

QUESTIONS AND ANSWERS

2017 Pilot of Supportive Visitation Services (SVS) in Mercer County

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

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Eligibility Requirements

- 1. Can you clarify on p. 18 E. (3) if there was an I/A report that required corrective action plan and the plan has been submitted and the issue has been resolved in another one of our programs, can agency apply to the RFP?**

Yes, the agency can apply as long as you do not have written notice of such limitation.

- 2. If there were some minor infractions found on a licensing bi-annual site visit that will easily be abated by the time the application is submitted, can we apply? Just need to understand if all issues have been addressed and resolved if the agency can apply.**

Yes, the agency can apply as long as you do not have written notice of such limitation.

Target Population

- 3. We currently serve children and families that are in out of home placements. Can we engage the same families if there is a need for SVS?**

Yes.

- 4. Services to be Funded: Target Population, RFP Page 8: What is the anticipated average number of families per week per provider?**

DCF anticipates at least 35 families will need supportive visitation services/week. Visitation need may vary depending on the number of children in out-of-home placement and their case situation. While DCF will not guarantee a certain number of families or visitation hours, we anticipate demand for this service to grow somewhat, especially if implementation in Mercer is successful.

5. Services to be Funded: Supportive Visitation Program Model – Core Activities: 1. Visitation Planning Process: Location, Page 9:

a) Do you anticipate providers working with families outside of Mercer County?

No, the expectation is for providers to work with families in Mercer County. However, there will be occasions when children are placed out-of-county or the biological parent is for some reason not living in Mercer County. The provider will be expected to work with CP&P to accommodate visits.

b) Will visitation be required outside of Mercer County?

No, however, there may be occasions when children are placed out-of-county and the provider may be asked to accommodate and/or work with CP&P to accommodate visits.

c) For transportation budgeting purposes, how many families annually will be outside of Mercer County? Outside New Jersey?

Providers will primarily work with families in Mercer County. However, there may be occasions when children are placed out-of-county and the provider may be asked to accommodate and/or work with CP&P to accommodate visits. Unfortunately, we are unable to provide estimates.

6. Staffing - there will be two providers selected in the county, but can you give us an idea of how many children/slots the agency selected will be expected to provide services to on a weekly basis, so we can figure out the staffing needs?

DCF anticipates that at least 35 families in Mercer County will need supportive visitation services each week. The number of visitation hours and type of visitation services will depend on the needs of the families. Although up to two providers can be selected for this county, we suggest providers propose a staffing structure to support the visitation needs of Mercer County.

- 7. Staffing - what percentages of children in out of home placements in Mercer do you anticipate having unsupervised visits, what percentage do you anticipate being relative/community partner supervised, what percentage do you anticipate will need supportive supervised, and what percentage therapeutic supervised?**

Decisions for the type of visitation services are made based on the assessment and visitation planning process for each family. Based on the SVS pilot to date, more families are receiving therapeutic visitation services than the other visitation levels.

- 8. What percent of your children who are in out of home placements are placed outside of the county?**

We anticipate providers primarily working with families in Mercer County. However, there may be occasions when children are placed out-of-county and the provider may be asked to accommodate and/or work with CP&P to accommodate visits.

- 9. Do you have the number of children in out of home placement with the goal of reunification?**

As of November 2017, the number of children in out-of-home placement in Mercer County by case goal are:

| Case Goal | # of Children in OOH Placement |
|---------------------|---------------------------------------|
| Adoption | 161 |
| Reunification | 140 |
| Independence | 40 |
| KLG | 3 |
| Long-Term Care | 5 |
| Maintenance In Home | 4 |

- 10. What if the goal changes from reunification, should the agency end visitation?**

No, agencies should continue to provide visitation services to all children in out-of-home placement regardless of case goal. A change in the level of visitation and/or ending visitation services should be based on the reassessment and visitation planning processes.

Program Implementation/Hours

- 11. Once the provider assumes the contract, is there an expectation that the agency assumes responsibility for all visitation in Mercer County?**

Yes, awarded agencies will be responsible for providing all contracted visitation services for local CP&P offices in Mercer County. If this RFP results in a change in providers, DCF will work with existing and new providers to ensure a smooth transition. DCF understands new providers may need to gradually implement services; therefore, new agencies should include a clear, reasonable implementation schedule.

12. Is there an expectation that the agency be able to hire staff immediately upon contract award?

It is expected that each awarded agency takes the necessary steps to be operational at the time the contract is executed, including the hiring of staff. DCF understands providers without existing staff in place will need to post for positions and go through the agency hiring process; agencies should include a clear, reasonable implementation schedule with these factors noted.

13. Can visits be before 5pm M-F if the family does not need after hours or weekend visitation times?

Yes. Visitation providers should have hours that meet family needs including weekdays (morning, afternoon and evening), weekends and holidays.

Staffing

14. Does the Master's level Specialist need to be licensed or can the Specialist be supervised by a licensed Clinician?

No, the master's level visitation specialist does not need to be licensed; however, the master's level visitation specialist must be supervised by a licensed clinician.

15. Page 15, Staffing Model can we employ part-time staff for the staffing model to make up the Clinical team?

Yes.

16. Can the staff be contracted out e.g., 1099s or is it expected that the staff are employees of the agency.

Yes. The agency must provide applicable consulting contracts or affiliation agreements/memoranda of understanding in the appendices.

17. In the pilot programs that are operational in other counties, were agency staff full or part-time?

For the pilot programs, agency core staff is now full-time. During the launch and ramp-up, staff was part-time until the number of visits could support transitioning staff to a full-time status.

Training

18. Services to Be Funded – Overview/Expectations (page 7 of RFP): Will mandatory Funder trainings be associated with the visitation model? If so, will the Funder or Provider be responsible for the costs? If the Provider, how much should be budgeted including the cost of travel, meals, the number of hours per staff person, and which staff are required to attend?

Awarded providers will be required to participate in the Rose Wentz Planning Matrix training and NJS documentation training, if agency staff have not already been trained in these areas. Yes, DCF will make the above trainings available to awarded providers. Agencies should plan for all visitation staff to attend all required trainings. Agencies will be responsible for any additional costs associated with staff attending these trainings (ex. travel, time, meals, etc.) and should outline these costs in their budget.

19. Page 10, the Rose Wentz Visitation Planning Matrix, is that covered in the online training offered by Rose Wentz?

Yes.

20. Will training be paid for in this contract, e.g., time spent on training staff on Rose Wentz Visitation Planning Matrix training, NJ Spirit Training?

DCF will ensure training is provided on the Rose Wentz Visitation Planning Matrix and NJS Documentation to awarded agencies. No, DCF will not pay for staff time, travel, meals, etc. through this training opportunity. Agencies should include these expenses in their budget.

21. Will DCF provide any direct training on SVS model or topics related to the RFP?

Yes, DCF will provide training on the Rose Wentz Matrix and NJS documentation. DCF will work with grantees to assess training needs to support the SVS model and will work with grantees to prioritize and plan for training needs.

Services/Core Activities

22. What constitutes a visit? For example, if a parent's child is performing in a school play, and the parent and visit supervisor attend, would this be considered a billable visit?

Yes, if the visitation specialist provides in-person services (ex. attends the event with the parent), it is considered a visit and is billable.

23. Is there a minimum and maximum number of hours for visits?

No.

24. In a family with multiple siblings, should each sibling have a one on one visit with the parent or can they have a visit together? What happens if it is therapeutically determined that siblings should have one on one visits with the parent?

Typically, all the siblings would visit together with the parent(s). There may be instances when one-on-one visits are appropriate and should be determined on a case-by-case basis.

25. Are unsupervised visits outside of the home allowed?

Yes, if indicated through the assessment/reassessment and visitation planning processes.

26. Is it the expectation that most visits take place in the home?

Yes, as long as it is safe and appropriate to do so. This should be determined through the assessment/reassessment and visitation planning processes.

27. In the pilot programs that are operational in other counties, what has the average number of hours per visit been?

In the pilot counties, a minimum of two hours has been allocated for each visit.

28. How are relative/community/unsupervised visits determined? What is the agency's role within this system and with monitoring safety?

The agency is expected to determine the appropriate supportive visitation level through the assessment and visitation planning process. This collaborative process should include the family, relatives, resource parent (if applicable) and CP&P. The agency is responsible for overseeing supportive visitation services and planning for and monitoring safety.

29. Services to Be Funded - Supportive Visitation Services Program Model - Core Activities - 1. Visitation Planning Process (page 8 of RFP): What is the anticipated length of service per youth and family?

The number of hours is dependent on the number and age of children and complexity of family history to be gathered in the initial intake and time needed to collaboratively complete the visitation plan. The provider should anticipate a minimum of 1-1.5 hours for each the initial intake assessment and visitation planning meeting.

30. Can you elaborate on the timeframe between the intake and actual visitation process in the RFP?

The expectation is for visits to begin immediately following the intake and continue during the assessment process which can take a few weeks.

31. Section II – Application Instructions – A. Proposal Requirements and Review Criteria - 2) SVS FIT – Completing biopsychosocial assessments (page 24 of RFP). Is there a specific assessment that should be utilized or preferred by DCP&P? Is there a cost to the provider for the assessment tool? If so, how much? Will staff need trained on using the tool?

There is no standard biopsychosocial assessment tool that DCF is requiring to gather this information.

32. In the RFP it talks about skills built through visitation. Is there an assessment tool already in place to measure achievement of these skills?

There is not a specific tool in place; however, if your agency already has such a tool, tell us about it in your proposal. DCF is working with providers to determine a measurement tool to use across SVS programs. Awarded providers will be involved in those program evaluation conversations.

33. Section 4, Post Reunification Services. What type of specific support should be offered to the family post reunification? How will the agency be reimbursed for the services? How should we budget for this?

At minimum, agencies should provide a monthly visit (Aftercare) to the family's home to check in with the family, to observe how the transition is going and to identify if there are any other supports that they could benefit from (ex. therapy, services, other concrete needs). The agency may bill for the in-person monthly aftercare visit.

34. If there are 2 families who are related, for example the children are cousins, could the 2 families have visits together? Would the agency bill for 1 visit or 2?

If visitation staff are providing in-person visitation, they may bill for the visit. In the example provided, it appears to be one visit since it is happening at the same time and in the same location; however, unique situations like these can be discussed with DCF's SVS program lead.

Transportation

35. Services to be Funded: Supportive Visitation Services Program Model – Core Activities – 5. Systems Collaboration and Coordination – Transportation: page 11-12 of RFP:

- a) **Will the chosen provider(s) be only responsible for transporting the child/youth that is in placement or will the provider(s) also be responsible for transporting siblings and caregivers of the child/youth?**

Yes, the agency is responsible for ensuring the child/youth in placement is transported to the visit. The agency may also provide and/or arrange transportation for the parent(s) to ensure the visit is attended by all parties.

- b) **Will a vehicle larger than a car be needed, such as a 12 or 15 passenger van?**

No.

36. Pages 11-12 Transportation - can you clarify if the youth we are serving are youth from the Mercer DCPD offices that may be placed throughout the state or are youth who are primarily placed in Mercer County? Can you clarify what setting "reasonable limitations on transportation from CP&P local offices" means? Could it be that some youth are placed in Bergen County and it will be expected that the agency's drivers will be picking up the youth from Bergen County and back to Mercer on a weekly basis?

The majority of youth will be placed in Mercer County. We are asking providers to allow for out-of-county travel when it is reasonable. When extensive transportation is required, the provider should partner with CP&P to plan for transportation.

37. Does Transportation include transport for both parent and child?

The agency is responsible for ensuring the child/youth in placement is transported to the visit. The agency may also provide and/or arrange transportation for the parent(s) to ensure the visitation meeting is attended by all parties

Documentation/Data Collection

38. Can updates on treatment plans and quarterly reports serve as documentation versus an additional collateral?

Yes.

39. Can DCF recommend some databases that have been effective in tracking the visitation activities?

An existing provider uses an eHealth record system. Providers may also wish to network with other providers (particularly those who are currently visitation providers) and share how they track or plan to track visitation activities.

Budget/Billing

40. Services to Be Funded - Supportive Visitation Services Program Model - Core Activities - 2. Supportive Visitation Services (page 10 of RFP) states that families can receive one or more of the following visitation types: Therapeutic Supervised Visits; Supportive Supervised Visits; Relative/Community Partner Supervised Visits; and Unsupervised Monitoring and Section D. Funding Information (page 16 of RFP) states that the awarded provider may also bill for the following in-person, face-to-face activities: pre-visit meeting, post-visit debrief, initial intake assessment and visitation planning meetings.

a) Is that in addition to the four Supervised Visitation Services defined on page 10?

Yes. Billable services include the following in-person activities: initial intake assessment; visit planning meetings; Therapeutic Supervised Visits; Supportive Supervised Visits; Relative/Community Partner Supervised Visits; Unsupervised Visitation Services; pre-visit meeting; post-visit debrief meeting; and aftercare services.

b) May the in-person services listed on page 16 be billed at \$146.10 hourly and/or increments?

Yes.

c) What is the estimated time required for each of the additional face-to-face activities?

Below please find estimated times for each of the required activities:

- Initial intake assessment – 1-1.5 hours
- Visit planning meetings – 1.5-2 hours
- Visitation Services including Therapeutic Supervised, Supportive Supervised, Relative/Community Partner Supervised, and Unsupervised Visitation Visits – 2 hours each, although exact time is dependent on the family circumstances
- Pre-visit meeting – 15 minutes
- Post-visit debrief – 15 minutes
- Aftercare services – 1-2 hours, although exact time is dependent on family circumstances

41. Services to Be Funded - Supportive Visitation Services Program Model - Core Activities - 4. Post Reunification Services (Aftercare) (page 11 of RFP):

- a) How will the awarded provider be compensated for post reunification services?**

All services are to be billed through K-100.

- b) Will it be at the \$146.10 hourly rate?**

Yes.

- c) Is the funder expected to provide post reunification services after the contract ends?**

If there is no contract, there is no expectation for services to be provided.

42. Funding Information, page 16: The awarded providers will bill via K-100 at \$146.10 for each visit hour that the agency provides. The awarded provider may also bill for the following in-person, face-to-face activities: pre-visit meeting, post-visit debrief, initial intake assessment and visitation planning meetings. The provider may not bill for transportation to and from visits, for documentation or communication, or for missed/cancelled visits (unless the child(ren) is brought to the visit location and the parent does not show). Will the visit itself be an hour in duration with the pre- and post-visit billed in addition to the visit hour? Can increments of an hour be billed, such as 15 minutes?

There is no minimum visitation duration. The length of time for visits should be determined during the visitation planning meeting. The amount of time in the visit is billable. The pre-visit meeting and post-visit debrief are billed in addition to the visitation time. Time can be billed in 15-minute increments.

43. If a visit lasts 1.5 hours, for billing purposes, should we round up to 2 hours or down to 1 hour?

Agencies may bill for 1.5 hours for the visit. Ideally, there would also be a pre-visit meeting and post visit debrief lasting about 15 minutes each, thus the agency would ultimately bill for 2 hours.

44. Section II – Applications Instructions A.5. Budget (page 27 of RFP):

a) Other than the standard Annex B, are there forms for the line item budget and budget narrative provided or can the Provider use their Agency standard format?

The agency must use the DCF Annex B form for their 12-month operating budget, which must be included as an attachment. A budget narrative is also expected, and is part of the proposal (not an attachment, part of the 25 page limit).

b) Are the funds for DCF will provide to cover teaming activities be considered start-up funds? Should start-up funds be included in the Annex B?

No, the funds to support teaming activities will be provided to agencies annually and paid in a lump sum. Start up costs should be reported on a separate schedule.

c) If so, should they be reported in a separate column from the program operational costs?

Teaming costs (5% of program director and senior leader's salaries) should be outlined in the budget.

d) Is there a cap on the amount of start-up funds?

No, although all requests should be reasonable and in service to the SVS program.

e) Is there a percentage cap on General and Administrative costs?

No, although all budgets should be reasonable.

45. Section 5, Systems Collaboration and Coordination. Will the provider be paid for their time spent in Family Team Meetings and case conferences? Will it be at the same hourly rate as visitation?

No.

46. How is funding disseminated for purchase of a vehicle?

Any approved one-time, start-up funds will be provided at the start of the contract in a lump sum payment.

47. Is funding provided for a driver?

Not specifically. Agencies may use anticipated revenue from billable services (the funding of \$146.10/hour provided for each in-person hour for initial intake assessment, visit planning meetings, supportive visitation services, pre/post visit meetings, aftercare services) to staff a driver.

48. If doing visits on legal holidays is there a differential hourly visit rate?

No.

49. When visits progress and are supervised by relatives/community partners and we are expected to provide oversight and monitoring, is face to face time spent visit planning and debriefing with those relatives/community partners billable?

Yes, you may bill for any in-person visitation planning meetings, visits, and pre/post visit meetings.

50. If a parent cancels the visit at the last minute, can the agency still bill?

Yes, if the agency brings the child(ren) to the visit, and the parent does not show or cancels, visitation staff should use the allotted visitation time to process emotions/feelings with the child(ren). If there are multiple children, the time can also be used for siblings to visit with each other.

51. If a parent cancels the visits and there are no siblings, can the agency still bill?

Yes, if the agency brings the child to the visit location, and the parent does not show or cancels, visitation staff should use the allotted visitation time to process emotions/feelings with the child. The agency should establish processes and procedures to minimize and avoid cancellations and describe them in your proposal.

52. Can several cars be purchased under this contract for transportation?

Yes, the agency can request these one-time expenses on their separate start-up cost budget. All requests should be reasonable and in service to the SVS program.

53. Budget - if we have to get extra space to accommodate an increased clinical staff, will the contract cover rent for additional office space?

The provider can budget expenses for rent using revenue generated from their billable fee-for-service activities.

54. Budget - will the contract pay for a database system to track the activities of the grant?

The provider can budget expenses for a database system using revenue generated from their billable fee-for-service activities.

55. Can the contract cover a portion of the Executive Director and Bookkeeper's salary under General and Administration or is this contract limited to the 5% of the Senior Leader and Program Director salary under General and Administration?

The budget may include additional personnel and/or G&A costs. The agency must include their proposed level of service (billable visitation hours) to support all expenses. DCF will fund 5% of the Senior Leader and Program Director salaries to support agency participation in required teaming activities under this grant. The teaming funds will be provided annually and in a lump sum.

56. Are other G & A costs allowed such as insurance, office supplies, etc.?

Yes. The provider can budget expenses for G&A using revenue generated from their billable fee-for-service activities.

57. Can we include G & A in the budget or are we limited to the 5% costs?

The agency can include G&A in the proposed budget; however, it will need to be funded (as with all expenses) through revenue generated from the fee-for-service billing.

58. Would classes for parents be billable?

No. Classes are not currently part of the SVS model; however, if the need is identified, the agency should communicate these needs with the family and CP&P and support the family in receiving these services.

59. The 12-month budget should be all inclusive as opposed to a ramp up budget, correct?

Yes, the 12-month budget should be your annual operating budget. You should be clear about the number of visitation hours needed to sustain operations.

RFP Requirements

60. When formatting a table, for example a staffing grid, can it be single spaced?

Yes.

61. Can we add additional appendices?

Yes.