NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

QUESTIONS AND ANSWERS

Children's System of Care

2023 RFP CSOC Assertive Community Treatment Services for Youth

Questions related to the content of this RFP were due **October 13, 2023**.

Technical inquiries about forms and other documents may be requested at any time at dcf.askrfp@dcf.nj.gov

NOTES

1. Registered AOR forms must be received by **October 25, 2023**.
2. All responses must be submitted ONLINE by **November 1, 2023** (by 12:00 NOON)
3. DCF anticipates making one (1) award to fund one (1) respondent with the ability to provide holistic care through two (2) treatment teams, each serving twenty (20) youth of any gender (forty (40) youth total to be served by both teams). The anticipated duration of a youth's engagement with the program is three (3) to six (6) months, although individual length of stay will vary based on client need.

   The respondent will propose to establish one team in Cape May County and one team in Atlantic County. The designated county service areas may be adjusted by CSOC as needed to ensure full utilization of program resources.

QUESTIONS

1. **Q: What are the licensure requirements for submission? (Referenced on page 7, Section I – General Information, Subsection F.) Is the RFP only for providers who are currently licensed in the state of NJ to provide ACT?**

   A: New Jersey does not have regulatory standards for youth ACT. This is a Pilot program. Individual practitioner credentialing requirements for the interdisciplinary team members are detailed in the RFP.

2. **Q: Can you confirm the target demographic ages are 5-20?**

   A: The target demographic is children ages 5 through 20.

3. **Q. Will provider agencies be able to bill for services provided to youth and families? If so, which services can be billed for?**

   A: The successful applicant is expected to provide all services required by the RFP with the available funding.

4. **Q: Can staffing be proposed in addition to those staff outlined in Section D pages 27-34?**

   A: Providers may propose additional staff.

5. **Q: What is the FTE expected for the Youth Coach/Mentor? Section D, Page 33**

   A: The FTE expectation for the Youth Coach/Mentor is .75 per team or 1.5 total for the project.

6. **Q: Does the providing agency need to have a nurse/APN on staff as well? Can the APN be substituted for an RN? If an APN is required, are they also permitted to prescribe medications? Section D, Page 28**

   A: The APN is a required position and cannot be substituted. The APN may prescribe in accordance with DCF policy regarding psychotropic medication available here: CPP-V-A-1-1500.pdf (nj.gov)

7. **Q: What is the plan for sustainability of this project? Will this continue to be funded after the initial project period?**

   A: This pilot program is funded with one-time ARP funds. Sustainability planning will be informed by the program evaluation and funding availability.

8. Q: Are we able to submit earlier than November 1?

A: Yes. But all applications will be reviewed together after November 1.

9. Q: Will the target population be served by this program also include IDD/DD youth?

A: Youth considered for this program shall present with significant mental health needs and complex challenging behavior(s) of such intensity, frequency, and duration that they impact the youth's self-care abilities, family life, social relationships, self-direction/self-control and/or the youth's ability to learn. The youth's presentation may also impact their ability to remain in the home and may jeopardize the health or life safety of themselves or others. Youth served by this program will present with a designated mental illness diagnosis according to the most recent Diagnostic and Statistical Manual of Mental Disorders and will be experiencing functional limitations due to emotional disturbance. Youth with an intellectual/developmental disability may be considered for the program on a case-by-case basis if they meet the above criteria.

10. Q: Is the staffing that is listed in RFP per team or will it cross teams? I counted 18.5 FTEs listed

A: The 18.5 FTEs includes all staff required for both teams.

11. Q: How many groups do you have to be running at once. Would this be offer for other countries?

A: There is no specific requirement for group treatment hours. The treatment plan for each youth is highly individualized. Services will be available in Atlantic & Cape May counties and youth in border counties may be considered for enrollment on a case-by-case basis.

12. Q: Will a single Program Director have oversight of both teams?

A: Yes. The Program Director must be full-time dedicated 100% to this program, with oversight over both treatment teams. The program will support two multi-disciplinary teams. Each team will have a census of 20.

13. Q: Respondents must be a Behavioral Health Provider. Does the respondent need to be a licensed Behavioral Health Provider in both counties?

A: The program must be delivered by a licensed agency. It is not a requirement that the agency have a physical site in both counties. The agency will determine if a physical site/location is needed in both counties.

14. Q: To provide daily services, does that mean you need 20 clinicians for 20 homes?

A: Services are individualized and tailored to the family. The Clinician will conduct an integrated comprehensive assessment that determine the times and duration of sessions needed.

15. Q: Not sure if this can be answered or not - wondering if there are plans to expand out to other counties/regions in the future based on pilot outcomes. Thanks!

A: This is a pilot program. Future expansion is contingent on program outcomes and budget authority.

16. Q: Can CMOs apply?

A: No.

17. Q: What languages are most needed in the Counties to be served?

A: Applicants are expected to identify the languages spoken in the service area and propose an approach to ensure access to individuals with limited English proficiency.

18. Q: Does the clinician in charge of the individual case have to be the on-call person for that individual or is it possible to rotate clinicians on call throughout the identified clients?

A: On-call responsibilities may be rotated within the team members.

19. Q: Is there a maximum length of service? (Referenced on page 1, Section I – General Information, subsection A)

A: The anticipated duration of service is 3-6 months and will be determined although individual length of stay will vary based on client need.

20. Q: What systems and types of providers make referrals to the CSA for Youth ACT? (Referenced on page 1, Section I – General Information, subsection A.)

A: Priority admission to Youth ACT will be given to youth who have been identified by Mobile Response and Stabilization Services (MRSS) as high-risk for decompensation without timely psychiatric evaluation and clinical treatment services. Referrals received by community programs, including but not limited to Care Management Organizations, will be considered on a

case-by-case basis. Families and youth must consent to referral for ACT services. All services are voluntary.

21. **Q: Within Cape May and Atlantic Counties, does DCF anticipate referrals will be concentrated in urban centers vs rural areas, or are they likely to come from throughout the counties? (Referenced on page 1, Section I – General Information, subsection A.)**

    A: Referrals may come from any community in the designated service area.

22. **Q: What criteria will the CSA use to determine if a referral is appropriate for ACT? (Referenced on page 12, Section II – Required Performance and Staffing Deliverables, Subsection C.6).)**

    A: CSOC will provide clinical criteria to be implemented by the CSA in alignment with the target population description on page 10 of the RFP:

    Youth considered for this program shall present with significant mental health needs and complex challenging behavior(s) of such intensity, frequency, and duration that they impact the youth's self-care abilities, family life, social relationships, self-direction/self-control and/or the youth's ability to learn. The youth's presentation may also impact their ability to remain in the home and may jeopardize the health or life safety of themselves or others. Youth served by this program will present with a designated mental illness diagnosis according to the most recent Diagnostic and Statistical Manual of Mental Disorders and will be experiencing functional limitations due to emotional disturbance. Youth presenting with a primary or stand-alone substance use disorder are not eligible for Youth ACT services.

23. **Q: Is the state currently collecting seclusion and restraint data in Cape May and Atlantic Counties? If so, how is it being tracked and will the provider have access to that data? (Referenced on page 9, Section II – Required Performance and Staffing Deliverables, Subsection A. 1).**

    A: CSOC collects and reports seclusion and restraint data as required by regulation, contract, and policy; which vary across program types.

24. **Q: Based on our experience implementing and operating ACT teams across several states, more time is needed to develop an implementation plan for a successful, sustainable Youth ACT program. Would DCF consider extending the RFP deadline? (Due date referenced on page 6, Section I – General Information, Subsection D. Implementation Plan referenced on page 42, Section III – Documents to be Submitted with this Response, Subsection B.3).)**

    A: The RFP deadline will not be extended.

25. Q: Page 1: Consumers served – please clarify whether the 20 consumers served per county means 20 at one given time or 20 total for the calendar year

A: The program is expected to serve 20 youth per team for a total of 40 youth at all times.

26. Q: Page 13, 35, 46: What is the Medicaid provider type and/or what type of services are being billed to Medicaid? Page 13 references intensive outpatient services, which require licensure as an outpatient clinic and Medicaid enrollment as an independent clinic / Page 46 references intensive in home services. Will there be an ACT provider set up type?

A: The successful applicant is not required to enroll as a Medicaid provider at this time. All required services shall be reimbursed by the funding available through this RFP. This is a pilot program which is not currently a Medicaid reimbursable service. Providers shall demonstrate their readiness to enroll as a Medicaid provider as a component of sustainability planning

27. Q: Page 43: Narrative page limit – just confirming that the actual page limit for sections A, B & C is not 30 pages total, but is limited to 10 pages per each section (with the vignette be allowed 2 pages additionally)

A: There is a 10-page limit for each of the first three 3 narrative sections A, B, and C. No section should exceed 10 pages There is a 2 page limit for the vignette. The proposal narrative should not exceed 32 pages and remain with the section limits above.

28. Q: Will the Cyber reports, either utilization management and/or outcome reports be available for this program?

A: CSOC, DCF Analytics and Systems Improvement, and the CSA will collaborate with the applicant to design and implement reporting standards.