



Request for Information (RFI) Regarding Contract Deliverables for Out of Home Treatment Services for Youth and Young Adults with Intellectual and Developmental Disabilities and Severe Behavioral Challenges

The Department of Children and Families (DCF), Division of the Children's System of Care (CSOC), issues this Request for Information (RFI) to assist in the identification of effective practices for Out of Home Treatment Services for Youth and Young Adults with Intellectual and Developmental Disabilities and Severe Behavioral Challenges. DCF seeks written responses from those with relevant expertise, and from current and potential providers of services to youth with I/DD.

DCF refers to the collection of services, offered to such youth and young adults, by the Intensity of Services (IOS) designation of Intensive I/DD. The terms and conditions of DCF contracts relate back to the Request for Proposals (RFPs) that described the minimal requirements for the delivery of services to each youth for each distinct IOS. The most recent RFP for the Intensive I/DD IOS, issued in March 2017, sets forth the minimal requirements for services, staffing, and the prescribed setting for the delivery of the services, in the Attachment A: *Services Funded and Program Descriptions with Minimum Staffing and Service Requirements*. These sections summarize the essential contract deliverables required by RFPs and would serve as the basis for DCF program audits.

DCF seeks to review the configuration and setting of the services described in these RFP documents and to consider enhancements and/or revisions to the model. Such changes may result in modifications of the current contract and/or the issuance of new and revised RFPs. To this end, we ask you to review the attachment, and in a written response, raise any issues you feel are important for us to consider, and identify any deliverables you feel we should reconsider.

In addition, we ask that you please provide written feedback to all or some of the following specific questions on or before February 28, 2019 to dcf.askrfp@dcf.nj.gov:

1. What do you consider an ideal setting for the delivery of services to youth with Intensive I/DD? More specifically, CSOC is considering a requirement that these services be provided in a campus setting instead of in a single five-bed home or a hub. What would you define as an acceptable campus style setting? For example, would this be separate structures on the same property, or could this be a larger structure housing more than five youth simultaneously?
2. The non-cost related, fixed per diem rate per youth for OOH contracts is based partly on the costs of the credentialed staff required to provide the services. Providers bill for this rate via the fiscal intermediary for Medicaid. Considering that the target population for this program is youth and young adults with a variety of I-IDD needs (See Section 1, pages 4 – 5), including, but not limited to Autism Spectrum Disorder, should the credentialed staff configuration required for this IOS and the corresponding rate be reconsidered for the delivery of appropriate services to these youth? (In Attachment A, see Exhibit E for reference) More specifically:
 - a. Should DCF change the type and number of the professionals? If so, how?
 - b. Should DCF change the credentials for each of the professionals required? If so, how?
 - c. Should DCF increase or decrease the number of professionals required? If so, how?

- d. To what extent should a Psychiatrist and Psychiatric APN be involved?
 - e. How would you defend the use of tele-psychiatry as acceptable in meeting minimum requirements of psychiatry?
 - f. Should DCF consider minimum specialized experience and/or education for direct care staff?
 - g. Is the ratio of 1 staff per 2 youth adequate to meet the intensive and varying needs of this population? Are there particular shifts or circumstances that would require additional staff support?
 - h. Is a full time dedicated program director for up to 15 youth appropriate?
 - i. Is a full time dedicated house manager for each dwelling on the campus appropriate?
3. Can DCF leave more to the discretion of the provider, such as the configuration and time of the delivery of services that best serves each youth within a period, while still requiring a minimum level of services for each youth, in the interests of promoting more individualized treatment? For example,
 - a. Should the minimum number of hours of specific services be provided to a youth over a longer period, such as monthly instead of weekly? (In Attachment A, see Exhibit E for reference)
 - b. Should the costs of the services of certain types of professionals, such as a speech therapist or a psychologist who may not be needed by all youth in a program, be counted as overhead rather than in the cost per youth? If so, which professionals? Who should be involved in determining whether the services of some professionals are needed to inform the youth's care?
 4. Are the potential medical care needs of these youth adequately addressed by the deliverables in the attachment? Is it sufficient that youth access any additional medical care they may need through community resources, or should more medical care be available on site?
 5. Are there changes to the requirements that will reduce the administrative burdens on providers, while freeing more resources and time for direct service delivery? For example, are the contractual requirements for documenting the duration and topics of sessions reasonable and consistent with best practices?

Attachment A: From the March 23, 2017 RFP for Intensive OOH Services for Youth with IDD:
Services Funded and Program Descriptions with Minimum Staffing and Service Requirements