QUESTIONS AND ANSWERS

RTC IOS Two Clusters of Three (3) Five-Bed Homes

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

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1. **Does any staff with the following credentials have a place for billable services this kind of facility?**

   a. **An MD with a postgraduate diploma in psychiatry (obtained outside the US)?**
   b. **A Board Certified Behavior Analyst- Doctoral (BCBA-D)?**
   c. **A Board Certified Behavior Analyst (BCBA) with Master degree in Rehabilitation & disability Management and BS degree in Education?**

   No.

2. **Can a resident psychiatrist from a teaching hospital in any of the states in the US provide TELE-PSYCHIATRIC SERVICE COVERAGE?**

   No.

3. **Are young people with a dual diagnosis of I/DD and serious mental illness (SMI) included in the target population?**

   No.

4. **Will all prospective residents be referred by DCF or can an applicant identify target youth from within its existing network of treatment/specialty bed homes/programs?**

   Youth will be determined as meeting this intensity of service through Children's System of Care (CSOC)'s Contracted System Administrator (CSA), PerformCare. Required information is provided to the CSA through the youth's care manager, employed by the Care Management Organization, who facilitates the Child Family Team for service coordination, planning and linkage.

5. **Will DCF permit young people who conclude their RTC IOS treatment to be "stepped down" to other appropriate homes/facilities within the applicant's network of options, if the care plan warrants it?**

   The primary goal of out of home treatment is to return the youth home upon completion of treatment. When the Child Family Team (CFT) establishes that returning home is not clinically appropriate and rather a transition to another out-of-home treatment setting is necessary, the treating provider may submit a Transitional Joint Care Review (TJCR) to the Contracted Systems Administrator (CSA) for consideration.

6. **I am writing to seek clarification on the population served. The RFP states, the population served "youth who present with severe and persistent challenges in social, emotional, behavioral, and/or psychiatric functioning." It is also stated an FSIQ of 65 or higher. We would like to know if all participants would have I/DD, if not what percentage of the population served would have I/DD as compared to other diagnoses?**

   This is not a treatment program specific to youth with intellectual and/or developmental disabilities (I/DD).

7. **In the RFP, NJDCF states that there must be a cluster of three homes to accommodate 15 children – five children per home. Must each child have his/her own bedroom, or are two children allowed to share one bedroom?**

   There is no requirement for single bedrooms.

8. **Is there a minimum square-footage required per child? If so, please let us know what the requirement is.**

   Square footage requirements are addressed within the DCF Licensing standards at N.J.A.C. 10:128, Manual of Requirements for Children's Group Homes http://nj.gov/dcf/providers/licensing/laws/

9. **Within Section C of the RFP, it states "…Youth are not permitted to be transferred between cluster homes." Are there exceptions granted when conflicts arise between students where a transfer may be needed to ensure personal safety within the home? Or for Clinical reasons, based on Treatment Team recommendations – which would be in the best interest of the youth**.

   No.

10. **Does the provider determine the region (i.e. north, central, or southern) in which to provide services?**

    Yes. Please also refer to page 6 of RFP.

11. **On page 11, the RFP states "proper supervision of the youth; a ratio of 1 milieu staff for every 5 youth must be maintained at all hours with a minimum of 2 awake staff on site at all times, including while youth are asleep." Are milieu staff only counted towards the 2 minimum awake staff or can non-milieu staff be counted as awake as long as the 1 to 5 ratio is maintained at all hours?**

    Yes, milieu staff are only counted towards the 2 minimum awake staff at all times. Please see page 14 of the RFP.

12. **Is it acceptable for hub professional staff to support other programs as long as the requirements of services identified within the RFP are met?**

    All full time staff must provide care in this program. Part-time staff such as the psychiatrist may be deployed elsewhere.

13. **Does DCF approve the use of telemedicine?**

    Yes as per Medicaid newsletter.

14. **Will DCF pay a bed hold rate for unoccupied beds?**

    The only time DCF/CSOC will allow billing when a youth is not in the bed is for up to 5 days for a runaway and up to 14 days during a clinically driven leave, such as hospitalization or a planned short term visit home, referred to as therapeutic leave. Reasons for leave must be part of the plan of care.

15. **What is the expectation from DCF on the average occupancy expected per year?**

    CSOC anticipates that a home would be at capacity most of the time. However, CSOC does not guarantee 100% occupancy. See page 23 of the RFP.

16. **When does DCF expect to award the contract?**

    We anticipate awarding the contract (s) by November 1.

17. **How much time will be allowed for the contracted provider to submit the copy of the lease/mortgage after the contract award date?**

    Please review page 6 of the RFP. The first home must be operational within 120 days of being awarded. The second and third homes must be operational within 60 days thereafter. You must provide the plan for implementation within the timeframes that will allow you to be operational within this timeframe.

18. **Does the 6 hours per week per youth that the clinician is responsible for include group time?**

    Yes.

19. **Monthly Treatment Team Meetings – are the CMO's, DCP&P and Probation (if applicable), responsible for attending each month?**

    Not necessarily. The out of home treatment providers are required to attend the Child Family Team (which are conducted minimally on a quarterly basis), as facilitated by the Care Management Organization (CMO's). Where applicable, DCP&P and/or Probation are members of the CFT and are highly encouraged to participate in this process. With this said, out of home treatment providers should communicate with system partners upon ever treatment team meeting in order to ensure that all team members are well informed of the youth's treatment status.

20. **Do the weekly health education group sessions need to occur in the home? Can students from the homes in the Cluster attend specialty groups together and or some allied therapy (art, music, performing arts, etc.) together?**

    As may be clinically appropriate, and on an occasion. The homes are designed as small units and this should NOT be the practice. The staffing ratio required by the RFP must be in place.

21. **For measure functional (post-discharge) outcomes, does New Jersey provide a consistent means to contact clients post-discharge at 3 and 6 months or is the provider responsible for tracking clients? Does NJ already have a system in place for following with post-RTC clients and maintain a database of arrests, school attendance, etc. or is the provider responsible for contacting each individual client post-discharge (by phone or mail) to gather this information? If the provider is responsible, is the per diem rate high enough to cover the essential personnel to have this task completed quarterly?**

    The provider must have a QAPI plan (see pages 20-22 of the RFP) in place. Post functional outcomes are a critical marker in assessing success of any program and can help guide the agency in its own quality improvement activities. The agency must assess whether the per diem can cover these costs before applying for the RFP.

22. **Does the post-discharge survey population include ONLY successful discharge due to our determination of reunification/goals met, or does it include ALL discharges (including AWOLS, removals, and students pulled from the program against our recommendation)?**

    The post-discharge survey includes all transitions out of the program.

23. **What are the licensing/legal stipulations regarding contacting clients post-discharge from RTC services? Do clients have to consent to contact or is it mandated? If they do not consent, is this held against us?**

    Youth and families have to consent.

24. Do we have to purchase a specific IMDS tool?

The IMDS tools are freely accessed. Please see the training opportunities on the CSOC website at:

http://nj.gov/dcf/providers/csc/training/

25. What "other providers" does NJ want surveyed for satisfaction? Case managers, contracted health providers, community members, etc.?

The agency must decide who would be best to survey for the agency's own continuous quality improvement efforts. It is recommended that care managers and agencies typically working with the provider would be good to survey.

26. What does NJ define as improved "functioning" in youth? Cognitive, emotional, social, behavioral; or all? Do they already have a list of approved measurement tools or may we propose the use of the YOQ or another standardized tool?

CSOC utilizes the IMDS-Strengths and Needs Assessment tools to measure improvement of youth which must be used. Agency can use additional tools if they desire.

27. What are the REWARDS for meeting/surpassing these outcomes standards; what are the CONSEQUENCES of not meeting them?

A successful awardee who can demonstrates successful outcomes would have a continued partnership with the State of New Jersey (subject to appropriations) to help improve youth's success and well-being. Consequences of continued poor outcomes may result in plan of correction and/or non-renewal of contract.

28. Are the schools responsible for tracking the students' performance and attendance, while they are in our care, and reporting that on to NJDCF or are we responsible for that as well?

Please refer to page 17-19 of the RFP.

29. Does the awarded organization or do the Department of Children and Families determine the admissions of the males/females in each house? If the Department will be doing the admissions, is this a collaborative effort with the awarded organization?

There is a very distinct process that is used to determine a youth's eligibility for out of home treatment through the New Jersey's

Children's System of Care. This includes the Child Family Team, facilitated by the care manager of the CMO. The care manager would submit an out of home referral request and supporting documentation to the CSA, who will make the clinical determination of the youth's intensity of service (IOS) need. If OOH treatment is deemed clinically appropriate, the youth's referral will be placed on an electronic referral system called Youth Link, which matches youth to programs based on age, gender, IOS, and PIF specifiers. Care managers will present these options the family for consideration. The out of home provider would then arrange a meet-and-greet with the youth and family in order to determine if the particular program would best meet the youth's clinical needs. Admission to the out of home treatment program is a collaborative effort amongst the family, CMO, and the out of home treatment program.

30. **In the Request for Proposal, it notes that the first house needs to be operational within 120 days of the award date. Is there flexibility with the 120 days timing other than what is noted in the request for proposal document? For example, if there are delays with permits required.**

    CSOC will respond to any needs of the awardee as indicated at the time of a request.

31. **Will the Department of Children and Families require site approval?**

    Yes.

32. **The request for proposal notes that a per diem rate will be paid per resident. Is there flexibility in the rate for varying levels of acuity? If rates are determined by need, at what point would this information be presented?**

    These homes are at the Residential Treatment Center (RTC) Intensity of Service (IOS) need. The rate is standardized for this program.

33. **Does the per diem rate include housing costs? Are there other funding sources available to support the cost of the housing for these children?**

    The rate is all inclusive and is inclusive of housing costs.

34. **Please provide a listing of organizations that currently operate group homes for the Department of Children and Families.**

    The homes being developed for this program are at the Residential Treatment Center (RTC) Intensity of Service (IOS). These are not Group Home IOS, which is a less intense treatment program.

A listing of providers can be accessed at:

http://www.performcarenj.org/pdf/provider/10-17-2011-resi-list.pdf

35. Does the awarded organization have the ability to rescind their proposal after the submission due date?

The Department would look on all submissions as commitment to carry forth the requirements of the RFP in order to provide these needed services to New Jersey's youth.

DCF wants to work with willing partners for the provision of these services.

37. Does the word 'site' refer to a home or a cluster?

Throughout the RFP the word "site" refers to the home.

38. Should the APN or pediatrician be on-site or contracted?

Both are acceptable. The agency must ensure that there is consistent staff working with the youth – same APN, same pediatrician.

39. Should the agency bring the child to the doctor or is the doctor supposed to come to the home?

CSOC will not prescribe your clinical model. The APN or pediatrician may work with the youth on site or your program may transport the youth to the APN or pediatrician.

40. If the applicant runs a Department of Education approved school, is there a cap on the distance between the home and the approved school?

The youth's school district of origin will have input regarding the youth's educational plan. The awardee shall exercise clinical judgment when providing input on where the school is located (for example for most youth a two hour school bus ride is not in the youth's best interest.)

41. Is it acceptable to add additional appendices, beyond the 43 that are required, if an agency wishes to elaborate or provide additional information?

Yes, applicants may include additional material in the appendices.

42. How many PDF documents should an agency use to submit electronically?

DCF requests that applicants upload their proposals as three (3) separate PDF submissions as follows:

- PDF #1 contains the proposal cover sheet and the 15 page narrative only
- PDF #2 contains all required appendices
- PDF #3 contains any additional appendices labeled accordingly

43. What are the margin and font requirements?

The Narrative shall have 1” margins on all sides of the document (left/right margins as well as header and footer). Arial or Times New Roman 12 point font is required.

44. Where are the youth for the homes being referred from, i.e. psychiatric hospitals, home, detention facilities, etc.?

Youth referred to this program may currently reside in any of these settings. For all out of home treatment referrals the CSA determines the appropriate intensity of service based on standardized clinical criteria and the agency’s Provider Information File (PIF).

45. What is the state’s rationale for the decision not to award both clusters to one agency?

CSOC is excited and confident about this new model. We are interested in lessons learned when comparing how different agencies will implement the same model.

46. From the treatment perspective, in terms of therapy, the youth will have different needs. If there are several youth that are in different homes, but the same cluster, who require the same type of therapy, can the agency combine them? Why not?

CSOC is not in agreement with this approach. The agency must be able to clinically support each home (program) independent of the other homes within the cluster and licensing criteria must be met independently for each home.

47. Is there a preference for organizations or agencies who already have homes up and running?

No. CSOC will conduct an objective review based on each proposal.

48. **In appendices 14 (letters of commitment of a school district), what does 'if available' mean? Does it hurt the agency if these letters are not submitted?**

    If an applicant has already identified/purchased a home, letters of commitment must be obtained from the local school district. If an applicant has not yet purchased/identified a specific home the applicant should describe the process they will employ to engage any local school district.

49. **On page 38 of the RFP, what is meant by, "Include Budget Narrative in the Appendices section"?**

    The required Budget Narrative is not included as part of the 15 page proposal narrative. The Budget Narrative is a one page document labeled as appendices #6.

50. **Is there a budget form specific to this RFP?**

    Yes, the link for the standard DCF Annex B is available on page 43 of the RFP.

51. **If the goal is family reunification, what happens when the youth age out or turn 18 while in the program? Are they automatically discharged or are they able to remain in the home?**

    The goal of the out of home treatment services is envisioned as a short term intervention to help stabilize youth. CSOC serves youth up until their 21st birthday. If the youth turns 18 while at the out of home program, they remain until they complete the episode of care.

52. **Can the youth be 18 years old at the time of admission to the home?**

    No. At the time of admission the youth must be between 15-17 years of age.

53. **Can you clarify Appendix 6 on page 41 of the RFP?**

    The Budget Narrative is required however it is no longer included as part of the 15 page proposal narrative. The Budget Narrative is now a one page document labeled as appendices #6.

    Requesting "Start Up" costs is OPTIONAL; the requirements are fully explained on pages 38-39 of the RFP.