

QUESTIONS AND ANSWERS

2019 RFP: Stabilization & Assessment Services for Up to Two 5-Bed Programs Serving Youth with Mental/Behavioral Health Challenges Statewide

Questions? Email us anytime at dcf.askrfp@dcf.nj.gov

Phone number and contacts:

Main Number: 609-888-7730

Contacts: Patti Bowen
Loren LaBadie

Deliver proposal to: 50 East State Street, 3rd Floor, Trenton NJ

1. Please clarify what is requested under the section Nurse-Health Educator/Registered Nurse (RN) on page 19.

- **A minimum of 2.5 hours per week per child (30% must be provided by an RN), or more as needed dependent upon the needs of the population.**
- **Provide a minimum of 3 hours per week per youth at the program, or more as needed dependent upon the needs of the population for health education, medication education and or psychoeducational activities.**

The second bulleted paragraph is correct. A minimum of 3 hours per week is required. Some of the hours may be spent in group activities.

2. Page 21 Section 12. Youth Outcomes:

- ***"80% of youth will successfully transition from the program to a less restrictive setting"***

The bureau of licensing requires that Transitions EDRU remains in compliance with the RTC (128) regulations. Although the treatment team meets to request the best fit to meet the youth's behavioral and emotional needs, the perform care team chooses the level of

service. Transitions does not control the level of care that is chosen for the youth. If the level of service is a higher level of care such as a PCH and that is the appropriate level of service, is that considered to be unsuccessful? Also, if a youth goes to a RTC would that be considered unsuccessful based on the "less restrictive setting" requirement?

It is expected that the youth's behaviors will be stabilized due to treatment interventions provided at the Stabilization & Assessment Services program (STAS), possibly leading to a lower intensity of clinical service, if youth cannot return to the community in a non-clinical setting.

- ***"80% of all youth will have maximum length of stay up to 45 days"***

If DCP and CMO are unable to move the youth due to the appropriate level of service being available, will this adversely affect the EDRU outcome? The average length of stay for youth has been 59 days.

DCF is aware that length of stay at the STAS could be impacted by capacity issues at the higher acuity out of home treatment programs and will not view longer lengths of stay adversely.

3. Page 36 - 4) Program Approach – Service Description

"Describe milieu (direct care) staff's supervision of youth and staff/youth ratios"

In residential treatment level of care, the following clarification exists:

"One of the 2 minimally required staff members, who must be awake and accessible to youth at all times whenever any youth are present and must be a direct care milieu worker. The second awake staff person minimally required must be either: 1) an additional direct care staff; or 2) another professional treatment team member working in the home. When a provider elects option 2, the professionals who serve as the second staff person awake in the home: 1) may include Program Directors, House Managers, Program Coordinators, Clinicians, Therapists, Case Managers; and Health Care providers; 2) must be certified in any therapeutic holds or de-escalation techniques the Agency may subscribe to; and 3) trained to provide direct care duties. The time professionals are contractually required to provide treatment is not reduced by the time they serve as the second staff awake in the home."

Will this clarification be included in this service? Can you provide additional clarification requirements if not?

Yes, this clarification is appropriate for this program. Minimum of 2 awake staff is required at all times. One of the professional staff members may be counted in supervision ratios once the minimum direct care per youth ratio is met. For example, with a 1:3 ratio, it is expected that for every three youth in the home there is one direct care staff member providing direct supervision. If there are less than three youth in the home, the second staff member may be another professional in the home as described above.

4. If this initiative does not guarantee full capacity year-round, what other referral sources would be appropriate to maintain capacity?

This program is only open to DCF referrals. Per RFP, "Referrals shall be received from a DCF Liaison from DCP&P or CSOC and authorized by PerformCare, the Contracted System Administrator (CSA)".

This program is dedicated to DCP&P and/or CSOC involved youth; 5 bedrooms in the home will increase capacity and utilization. Capacity would be impacted in a 4 bed-room home if a youth could not have a roommate due to presenting risky behaviors or gender identity.

5. Could you clarify north/central and south/central counties, what are the counties of demarcation?

On page two of RFP, counties of demarcation are defined as follows:

Northern Region is defined as: Hunterdon, Warren, Sussex, Morris, Passaic, Bergen, Essex, and Hudson.

Central Region is defined as: Mercer, Monmouth, Ocean, Middlesex, Somerset, and Union.

Southern Region is defined as: Burlington, Camden, Gloucester, Salem, Cumberland, Atlantic and Cape May.

6. If you have MOU's established in various counties, for different types of services within CSOC, should they be submitted with packet?

Yes, if relevant to your program.

7. If there is no pre-existing property, will start-up cost be in addition to award amount?

Operational startup costs are permitted. Please refer to the Budget section of this RFP (starting on page 38).

8. Are there any restrictions with how start-up funds can be used? i.e. transportation purchase?

Please refer to Budget section of this RFP, starting on page 38. For additional guidance you may refer to section 4 (un/allowable costs) within the DCF Contract manuals at <https://nj.gov/dcf/providers/contracting/manuals/>

9. There are some business structures that do not legally require a sitting board, what will be the requirements under this initiative for said business structures?

All NJ incorporated entities would have a Board structure.

A “governing body” can be any of the following:

- Board or Directors, or
- Managing Partners, if LLC/Partnership, or
- Chosen Freeholders of Responsible Governing Body

What documentation is required for each professional member of the body of the organization?

A list of the governing body is required. It must be dated and include the following: names, titles, emails, phone numbers, addresses, and terms for all members of Governing Body.

10. The staff/youth ratio of this initiative exceeds regulations, indicating a higher level of service/need, will there be any additional restrictions that differ from standard regulations?

The contracted deliverables exceed licensing regulations in areas including staffing; in addition to meeting OOL regulations, awardees must adhere to the contracted deliverables outlined in this RFP.

Please refer to *Staff Attestation* form.

11.Length of stay is considered short-term care; how should home visitation be handled? How should employment be handled, if youth is of age and employed at time of placement?

The provider should include in the proposal how they will engage family and maintain contact; due to the high acuity of this program, including high staffing supervision, youth with this high acuity of behaviors may not clinically be able to work. The child family team should meet to discuss youth's ability to work.

12.How will Biopsychosocial Needs Assessments be billed under this initiative, with consideration to budget projections?

As per the RFP all assessments including the Biopsychosocial Needs Assessments are included in the per diem rate.

13.After leveraging community resources, is there an amount for clothing costs dedicated for items owned, that may be inappropriate to be worn, and need to be replaced to ensure that each youth has adequate supply?

The per diem rate is all inclusive and includes clothing costs. The family or DCP&P caseworker can also provide clothing or an initial clothing check at time of admission.

14. Knowing that some youth are allowed to use tobacco products/possess cell phones, while home, how would you suggest these issues be managed upon admissions?

Provider should document in the proposal how they will engage youth while following Office of Licensing (OOL) regulations.

Tobacco Use:

Smoking is not allowed as per state laws. Additionally, OOL regulations do not allow for smoking by the youth. Medical unit can provide smoking cessation supports.

Cell Phone Use:

There are no regulations prohibiting the use of cell phones by the youth. The provider should have a policy and procedure regarding the use of cell phone or the prohibition of cell phone use. However, if cell phones are allowed, OOL will defer to the search/seizure and mail provisions of the regulations regarding the viewing of the youth's device (email, text messages, photos and etc.).

15. How will funds be disbursed throughout the award cycle?

The funds for Stabilization and Assessment Services are reimbursed on a fee for service basis. Medicaid billing is the payment methodology for reimbursement. Awardees must enroll in NJ Medicaid and subsequently submit claims for reimbursement through NJ Medicaid and its established fiscal agent, DXC, within prescribed timelines.

16. Is it expected that the projected budget allocates funding for special/emergency incidents, or will there be one-time additional funding to address these situations as they arise?

The per diem rate is all inclusive.

17. Is there a licensing orientation or training for new programs?

Unfortunately, there is no orientation or training provided. However, programs awarded the RFP will receive technical assistance from OOL during the licensing process. Please refer to the DCF website for the applicable regulations for this RFP. (Chapter 56)

18. When does the program start the licensing process?

The licensing process starts once the RFP is awarded.

19. How and when will I know if the house will meet the licensing requirements?

Please refer to the DCF website for the applicable licensing requirements for this RFP. Once awarded, OOL will conduct courtesy inspections of the proposed home location to determine suitability of the home for licensing.

20. Is the start-up fund amount of \$61,000 available to existing providers to update their living arrangements?

Yes.

21. Are you set on “co-ed” settings?

Yes.

22. What do you consider a “homelike” setting? Can a home be located on a campus that is “community like”?

The Stabilization and Assessment programs must be provided in community based homelike settings. In your proposal, you will need to clarify why you are proposing a home on a campus setting.

23. How does an agency cover initial costs before funding begins?

In your start up budget, describe how you will provide staff training, food and supplies, etc. as part of the initial costs.

Start-up costs must be delineated on separate column in the proposed Annex B Budget and be described in the Budget Narrative, attached as an Appendix.

24. Does the initial projected budget need to be submitted on Annex B Budget Form template?

Yes.

25. With regards to appendix #24-Letter of Commitment or MOU (if relevant to your program), what do we include?

If the proposal includes the use of outside services, such as psychiatric or psychological evaluations (that will be paid through the per diem rate), the official agreement with the provider should be submitted to show compliance with the RFP requirements. Letters of commitment must be on letterhead paper.

26. How does # 7 on page 54 differ from #24 on page 41?

#7 Page 54-CSOC Pre Award Checklist: Subcontract/Consultant Agreements related to this response - if not applicable, include a written statement.

- *Subcontract/Consultant Agreement* is a signed contract by an entity for services that will be provided. Refer to Contract Policy Manual and Standard Language Document for additional information.

#24 Page 41-Appendix: Letter of Commitment or MOU (if relevant to your program) If not applicable, include a written statement.

- *Letter of Commitment* is a written commitment by an agency for a specific service.
- *MOU* is a Memo of Understanding which is a signed agreement by key partners for services.

27. How does the new T-JCR transition process factor into this?

The new T-JCR process is only for I/DD programs which require longer lengths of stay. It is not for this RFP target population.

28. Are there other referral sources for this program?

No. This program is dedicated to DCF youth only.

Referrals shall be received from a DCF Liaison from DCP&P or CSOC and authorized by PerformCare, the Contracted System Administrator (CSA).

29. Would you accept less than 5 beds?

The RFP requires the applicant to provide services for 5 youth

This RFP requires a minimum of four (4) bedrooms, but DCF prefers five (5) single bedrooms per program in order to maximize capacity and to provide each youth with their own space.

Each program must be able to serve both males, females, and transgender youth, as determined by need. It is the goal to place the same sex in each bedroom; however, the admission must be made recognizing gender identity.

30. Is there a conflict in billing when transitioning youth back where two (2) services are provided on the same day? I.E. group home services vs. IIC?

It is not a conflict to access IIC services to assist with the transition to a non-clinical community setting. CSOC and Medicaid have developed a mechanism to address this billing. Details regarding the billing process will be provided during contract negotiations.

31. Can you apply to open two homes?

Yes. Applicants are allowed to submit proposals for 2 programs but are required to submit 2 separate proposals. The applicant must also document capability to open both homes simultaneously.

32. What recommendations can be given to someone who is planning on starting an agency? How should the structure of the company be?

As you are starting a new agency, you may want to network with other providers and speak to their CEO.

An organization needs to have a governance and management structure, including information on the roles of senior executives and governing body. A "governing body" is any of the following: Board or Directors -or- Managing Partners, if LLC/Partnership, -or- Chosen Freeholders of

Responsible Governing Body. Also, a staffing structure would be essential as stated on page 14 of the RFP.

We can schedule a conference call to answer and discuss your questions further. Please contact us via DCF.ASKRFP@dcf.nj.gov anytime.

33. Does someone who is starting an agency have the same chance of getting the proposal as to someone who already has an agency started?

This is a competitive procurement and all agencies who meet the eligibility requirements can apply. DCF encourages new agencies to participate.

34. How do you sign up for Medicaid for a business? Can it be further explained?

If you are interested in becoming a CSOC provider, you must first be qualified through an RFP or an RFQ we have issued.

If you are looking to become a general Medicaid provider, please contact DXC at 800-776-6334.

DXC is Medicaid's fiscal agent and they process claims and enroll providers.

35. I have a relative that own homes and agreed to whenever I am able to open the group home, I can rent from them. Do you have to own the home in order to open?

No, you do not have to own the home to open.

- **If not, should I get a contract to open with the relative?**

Yes. You can lease a home or intend to lease a home. Your application is strengthened if you have an existing lease or have a commitment to lease property.

36. Are there any websites that will assist you with written proposals as well as technical aspects of the grant (a model)?

Yes. We are available to assist you with the technical aspects of this grant. You may contact us anytime via DCF.ASKRFP@dcf.nj.gov.