

## **QUESTIONS AND ANSWERS**

### **Regional Diagnostic and Treatment Center to support Morris, Sussex, Warren and Hunterdon Counties**

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

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**SPECIAL NOTICE: THE DEADLINE FOR SUBMISSION HAS BEEN CHANGED. The new deadline is December 9, 2015 at 12:00 PM.**

- 1. Are a child's outpatient lab costs covered by this funding? Specifically, if the agency uses the CACs for medical evaluations, how can they bill if the child does not have insurance?**

Lab services associated with the abuse/neglect medical exam shall be covered by the cost reimbursement portion of the contract. Medical and mental health evaluations are to be billed to DCF through K-100 form. Follow-up care is expected to be billed through the child's private medical insurance and/or Medicaid.

- 2. Every service is billable on top of the grant?**

Yes.

- 3. Who grants the authority to the doctor to provide in hospital consultation? Court order, hospital hold, or parents' permission?**

Parents retain the right to authorize treatment; however, if CP&P has guardianship, CP&P may authorize treatment. If the parents refuse to authorize necessary treatment, CP&P will seek a court order to provide treatment.

- 4. On page 10, the RFP says different organizations can refer to the RDTC. This is confusing as the money seemed only to be for DCP&P/IAIU/DCF clients. Please clarify as to the referral source as not all clients/victim are DCF families.**

Referrals will primarily come from CP&P, IAIU and law enforcement agencies investigating child abuse and neglect. If the RDTC received referrals from a community source or concerned individual, the RDTC must notify the appropriate agencies responsible for investigating alleged incidents of child abuse or neglect of the referrals. Therefore, if CP&P is not initially involved, they will most likely become involved during the assessment and treatment process. In circumstances where CP&P does not become involved, either the referent will pay or the cost reimbursement contract will pay.

- 5. On page 13, the RFP refers to software needing to be approved by the NJ Office of Information Technology prior to purchase. This is unclear.**

If your agency is awarded a contract, software purchased with these funds that will interface with DCF's systems (other than off the shelf software) must be reviewed and approved by the State OIT Organization because of concerns with privacy and security information.

- 6. Is the RDTC expected to dispatch staff to the site?**

We are not expecting that the agency dispatch pediatricians to see a child in an ER or hospital where staff do not have privileges. RDTCs are expected to be available to consult with medical professionals. For example, if a child is seen at a hospital emergency room and there are suspicions of abuse, the emergency room staff can make a call to consult or obtain past history/records of the child. Applicants are expected to identify and provide an appropriate medical suite.

- 7. How does the psychosocial fit into the RDTC?**

The current RDTCs vary in their approaches to this work; however, each provides the following core services: expert evaluations; treatment services; case consultation; court testimony; and technical assistance and training. Applicants should have the capacity to provide these core services.

- 8. How would CMO services interface into the RDTC?**

The RDTCs should be aware of the Children's System of Care (CSOC) and the CMOs (Care Management Organizations) as resources available to children and families in the community.

**9. Can you provide an idea of average overhead costs and claim percentages?**

We cannot estimate these costs as we are unaware of your agency's needs.

**10. Do the numbers provided on slides 16 through 17 of the PowerPoint presentation represent statewide figures or just the identified counties?**

These numbers pertain only to the four identified counties.

**11. Can you provide how many hours or testimonies are associated in the four county areas?**

At this time, we don't track hours or testimony, but we do track units. According to DCF data from FY2014, five units of testimony were billed for the identified area.

**12. Do the pediatricians who apply need to be board certified in child abuse and neglect?**

Board certification in child abuse and neglect is a very important qualification of the physicians involved in the RDTC and is strongly preferred. We understand that this is a new specialty in pediatrics and finding a pediatrician who specializes in abuse and neglect may be challenging. If the agency does not already have such a pediatrician on-board, we expect the agency to submit a detailed plan to recruit the appropriate staff with specific timeframes. DCF may consider physicians with extensive documented experience in child abuse and neglect. Pediatricians and other physicians without such demonstrated experience will not be considered appropriate staffing for an RDTC.