#### **QUESTIONS AND ANSWERS**

#### **CRISIS STABILIZATION AND ASSESSMENT SERVICES 2016**

Questions? Email us anytime at dcfaskrfp@dcf.state.nj.us

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1. Page 23 of the RFP indicates that the per diem rate per youth is \$532. Does this rate include room and board?

Yes, this is an all-inclusive rate.

2. Start-up funding is available but capital funding is not; is the DCF amenable to agencies renting property to implement this program?

Yes. The agency must make certain that the building is permitted to house a program such as this. If the agency plans to rent/lease and can provide a letter of commitment from the building owner/landlord, the agency should include this in their proposal.

3. Are there enough current IDD providers to facilitate the step down to next level of care for 15 youths?

The goal of this program is that the youth eventually returns home. The agency shall demonstrate in their proposal their ability to effectively address the youth's crisis and assist the youth and his or her family to build skills to better equip them with living at home.

4. What happens at the 120 day mark if the individual is not stable? Do they continue until stable or move to another place? Is the rate reduced after the 120 days?

The goal of the program is to successfully transition the youth back to their home. The youth's transition is a joint decision of the Child Family Team. Be advised, however, that CSOC is evaluating outcomes for these youth and measuring the goal to stabilize and go home. The rate does not change.

#### 5. Probability of having referrals with significant substance abuse?

CSOC does not anticipate significant substance use within the target population. Substance use will be addressed as it is identified.

## 6. What is the expectation of the provider if the youth is not able to attend school?

Please carefully review the Request for Proposals from page 16 to 19. The preference is for the youth to stay in their home school district. In your proposal affirmatively explain how you will ensure that every effort is made to accomplish this. Additionally, it is the responsibility of the agency to ensure that youth receive appropriate education as determined by the sending district, including a youth who is home-schooled. It is also important to consider how to provide appropriate educational services for a youth who cannot attend school for some reason. The expectation is that the agency has appropriately prepared for this type of situation.

## 7. What is the expectation of caseloads for clinical/administrative professional structure? BCBA's?

Please see exhibit C for staffing structure. We expect each agency to respond to and complete the staffing grid.

#### 8. Timeframe to fill occupancy?

The agency is expected to be fully operational within 90 days after the contract is executed. There are no guarantees concerning occupancy.

#### 9. Do individual have to be served in the home region of the referral?

Access is state-wide however it is CSOC's preference that youth remain as close to their home as possible.

## 10. Can each home offer supports to a specific profile? (the admission criteria are broad)

No, the admission criteria are purposely broad, in that we are expecting the agency to focus on a broad range of services, as opposed to specializing in specific profiles.

## 11. Staffing references 1 staff per 2 individuals, but states no less than 2 staff. In a home of 5, does this mean 3 staff are required?

Yes, 3 program staff is required when there are 5 youth at the facility. Maintenance staff, for example, is not considered program staff. The program staff is not required to be therapists, but they are required to be a qualified staff member.

#### 12. Who will be doing the bio-psychosocial assessment?

A Masters level clinician (see exhibit C) will be doing the bio-psychosocial assessment.

#### 13. Who will be doing the psychosexual assessment?

A clinician who is qualified to conduct this type of assessment will be doing the psychosexual assessment.

## 14. What is the timeframe to implement accreditation if the agency currently does not have it?

We do not mandate accreditation. CSOC prefers that respondents to this RFP are accredited by the Joint Commission, COA, or CARF.

# 15. How is this RFP different than past RFPs? Does it represent a significant change to other RFPs that have been issued recently?

This RFP is the same as the other RFPs for crisis stabilization that we have recently issued for other age ranges. The only difference is the age range.

## 16.Do you also have a need for this scope and level of service for adjoining age groups (younger or older)?

Should the need arise, DCF would issue another RFP. Currently, we have similar programs implemented and in operation.

## 17. In the RFP, it mentions 1044A standards (sprinkler systems), is this still relevant?

The home must conform to the requirements of the building code in the county in which it is located. Although the requirements of the building code are state-wide, they are subject to interpretation by each individual county. It is recommended that you inquire to the county or counties where you intend to open the homes.

18. In reference to budget risk and occupancy, will the agency have a statistical basis on which to anticipate need?

We cannot guarantee occupancy. As stated in the RFP, CSOC can alter the age range based on trends and service needs.

19. Can the agency split directorship/leadership between two programs?

No.

20. When this RFP was written, did DCF see a place for RBT?

CSOC is attempting to broaden the nature of their programs they provide, but at this time and for the purposes of this RFP, there is no place for a Registered Behavior Technician RBT.

21. On page 5, is it required that the youth have access to these specific assessments? Is the agency required to provide them in-agency? Is the agency responsible for the assessments financially?

This program is intended to be diagnostic in nature. It is anticipated that the agency pay for the assessments whether they are arranged for or completed within the agency. This excludes medical assessments, such as neurological.

22. Is the eligibility determination/inclusion criteria determined by DCF?

Yes. Referrals will come through PerformCare.

23. What if the youth's home school district will not cooperate with the agency, is it then expected that the agency provide educational services?

It is expected that the agency and home school district will work cooperatively to provide appropriate educational services. The agency may have to provide transportation for the youth to get to school until transportation can be arranged. Due to short term nature of the program, DCF/CSOC would strongly prefer the youth to stay in their home district; therefore the agency may have to make special arrangements to achieve this.

## 24. Will DCF consider expanding the amount of time to obtain appropriate school paperwork?

The agency must work closely with the care manager to facilitate timely educational services.

### 25. If this is a Medicaid enhancement (single reimbursement), would use of other Medicaid services conflict?

Aside from a medical doctor, this would be a conflict.

# 26. If an agency would like to include charts or tables (not additional narrative) such as CQI, and performance outcomes at the end of their proposal, can they do so as an appendix?

Performance outcomes must be included in the narrative, and count toward the page limit. If the agency chooses to include charts, tables, graphs, etc. at the end of their proposal, they should do so as appendices. Be careful as this may be considered additional narrative.

# 27. On page 24 where it says that the agency must have a full operational census within 90 days, does this mean occupancy or just capacity?

We mean that the facility must have capacity to be fully operational, not that we expect the facility to fully occupied.

#### 28. When will this grant be awarded?

There is no definitive answer to this question. Award date is determined by the number of proposals received and the time it takes for the evaluation team to fully evaluate them.