NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

QUESTIONS AND ANSWERS

Family and Community Partnerships (FCP)

2024 RFP FCP Supportive Visitation Services (SVS)

A non-mandatory virtual conference was held on **Thursday, July 11, 2024.**

Written questions about the content of this RFP were due on **Friday, July 12, 2024**. The answers to the questions raised at the conference and submitted in writing are below.

Written technical questions about forms, documents, and format may continue to be emailed at any time up to the due date to dcf.askrfp@dcf.nj.gov.

All responses to the RFP must be submitted ONLINE.

To submit online, respondent must **first** complete and submit an Authorized Representative (AOR) registration form: AOR Registration Form

AOR Registration forms must be received by **Friday, July 26, 2024**.

All responses must be received by **Friday, August 2, 2024** (by 12:00 NOON).

CLARIFICATIONS TO THE RFP

1. In the RFP, in the Activities Section C, Number 4, on page 13, the Sussex and Passaic visitation and transportation hours were incorrectly transposed for Region 8.

This is how the table should read for Region 8:

	Counties	Estimated Unduplicated Families	Visitation Hours	Transportation Hours
Region 8	Morris	13	2,097	1,572
	Sussex	5	849	636
	Passaic	42	6,490	4,867
	TOTAL	60	9,435	7,076

2. There was a typo on the cover page of the RFP resulting in a discrepancy in the due date.

The response deadline is **August 2, 2024**, by 12:00 PM. The typo has been corrected in the published RFP.

MEDICAID AND BILLING RELATED QUESTIONS (#1-29)

1. Q. When must a respondent apply to become a Family Care/Medicaid provider and obtain a SVS Medicaid provider number?

Do you have to be a Medicaid provider to provide SVS services?

A. As noted in the SVS RFP, a respondent need not include a Family Care/Medicaid application as part of its response. Only respondents awarded contracts will need to file Family Care/Medicaid applications. As stated in the RFP on page 2:

*All **awarded** respondents shall become enrolled as a NJ FamilyCare/Medicaid provider if not already enrolled. A unique provider number will be required for this service. All **awarded** respondents shall follow all NJ FamilyCare/Medicaid requirements. Each agency must be enrolled as a NJ FamilyCare/Medicaid provider with a SVS specific provider number by December 31, 2024, as a condition of the contract and must bill NJ FamilyCare/Medicaid for Medicaid eligible services included in the contract.*

DCF will provide the Medicaid application package and a required approval letter to all respondents who are awarded contracts to provide SVS services.

Awarded respondents will submit their completed Medicaid applications directly to Family Care/Medicaid Provider Enrollment.

All awarded respondents, including those who are enrolled as Medicaid providers already, must receive a new, distinct Family Care/Medicaid provider number to use for SVS services.

2. Q. If not enrolled in Medicaid, do you have to be approved by 1/1/25?

A. If awarded, you must be approved as an SVS Medicaid provider by December 31, 2024, to begin billing Medicaid for SVS services effective

January 1, 2025. You do not have to be an existing Medicaid provider at the time of responding to this RFP.

3. **Q. Does the Medicaid application need to be submitted by or approved by 12/31/24?**

   A. The Medicaid application needs to be **approved** by 12/31/24, so that services may begin on 1/1/25. Awarded respondents must submit a timely, complete Medicaid application to allow for approval by 12/31/24 considering normal processing times. This will be discussed further with awarded respondents.

4. **Q. New Jersey is backed up with Medicaid applications. Any suggestions on getting application expedited?**

   A. DCF's expectation is that providers will submit timely, complete applications that would allow for approval by 12/31/24 using normal processing times. DCF will conduct a webinar with awardees to share tips on completion of the Medicaid application. According to Medicaid, delays in processing applications are typically related to incomplete or incorrectly completed applications.

5. **Q. Where can you obtain the specific Medicaid application?**

   A. DCF will provide an SVS specific Medicaid application to the awarded respondents.

6. **Q. If we are a current Medicaid provider, do we need to apply for the SVS Medicaid provider number separately?**

   A. Yes, if awarded, please review questions 1-5 above.

7. **Q. It was stated that awardees will be "held harmless" if Medicaid provider status cannot be secured before the end of 2024. Will adjustments be made to the award amounts if providers are not able to secure their SVS Medicaid provider number prior to planned FY27 reduction?**

   A. Adjustments will not be made to the award amounts. Providers are expected to submit a timely, complete Medicaid application to allow for approval by 12/31/24 considering normal processing times.

8. **Q. Are medical services from community partners covered through Medicaid reimbursement under this grant?**

   A. No.

9. Q. Do we include Medicaid reimbursement for Medicaid Covered Services as program income to offset our funding request from the State?

A. Respondents do not need to include anticipated Medicaid Reimbursement in the Proposed Budget submitted in response to the RFP.

10. Q. For Medicaid billing will agencies be required to provide a DSM (Diagnostic and Statistical Manual of Mental Disorders) diagnosis?

A. No.

11. Q. Will awarded respondents who are billing Medicaid need to justify continued services after a certain number of sessions?

A. No. Services should be delivered in accordance with the visitation plan.

12. Q. If visitations are arranged and confirmed, children are transported to the visit and the parent does not come or is not home when we go to pick them up, is this billable?

A. No. New Jersey Medicaid will only pay for services performed, and the parent/caretaker's presence is key to delivery of the Medicaid service as defined. However, providers may still conduct a sibling visitation if children are in separate placements or debrief with the children in this circumstance, and this time would still count towards a provider's contracted direct service hours, although it would not be Medicaid billable.

13. Q. Is the Medicaid reimbursement in addition to the operating cost amounts listed on page 2?

A. No. The amount listed on page 2 of the RFP is the prorated cost-reimbursement amount for FY24 (October 1, 2024 – June 30, 2025) and the full cost-reimbursement amount for FY25 (July 1, 2025 – June 30, 2026). The awarded respondents will also be able to begin billing Medicaid for reimbursable services beginning January 1, 2025.

14. Q. What specifically can we bill Medicaid for?

A. Providers may bill for the Therapeutic Visitation visit or Supportive Visitation visit when delivered by an enrolled TVS or SVS servicing provider to a Medicaid eligible child residing in out of home placement. Ancillary services are covered by the Medicaid rates but are not billable time.

For example: A TVS servicing provider travels 30 minutes to lead a visit between an eligible child in out of home placement and his mother. There

is a 20-minute pre-visit discussion, a 2-hour visit, and a 30 minute debrief, followed by 30 minutes of travel by the provider back to his office. At the office, the provider completes collateral calls and documentation of the visit, as well as consulting with his supervisor on the family's progress. While the provider spent multiple hours to execute this service, only the 2-hour therapeutic visit may be billed to Medicaid.

15. Q. Are the Supportive Visitation Specialists (Bachelor's Level) going to be able to bill Medicaid for visits that meet the criteria listed on page 2 of the RFP?

A. Bachelor's Level Supportive Visitation Specialists will be able to bill Medicaid for Supportive visits to out of home placed children. Note that ancillary services are not billable themselves but were considered in developing the Medicaid rates for the direct services.

16. Q. Will any technical assistance sessions on the Medicaid application be held prior to award so that respondents can avoid submission of incomplete or incorrect applications in the time between response deadline and award.

A. No, not prior to award. Respondents are not required to submit a Medicaid application until after award.

17. Q. Page 1, Funding: Between January 1, 2025, and June 30, 2025, will the program be funded by both DCF and New Jersey FamilyCare/Medicaid? What about beyond June 30, 2025, as a braided funding system?

A. The program will be funded by both DCF and New Jersey FamilyCare/Medicaid. All funding is subject to appropriation. The continuation of funding is contingent upon the availability of funds and resources in future fiscal years. See #45 in *General Questions* below for more clarification.

18. Q. Page 1, Funding: How long will it take for New Jersey FamilyCare/Medicaid to become fully functional for the SVS program?

A. DCF expects providers effective January 1, 2025, to bill all appropriate services to Medicaid.

19. Q. Page 3, Medicaid Hourly Rates: If there is a Supportive Visitation staff member and Therapeutic Visitation staff member working with the family together during a visit, can both staff members bill separately for Medicaid reimbursement for the same visit?

A. No. Therapeutic Visitation and Supportive Visitation are different services. A family cannot receive both services at the same time.

20. Q. Page 3, Medicaid Hourly Rates: Can these rates be negotiated?

A. No.

21. Q. Page 24-25: Do the 832 annual hours for the Visitation Specialist include visit time, prep, debrief, collateral contacts and documentation? Or is it solely the face-to-face visit time?

A. See RFP pg. 24-25. The hours indicate that the annual expectation for each FTE Therapeutic Visitation Specialist and Supportive Visitation Specialist is 832 direct service hours (including visitation, VPM, intake assessments, aftercare, pre and/or post visit sessions). For Visitation Aides, the annual expectation is 1,600 direct service hours (including visitation, transportation). While the hours providing ancillary activities are included in the annual program staffing requirement, they are not billable to Medicaid (see RFP pg. 2 and question #14 above).

22. Q. Page 2 Medicaid Covered Services: Ancillary activities including supervision are included in the Medicaid Covered Services – does the billable supervision also cover the Supportive Visitation Bachelors-level staff or only the Masters-level?

A. Hours spent on ancillary services associated with therapeutic visitation services and supportive visitation services delivered to out of home placed children by Therapeutic or Supportive Visitation Specialists are **not** billable. They are considered covered because they were included in the calculation of the hourly billable Medicaid rates for the SVS services.

23. Q. Are Visitation Plan Meetings (VPMs), visit prep, visit debrief time, and assessments included in the hourly billable Medicaid rates as these are essential parts of the visit?

A. These are ancillary services associated with therapeutic visitation services and supportive visitation services delivered to out of home placed children and are therefore not billable. They were included in the calculation of the hourly billable Medicaid rates for the SVS services.

24. Page 15, Section C.1 Level of Service Increments: will pre- and post-visitation meetings be accounted for within the direct service hours of visitation?

Page 11, Section C.1: Are pre-visitation plan visits, initial intake assessments, development of SVS Visitation Plans, and additional

responsibilities such as collateral calls and case conferencing counted toward levels of service?

A. These are all part of the ancillary services that are considered essential to the visit. Ancillary services associated with therapeutic visitation services and supportive visitation services delivered to out-of-home placed children are counted toward levels of service but are **not** billable to Medicaid. They were included in the calculation of the hourly billable Medicaid rates for the SVS services.

25. Q. When discussing "inclusive rates," is travel billable time? What if the transportation is provided by an aide for a therapeutic visit (the specialist has an NPI number, but the aide does not)?

A. Travel is not billable.

Assumptions around travel of Therapeutic or Supportive Visitation Specialists were included in the ancillary costs built into the hourly billable rates for Medicaid services.

If transportation is provided for a participant by a Visitation Aide, that would be tracked in the Transportation Hours LOS (see chart on RFP pgs. 11-13). (Please see the correction to numbers for Region 8 in the clarifications at the top of this QA document).

26. Q. There is no level of service hours for collaboration, Visitation Plan Meetings (VPMs), Family Team Meetings (FTMs), or conferences. Will this continue to be tracked and monitored?

A. The manner in which the level of service hours will be monitored will be discussed with awardees during implementation.

27. Q. Pages 2-3, Section I.B. - "Services" table re: Medicaid Covered vs Non-Covered Services: Historically in SVS, family no-show rate for scheduled visits has been 80% or less. How will family no-shows be accounted for/reimbursed?

A. Medicaid only provides reimbursement for services delivered. The cost of no-shows are incorporated into the cost reimbursement portion of the contract.

28. Q. Page 3, Section I.B. - "Medicaid Hourly Rates per Child" table: Will awardees keep their 2025 Medicaid revenues?

A. Yes.

29. Q. Page 22, Section II.C.14. - How will SVS Staff time for court appearances/testimony be accounted for/reimbursed?

A. Medicaid only provides reimbursement for services delivered. The cost of court appearances/testimony is incorporated into the cost reimbursement portion of the contract.

30. Q. Are all children served by Supportive Visitation Services automatically covered by Medicaid for these services? Or is there a process to enroll a child in Medicaid for the new Visitation Services billable to Medicaid?

A. No. However, children in out-of-home placement through DCP&P are enrolled in a special category of Medicaid. Medicaid requires a child to have this category of Medicaid to receive Medicaid reimbursement for SVS services.

In some cases, providers may be serving children who are **not** in out of home placement through DCP&P. As an example, SVS may be provided as an aftercare service post-reunification. Alternately, siblings of children in out of home placement may be part of a group of children participating in SVS services. Services rendered to children who are not in out-of-home placement are not Medicaid billable, even though the child may be Medicaid eligible.

GENERAL QUESTIONS (#1-74)

1. Q. How will the PowerPoint from the virtual bidder's conference be shared with attendees?

A. The PowerPoint is posted here:
https://www.nj.gov/dcf/providers/notices/requests/

2. Q. Page 4, Section B: *Funding Information*, indicates that matching funds are required. What is the percentage/required amount?

A. See RFP pg. 4. Matching funds are **not** required.

3. Q. Page 46, Section B: *Response Review Process* indicates that all respondents will be notified in writing of DCF's intent to award a contract, when will respondents be notified?

A. As standard policy we cannot give an exact or approximate date for when respondents will be notified of intent to award a contract. However, please be assured that notifications will come in a timely manner.

4. **Q. Will Judges and DAGs be provided with education on the model and expected frequency and location of visitation services?**

   How does DCF plan to work with the court systems to ensure a court order does not place restrictions on the implementation of this model?

   A. FCP will be partnering with the judges and courts in the implementation of this program.

5. **Q. Page 24 Program Staffing Requirements: Can the titles for the program staff differ? Example Therapeutic Visitation Clinician rather than Therapeutic Visitation Specialist**

   A. Yes. Whatever the comparable title is at an agency is acceptable, provided the staff meet the education/experience/skills/certifications & training for the title outlined starting on page 26 of the RFP.

6. **Q. Page 28 Education for Therapeutic Visitation Specialist: It is mentioned that staff in this position "may be in process of obtaining licensure." Please clarify if this means that the Therapeutic Visitation Specialist is to be test-eligible or have passed the exam and are awaiting their license number from their respective licensing board.**

   Can an SVS agency bill Medicaid for Therapeutic Visitation Services for services delivered by an individual that has passed their examination, but has not yet received their license as an LPC, LAC, LSW, or CSW?

   A. The Therapeutic Visitation Specialist must have passed their examination and may be awaiting their license to be hired and begin training as an SVS Therapeutic Visitation Specialist.

   SVS providers cannot bill Medicaid for Therapeutic Visitation Services by a specialist who has passed their examination but not received their license yet; while the person may be hired and begin training as a Therapeutic Visitation Specialist, the specialist must have a Medicaid provider number in order to bill for SVS services as their license number will be required for the Medicaid application.

7. **Q. Is the Proposed Respondent Organizational Chart (PDF 3) mandatory?**

   A. Yes. This is your proposed chart for the SVS program.

8. **RE: Proposed Respondent Organizational Chart (PDF 3). Should this chart include upper administrative staff, and everyone allocated**

across the agency that support the teams such as IT, quality, medical records etc. Or do you simply want the admin oversight staff and all direct staff assigned to the program.

A. Please include at a minimum all upper administrative staff and those directly involved with program services.

9. **Q. For PDF 2 Section III Organizational Chart of respondent: We have about 225 employees among each of our DCF grants. Should we be naming each employee or is it just looking for each program? Could you provide more of an explanation on what you are looking for here for this form regarding "allocation?"**

A. It is not necessary to name all employees within your organization. Include at least executives, managers, and clinical staff with the number of those who report to them.

10. **Q. In the standard language documents: do we need to include all 3 of these in the RFP: SLD/Individual Provider agreement and state entity agreement?**

A. Only one (1) standard language document is required. If uncertain which category you are in (organization, individual, or state entity), you can ask that technical question at DCF.ASKRFP@dcf.nj.gov

11. **Q. Can more than one provider be awarded a region?**

A. Only one provider will be awarded for each region. But a single provider can apply and be awarded for multiple regions.

12. **Q. For unsupervised visits, does oversight and monitoring include transportation to the unsupervised visits**

A. Yes, if needed.

13. ***Q. What percentage of visits do you anticipate will be therapeutic, supported and supervised?***

A. See the table on RFP pgs. 24-25. Respondents are anticipated to deliver equal amounts of Therapeutic and Supportive visitation. Visitation Aides will both provide transportation and supervise visits. DCF has not specified how their time will be divided. This will be dependent on the needs of families served and the ability to identify other appropriate individuals to supervise the visit.

14. **Q. What is the definition of "reasonable distance"?**

A: For “reasonable distance” please see RFP pg. 24 “transportation this program initiative is required to provide:”

Awarded respondents shall provide transportation within their region and from surrounding areas that are within one hour, one way from the location of the visits. When transportation requires more than one hour of travel, the awarded respondent may consult with the DCF Program Lead to coordinate travel arrangements provided by others, such as resource parents and DCP&P staff, or to reassign the family to a neighboring SVS provider agency.

15. Q. Can you please further define the caseload chart on page 24?

A. As applied to this program, one full time equivalent (FTE) employee of an awarded respondent shall be scheduled to work 35-40 hours per week. Employees scheduled to work 17.5 to 20 hours per week are 0.5 FTEs. Visitation Specialists may be scheduled to work full-time or part-time hours that add up to the required total number of FTEs. The use of per diem staff is limited to Visitation Aides or per diem staff utilized to meet family language needs and will be submitted to DCF for review and approval.

16. Q. On the chart on page 24, can you please elaborate on caseload size and what hours will be included?

A. See RFP pgs. 24-25. The hours indicate that the annual expectation for each FTE Therapeutic Visitation Specialist and Supportive Visitation Specialist is 832 direct service hours (including visitation, VPM, intake assessments, aftercare, pre and/or post visit sessions). For Visitation Aides, the annual expectation is 1,600 direct service hours (including visitation, transportation). While the hours providing ancillary activities are included in the annual program staffing requirement, they are not billable to Medicaid (see RFP pg. 2 and question #14 in the Medicaid and Billing related questions above).

17. Q. Can we get clarification on the “Caseload Size” per staff member in the “Program Staffing Requirements” chart on page 24?

A. Each full-time equivalent Therapeutic Visitation Specialist and Supportive Visitation Specialist is expected to deliver 832 hours of visits annually. Each full-time equivalent Visitation Aide is expected to deliver 1600 hours of supervised visitation and/or transportation annually.

As applied to this program, one full time equivalent (FTE) employee of an awarded respondent shall be scheduled to work 35-40 hours per week. Employees scheduled to work 17.5 to 20 hours per week are 0.5 FTEs.

18. Q. Can you confirm the hours for Visitation Aides? The annual hours listed for direct care is 1600. This equates to 33 hours direct care weekly not including preparation, documentation, client phone calls, community or stake holder collaboration, agency requirements, supervision, team meetings, trainings.

A. Further discussion will take place during implementation.

19. Q. We currently have visitation program vehicles in some of the regions, are we allowed to keep those vehicles if we are chosen for this new RFP? If we are chosen for a different region, can we transfer those vehicles to the new region?

A. Awarded respondents should ensure the business office has their most updated equipment inventory list for each program and consult with the Office of Contracting prior to transferring vehicles.

20. Q. How many children/families do you expect will need to be served in each region?

A: See RFP pgs. 11-13, Section II, C. Activities, 4 for an outline of the estimated unduplicated families to be served in each region. (Please see the correction to numbers for Region 8 in the clarifications at the top of this QA document).

21. Q. What documentation will need to go into New Jersey SPIRIT?

A. At a minimum, visit notes. Other documentation requirements will be discussed with awarded respondents.

22. Q. Is the available funding for Region 6 (Middlesex and Union Counties) of $2,055,613 for Fiscal Year 2025 (page 2 of RFP) also for nine (9) months?

A. No. The chart on page 2 of the RFP indicates the start-up costs, the pro-rated 9-month Year 1 Operating Costs for FY25 (October 1, 2024 – June 30, 2025), and the 12-month Year 2 Operating Costs for FY26 (July 1, 2025 – June 30, 2026) for each region.

23. Q. Are partnerships encouraged with this grant?

A. Yes, but they are not required.

24. Q. Is PDF 1 just the Signature Statement of Acceptance? Just that one sheet?

A. Yes. Just the signature page(s) is required.

25. Q. For PDF 3, are all the items mandatory except #5 Price Quotes?

A. All requested items are mandatory unless you submit a statement claiming an item to be inapplicable. For example, #5 price quotes would be inapplicable if you did not budget any costs for required equipment or software.

26. Q. Can you speak to the community and home-based visit expectations - partnerships with zoos, libraries, etc., provider going to family home when appropriate?

A. In accordance with the DCF Parent/Child Visit Tool, it is the goal of SVS to provide visits in the least restrictive setting that is safe for all participants. This includes making visits at family homes and in the community, when appropriate. The awarded respondents will be expected to provide visits in these locations when it is in the best interest of the family.

27. Q. What type of letters of support make sense for this grant?

A. There are no rules around what types of letters of support must be provided. Respondents could consider seeking letters of support that would demonstrate their connection or experience within the community or population they propose to serve, or their connection to other partners with relevance to this service.

28. Q. Are we able to utilize equipment already being used by current visitation contracts for SVS?

A. Awarded respondents should ensure the business office has their most updated equipment inventory list for each program and consult with the Office of Contracting prior to transferring the use of equipment.

29. Q. Page 1 says up to ages 0-18 and pg. 11 says up to and through ages 0-17. Which one is correct?

A. Services may be provided up to but not beyond the 18th birthday (through age 17).

30. Q. What will happen to the current cost reimbursement SVS contracts with DCF that will run until December 2024?

A. DCF has intentionally included an overlap between when SVS Contracts will begin and when current visitation programs will close on December 31, 2024. Program Leads will work with Local Office staff, contract

administrators, and provider agencies to ensure that families are able to transition successfully to the new SVS Programs.

31. Q. Is there a page limit for the attachments required in Section III, Subsections A and B?

A. There is a two (2) page limit for Prevent Child Abuse New Jersey's (PCA-NJ) Safe Child Standards, and a three (3) page limit for the Summary of Reduction of Seclusion and Restraint Use. None of the other documents in this section have a page limit. The only other page-limit to comply with is the narrative response (PDF 4) which has a 25-page limit.

32. Q. Organizational Documents Prerequisite to a Contract Award Requested to be Submitted with this Response (PDF 2).

For these 27 items, if we already have the same attachments from a recent grant submission to DCF, can we use those attachments even if they're dated a few months ago? Or a year ago? What if the attachments are the same but they say DCA instead of DCF at the top?

A. Attachments that have an expiration date must be current. Otherwise, the same 27 documents that are requested in PDF 2 may be submitted for multiple applications. Documents must say DCF where applicable.

The 9 additional documents that are requested to be in PDF 3: must be unique to the specific response.

33. Q. With regards to Respondent's Narrative Responses: do we need to keep the full questions in the narrative document, counting toward the 25-page limit? Could we just list each header and then the numbers? For example:

A. Respondents are not required to keep the questions in their narrative response but should keep the numbers.

34. Q. Pertaining to the funding information provided on page 1 of the RFP: Are we to provide just one budget for the October 1, 2024 – June 30, 2025, period or a year 2 annualized budget as well?

A. See RFP pg. 3. One (1) proposed budget and one (1) detailed budget narrative for the initial contract term of October 1, 2024-June 30, 2025, must be submitted with this response.

35. Q. Pertaining to the funding information provided on page 1 of the RFP: If we have a current SVS contract from DCF through the end of

December 2024, how will this conflict with a new contract that begins in October, if we are awarded?

A. DCF has intentionally included an overlap between when SVS Contracts will begin and when current visitation programs will close on December 31, 2024. Program Leads will work with Local Office staff, contract administrators, and provider agencies to ensure that families are able to transition successfully to the new SVS Programs.

36. Q. Are electronic signatures permissible?

A. Yes. Electronic signatures are acceptable.

37. Q. Is there a number associated with the RFP?

A. No.

38. Q. Page 1, Section 1, A - "Placement through the Division of Child Protection and Permanency (CPP)."

This SVS program will strengthen familial interactions and improve the success rate of reunification of children with their families. Families with CPP case goals of Reunification, Kinship Legal Guardianship (KLG), or adoption can participate in the SVS program.

Will families (who at time of investigation) choose to complete a family agreement for placement with relatives vs. placement by CP&P be eligible for SVS?

Will families with children remaining in home with one parent but require supportive or therapeutic visits for the out-of-home parent be eligible for SVS (Domestic violence, substance abuse, newly located paternity, Safety Protection Plan)?

A. The DCF SVS program based on this model will be provided exclusively to parents with children of any age up to age 18, who are in placement through the Division of Child Protection and Permanency (CPP).

39. Will CP&P utilize the staff of SVS programs for sibling visits when all are in resource placement and parent has not been motivated to visit?

A. Sibling visits are not a component of the program. The visits are for parents and children who are in out-of-home placement.

40. Q. Page 13, with regards to unduplicated families: Will there be approval and adjustments made post-award for families receiving

double the services due to estranged parents (i.e., newly determined paternity, DV restraining orders, etc.)?

A. There will not be adjustments post award for this reason. Where a child residing in out-of-home placement has parents who are estranged and the visitation plan calls for separate visits with each parent, those visits will be considered unique visits counting towards level of service, and potentially billable to Medicaid.

41. **Q. Page 6 states: At the time of contract close-out following the end of the first contract term, 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. DCF may determine that the funds from scheduled payments in excess of the approved budgets reimbursable ceiling is an overpayment to be refunded to DCF in accordance with the DCF Contract Close Out policy at: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_closeout.pdf**

Can you provide more clarity on what this means? Is this more related to an advance and possible overpayment that could result from that?

A. DCF will issue payments to the provider on a scheduled basis up to the contract's reimbursable ceiling. At the end of the contract's budget period or contract term, DCF reviews the provider's report of allowable expenditures, along with its independent audit. DCF may determine its scheduled payments exceeded the provider's actual allowable contract expenditures, and DCF may recoup the overpayment from the provider.

42. **Q. Page 24, Can it be assumed that visitation rooms at DCPP offices can be used for therapeutic visits? Meeting the requirement that "Therapeutic visits may occur within the home-like setting of an awarded provider's office. For this reason, the awarded respondent must have, or enter into a formal agreement to utilize, a physical location for these visits that is easily accessible to, and within a reasonable distance from, the families they serve." Or must a written agreement with DCPP offices be secured?**

A. No. Awarded respondents must have space for all visitation types outside of the DCPP office. Special situations can be discussed as a part of the collaboration process between Awardees and DCPP.

43. **Q. Regarding page 26: Will providers be expected to purchase one vehicle for each 1 FTE Visitation Aide?**

A. See RFP pg. 3. All start-up costs are subject to DCF approval. Funds for approved start-up cost funds will be released upon the execution of a finalized contract and are paid via Scheduled Payments. Start-up costs shall include but shall not be limited to laptops/tablets equipped with broadband to be used in the field; curriculum and required assessment tools/licenses; the purchasing of or upgrades to Electronic Health Records (EHRs) to align with documentation expectations; and the costs of program vehicles.

44. Q. Page 1, Funding: What is the funding mechanism for the DCF start-up and operating costs? (i.e., reimbursement-based, or up-front grant funding?) Some evidence-based programs have a caseload ramp-up period, so there will be personnel costs that accumulate before an agency reaches a full caseload, while staff are getting trained in the evidence-based program. Would these expenses be covered?

A. See RFP pg. 3. Start-up funds will be released upon the execution of a finalized contract and are paid via scheduled payments. Operating costs will be paid with a mix of Medicaid billing and cost-reimbursement via scheduled payments. As most evidence-based, evidence-informed curriculums have associated costs for items such as tools and training, respondents shall reserve a portion of their SFY25 budgets for costs associated with use of the evidence-based parenting curriculum. DCF will review and approve all proposed curriculum after the award and prior to the execution of the contract.

45. Q. Page 10, Target Population: Can a program be limited to a certain age group per evidence-based model fidelity?

A. No.

46. Q. Page 13, Referrals: Will the SVS program fund services after visitation is completed? For example, if the family has not completed the designated evidence-based program, will DCF/Medicaid continue to fund services until the family has completed the evidence-based program? The concern is that families will be discharged from the evidence-based program because visitation goals have been met. If the family is prematurely discharged from the evidence-based program, it will impact the EBP outcomes and the family negatively.

A. See RFP pg. 10: Aftercare support to families for up to 6-months post reunification is a program component.

47. Q. Page 13, Referrals: Could families who are "at-risk" be referred for SVS services through a community referral?

A. See RFP pg. 13. Awarded respondents will receive referrals from the CPP Local Office Resource Development Specialists (RDS), or another gatekeeper located within their region.

48. Q. Page 18, Evidence Based Curriculum: Can awardees select an evidence-based program from the proposed clearinghouses that does not require a curriculum? For example, an evidence-based model may not follow a parenting curriculum but does support improved parenting skills, family functioning, and nurturing and attachment which are all listed as priorities for the SVS program.

A. See RFP pg. 18. Awardees of this RFP shall select one or more evidence-based parenting curriculum that aligns with the race, ethnicity, culture, and languages of the communities you are seeking to serve. The selected parenting curriculum does not replace any of the required program activities or required tools, rather it provides a supplemental tool to go beyond simply providing parenting information and offers parents exposure to skill-building experiences to build confidence in their ability to parent their children.

49. Q. Page 18: Will evidence-based models be required to send data to DCF?

A. See RFP pg. 32. Awarded respondents shall collect and report on the following data elements including but not limited to family/child-level data, services and visit-level data and other programmatic qualitative and outcome-related data elements. They shall use a DCF-approved data collection and reporting system.

50. Q. Page 32, Data Collection: Will DCF require access to clinical notes, treatment plans and prep and post visit debriefing notes?

A. Additional guidance on documentation expectations and requirements will be provided by DCF to awardees.

51. Q. P.9, Section II.A.1. - *"During this time, DCF conducted an internal process evaluation that included quantitative data collection and analysis, as well as qualitative data collection based on interviews with families and staff involved with SVS."* Can DCF share this data and analysis with applicants (redacted if necessary). It would be very helpful.

A. The design of this SVS RFP incorporates the information gathered from this DCF internal evaluation process involving confidential interviews with families and staff. The highlights and lessons learned from the evaluation also are shared with respondents in the list appearing on page 9.

52. Q. p.34, Section II.E.1. : *"Awarded respondents may be required to allocate renumeration for families engaging in various research activities over the entirety of program implementation as indicated by DCF."* What rate of annual renumeration, per family, should we allocate in the budget? Or, if you cannot suggest a rate, how many hours do you estimate each family will be asked to participate in research activities annually?

A. A rate for renumeration for families engaging in research activities has not been suggested. See RFP pgs. 11-13. The graphic shows the estimated number of families to be served. (Please see the correction to numbers for Region 8 in the clarifications at the top of this QA document).

53. Q. With regards to the chart on page 24-25, can you please clarify how the hours listed are divided (i.e., service hours, face-to-face hours, etc.)?

A. On the caseload chart, the Therapeutic and Supportive Visitation Specialists are expected to provide 832 visitation hours annually. Visitation Aides are expected to provide 1600 direct service hours (this includes visitation hours, transportation hours, and any other face-to-face time with families) annually.

54. Q. Pg. 1, Section I B: What is the reasoning for starting the first-year funding in October, and why is it only for nine months?
The contract begins in the middle of the fiscal year.

A. The fiscal year ends 6/30/25.

55. Q. Pg. 22, Section II, D, #2: Do you have to have a physical brick and mortar site in each region, or in each county within the region? For example, if applying for Region 4: Monmouth and Ocean, is a physical site needed in both Monmouth County and Ocean County, or is just one site needed in either county to cover the entire region?

A. See RFP pg. 22. One (1) service site can be in any of the counties in the covered region, however providers must have a physical location for visits that is a reasonable distance from the families they serve throughout the region. This may be satisfied through a formal agreement for use of someone else's space that is an appropriate, easily accessible, home-like setting.

56. Q. Are the aftercare services scheduled visits or case management/phone contacts?

A. The RFP does not dictate this. This depends on the specific needs of the family being served.

57. Q. Is there a difference in the documentation entered into Cyber vs. the agency HER system?

A. CYBER is not used for SVS.

58. Q. Are subcontractors allowed? Specifically, can a subcontractor be used for a certain county within a region?

A. Any proposed subcontracts, consultant agreements, and/or memorandums of understanding must be submitted for review and approval.

59. Q. Re: the summary of reduction of seclusion and restraint use: If the agency does not use seclusion/restraint, what would this summary need to include?

A. Your policy specifying that seclusion and restraint is not to be used, or a letter of explanation.

60. Q. With regards to Section V. Response to Screening and Review Process, B. Response Review Process: Are there any staff from local CP&P offices or do any program team leads serve on the Evaluation Committee? Is there anyone on the Evaluation Committee who has worked directly in the system with provider agencies, who understands the reality of implementing these types of programs?

A. The Evaluation Committee Review process of DCF is designed to objectively select the best programs for funding out of a competitive field of applicants. Responses receive a comprehensive and impartial evaluation by expert reviewers. Evaluation committee members (reviewers and chairperson) are selected for their expertise in the relevant field as well as their ability to accurately evaluate the quality of the proposed program services. Reviewers closely read and study the material, participate in Evaluation Committee review discussions, and use their expertise to assess the applications.

61. Q. Is there any weight given to organizations who have been delivering these services for decades?

A. Respondents could describe this experience when responding to narrative questions related to Community and Organizational Fit.

62. Q. Is there any benefit for applicants who have a proven track record of delivering on what was promised? Providing expert testimony? Coming in after others have been unable to provide promised services to meet the needs of the families?

A. Respondents could describe this experience when responding to narrative questions related to the Community and Organizational Fit.

63. Q. Regarding p. 34, Section II – Required Performance and Staffing Deliverables– 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: can you provide clarification on what this means?

A. See RFP pg. 33, Section II, E. This discusses the evaluations, outcomes, databases, and reporting requirements required of provider agencies participating in the SVS program.

64. Q. Will you provide an intake form (so it is the same format across the state)?

A. This will be discussed with awarded respondents.

65. Q. Can you explain the expectation of 1.5 FTE for a program director?

A. See page 27 of the RFP "The number of staff FTE's is based on estimated number of families, visitation hours and transportation hours…" Likewise, the number of program director FTEs is dictated by the number of staff in that region.

66. Q. Page 25: Are we able add to the staffing structure shown on page 25, or are we limited to what is shown?

A. The number of required staff FTE's is based on estimated number of families, visitation hours and transportation hours. DCF will not provide additional funds for additional staff. This will be further discussed with awarded respondents.

67. Q. Could we get clarification on the "Program Staffing Requirements" and "Caseload Size" chart on page 24 and Number of Program Staff FTEs per Region chart on page 25, as the numbers read differently?

A. The “Program Staffing Requirements and Caseload Size” chart starting on page 24 represents the expected staffing and caseload for an SVS team. Based on the estimated number of families to be served in the region, a region may need more than one team.

The “Number of Program Staff FTEs” chart on page 25 represents the total expected FTEs for each region. These may comprise more than one team.

68. Q. Are we able to change the staffing to make the 1 FTE Visitation Program Director (Clinical Supervisor) a .5 position?

A. No. See RFP pg. 25. The number of staff FTE’s is based on estimated number of families, visitation hours and transportation hours. This is necessary to ensure that there is sufficient clinical supervision of the staff delivering Medicaid billable TVS and SVS services.

69. Q. Can the .5 Regional Coordinator be changed to a 1 FTE position?

A. See General Question #68.

70. Q. If the changes in the above two questions are not able to be done, can we move hours from Visitation Specialists and/or Visitation Aides to support an FTE Coordinator position?

A. No. See RFP pg. 25.

71. Q. Page 24, Section D Program staffing requirements and caseloads: There is no support staff listed. Is this RFP not allowing use of funding for support staff?

A. All staff that can be utilized for the program are referenced in the RFP. The program coordinator roles are the support staff. Any additions to this structure would be discussed during contract negotiations.

72. Q. Page 25, Staffing Requirements: How many visitation hours per week are required per family?

A. See RFP pg. 19 SVS tailors visitation services based on assessment tools, DCF Parent-Child Visitation Planning Tool, and a family’s requests and availability. Frequency of visits may vary from family to family, but best practice indicates that visits shall be frequent and as long as possible, unless harmful to participants and/or requested otherwise. Children’s age and development shall be considered when determining visitation frequency and duration. Estimates are based on an average of one to two (1.5), two-hour (2-hour) visits per week.

73. Q. (Page 24; Section D; Number 9) May we add ancillary roles to the staffing structure? For example: Human Resources, Finance, etc.

A. No.

74. Q. (Page 24; Section D; Number 9) If the awarded region has multiple counties, can the required staffing structure be duplicated to ensure adequate and individualized representation in each county of service?

A. No. All staffing requirements are listed on page 24-25. Each region's staffing is outlined.