

## **QUESTIONS AND ANSWERS**

### **GROUP HOME LEVEL 2-I/DD INTENSITY OF SERVICES (IOS)**

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

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**1. Post Award Requirements Amended:  
See Page 33 J. Post Award Requirements**

#10 New Agencies Only-ACH - Credit Authorization for Automatic  
Deposits:

[http://www.nj.gov/humanservices/dmhs/info/csc/Contracts\\_ach\\_form.pdf](http://www.nj.gov/humanservices/dmhs/info/csc/Contracts_ach_form.pdf)

This link for ACH-Credit Authorization for Automatic Deposits has been  
updated. The new link is:

<http://www.state.nj.us/treasury/omb/forms/pdf/achform.pdf>

**2. Post Award Requirements Amended:  
See Page 33 J. Post Award Requirements**

#18 New Post Award Requirement added:

**For Each Out of Home Program-**A copy of the OOH "Program Staffing  
Summary Schedule" report will be required.

**3. When you say region, do you mean North /Central/South? Are the regions associated with specific counties?**

Yes, the regions are associated with specific counties as follows:

Northern Region = Bergen, Essex, Hunterdon, Hudson, Morris, Passaic, Somerset, Sussex, Warren, and Union

Central Region = Mercer, Middlesex, Monmouth, and Ocean

Southern Region = Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, and Salem

**4. Are there funds available to purchase the homes?**

No.

**5. Do the programs have to be free standing buildings or can townhouses be utilized as long as the structure meets the ADA compliant requirements?**

The homes can either be free standing or townhomes, as long as they are not on the same street or block within the housing complex.

**6. Can the homes be in different townships and or counties as long as they are within the requested ten mile radius?**

Yes.

**7. The RFP states a deadline of 120 days for the first home and then 60 days for the following two homes. When does the clock start for these deadlines?**

Start-up work will commence upon successful contract negotiation.

**8. The Allied Therapists are required to work six hours a week with the residents. Is this 1:1 or can it be group work?**

Allied therapy can be individual or group therapy.

**9. Do we need a full time BCBA on staff or can we utilize a part time BCBA overseeing master level behavior specialist?**

A full-time BCBA is required (40 hours per week).

**10. The RFP states that the group homes must be barrier free, with wheelchair accessible entrance and egress. The RFP also states that single bedrooms are preferred. Does this mean that single-level homes will only be considered for the group homes?**

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

**11. Can providers get reimbursed for monthly mortgage debt service and/or rent if purchasing or renting a group home under the GH Level 2 - I/DD IOS RFP?**

The rate is all-inclusive.

**12. Page 4 Section C. Services to Be Funded**

**The RFP requires that all three homes need to be located within a ten-mile radius. Is DCF following the same rule as DHS, that no other group home of any type can be located within one mile of any of these three homes?**

The only limit DCF has is that the homes must be within 10 miles of each other.

**13. Page 15 Section C. Services to Be Funded: Staffing/ Collecting and Recording Data**

**Once a child/adolescent is discharged from an agency's care, the agency no longer has access to that individual's file in the system.**

- **What happens during an audit by DCF, DCF licensing, Medicaid and/or CMS when they ask the provider to produce the clinical records?**

Clinical records must be maintained by the agency. Time frames for clinical record retention will be provided upon award.

- **Are agencies expected to keep hard copies of the Strength and Needs Assessments and JCRs for each individual?**

The awardee may have to make available the hard copy of the treatment plan for licensing inspections.

**14. Page 18 Section C. Services to Be Funded: Program Approach/  
Staffing Structure**

**The RFP describes a “Board Certified Child Psychiatrist Licensed in the State of New Jersey.”**

**Is a psychiatrist who is board certified in general psychiatry and fully trained in the subspecialty of child and adolescent psychiatry, but has not taken subspecialty boards, eligible to provide services under the requirements of this RFP? He is considered a child and adolescent psychiatrist by the American Academy of Child and Adolescent Psychiatry.**

The RFP clearly indicates that the individual must be Board Certified. You are describing an individual who is Board eligible.

**15. Page 24 Section C. Services to Be Funded: Outcome Evaluation**

**Several items were identified after the Outcomes Evaluation Section that do not necessarily relate to outcomes (e.g., Organ and Tissue Donation, and other Specific Requirements for Providers).**

- **Should the response about whether or not the applicant meets those requirements be placed at the end of the Outcomes section? If not, where should the applicant respond to these requirements?**

No response is necessary. Contractors are encouraged to notify their employees, through information and materials, or through an organ and tissue awareness program, of organ donation options.

**16. Page 28 Section F. RFP Schedule**

**Is there a timeframe for award decision?**

No. The award announcement will be made after all eligible proposals have been evaluated and scored and a funding recommendation is approved by the Commissioner of the Department of Children and Families. An email will be sent to the address specified on your application as to the decision.

**17. Page 35 Section 2. Program Approach**

**When RFP requests “include policy regarding engaging and sustaining the involvement of family and/or natural supports,” should this be included as separate attachment outside of the 20 page limit?**

This was an error. Do not include as an attachment. Within the Narrative, in the Program Approach section, please describe your approach to engaging and sustaining the involvement of family and/or natural supports.

**18. Page 37 Section 2. Program Approach**

- **Is the Program Implementation Schedule excluded from the 20 page limit?**

Yes, this schedule is not part of the 20 page narrative. As per the RFP attach your Program Implementation Schedule in the Appendices Section #17.

- **As this service will be reimbursed on a fixed fee for service basis, please clarify what is meant on by “Describe any fees for services, sliding fee schedules and waivers.**

This is an error. Rate is all inclusive.

**19. Page 40 Section 3. Outcome Evaluation**

**Can copies of Evaluation Tools be included in the Numbered Appendices under “Other” (e.g., not part of the 20 page narrative limit)?**

Yes, as per the RFP, provide a brief description in the 20 page narrative and attach copies of any evaluation tools in the Appendices Section label # 11.

- 20. Re: BCBA and BT position references. Are both required vs. is it either/or? It is not clear from p. 4 cluster services description vs. detailed position requirements on p. 16/17.**

The RFP states a full-time BCBA and BT are required. See Exhibit C: Certification of Service and Minimum Staffing Requirements (pg. 55 and pg. 58).

**21.Re: Psychiatric staff [Child Psychiatrist OR APN]. Are applicant organizations able to provide this by MOU/contract with another organization or independent practitioner?**

This is acceptable. The agency must ensure that there is consistent staff working with the youth.

**22.Re: Milieu staff. Please clarify round the clock coverage requirements assuming 13 FTE's /group home.**

Staffing structure is described on pages 14-19 of the RFP.  
See Exhibit C: Certification of Service and Minimum Staffing Requirements (pages 51-59).

**23.Does the 39 FTE milieu staff total include floating milieu staff as well? (FMS assumes 3FTE/group home or 9 FTE per cluster)?**

No. This is stated in Exhibit C: Certification of Service and Minimum Staffing Requirements (pages 51-59).

**24.Re: Allied therapies. Is the 6 hour/week/youth expectation an aggregate total for all therapies? And can these be provided in groups as well as individual sessions as applicable based on treatment plans?**

The 6 hour/week/youth expectation is for allied therapies only and is not the aggregate total of all therapies. Yes, Allied therapies can be provided in individual sessions and in group sessions.

**25.If applicant already has organizational policy prohibiting use of seclusion/restraints, is the organization required to also document implementation of the "Six Core Strategies for Reducing Seclusion and Restraint Use" as specified in the model?**

Yes. The Narrative should explain how the applicant's organizational policy will utilize the "Six Core Strategies for Reducing Seclusion and Restraint". Please see page 10 -11 of the RFP.

**26. Please clarify “IMDS”.**

NJ utilizes CANS as CSOC’s Information Management Decision Support (IMDS) tool. There are three IMDS tools within Children’s System of Care: Needs Assessment, Strength & Needs Assessment, and Crisis Management Tools.

CANS is an open domain tool, created by Dr. John Lyons, for use by service delivery systems that address the needs of youth and their families. It is a “family” of instruments (which NJ refers to as that can be used for multiple situations. CANS is a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the CANS is to accurately represent the shared vision of the child serving system—child and families. As such, completion of the CANS is accomplished in order to allow for the effective communication of this shared vision for use at all levels of the system. NJ utilizes CANS, a uniform and consistent assessment tool throughout its system.

**27. Re: Student educational program. Please clarify that formal educational instruction is not required of the successful applicant, but rather the ongoing coordination with individual youth educational programs and integration with overall treatment plans is a core expectation?**

Yes, Student Educational Program is described on pages 20-22 of the RFP.

**28. General - If an organization is applying to provide two clusters (six group homes), and the organization was awarded a contract for all six homes, could the organization use hub staff between two clusters? For example, the Clinician, Board Certified Child Psychiatrist, RN would provide support to both clusters of homes? It seems other hub staff would not be able to work between the clusters given the full time nature of their work – i.e. milieu staff, BCBA, LPN.**

All full-time staff must provide care within the cluster. Part-time staff such as the psychiatrist may be deployed elsewhere. Please reference Exhibit C: Certification of Service and Minimum Staffing Requirements.

**29. General - After year one, will the contract be negotiated on an annual basis?**

Contracts are subject to renewal based on availability of appropriations. Awardees must continue to meet deliverables as per the RFP and any subsequent modification/practice/policy changes issued by the Division.

**30. Pg. 3 - Must you apply for both clusters for this proposal? Or can you apply for one cluster?**

You may apply for one cluster or for both clusters. However, your agency will only be awarded one cluster. See page 7 of the RFP.

**31. Pg. 4 - It says cluster services will be provided by BCBA or Behavioral Technician. However on page 17, it lists behavior technician and BCBA as separate staff. Should the hub cluster team include both a BCBA and a Behavior Technician?**

The RFP states a full-time BCBA and BT are required. See Exhibit C Certification of Service and Minimum Staffing Requirements (pg. 55 and pg. 58).

**32. Pg. 6 - Do the two clusters have to be in the same region or can they be in different regions?**

No, the clusters do not have to be in the same region. The applicant shall identify the region/counties of the cluster in the proposal. See answer to #5.

**33. Pg. 7 - What groups or people will be on the Joint Care Review (JCR) team? What are the roles and responsibilities of the JCR?**

The JCR is the standard treatment plan document that is utilized by CSOC out-of-home treatment agencies. The JCR, along with an accompanying Strengths and Needs Assessment (SNA), are electronically submitted by the OOH agency to the CSA. The JCR is completed cyclically and is required for review of continued authorization for OOH services. The authorization # that is generated from an approved treatment plan allows the treatment provider to bill for services rendered within that authorization period. CSA's clinical team reviews each treatment plan and will return it to the OOH provider if additional information is required. The initial JCR is due 120 days after the youth's admission date and every 90 days



thereafter. Providers would submit the JCR to CSA at least fourteen (14) calendar days prior to the authorization expiration date in order to provide for enough time for clinical review and return if deemed necessary. The JCR should be completed in conjunction with the Child Family Team (CFT), who may include, but not limited to, the youth, family, OOH treatment provider, Care Management Organization (CMO), Division of Child Protection and Permanency (DCP&P), Probation (if involved), etc.

**34.Pg. 7 - What is the Child/Family Team? Is it just the child and family or would it involve other parties?**

A CFT reflects wraparound approach\* and consists of family members, professionals, and community residents organized by a CMO to design and oversee implementation of the ISP. To complete ISP, the CMO develops a CFT in coordination with the family member or caregiver. At a minimum, the following members comprise the CFT: a CMO care manager; the youth and the parent or other caregiver; any interested person the family wishes to include as a member of the team, including, but not limited to, clergy members, family friends, and any other informal support resource; a representative from the FSO, if desired by the family; a clinical staff member who is directly involved in the treatment of the youth that the comprehensive 30 day plan is being developed for, if desired by the family; representation from outside agencies the youth is involved with, including, but not limited to, current providers of services, parole/probation officers, and/or educators that the youth and his or her family/caregiver agree to include on the team; and, the DCP&P caseworker assigned to the child, if the child is receiving child protection or permanency services from DCP&P.

The CMO Care Manager assigned to the youth and their family/caregiver is responsible to: refer the youth or the family/caregiver for multi-system or any additional specialized assessments as indicated; serve as the facilitator of the CFT; actively engage the child and family as full partners in the CFT, assuring their participation in the assessment, planning and service delivery process; ensure that all services and care management processes respect the youth and family/caregiver's rights to define specific goals and choice of providers and resources; ensure that all services and resources are family friendly and culturally competent; ensure that all CFT meetings are conveniently scheduled and located for the family/caregiver; ensure that the ISP is developed as a collaborative effort of all team members; ensure that the ISP is approved by each team member, including the family/caregiver and the child, at the team meeting.

\*Wraparound is an evidence-based structured approach to service planning and care coordination for individuals with complex needs (most

often children, youth and their families). Wrap Around is built on key system of care values: family and youth driven, team based, collaborative, individualized, and outcomes-based. Wrap around adheres to specified procedures: engagement, individualized care planning, identifying strengths, leveraging natural supports, and monitoring progress.

**35.Pg. 7 - When does the DCF expect to make these awards and when would start-up work commence?**

The award announcement will be made after all eligible proposals have been evaluated and scored and a funding recommendation is approved by the Commissioner of the Department of Children and Families. You will receive a letter either way by email on the date that the award letters are provided. The email will be sent to the address specified on your application. Start-up work will commence upon successful contract negotiation.

**36.Pg. 9 - Can an organization use its own transition planning services (student to employment program) for youth 16 years old and older?**

Transition planning does include preparing youth 16 years of age and older for future employment. This is included in the inclusive rate. No additional funds will be provided for additional services.

**37.Pg. 11 - How does the Treatment Team interact with the JCR?**

Please see response to #32.

**38.Pg. 14 - Must there be a central location where the hub staff are based? Or can the organization find office space spread out between the three homes?**

This is at the discretion of the awardee. Please be clear in your proposal how hub staff will be located and serve the population.

**39.Pg. 15 - Would the pool of milieu hub staff be on call for the three homes they are attached to? Or would they work specific shifts, spread out between the three homes?**

The applicant will determine staffing pattern and must ensure that there is consistent staff working with the youth.

**40. Pg. 19 - Will DCF provide any staff training?**

See page 19 of the RFP for required staff training. DCF/CSOC also provides training opportunities at <http://nj.gov/dcf/providers/csc/training/>

**41. Pg. 22 - Regarding student educational program planning, is home bound instruction an option?**

Educational requirements are described on pages 20-22 of the RFP. The use of home instruction is determined by the Local Educational Authority responsible for the student's education with input and collaboration from the provider treatment team. If an Individual Education Plan (IEP) is in place for home instruction then it may be an option. Each case is specific to the youth's needs.

**42. Pg. 27 - Is the funding of \$5,606,400/\$512 per diem rate available indefinitely? Or is this subject to change once fee for service is fully adopted?**

Please refer to page 27 of the RFP. The per diem rate per youth is reimbursed on a fee for service basis. Funding is subject to appropriation, continuation of federal funding as well as continued performance by the provider to the standards provided in the contract and the RFP.

**43. Pg. 27 - Is the cost of vans/cars included in the 5% operational start-up funding amount?**

CSOC will consider this request as per department policy.

**44. Pg. 28 - Do we need to submit a separate proposal for each three-home cluster?**

Yes, you must submit a separate proposal for each three-home cluster.

**45. Pg. 40 - Do the homes need to have sprinkler systems installed?**

Please refer licensing regulation, N.J.A.C 10:44A.

**46. Pg. 41 - After the initial ramp up period where vacancies are expected, what would happen with a vacancy? For example, a vacancy in month 9?**

The only time DCF/CSOC will allow billing when a youth is not in the bed is for up to 5 days for a runaway and up to 14 days during a clinically driven leave, such as hospitalization or, therapeutic leave, as defined in

the plan of care. DCF/CSOC does not guarantee 100% occupancy, please see page 27 of the RFP.