

**THE PROVISION OF INTENSIVE IN HOME INDIVIDUALIZED
BEHAVIORAL INTERVENTION SUPPORTS AND SERVICES FOR CHILDREN
WITH INTELLECTUAL AND/OR DEVELOPMENTAL DISABILITIES**

Questions and Answers

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

Phone number and contact person for date of delivery:

Main Number: 609-292-5665

Contacts: Karen Schemmer

Loren LaBadie

Deliver proposal to:

101 South Broad Street, 7th floor, Trenton NJ 08625

1. Is utilizing physical restraint mechanisms preferred?

Absolutely not, the Children's System of Care (CSOC) prohibits the use of aversive procedures or techniques but recognizes that it may be necessary to employ restrictive procedures necessary to protect the youth or others from harm in a crisis situation. All such procedures must be implemented with the least restrictive intervention reasonable and effective to maintain safety, and only after exhausting all possible positive interventions.

2. It states in the proposal that a Behavior Support Plan will be the treatment plan and approved by CYBER. Will Cyber have the layout and capabilities to support this document?

Yes. A Behavior Support Plan template has been developed by CSOC.

3. How will the plan of care be authenticated for the In-Home RFQ with behavioral supports when a BCBA is a non-licensable certification?

Page 10 of the RFQ states: Each youth receiving intensive in home services shall have an approved, documented behavioral support plan developed by an approved credentialed practitioner individually crafted to address identified behavior(s) that impact on the youth's ability to function at home, school or in the community. The behavioral support plan shall identify the services to be delivered by a provider and incorporate generally accepted professional interventions. The behavioral support plan shall be authorized by the Contracted Systems Administrator (CSA) prior to its implementation.

4. Do I need to submit a separate RFQ for each county we would like to provide services in?

No. The applicant is required to document the geographic location(s) where services will be provided on Page 5 of the Checklist.

5. RFQ p. 11 - Levels of Behavioral Supports - What is the primary difference between Level 1 and Level 2? Does Level 1 reflect less hours and Level 2 require more hours? Is there a ballpark number of authorized hours per Level (e.g. Level 1 = 2-3 hours per week; Level 2 = 5-10 hours per week)?

The primary difference between Level 1 and Level 2 behavioral supports are the type, frequency and intensity of the maladaptive behavior and the recommended intervention. Individualized services will be authorized based upon the youth's assessed level of need.

6. RFQ p. 13, paragraph 2 - Formal Comprehensive Assessment - Is this required for all accepted referrals? Or is this specific to children who need restrictive procedures?

Yes, it is required for all youth. The Functional Behavioral Assessment informs the development of the Behavioral Support Plan. Functional Behavioral Assessments are addressed on page 7 of the RFQ.

7. RFQ p. 13 - Eligible Applicants - How do I demonstrate in the application our willingness to become a Medicaid provider? We have attempted to enroll twice in the past, but have been denied because ABA was not a reimbursable service.

ABA is a covered service under the recently approved Medicaid Comprehensive Waiver. The first step for an applicant is to respond to the RFQ. DCF CSOC will screen RFQ applications for eligibility and conformity with the specifications set forth in this RFQ. A preliminary review will be conducted to determine whether the RFQ application is eligible for evaluation or immediate rejection. Upon completion of the initial screening, applications meeting the requirements of the RFQ will be assessed. All applicants will be notified of the Department's intent to qualify the provider and provided with further instruction on the Medicaid enrollment and qualification process. Please note Medicaid will not process completed Medicaid Provider Applications submitted directly from provider agencies. DCF CSOC will forward the completed documents together with a required DCF CSOC certification to Medicaid for processing.

8. RFQ p. 15 - Fiscal/Billing Requirements - Is the Contracted Systems Administrator the various county care management organizations? If we become an approved provider through DCF, does this change the referral process between us and Ocean Partnership for Children? Are we able to expand our services to CMOs in other counties?

PerformCare, the Contracted System Administrator (CSA) is the Children's System of Care single point of entry. The CSA facilitates service access and authorization, linkages, referral coordination, and monitoring of children's system of care services across all child-serving systems. CMOs are DCF-funded, county-based, non-profit organizations that are responsible for face-to-face care management and comprehensive service planning for youth and their families with moderate and intense needs. CMOs coordinate the Child/Family Team meetings and implement Individual Service Plans for each youth and their family. Providers who become qualified under this RFQ will be able to maintain the current established referral process with CMOs and will be able to provide services in other counties.

Referrals for intensive in home behavioral intervention supports and services for youth and families not currently receiving CSOC services will be initiated through the CSA.

- 9. The Proposal Cover Sheet asks for the title of the RFP (this application is for a RFQ) and for the dollar amount requested (which would be 0 as this is an RFQ). Is there a specific cover sheet for this RFQ, or should I use the one for the RFP?**

Use the RFP Proposal Cover Sheet.

- 10. We are a NJ Medicaid Provider. We provide Adult Day Health Care Services. Is there something else I need to do to be a Medicaid provider specific for in home behavioral supports?**

Yes, the first step is to respond to the RFQ. DCF will screen applications for eligibility and conformity with the specifications set forth in this RFQ. A preliminary review will be conducted to determine whether the application is eligible for evaluation or immediate rejection. Upon completion of the initial screening, applications meeting the requirements of the RFQ will be assessed. All applicants will be notified of the Department's intent to qualify the provider and provided with further instruction on the Medicaid enrollment and qualification process specific for providing intensive in home behavioral supports to youth. Please note Medicaid will not process completed Medicaid Provider Applications submitted directly from provider agencies. DCF CSOC will forward the completed documents together with a required DCF CSOC certification to Medicaid for processing.

- 11. Is a Tax Clearance Certificate required for each grant, specific to that grant? For example, we just applied for a tax clearance certificate for a Dept. of Labor grant we are submitting. Do I need to do a separate one for DCF? Will documentation that we have made application suffice?**

A separate Tax Clearance Certificate for DCF is not required.

A Tax Clearance application will not be accepted. The organization must submit the Certification within the last 12 months.

- 12. Re: #18 on the Appendices - As a non-profit, do we need a Board of Resolution form?**

Yes. Non-profit entities are required to submit a Board Resolution Validation form.

13. There is another RFQ to provide clinical/therapeutic services to the same population. Though not indicated in IIH Behavioral Supports RFQ, we would like clarification as to whether or not the Behavioral Supports RFQ is linked and dependent/subservient to the Clinical/Therapeutic RFQ for referrals or treatment planning.

No, one is not “dependent/subservient” to the other; collaboration with professionals from other disciplines that are also supporting the youth is expected from both RFQ’s. If you are interested in only providing intensive in home behavioral supports, then respond to that RFQ; if you are interested in only providing intensive in home clinical supports, then respond to that RFQ; and if you are interested in providing both behavioral and clinical supports, respond to each RFQ separately.

14. What type of Medicaid should we be applying for?

Please see answer to Question #9.

15. FBAs take time to develop as data gathering and analysis has to be completed. We have several questions regarding this aspect:

- **How many hours/units do you anticipate allowing for the completion of the FBA and subsequent plan development?**

DCF CSOC anticipates the FBA and subsequent plan development to be completed within 10 – 15 hours within a two week time frame.

- **Since research indicates that a FBA can take close to a month to complete, utilizing the principles of Positive Behavioral Supports, can services be implemented based on a preliminary service plan and until the FBA process and permanent plan are completed?**

Yes, analysis, planning and treatment are not static activities and are modified over time as progress or lack thereof is evident. Continuation of services is subject to reauthorization after clinical review.

16. Are newly formed organizations that do not have a financial history (e.g., audited financial, etc.) prohibited from applying?

No

- **Must a nonprofit have or be a 501(c)(3) recognized organization?**

No

- **We are fairly new and have not completed even one fiscal year. We are an incorporated nonprofit organization; however, we do not have 501(c)(3) recognition.**

This is acceptable.

17. Is there any expectation that private insurance for autism services must be exhausted prior to seeking funding from the Children's System of Care?

Yes.

18. Can evidence based treatment procedures such as time out and overcorrection be used in other than emergency situations? Both would appear to be permissible under Division Circular #34.

DDD Division Circular #34 defines the levels of strategies; over correction and certain forms of time out are level III strategies. The RFQ clearly states, "Use of ABA services requires the preparation of a formal comprehensive assessment and submission of any behavioral support program, DDD Circular 34 Level III, to the provider agency's internal Behavior Management Committee & Human Rights Committee or the State's Behavior Management Committee & Human Rights Committee for assurance of compliance to Division of Developmental Disabilities Circulars 5, 18, 19 & 34 for approval prior to implementation."

19. Am I correct that the BCBA will not be paid for conducting the functional analysis, developing the treatment plan, training others to implement the behavior support plan, and analyzing treatment data, and that compensation will be only for time spent in direct contact with the actual consumer?

That is not correct. Units of service are defined as 15 continuous minutes of direct contact service provided to, or on behalf of, the child,

youth, adolescent or young adult. BCBA assessment, plan development and supervision of Behavioral Technicians are reimbursable services.

- 20. Once a consumer is taken on as a client, a psychologist has an ethical responsibility to ensure the continuation of services, even if there is no longer compensation for that service. Is this ethical standard to be expected of BCBAs?**

DCF refers you to the Behavior Analyst Certification Board ®. Professionals must practice within the scope of his or her licensing and/or certification board.

- 21. Aversives – how are you defining them? There are some situations in which a program incorporating aversives may be the treatment of choice for a given consumer. I am thinking about pica and life threatening forms of self-injury, where both have significant literature support for the use of programs incorporating aversives. It would seem that the clinician would have an ethical responsibility to recommend the treatment he/she judges most appropriate, even if regulations would prevent actual implementation of such a program. This then raises the question of parents electing to implement such programs.**

Please refer to the Division of Developmental Disabilities (DDD) Circulars referenced in this RFQ until such time CSOC develops regulations or policies regarding this. DDD Division Circular #34 defines the levels of strategies; aversives are defined as Level III strategies. See response to question #17 for additional information.

- 22. Is there regulatory authority that permits independent practice by persons holding a BCBA? A doctoral level psychologist without a license is not permitted to practice with independence in New Jersey, yet there is no such limitation on BCBAs. Is there any anticipation of a New Jersey licensing requirement for behavior specialists?**

No, please contact the Behavior Analyst Certification Board ® for future plans. Professionals must practice within the scope of his or her licensing and/or certification board. At this time, DCF CSOC is not pursuing a licensing requirement.

23. Page 7: Based on individual child/family circumstances, may pre-intervention clinical screenings /assessments be conducted at a location other than the youth's home?

Intensive in home services, including assessments, shall be delivered in community-based, clinically appropriate settings that are convenient to the child, youth, or young adult and his or her family. IIH service providers shall not require a child, youth, or young adult and his or her family to meet at a site decided by the provider. IIH services shall not be provided in an office setting.

24. Page 7: Has a process been established for the referral of qualified youth to approved IIH providers?

Referrals for intensive in home behavioral intervention supports and services will be initiated through the CSA.

25. Page 7: Are there preferred regions/counties within the state identified as having the greatest need for IIH Services; and/or are there other geographic requirements for providers?

CSOC is seeking the provision of IIH services statewide. There are no geographic preferences or other geographic requirements for providers.

26. Page 8: Are there established capitations on service units?

DCF CSOC will be establishing limits on service units. Authorization of units is based on a thorough clinical review and the presenting needs of the child. Continuation of services is subject to reauthorization after clinical review.

27. Page 8: Has a maximum number of eligible service recipients (capacity for this initiative) been established?

No.

28. Page 12: For approved applicants, will there be a contractual duration through which reimbursement rates are locked?

This is not a contract; providers will be qualified to provide this service and paid on a fee for service basis.

29. Page 15: For approved applicants, who receive an actual award, is there a date upon which services are expected to commence thereafter?

Ideally, qualified providers will be able to commence services as of the date of receipt of the qualification notification.

30. Will there be a process for providers to be able to become qualified to deliver services after this initial qualification period?

DCF CSOC may initiate a subsequent qualification process.

31. Are providers able to apply to be qualified for Individual supports (behavioral technicians) only?

Yes.

32. Is it acceptable to submit the checklist hand-written for Part 1? I can't seem to find an online version that isn't a pdf, so I figured the only way to submit that portion would be to fill it out by hand, sign it, and scan into the computer.

Yes.

33. It seems as if no other written proposal portion is required, correct?

Yes, that is correct.

34. Can we qualify a position, as long as the position meets all the requirements, rather than a person?

No.

35. Can we qualify a person who does not meet all the requirements by the time the RFQ closes as long as the person is already scheduled to complete all the training requirements?

No, DCF CSOC will qualify individuals upon completion of all training requirements.

36. How do we address getting individuals trained when the training sessions are closed/ filled and individuals cannot complete the training requirements before the close of the RFQ period?

Please see response to #34.

37. Can other individuals be added once the initial qualification period is complete?

Yes.

38. Can we hire our own trainer to provide Positive Behavior Supports training?

Yes, qualified trainers in PBS can be added to the agency's file with documentation provided.

39. Page 3-4 Section I A-B: If an agency is already an Intensive In-Community (IIC) provider under CSOC, is it necessary to apply to this RFQ?

Yes. Existing CSOC IIC providers are not pre-qualified as IIC providers.

40. Page 3-4 Section I A-B: If notified of approval for this RFQ (IIC) will this allow the agency to provide IIC services as well (if not already an IIC provider), or is this another process/RFP?

No. IIC is a separate and distinct service which requires an additional application process. CSOC is not enrolling additional IIC providers at this time.

41. Page 13 Eligible Applicants: Are Independent Practitioners able to change their status to a for-profit agency after the notification process, and therefore hire/train additional staff? If yes, what does this process entail? How do Independent Practitioners change to for-profit entities within this system of care? Or do Independent Practitioners need to enroll initially as a for-profit entity with the intent to have colleagues involved in the practice?

Notification would need to be provided to Medicaid and DCF CSOC to initiate this process.

42. Page 20 Section II: In the Checklist, what supporting documentation is required, since it then states additional pages will not be considered?

All “checked boxes” require additional supporting documentation. Where a “free text” section exists, the applicant must provide a brief summary within the space allotted. No additional pages are permitted.

43. Page 20 Section II: Is the Checklist just a check list for the inquiry stage of this RFQ, or do you need documents to support each checked box at this time?

Supporting documentation for checked boxes is required at this time.

44. Page 20 A: Are all checkboxes needing to be checked for specific staff or are the checkboxes to be checked for what is being developed for the program servicing this identified population?

A checklist with accompanying documentation is required for specific staff.

45. Page 23 Proof of Training: As a start-up agency developed to service the identified population, can the “proof of training for all in home staff” be produced as the agency develops and training intensifies for new hires?

Yes, please see the answers to questions #34 and #36.

46. Page 24 Geographic location where services will be provided: Can the geographic location be expanded upon as the RFQ determination occurs and additional identified needs pertaining to location arise?

Yes, provide notification to DCF CSOC of the expanded service area.

47. Page 25 Part II #1: Is the resume of just the CEO required for Independent Practitioners? What is the protocol for Independent Practitioners who plan to have additional staff as the program develops?

Resumes of all staffs providing in home services: BCBA, BCaBA, and Behavioral Technicians are required as well as key personnel in an agency. Please see the answers to questions #34 and #36 for additional information.

48. Page 25 Part II #2: If already an approved NJ Medicaid Provider as an IIC provider, what additionally needs to occur to become an IIH Provider for Medicaid?

Existing CSOC IIC providers are not pre-qualified as IIH providers. A response to this RFQ is required.

49. Page 25 Part II #5: What is an Affiliation Agreement?

Affiliation Agreement means a working agreement outlining the association of two or more entities for the advancement of a specific goal or purpose.

50. Page 25 Part II #8: Where can I locate these forms?

Please refer to Page 26 of the RFQ following # 21 for links to all required forms.

51. Page 25 Part II #9: If not completing the form, do I just write NA?

Tax Clearance Certificates are required by all respondents.

52. Page 25 Part II #17: Where can I locate this form?

Please refer to Page 26 of the RFQ following #21 for links to all required forms.

53. Page 26 Part II #19: Where can I locate this form?

Please refer to Page 26 of the RFQ following #21 for links to all required forms.

54. Will billable hours include anything other than face to face time such as plan development and supervision of behavioral technicians by a BCBA?

Units of service are defined as 15 continuous minutes of direct contact service provided to, or on behalf of, the child, youth, adolescent or young adult. BCBA plan development and supervision of Behavioral Technicians are reimbursable services.

55. Is subcontracting of a portion of the services allowed?

This is not a contract, providers will be qualified.

56. When the BCBA observes the Behavioral Technician implementing the plan with the client will reimbursement be provided for the monitoring of adherence as well as the direct service?

Units of service are defined as 15 continuous minutes of direct contact service provided to, or on behalf of, the child, youth, adolescent or young adult. Yes, the BCBA observation (on site) of the Behavioral Technician(s) as well as direct service are reimbursable services.

57. Is there an anticipated typical ceiling of hours allotted per individual served?

Services are authorized based on clinical necessity and intensity of need.

58. Will there be a list of the other questions and responses posted?

All questions and responses to this RFQ will be posted.

59. As this is an RFQ and we are an agency wishing to submit a response for consideration which demonstrates our ability to find and place qualified personnel, is it necessary for each possible employee we have on staff to complete the Applicant Eligibility Checklist?

Yes

60. If so, does that negate our ability to place other Behaviorist, BCBA, BCaBA, and Behavioral Techs on this contract in the future?

No, other individuals may become qualified, this is not a contract. Please see the answers to questions #33, #34, and #36 for additional information.

61. Part I: requires supporting documentation be provided as well. The RFQ states, however, “do not exceed allotted amount of space within the check list by affixing additional pages as these additional pages will not be considered”; may additional attachments be referenced and included within another section as the supporting documentation?

All “checked boxes” require additional supporting documentation. Where a “free text” section exists, the applicant must provide a brief summary within the space allotted. No additional pages are permitted.

62. Part II: Appendices says to include updated résumés. Are these résumés to be from the Behaviorist, BCBA, BCaBA, and Behavioral Techs working with the youth or key personnel in charge of the contract?

Resumes of all staffs providing in home services: BCBA, BCaBA, and Behavioral Technicians are required as well as key personnel in an agency. This is not a contract; providers will be qualified and paid on a fee for service basis.

63. What will be the length of the awarded contract?

This is not a contract; providers will be qualified to provide this service.

64. What is the anticipated level of need on an annual basis?

Services were transferred from DHS DDD on January 1, 2013; DCF CSOC continues to assess the level of need.

65. Where is the Certification of Employee Information AA302 form located?

http://www.state.nj.us/treasury/contract_compliance/pdf/aa302.pdf

66. Where is the Board of Resolution form located?

http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p1_board.pdf

67. The Tax Clearance Application form requests the name of the State agency contact person as well as contact information. Will that be provided?

- **Name of Issuer:** Department of Children and Families
- **Due Date:** Enter Due Date of RFQ/RFP
- **Name of Assistance Program:** Enter Name of Grant
- **Application #:** N/A
- **Agency Contact Person:** Catherine Schafer, Director of Grants Management, Auditing and Records
- **Agency Address:**
101 South Broad Street, 7th Floor,
Trenton, NJ 08625
- **Agency Phone Number:** 609-292-5665
- **Agency Fax #:** (609) 292-3931
- **Agency Contact Email:** DCFASKRFP@DCF.STATE.NJ.US