

**Behavioral Health Stabilization Homes for
Individuals with Intellectual and/or Developmental Disabilities RFP
Close of Question and Answer Period – April 27, 2021**

Q 1. Will there be a bidder's conference for the Behavioral Health Stabilization Homes RFP, due July 2nd? Is the submission of a Notice of Intent required for interested providers?

A 1. There will not be a bidder's conference. A notice of intent is not required. Interested providers should submit their full proposal by July 2, 2021.

Q 2. In order to be considered for the RFP, does the agency need to have an approved Offender Model before the submission date for the RFP?

A 2. The awarded agency will need to have an approved offender model prior to the opening of the BSHS programs on September 16, 2022.

Q 3. If the individual cannot return to their placement or an alternate cannot be identified, would the agency be given a period of time to transition them from the BHS placement to a permanent placement beyond the typical 90 day stay? If they cannot be moved within the time frame, i.e. provider has no vacancies or appropriate vacancies for the individual and must develop a new home.

A 3. While individual circumstances may vary, the anticipated length of stay is 90 days. Transition planning will begin at the time of admission, and will be a collaborative effort to ensure that a placement is available when deemed clinically appropriate for discharge.

Q 4. Is there additional funding for transportation to their current day program if it is out of a catchment area for the home/day program provider (i.e. 15 miles from the home)?

A 4. There is no additional funding for transportation. It is the requirement of the provider to provide transportation to and from day program if needed.

Q 5. Will the Division stop sending referrals to the BHS provider once all 12 beds are occupied or will the provider expected to maintain a waiting list?

A.5 The agency will only receive referrals for available beds. Agencies are expected to adopt a zero-reject policy for all referrals received. The provider will not be expected to maintain a waiting list.

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Q 6. Please provide a list of diagnoses/behaviors that will be exclusionary for placement in these programs? Forensic history? Suicidal ideation? Megan's Law offenders?

A 6. Individuals referred must not meet the commitment criteria for psychiatric admission and may not require daily on-site nursing.

Q 7. What steps will be taken to ensure the intended short-term stabilization does not become long-term residential placement? Will the DC's remain a viable discharge site?

A 7. In the event that an individual cannot return to their original placement and/or an alternate placement cannot be secured, the BHS Home will be required to develop a permanent placement for the individual, with approval from the individual/guardian and DDD. This placement will provide the needed services and supports for the individual. Funding for the target placement will be through the fee-for-service system and be based on the individual's assigned tier.

Q 8. In addition to the provider's Transition Navigator, what resources, if any, might be available at the state level to identify and coordinate transfer post stabilization?

A 8. A dedicated DDD staff will be a member of the treatment team and will assist in the coordination of post stabilization.

Q 9. While we understand that the provider will accept a wide range of diagnoses and presenting conditions, what is the process to raise concerns if a provider truly has a concern about the stability of the individual in this setting?

A 9. Concerns may be raised through the weekly treatment team meetings or by contacting the DDD staff assigned to the program.

Q 10. The RFP indicates that admission can take place 24/7/365 - what degree of advance notice of a pending admission do you anticipate, particularly for an individual who may need extra support and medical attention?

A 10. The BSHS provider will be given as much advanced notice as possible prior to admission.

Q 11. If providers must have staff in place 24/7/365 to accommodate the admissions of individuals in crisis, how will DDD fund providers for?

A 11. The selected provider will receive contract funding to support the availability of services 24/7/365.

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Q 12. Providers will be required to secure the services of a psychiatrist, a BCBA and an RN - is telemedicine permitted for any or all of these services?

A 12. The requirements for onsite support are outlined in Attachment E. The inclusion of telemedicine and alternate staffing configurations may be included in the proposal for review.

Q13. Please explain "funded via contract with DDD and not through fee for service".

A 13. Funding will be provided through a cost reimbursement contract with DDD.

Q 14. If a discharge cannot be identified and an individual remains in the placement, will funding transfer to FFS?

A 14. In the event that an individual cannot return to their original placement and/or an alternate placement cannot be secured, the BHS Home will be required to develop a permanent placement for the individual, with approval from the individual/guardian and DDD. This placement will provide the needed services and supports for the individual. Funding for the target placement will be through the fee-for-service system and be based on the individual's assigned tier.

Q 15. Will reporting requirements be adapted to this program, including vacancy reporting?

A 15. DDD will oversee the referrals to the behavioral stabilization homes. Vacancy reporting will not be required. Payment will be released based on attendance reports and submission of a monthly voucher.

Q 16. Do you anticipate a change to incident reporting particularly around personal control techniques for this program as they will likely be higher and could skew a provider's performance record?

A 16. At this time, there will be no change to the incident reporting process.

Q 17. To encourage locations throughout the state, is DDD open to two providers partnering?

A 17. No, DDD is utilizing the RFP process to identify one (1) provider to develop three (3), four (4) bedroom BHS Homes.

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Q 18. The goal of the short-term stay at a Behavioral Stabilization Group Home is to stabilize individuals and work to transition them back to their previous living arrangement. It is noted that the average stay is approx. 90 days. What if stabilization has not taken place in that timeframe? Is there an agreement to return the individual to the previous setting if stabilization is not possible?

A 18. While the average stay is targeted for 90 days, an extension of that timeframe may be necessary. Stabilization efforts will be discussed at the required weekly Treatment Team meetings and DDD will work in collaboration with the provider to formulate a safe and appropriate discharge plan.

Q 19. While the BSHS (3) sites combined -- houses 12 individuals, will the daily contract rate be paid if the beds are not yet filled by DDD? Or become empty?

A 19. The provider will be paid through a cost reimbursement contract as the expectation for services to be available 24/7. A Final Report of Expenditure submission will be required no later than 90 days after the contract term expires. During the contract closeout process, the BSHS Homes will be treated as a separate cluster. Any unexpended funds will be recovered by DDD.

Q 20. The RFP packet shares that the funding payments will be made via contract with DDD, what is the daily rate per individual?

A 20. Funding rates will be based on the operating budget submitted by the successful bidder and approved by DDD.

Q 21. Is the daily rate based on the person's contract tier-- even though payment from DDD to the Agency or Business will be made via contract?

A 21. Funding rates while served in the BSHS will be based on the operating budget submitted by the successful bidder and approved by DDD.

Q 22. This is a new DHS/DDD Behavioral Health Stabilization residential program -- will there be a corresponding Behavioral Day Program services for the individuals attending BSHS?

A 22. There is not a dedicated behavioral day program for individuals residing in the Behavioral Health Stabilization Home. Planning for day services will be based upon specific assessed needs and based on the individual's person centered service plan.

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Q. 23 Where can the provider/teams access the clinical information to detail an Offender Model?

A. 23 The provider that is awarded the contract will work with DDD and the Office of Licensing to develop an Offender Program Model. Program models contain clinical information related to therapeutic approaches, supervision needs, and any additional supports needed in the home and in the community.

Q. 24 Is there a formal state-sponsored Trauma-Informed Care training that will be required of all program staff, or is this provided internally by the provider?

A. 24 The provider is expected to secure this training. Additionally, a behavior support policy that comports to the requirements of Division Circular #34 and Division Circular #19 must be developed to allow for the use of personal control techniques and other emergency measures as appropriate and approved by the individual's treatment team.

Q 25. Can the provider utilize a community provider for the psychiatrist/APN, or is one expected to be contracted internally with provider?

A 25. The successful bidder will be required to secure the services of a dedicated psychiatrist licensed to practice in the State of NJ, Board Certified Behavior Analyst (BCBA) or a Board Certified Behavior Analyst – Doctoral (BCBA-D), and Registered Nurse to effectively operate the program. A summary of required qualifications can be found in Attachment E.

Q 26. Can the Behaviorist overseeing the clinical Behavior Plan and its implementation be a Masters level, ABA-certified Behaviorist (working toward licensure) with direct supervision by a BCBA (in accordance with the fee for service CCP manual), or must they already possess their BCBA license?

A 26. The successful bidder will be required to secure the services of a psychiatrist licensed to practice in the State of NJ, Board Certified Behavior Analyst (BCBA) or a Board Certified Behavior Analyst – Doctoral (BCBA-D), and Registered Nurse to effectively operate the program. A summary of required qualifications can be found in Attachment E.

Q 27. In the event that an individual cannot return to their original placement and/or an alternate placement cannot be secured, the BHS Home will be required to develop a permanent placement for the individual, with approval from the individual/guardian and DDD. This placement will provide the needed services and supports for the individual. Funding for the target placement will be through the fee-for-service system and be based on the individual's assigned tier.

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A) Does this indicate that the provider will be expected to open up new development/programs, or to admit the individual into one of their current open vacancies?

B) What if the agency does not have any current vacancies?

A 27. A) The Transition Navigator will work with the Treatment Team to coordinate a discharge plan for all individuals admitted into the BSHS. If the provider is required to develop a placement, existing vacancies that meet the identified needs may be utilized.

B) In the event the agency does not have an appropriate vacancy, one must be developed.

Q 28. Will NJ DDD consider accepting proposal responses electronically by email or some other means? I see that the instructions require hardcopy submissions. I work for a large nonprofit and most of our administrative office staff have been working remotely since the COVID-19 pandemic shut-down started in March 2020, and we will continue to work from remote locations for the foreseeable future. Most funders have been able to accommodate providers with remote staff by adding an option for electronic submissions to their RFPs.

A 28. All bidders are required to submit one (1) original and five (5) copies of the proposal narrative, budget and appendices (six [6] total proposal packages) to the address provided in the RFP. Email submissions will not be accepted.

Q 29. Please clarify by what date a bidder would need to become a DDD/Medicaid approved provider.

A 29. The awardee will need to be an approved service provider prior to program licensure, ensuring the program opening date of September 16, 2022 is met.

Q 30. In siting the programs, does a new home need to be owned or purchased? Can a provider lease one or more houses?

A 30. DDD does not require the properties to be owned, however, the site must be developed in accordance with DDD Housing policy, should be fully accessible and meet the requirements outlined in the RFP.

Q 31. By what date must homes be licensed?

A 31. All homes must be licensed and operational no later than September 16, 2022.

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Q 32. Is DDD willing to work with the selected provider(s) on locating appropriate homes?

A 32. DDD's Office of Housing will conduct a site search to ensure locations submitted by the provider are not problematic and an initial site inspection. Additional assistance may be requested.

Q 33. Are there any exceptions to the three or more risk indicators within the past three years?

A 33. There are no exceptions to the criteria. The bidder must be in good standing with the Office of Licensing, including having not had a moratorium on admissions, 10% or more provisional licenses, or deficiencies in three or more risk management categories (per the [DHS Risk Management System](#)) at any time within the three years preceding the issue date of this RFP.

Q 34. During a residents BSHS stay can they be relocated to a more local day program, if their current geographic placement makes it physically difficult to accommodate?

A 34. Consideration for alternate services must be reviewed by the Treatment Team and based upon the individual's person centered needs. As this is a short term stabilization program, outcomes must be focused on stabilization and return to the previous setting as appropriate.

Q.35. Would any of the residents medical needs be above a level 4?

A 35. Individuals referred to this program will not require daily on site nursing.

Q 36. Is there an Offender Model that the state prefers?

A 36. Offender Models are developed by provider agency and submitted for review by DDD and the Office of Licensing.

Q 37. RFP p. 3 – Are sprinkler and fire alarm installation costs part of the \$250,000 one-time funding?

Installation costs of sprinkler and fire alarm will be provided in addition to the aforementioned to the up to \$250,000 in one-time funding (based on actual costs).

Q 38. RFP p. 3 - \$4 million is available for 3 projects; is there a floor and/or ceiling on the funding request for each project/proposal?

A 38. Funding will be based on actual costs and shall not exceed \$4 million total for all three homes.

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Q 39. RFP p. 4 – Is there a limit to the number of individuals and/or beds that can be served at each site?

A 39. Each home should be developed in accordance with DDD Housing policy, should be fully accessible, meet the requirements outlined in the RFP, and able to accommodate four (4) individuals in single occupancy bedrooms. Smaller variations may be proposed so long as the overall operating budget, total number of beds (12) and geographic location of programs comport with the requirements of this RFP. Homes shall not be clustered or co-located with other programs.

Q 40. RFP p. 20 – Please verify - does the 12% G&A Allocation in the budget template provide mean 12% in addition to all previous budget lines AND exclusive of the one-time costs?

A 40. The 12% G&A allocation is inclusive of total budget and exclusive of one-time costs.

Q 41. Will there be a minimum tier level requirement? If yes, what will that be?

A 41. There will be no minimum tier requirement.

Q 42. Can more specific details regarding fire-setting and sexual behaviors be provided?

A 42. The awardee shall be able to support and stabilize individuals with a significant range of behavioral support needs, including those with fire-setting and problematic sexual behaviors.

Q 43. Does DDD make all/approve all referrals?

A 43. Clinical staff at the Division will participate in the review of all referrals to this program. The Division will be the sole referral source for BSHS beds.

Q 44. Are providers required to accept all DDD-approved referrals, or do they have the option to decline under certain circumstances at their discretion?

A 44. The successful bidder will be required to have a zero-reject policy and must have the ability to facilitate a same day admission, to include transport to the program when needed.