.

**17. Some of the required documents have contract effective date and expiration date – what dates should be used?**

Leave blank. If successful in receiving an award, the information will be completed and provided to you.

**18. Some of the required documents ask for contract number – what should be used?**

Leave blank. If successful in receiving an award, the information will be completed and provided to you.

**19. Some of the required documents ask for a solicitation number – what should be used?**

Leave blank. If successful in receiving an award, the information will be completed and provided to you.

**20. If submitting the proposal online do we have to submit a signed paper original also?**

No.

**21. A critique in a previously submitted RTC proposal was that the G&A expenses must be itemized. In the Annex B Power Point Mini Tutorial, the G&A page states: “You can place your own formulas for the allocation of G&A in the rows 14-16....”**

**This appears to be 2 different methods and I would appreciate clarification.**

G & A should be itemized in the budget narrative, if the Annex B does not allow for it.

**22. Also, is there a source to see a pro forma completed budget as an illustration?**

No. Agencies must demonstrate their ability to show how they can manage the operations of the program they propose to bid for.

**23. Please confirm that “milieu staff” refers to both house parents and night proctors (overnight staff).**

Yes. The language of the Children’s System of Care is important. Milieu staff were previously referred to as ‘direct care staff’. ‘Direct care staff’ does not define the role they truly play in the child’s life while they are in out of home care. Milieu

staff is more reflective of the very important role these staff play, in that, they are the ones that create an environment that is conducive to healing, treatment and safety that child needs to achieve treatment goals and transition home.

- 24. Section I – General Information, Page 3: The RFP specifies the ages are “to provide RTC IOS program to youth ages 7 through 17”; however, in Exhibit E, Part A, Page 4, it states “Administer or insure initial and follow up Life Skills Assessment for youth ages 18 – 21 admitted to program”.**

This is a standard and is applicable for youth over 16 and older.

**Are the ages of the youth to be served in this RFP 7 to 17 or 7 to 21?**

As stated, 7-17.

- 25. Section I – General Information, Page 4: The RFP states that “Existing RTC IOS providers whose per diem rate is less than \$350 are required to respond to this RFP if they wish to continue providing this service....”**

**Are providers, who have programs that are currently receiving more than \$350 per day, required to submit proposals for continuation of RTC services?**

No

- 26. If the answer is “no” to question #25, will the providers receiving more than \$350 per day be required to change their services to the minimum required in this RFP?**

CSOC intends that over the next year all of the RTCs will be providing comparable services and that will be addressed with providers as appropriate through the contract renewal process.

- 27. If the provider operates multiple programs that have a per diem rate of less than \$350 and these programs are located at different sites and serve different ages, does the provider have to submit a separate RFP for each program or can the multiple programs be combined into one RFP?**

Separate proposals are required.

- 28. If the answer is “yes” to question #25, does the provider have to submit a separate RFP for each program operating at a different location, serving a different age group, currently under \$350 per diem and currently over \$350 per diem, or can these multiple programs be combined into one RFP?**

N/A

**29. Section 1 – General Information/Duties and Obligations: Page 7 of RFP speaks to the transformation from institutional to “interpersonal”. Page 9 says that the RTC IOS..... “may be provided in an existing setting....”.**

**Please clarify CSOC’s intentions for current RTC providers whose capacity exceeds five beds in one location.**

As stated on page 5 of RFP, CSOC will consider the award of existing configuration.

The discussion contrasting interpersonal and institutional is a qualitative one that refers more to the approach of care, rather than just the physical site itself.

**30. The following discrepancies throughout the RFP documents have been noted. Please clarify which are accurate.**

**Table 1 Co-Occurring Services: Page 42 to 43 (Clinician) Says MSW/LSW who is TWO years or less from NJ Clinical Licensure while all other Clinician references on Page 15 state THREE years. (3 years also referenced on Exhibit E, Part C page 1 of 4).**

Three years is accurate

**31. Please clarify.**

**Says 75% (4.5 hours) must be face to face clinical time while on Pages 15-16 of RFP does not reference this.**

It is 75% (4.5 hours) which indicates the therapeutic hour.

**32. Please clarify. Says IMDS SNA within first 24 hours while on page 16 of RFP says 48 hours.**

IMDS within 48 hours is consistent with page 11. However, page 43 should say 48 hours of admission.

**33. Please clarify. Page 44 (Program Director)**

**Says monthly attendance to treatment team meetings while on Page 16 of RFP states “or assure management presence”.**

Page 44 should state “Attend treatment team meetings on a monthly basis or assure management presence” to be consistent with page 16.

**34. Please clarify. Table 2 Hub Model: Page 46 (House Manager)**

**Says 5 hours of documented case management per week per youth while Page 15 of RFP Case Manager has 5.5 hours.**

This is a typo and it should be 5.5 hours.

**35. If the proposal is for a Hub Model, are the CM hours reduced to 5 per youth?**

No. It should be 5.5 hours.

**36. Clinician hours throughout the tables and Exhibit E's reference 75% of each clinical hour must be face to face but page 15-16 does not.**

Please see response to #31.

**37. Exhibit E Part A Page 3 of 4 (Milieu Staff): Omits provision of Ansell-Casey or Botvin Life Skills training: a minimum of 3 hours weekly as indicated in other areas of the RFP.**

**Are these trainings required?**

Yes, Exhibit E is not all inclusive, it outlines the basics. All provisions of RFP must be adhered to if awarded. Please refer to page 14 of the RFP.

**38. Throughout the RFP, Tables & Exhibits, Clinical services reference either Bio-Psychosocial Assessment or Psychosocial Assessment. Which should it be?**

They are one and the same.

**39. Exhibit E, Part C Page 2 of 4: Lists Psychologist providing Psychological Evaluation at intake however, neither a Psychologist or a Psychological Evaluation are mentioned anywhere else in the RFP, Tables or other Exhibits.**

**What are the Psychological Evaluation requirements?**

This is as needed at intake.

**40. Exhibit E, Part C Page 3 of 4: Lists Dietician providing a Nutritional Screening .5 hours at intake however, neither a Dietician nor a Nutritional Screening are mentioned anywhere else in the RFP, Tables or other Exhibits.**

**What are the Dietician and Nutritional Screening requirements?**

All youth shall be screened at intake to rule out allergies or dietary restrictions. This should be done by a qualified professional.

**41. As far as the nursing requirements, is an RN required?**

Yes, an RN is required.

**42. Are there awards available for new providers?**

Awards will be made on the merit of the proposals.

**43. Are there statistics on RTCs that charge less than \$350 per day?**

This RFP addresses those beds.

**44. What about JCR submissions?**

We are not sure what this question is asking but the JCR submissions are required on a cyclical basis for children in out of home treatment programs.

**45. Do the staffing patterns for overnight staff pertain to all beds?**

Yes

**46. Should the agency submit a second proposal for co-occurring beds? Can the agency win one but not the other?**

Please refer to response #1.

**47. Can an agency that has existing group homes use this funding to change them to RTCs**

No.

**48. Can an agency that has existing buildings use this funding to change them to RTCs?**

Agency would identify the location of the new programs which is subject to approval.