

QUESTIONS AND ANSWERS

2018 RFP: Crisis Stabilization and Assessment Services Youth with Intellectual and Developmental Disabilities Ages 11 Through 15 Years

Questions? Email us anytime at dcfaskrfp@dcf.state.nj.us

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- 1. RFP page #6 (Admission Criteria): The RFP states that youth may present with medical and/or physical disabilities. How is medical appropriateness determined?**

Once the referral is made to the Crisis Stabilization program, the Care Manager will arrange a meet and greet between the youth/family and the program. At that time the RN with the program shall assess whether the youth's medical/physical needs can be met within the program. Crisis Stabilization and Assessment programs do not provide 24/7 nursing care.

- 2. RFP page #6 (Admission Criteria): How are the youth being referred to the grantee? Will there be more than one type of referral?**

CSOC's Contracted System Administrator, Perform Care, makes the referral. There are no other types of referral.

- 3. RFP page #6 (Admission Criteria): If the participating youth are supposed to present with one or more of the listed components a disability to be enrolled, do they have to be officially diagnosed prior to enrollment, as it appears continued enrollment is contingent upon an official disability (yet diagnostic assessment is provided by the grantee itself after enrollment, on page #7)?**

This is a short term stabilization and assessment program. Page 7 of the RFP identifies the assessments that must be completed immediately to develop an individualized service plan of supports and services for the youth that is strength based, youth centered, family driven, and goal oriented. The child/family team, in collaboration with other involved parties, will meet to determine whether the youth will need to remain at the program for continued assessment, skill building, and stabilization or whether the youth requires transition to an alternate out of home treatment program or transition home.

- 4. RFP page #7 (Assessment): Where will the grantee's diagnostic assessments be expected to be conducted? At the home? Or once the youth is situated in the 5-bed facility?**

Diagnostic assessments will be conducted face to face with the youth at the program.

- 5. RFP page #7 (Assessment): Due to the fact that youth are required to have a diagnosed disability to participate, if a youth who presents with a disability is enrolled, and then diagnostic assessments are provided by the grantee (which itself is being funded for enrolled youth), if an enrolled youth undergoes the grantee's subsequently diagnostic assessment process which does not, in fact, confirm a disability or other required, must the youth without a diagnosis be promptly unenrolled from the program?**

Please note that this is a short term stabilization and assessment program. The CFT will be working on transition plan from time of admission. The child/family team, in collaboration with other involved parties, will determine whether the youth requires continued treatment within the program, transition home with supports and services, or transition to alternative out of home treatment program.

- 6. RFP page #10 (Treatment): The RFP states: "Applicants must describe within the Narrative a plan to eliminate/reduce the use of restraint and seclusion by using therapeutic interventions based on clinical knowledge. Nonviolent Crisis Intervention (Preventative Techniques, Team Intervention, and Post Intervention) Crisis Prevention Training through the Crisis Prevention Institute is the preferred program. Programs may only utilize one model of nonviolent crisis intervention." Does that mean that using the aforementioned Nonprofit Crisis Intervention Crisis Prevention Training through the Crisis Prevention Institute is sufficient to fulfill this requirement to use a therapeutic nonviolent intervention?**

The RFP requires that your proposal identify a model a of non-violent crisis intervention and provide a plan for how the principles of that model will be implemented within your program.

7. RFP page #14 (Staffing Structure): Are subcontracts allowable for clinical positions and/or clinical supervision?

Yes

8. RFP page #14 (Staffing Structure: Board Certified Child Psychiatrist or Psychiatric APN...): Does telepsych qualify as “face-to-face time” with youth and/or families?

No.

9. RFP page #15 (Staffing Structure: Milieu staff): Please define “milieu activities (daily)”.

Activities that are functionally relevant and consistent with written assessments/individualized plan, that would support the youth’s needs during non-clinical time.

10. RFP page #16 (Staffing Structure: Clinician(s) licensed to practice in NJ...): What are the acceptable clinical licenses/credentials for clinicians identified in this section?

A credentialed healthcare professional is, as it pertains to this initiative, an experienced, licensed clinician with knowledge in the field and community, with an understanding of pathology and etiology, etc. An individual with a PhD in clinical psychology would satisfy the requirement as would a licensed clinical social worker (LCSW) or licensed professional counselor (LPC).

11. RFP page #23 (NJ Medicaid Enrollment): The RFP states: “Applicants 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, Molina, within prescribed timelines.” Do all youth participants have to be eligible for Medicaid? Will families have income limits? What if they have existing insurance for the youth?

Youth do not need to be eligible for Medicaid, but must meet criteria for the program. The assigned care manager will assist the youth’s family in obtaining a Medicaid number so that provider is able to bill for all youth in the program.

12.RFP page #26 (RFP Schedule): Please confirm the proposal deadline date as February 23 or March 23.

March 23, 2018.

13.RFP page #26-27 (RFP Schedule): Is there a preferred submission method (either in person/commercial carrier or online)?

No preference.

14.RFP page #27 (RFP Schedule): If submitting the proposal electronically, is a signed original still required to be received via in person/commercial carrier?

If a proposal is submitted electronically, a copy/scanned of a signed original is acceptable.

15.Can you share any insight on the geographic areas of high need within each region, so we can plan on providing services as close as possible to the school systems in question?

There is a need statewide and all proposals will be considered.

16.Have you identified a greater need for boys or for girls in each region?

No.

17.If all 5 beds are co-located in one house, can it serve both boys and girls?

Yes. One program can serve both males and females. Single bedrooms are preferred. There must be a minimum of three (3) bedrooms to accommodate the maximum of five youth, males and/ or females in the program. At least one bedroom and one bathroom **MUST** be located on the 1st floor and be barrier free, as well as all common areas within the home.