

## **QUESTIONS AND ANSWERS**

### **Crisis Stabilization and Assessment Services for Youth with Intellectual & Developmental Disabilities**

Questions? Email us anytime at [dcfaskrfp@dcf.state.nj.us](mailto:dcfaskrfp@dcf.state.nj.us)

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- 1. Please clarify if the MA BCBA on page 13 is required to be a full time on site staff person. Also the Masters level Clinician on page 14.**

Yes, both positions are full time.

- 2. Do all the beds in the facility have to be ADA beds?**

At least one bedroom on the first floor must be barrier free (page 3 of the RFP); however, access to the facility must be wheelchair accessible. Provided that this is the case, other types of bedrooms in the facility are acceptable.

- 3 Does the facility have to be wheel chair accessible in the front and back of the facility? Are all the bathrooms required to be wheel chair accessible?**

The front of the facility must be wheel chair accessible. At least one bathroom must be wheel chair accessible. As far as the accessibility of the rest of the facility, this will be determined during the inspection by licensing.

**4 Is an agency permitted to partner or “bundle” services in the development of a program?**

Yes, partnerships are permitted as long as one agency is designated as the lead agency.

**5 At the time of submission, does the agency have to be committed to one of the three regions?**

Yes. Please note that separate proposals for each Region must be submitted. Page 30 of the RFP states “Identify and describe the geographic location of the services.”

**6 Will the facility be licensed as a treatment home?**

No, the facility will be licensed group home in accordance with N.J.A.C. 10:44A. See page 20 of the RFP.

**7 How much autonomy will the treatment team have?**

We do not prescribe the type of interventions the agency will put into place. The goal is to get these youth ‘good care’ and to stabilize the child so a return to home is possible. We prefer evidence based practices, but they are not required. We expect that the treatment team be an interdisciplinary team that works together to create a methodology of appropriate care. There is not a ‘one-size fits all’ clinical approach, as the youth we will serve do not present with ‘one-size fits all’ needs.

**8 As a follow-up question to number 7, how does this approach factor into the time that is spent on providing appropriate care?**

Please review carefully from page 4 for the minimum requirements that must be documented for each child. Be sure to document all hours spent, as these hours will be audited in the future. Also note on page 28 the “Attestations” required.

**9 Do you have trending data on this age-range as far as the ratio of males to females?**

CSOC receives more requests for boys than girls however, as of late, the non-ambulatory population has been mostly female.

**10 Do you have an idea of what kinds of educational classifications with which these youth will present?**

There is a wide range of intellectual and developmental disabilities. The children in the programs are classified. Please also see pages 3 and 4 for the admission criteria.

**11 Can an agency submit more than one application?**

Yes, but a separate proposal is required for each region applied for. For example, you may choose to submit a proposal for each region.

**12 Is there a cap on start-up costs?**

Yes, please see page 36 of the RFP under 'start-up' costs.

**13 Where is the section of the RFP that discusses N.J.A.C.10:44A licensing code?**

Page 20 of the RFP discusses the DCF licensing regulations.

**14 In addition to the contracted services specified in this RFP, can an agency provide additional services?**

Yes, but there is no additional funding to be provided for those additional services. The rate will remain the same. The services may not be services required under the daily rate.

**15 If the agency has already funded services in place, can the agency provide them?**

Yes, if these services have been discussed and agreed upon by the Child/Family Team (CFT). For example, these services could be discussed as a part of discharge planning by the CFT.