

**NJ Department of Children Services (DCF)**

**Children's System of Care (CSOC)**

**RFP: Intensive Mobile Treatment Services for Youth and Young Adults with Intellectual / Developmental Disabilities (IMTS-IDD)**

**QUESTIONS AND ANSWERS**

Technical inquiries about forms, documents, and format may be requested at any time prior to the response deadline through [DCF.ASKRFP@dcf.nj.gov](mailto:DCF.ASKRFP@dcf.nj.gov)

- 1. Is this RFP only for Bergen, Gloucester, and Middlesex counties or is it one team for any two of these named counties and another team for any other county?**

The successful applicant will provide one team per county for two identified counties (two teams in total). The catchment area may be adjusted based on capacity and demand from adjacent counties, with consideration of the geographical area to be covered by staff and on a limited case by case basis.

- 2. Title Page: It says that \$4.7 million per year is available. Are indirect costs allowable on the budget? If so, what is the cap on indirect costs?**

Yes, indirect costs are allowable; they must be reasonable and allocable.

- 3. P. 3: It says, "Operational start-up costs are not permitted to be reimbursed under this contract." Could you define what is and is not "operational start-up costs"?**

Operational start-up costs are the costs incurred prior to the contract start date in preparation for program operations. DCF will not pay additional funds for any expenses incurred before the contract start date.

The funds available are to be budgeted to cover the expenses incurred during the contract term. Additional funds are not available. Within the contract ceiling available during the contract term, your budget may include the costs of what you need to commence program operations.

- 4. P. 17: It says, "At least 75% of each clinical hours must be...face-to-face interaction with youth and/or families." Do telehealth contacts count as "face-to-face interaction"?**

The IMTS-IDD program is designed to provide intensive, in-vivo services. All services are to be provided in the youth's home. Medication management may be provided at the family's choice using a secure, HIPAA-compliant telehealth platform if doing so adheres to the DCF Standards of Care for Remote Services available at page 9 of the [Guidance-for-DCF-Contracted.In-Home.and.Community-Based.Programs.10-20-21.pdf \(nj.gov\)](#) posted on the DCF website. In the event of a public health or other emergency that prevents the delivery of in-vivo services, CSOC program managers shall work with the provider to develop an alternative acceptable service delivery model.

- 5. P. 33: It says that a key component of the program is participation in program evaluation. Could the program-evaluation component include pretest and posttest evaluations of the treated patients and of matched-or waitlist-control patients to increase the validity of the program-evaluation results?**

DCF will determine the evaluation design and will consider the feasibility and applicability of pre- and post-test instruments as well as a comparison group, however we typically do not include a comparison group in the implementation evaluation phase for new programs.

- 6. Given the high demand for Psychiatrists, would it be permissible to deliver the clinical hours of face-to-face interaction via telehealth? (p. 17)**

Please see the response to # 4, above.

- 7. Can two providers partner to deliver services?**

DCF will enter into a contract with one agency. Applicants may choose to subcontract certain program deliverables.

- 8. Can a provider subcontract with another provider/agency to deliver services?**

Please see the response to #7, above.

- 9. Can a successful applicant choose to use treatment models other than those outlined in the RFP?**

Applicants may propose treatment models other than those outlined in the RFP that adhere to the staffing and other RFP requirements.

**10. Can you provide some detail regarding billing submission?**

The successful applicant will enter into a cost-reimbursement contract for the project period. The contractee will receive scheduled monthly payments.

**11. On page 44 (Section III) of the RFP PDF, a required attachment is “three letters of commitment specific to a service or MOU to demonstrate commitment to the program”. Can you please clarify who these letters should be from? Can they be existing partners or do they have to be from entities who would partner with us on this new award?**

DCF expects applicants to partner with other service providers for consultation, technical assistance, or other service providers as needed to support individualized service planning. These may include current partners who would also work with the applicant on this program or new partners.

**12. On page 47 (Section III) of the RFP PDF, a required attachment is the program staffing summary report. Do we need to include set hours for RBTs? How do we demonstrate on call versus face-to-face shifts within the template? Since we need to have flexible staff schedules to accommodate the families, how do we demonstrate this?**

DCF encourages applicants to develop sample staffing plans for both regular and on-call hours.

The PSSR that is submitted with this application (and, if awarded, with the contract and whenever requested) is a snapshot of a typical week showing how the respondent will meet the staffing coverage and services that are required by this program initiative.

Understanding that this RFP expects the Registered Behavior Technicians (RBTs) to be available to work on a rotating coverage schedule, including weekends, the PSSR should show weekend coverage for that position whenever it is submitted. The respondent may indicate in the “functional job duties” section for each RBT listed that the schedules for these positions rotate weekly.

This RFP requires 24/7/365 crisis response. The PSSR should show round the clock coverage. On-call shifts do not have to be distinguished in the PSSR. Positions such as such as the Resource/ Respite Coordinator, Clinical Director, Registered Nurse (RN), Mobile Team Coordinator, Licensed Clinician, Board Certified Behavioral Analyst, Resource/ Respite Coordinator that require on-call shifts must include that responsibility in the “functional job duties” section describing that position.

**13. On page 51 (Section IV) of the RFP PDF, there is a section on population of focus and statement of need. We recognize that there is a very brief description of the target population and admission criteria on page 18 of the PDF, but is there a referral sheet that DCF has and can send to us so that we can more fully elaborate on the population in need of services? Where does DCF expect us to obtain information on race, ethnicity, language, sex, gender identity, sexual orientation, age and socioeconomic status? Should our answer be broad (i.e., based on county census demographics) or specific to the 18 children who DCF identified for service?**

Applicants are encouraged to use available local census data and other publicly available resources to elaborate on the population in need of services in each county. Applicants may wish to refer to the [Developmental Disabilities Eligible Youth | Data Hub \(rutgers.edu\)](https://datahub.rutgers.edu/) for additional demographic information by county. Please note that the hub data is inclusive of all youth in the state and by county with active IDD eligibility, including youth not served by CSOC. Applicants may also wish to access the county data profiles available at [DCF | DCF/HSAC County Needs Assessment \(nj.gov\)](https://www.nj.gov/DCF/HSAC/CountyNeedsAssessment/).