

QUESTIONS AND ANSWERS

2022 RFQ:

THE PROVISION OF INTENSIVE IN HOME INDIVIDUALIZED CLINICAL AND THERAPEUTIC SUPPORTS AND SERVICES FOR CHILDREN WITH INTELLECTUAL AND/OR DEVELOPMENTAL DISABILITIES

Questions? Email us anytime at dcf.askrfp@dcf.nj.gov

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1) Where does the project overview get inserted?

A project overview is not required. Applicants are required to submit the Supporting Documents starting on page 22. This RFQ requests for specific experience, degrees and/or licenses for a position for work/services to be performed for and/or on behalf of recipients of services from New Jersey Department of Children and Families (DCF).

2) Part A – Submission Requirement (page 15) – Are we bound to only submitting the required documents outlined, or are we able to provide additional information regarding our program design? If so, should this be slotted into a specific section?

Submit only the required documents. Additional information/documents will not be accepted.

3) Part A – Purpose (page 3) – This notes the requirement that “applicants must be able to demonstrate that they have been providing services for at least three years through their incorporation or registration status”.

We have been in existence since July 2019, we began practice in NJ in 2020 and acquired 2 providers. Both providers have many years of experience in providing care under the DIR model even before opening their individual practices.

- We would like to confirm that the three-year threshold is based on the provider’s experience rather than our corporation formation date.

Applicants must demonstrate three years of experience from the date of incorporation or registration.

4) Are we able to hire staff who may not have the certification/training yet, but will within 6 months of hiring?

- **DIR/DIRFloortime Training Program certification (or acceptable equivalent, Profectum Foundation, Play Project, Fielding Graduate University's Infant and Early Childhood Development PhD Program, Montclair State University's Developmental Models of Autism Intervention Certificate or The Greenspan Floortime Approach):**
- **Danielle's Law (In compliance with P.L.2003, c.191 [C.30:6D-5.1-5.6])**

Yes, however, staff must have completed training prior to the provision of services under this RFQ.

5) We do not have DIR/floortime certified staff - this appears to be a prioritized model.

- **Would this be part of the training process to becoming qualified? Should the agency's IIH team already be trained in this model to apply for the funding?**

No, DIR/floortime certification is preferred but not required.

6) Page 8 – Section I.D.: The RFP states, “Providers with experience in a DIR/Floortime model are encouraged to apply.”

- **How many providers have experience with a DIR/Floortime model?**

DCF does not maintain data on the number of eligible DIR/Floortime providers.

- **Is it acceptable for a vendor to plan to hire employees with experience with a DIR/Floortime model or acceptable equivalent?**

Yes, it is acceptable for a vendor to plan to hire employees with experience with a DIR/Floortime model or acceptable equivalent.

7) Page 11 – Section I.D.1.: The RFP states, "Staff training should include but is not limited to...DIR/DIRFloortime Training Program certification (or acceptable equivalent, Profectum Foundation, Play Project, Fielding Graduate University's Infant and Early Childhood Development PhD Program, Montclair State University's

Developmental Models of Autism Intervention Certificate or The Greenspan Floortime Approach)."

- **Is Applied Behavior Analysis an acceptable equivalent?**

Applied Behavior Analysis is not considered an equivalent to DIR. However, DIR certification is not required to apply.

8) What is the typical frequency and duration of individual sessions?

Authorizations are for 52 hours per every 90 days, which equates to 4 hours per week. Continuing authorizations are approved based on medical necessity.

9) The RFP references the Floortime approach as typically 20-minute sessions, 6-8 times per day.

- **Is this the only approach acceptable?**

We recognize that there are a number of approaches. DIR/Floortime is not the only acceptable approach.

10) May we be trained in the DIR/DIRFloortime certification program after we apply for the RFQ?

Yes.

11) Is DIR/DIRFloor time as well as the Nurtured Heart Approach services expected to be provided for all referrals?

No, Nurtured Heart Approach is expected to be implemented for all children and youth authorized to receive services, however, DIR is not. DIR certification is preferred, but not required.

12) We are unable to register for the Nurtured Heart Approach until May, does that still full within the timeline for us to be able to apply for the RFQ?

Yes.

13) Part D – Eligible Applicants – Part 1 (page 11) – “Training should include but is not limited to...” Positive Behavioral Supports and Functional Behavior Assessments - Is the goal that we are aware of the methodology rather than incorporating this specific program? We follow the DIR model, rather than PBS, which doesn't include functional behavior assessments. We are more than happy to provide more information on our program design for review.

Yes, the goal is awareness of the methodology rather than incorporating this specific program.

Nurtured Heart Approach – Do our providers need to be certified in this specific system or just be aware of the methodology? Many of the concepts we use and include in our staff training encompasses the overarching ideas of the NHA, but we aren't formally certified.

Providers do need to be certified in NHA prior to the provision of services under this RFQ.

- **Are there any other required provider trainings aside from DIR that our team would need to complete and are any of those covered by CSOC?**

All staff are also required to receive training in the Nurtured Heart Approach. Training expenses will be paid for by DCF, Children's System of Care (CSOC).

Trainings are listed on page 11 of the RFQ. Providers may access the DCF CSOC training site and staff may attend DCF funded training(s) at no additional cost to the providers. Staff may also receive training in the required topics from any other appropriate source.

- 14) Page 10 – Section I.D.: The RFP states, "CSOC also requires that interventions utilize the Nurtured Heart Approach." Our organization typically utilizes evidenced based programs listed as well-supported or supported in the prevention clearinghouse ([https://urldefense.com/v3/https://preventionservices.abtsites.com/!!J30X0ZrnC1oQtbA!cUaq47nbEVEhGncZQFXsgmZAHDpbnbmG5vj-YVrt0T7Tm4-ZqpYHDGyhxxG5OZ9F5132Kw\\$](https://urldefense.com/v3/https://preventionservices.abtsites.com/!!J30X0ZrnC1oQtbA!cUaq47nbEVEhGncZQFXsgmZAHDpbnbmG5vj-YVrt0T7Tm4-ZqpYHDGyhxxG5OZ9F5132Kw$)).**

The NHA has not yet received national designation as evidenced based.

- **Until NHA is empirically tested and receives this designation, would CSOC consider alternative approaches?**

The NHA is required for all providers wishing to deliver services under this RFQ.

- 15) What is the structure for how applicants become qualified to provide the IIH Clinical services (e.g. will supervisors be trained to then train staff, will staff be trained directly by CSOC appointed entities, etc.)?**

Applicants will not be trained by DCF. Applicants must be licensed and follow their licensing board regulations.

16) Does the training involved require annual or ongoing recertification?

No.

17) Are the applicant's providers expected to conduct the clinical assessments, or will that have been done in order to authorize the IIH services?

Providers will not be expected to conduct the clinical assessments. These assessments are completed prior to authorization of IIH services.

18) What is the typical authorization time?

90 days.

19) What is the required frequency of Authorization submission?

Every 90 days.

20) Do we have to focus the grant on youth facing comorbidity (mental health and ID) or can we focus on youth on the autism spectrum?

As referenced in the RFQ on page 3, "The New Jersey Department of Children and Families (DCF), Children's System of Care (CSOC) announces the opportunity for applicants statewide to become qualified to provide Intensive In Home Clinical and Therapeutic Supports and Services (IIH Clinical services) for eligible children, youth, adolescents, or young adults under the age of 21 with co-occurring intellectual/developmental disability (I/DD) eligibility and mental health needs in accordance with state and federal law; and children, youth, adolescents, or young adults under the age of 21 with Autism, (hereinafter youth)".

21) What is the age range that would be ideally served?

There is no specific age range that would be ideally served. Children, youth, adolescents, or young adults under the age of 21 are eligible.

22) What is the age range of youth in need of the service?

See question 21.

23) Are there specific geographic regions for the RFP?

No.

24) What is the number of youth in need of these services by county?

The demand for services varies over time.

25) What is the affirmative action certificate? (i.e., exhibits A&B)

An affirmative action certificate is confirmation that you are providing equal employment opportunity and elimination of discrimination based on race, sex, religion, national origin, handicap, and veteran status.

You can submit a written statement that you have no employees but will complete the necessary affirmative action requirements if you have hired staff.

26) In Exhibit E, line 14 it is reported that "Agencies previously contracted through DCF are required to submit an affirmative action certificate".

- **The link to the form featured appears to only be for those who have never contracted through DCF. Please clarify.**

If agencies already have a certificate, they must submit a copy. If an agency does not have a certificate, they must apply to receive one. If an agency does not have any employees, they may submit a written statement.

27) (Page 37) Affirmative Action Certificate-Is this required? I do not have employees. I only have contractors. On the application it said it is only applicable to new startup agencies and may only be submitted during Year 1. Do I put 0 for all employees as I do not have any?

You can submit a written statement that you have no employees but will complete the necessary affirmative action requirements if you have hired staff.

28) RE: An Affirmative Action Certificate --or-- Renewal Application [AA302] sent to Treasury with payment

We will not get a certificate back in time for submission due date. Can we submit this to Treasury now during the first year?

Yes, we will accept a copy of your paperwork.

- 29) Page 25 - Exhibit A (EEO): Are contractors required to report only employment data specific to this contract or data for all employees working in New Jersey?**

Please refer to the instructions at:

https://www.state.nj.us/treasury/contract_compliance/documents/pdf/forms/aa302ins.pdf If further clarification is needed, please reach out to the contact number listed at the bottom of the instructions.

- 30) Page 26 - Exhibit B (Title IX), Item C: Who will conduct the investigation and determine if discrimination occurred?**

The applicant will collect all necessary and pertinent data as it applies to Exhibit B and report such discrimination to DCF CSOC who will screen the information to determine if a formal investigation is necessary.

- 31) Page 28 - Exhibit C (Notice of Standard Documents): Is there a Single Audit requirement for vendors providing IH services?**

There is no blanket answer to this question and agencies should refer to the DCF audit policy for guidance on audit requirements: https://www.state.nj.us/dcf/policy_manuals/CON-I-A-7-7.06.2007_issuance.shtml

- 32) (Page 36) Agency By Laws/Management Operating Agreement:**

Would the articles of organization be sufficient for this area? I am a single-member LLC and do not have board members or bylaws.

Yes.

- 33) (Page 37) Tax Forms- Full Return-I file my personal taxes and business together as I am the only owner/ single-member LLC. My husband and I file joint. Do I still need to submit the full tax return? Please advise how to proceed in this area.**

Sole proprietors and single member LLCs do not file a business Income Tax return. They are treated as individuals for Income Tax purposes and must file an **NJ-1040 or NJ-1040NR** return to report and remit any net profit earned from the business.

- 34) (Page 37) What is the agency organizational chart? I am having difficulties accessing a template. What information would this consist of?**

An organization chart is defined as a “a graphic representation of the structure of an organization showing the relationships of the positions or jobs within it”. An organization chart is required for Sole Proprietor/ LLC.

35) Is there a funding cap?

No; however, funding is contingent upon the availability of fiscal resources.

36) Is the funding meant for agencies without current IIH Clinical staff, or can an agency with IIH Clinicians already on staff apply for the funding to grow their current IIH Clinical team?

If an agency is already an approved IIH Clinical provider, they would not need to re-apply.

37) What are the parameters of the fee-for-staff reimbursement (i.e. are the rates listed on page 14 of the RFP the rates that staff are reimbursed to complete training to become qualified to provide IIH Clinical services?)

No, the rates listed are for services rendered. There is no direct reimbursement for training.

38) As sessions for Floortime are typically 20 minutes, and billing occurs in 15-minute increments, can session times be aggregated for complete reimbursement?

Yes, units must just be utilized within the authorization period. Units cannot carry over.

39) Per page 7 - Section I.C., "Formal Floortime sessions are usually 20 minutes in length and, in accordance with the model, would take place 6-8 times per day." On page 14 - Exhibit I.D.4, the RFP states, "IIH services are reimbursed on a fee-for-service basis. Units of service are defined as 15 continuous minutes of direct contact service provided to, or on behalf of, the child, youth, adolescent or young adult."

- **Are providers expected to bill by visit or by cumulative visits per day?**

Providers are expected to bill by cumulative visits.

40) Part D – Eligible Applications – Part 4 - Fiscal/Billing Requirements (page 14) – Our company provides a team approach to autism care, encompassing a Developmental Autism Specialist, which is typically a Bachelor’s Level provider trained in DIR and receives continuous training and supervision by our Master’s Level Clinician who is DIR Certified through Profectum, ICDL, or the Play Project.

Working with a child and family in crisis, the clinician initiates treatment by assessing the situation, mapping out the care plan, and then oversees implementation by partnering with our Developmental Autism Specialists. These providers work with the family to provide the level of therapy and support that is needed as designated by the overseeing clinician.

This level of provider would need to be accounted for in the rate section for us to provide care. We have included a proposed rate chart below for your review. This is comparable to what we have set up with NJ Medicaid.

- We want to clarify – Are these rates applicable regardless of assessment, direct intervention, or parent coaching/training?**

Discipline	Rate	Unit	Hourly
Developmental Autism Specialist	\$21.25	Per 15 minutes	\$85.00

Reimbursement rates under this RFQ are not negotiable.

- 41) Part D – Description of required services (page 7-8) – States that, “services are flexible as to where and when they are provided based on the family’s needs.”**

And then in the next paragraph, “As noted above, intensive in-home services shall not be provided in an office setting nor shall the provider require the child, youth, adolescent, or young adult and his or her family to meet at a site decided by the provider to receive their services.”

- Do all services need to be delivered in-home?**

No. As referenced on page 8 of the RFQ, “Services will occur in the youth’s natural environment (home/neighborhood).” “These services shall not be provided in a hospital or residential treatment center unless they are part of a plan to transition the youth back to his/her home.”

- Could they also be carried out in our office?**

The provider shall not *require* the child, youth, adolescent, or young adult and his or her family to meet at a site decided by the provider to receive their services. Services are flexible as to where and when they are provided based on the family’s needs.

- **We provide telehealth options for parent coaching; would this be covered as well?**

Yes, currently telehealth is an option; however, guidance is subject to change.

42) What is the required availability to provide services? Is 24/7 required?

We do not have a time limit requirement; however, there is an expectation that the youth's urgent needs are met as soon as possible.

43) Is there any mechanism for travel time reimbursement?

Travel costs have been included in the rate schedule.

44) What is the referral/admission policy for this service? Are providers able to evaluate referrals for acceptance?

The CSA will initiate referrals for IIH Clinical/Therapeutic services. Yes, providers are able to evaluate referrals for acceptance.

45) Is there a standard length for which a contract is valid, and we would need to revisit and/or recredential?

The initial contracts for these services will have a 1-year term. Contracts will be renewed for a multiyear term pending the successful provision of services in the initial term and the receipt of all required contract documentation listed in Exhibits E and F.

46) Will Electronic Visitation Verification (EVV) be required?

Not currently, however, this may be subject to change.

47) Part B – Supporting Documents - Document 1 – Proposal Cover Sheet (page 22) – This form requests a total dollar amount requested and a funding period to be specified.

- **Is this something we need to fill out as the provider rates are included in the contract, and we would be looking for the standard contract duration?**

No. Leave blank.

48) How many providers are currently qualified to provide IIH clinical services?

33 provider agencies are qualified

49) How many individuals does DCF expect to serve in this model per year and in total?

Service utilization varies over time and is impacted by many factors. We are unable to project a level of service or guarantee a minimum number of referrals.

50) Is there a cap on the number of units an individual is allowed to use daily, weekly, or monthly?

Yes, 208 units (52 hours) per 90 days.

51) Per page 7 – Section I.C., “The CSA also maintains CYBER, CSOC’s Management Information System (MIS) which serves as the electronic information system for youth enrolled with CSOC.” Is billing for IIH services submitted in CYBER. Are a provider manual and billing guidance specific to IIH services publicly available?

Billing is submitted through DMAHS’ fiscal intermediary. Guidance for billing is available at:

<https://www.njmmis.com/> under the “Billing Supplements/Training Packets” tab. Separately, manuals for CYBER are available through the PerformCare website at: <https://www.performcarenj.org/>

52) Page 12 – Section I.D.2.: Does CSOC have a system into which vendors will input or upload individual service records?

Yes, CYBER.

53) Page 14 – Section I.D.4.: The RFP states, “IIH services are reimbursed on a fee-for-service basis.” The DCF Contract Reimbursement Manual discusses non-cost-related and cost-related Contracts and does not address fee-for-service reimbursement.

- **To confirm, are IIH services reimbursed on a fee-for-service basis or a non-cost related contract?**

Yes, IIH services are reimbursed on a fee-for-service basis.

- **Are IIH services subject to the principles for purchase of services for non-cost-related contract with fixed rate method of payment in the Contract Reimbursement Manual, or are**

these services and fee-for-service reimbursement addressed elsewhere?

Yes, IIH contracts are non-cost related contracts with a fixed method of payment.

54) Page 20 - Section III.A.: Is drug testing required for IIH Clinical services staff?

CSOC does not require drug testing for IIH staff however agencies should adhere to any drug-free workplace requirements that may apply to their operations.

55) Page 28 - Exhibit C, Item III.A.: Does the Contract Closeout Process apply to vendors providing IIH services? The linked Contract Policy and Information Manual specifically states the contract closeout process “applies to all Department Contracts with Provider Agencies, except fixed-rate, fee-for-service Contracts”.

No.

56) Is the BPS / IMDS tool part of the assessment expected at the time of referral or is it a separate service, reimbursed separated as the IIC services are?

This is a separate service.

57) What is the average amount of time that will be approved for IIH services, if in fact, the assessments and IMDS tools are expected to be part of the services provided/ will the allotment of time be significantly more so that the assessments can take place as part of the service?

Please refer to question 54. Also, there is no max time or cap time for length of services.

58) Will our current CSOC Medicaid enrollment be utilized for this service as well?

Applicants whose current Medicaid number is for an approved IIH service, such as IIH Behavioral, IIH Clinical or ISS, will be able to use the same Medicaid number. All others must be approved NJ Medicaid providers of clinical/therapeutic supports; or attest in their application they will become Medicaid providers of clinical/therapeutic supports within 6 months of award by signing Exhibit G-IIH Clinical Attestation form. Also, billing codes for IIH services are separate and distinct from individualized

Medicaid numbers. Each provider must have their own Medicaid number; however, there is only one set of IIH billing code numbers which is utilized by all IIH providers.

59) I am seeking clarification about who is eligible to provide these services. On pg. 43, Attachment 3, under Education and Experience, it states that "Applicant holds a Master's Degree in psychology, special education, guidance and counseling, social work or a related field;"

- **Does this mean that a Master's level special education teacher/guidance counselor who is certified as a public school teacher/guidance counselor in NJ can perform these services? Is that considered a sufficient license or certification for independent practice? If so, how are teachers/guidance counselors reimbursed?**

No, certification is not acceptable, licensure is required. Providers must adhere to their licensing board requirements. Please refer to page 14 of the RFQ for accepted licensures.

60) Can the Master's level clinician be a Board Certified Behavior Analyst? The list of examples only identifies LCSW, LPC, LMFT, and NADD.

No.

61) Regarding staffing; Master's level clinicians can receive their license right out of school without any clinical time expected as long as they pass the test and have taken the correct classes; are you referring to LACs and LSWs (not independently licensed), but with a Master's Degree?

Yes, please see page 14 of the RFQ for credential requirements.

62) Can you confirm if this is only for clinical, or does it include applied behavior analysis (ABA) services?

This RFQ is only for Clinical services not ABA services.