

QUESTIONS AND ANSWERS In response to the
RFP for
RESPITE SERVICES (Sandy Funded)

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

Note this Addendum to the RFP and Applicant's responsibilities:

Employees of the agency, as well as the self-directed respite provider chosen by the family, are required to have background checks.

A statement is required from the Executive Director certifying that s/he and all employees rendering respite services will have state and federal background checks with fingerprinting completed now and every two years thereafter. Each agency employee providing respite services must complete the employee certification form that is provided as part of this RFQ. (Note: Because this form is for agency employees, self-directed respite workers would not complete this form). Form is attached.

The cost of the fingerprinting criminal history background check to become a qualified respite provider (agency employee and self-directed) will be paid for by the Department of Children and Families. Please call 609-888-7192 to obtain the fingerprinting form.

In addition, provider agencies must comply with N.J.S.A. 30:6D-73 et seq. Central Registry of Offenders Against Individuals with Developmental Disabilities. Agencies must assure that the names of all agency employees, volunteers, consultants, and self-directed respite providers that provide services to youth with intellectual/developmental disabilities should be checked against

those names in the central registry. Additional information can be found at http://www.state.nj.us/humanservices/staff/opia/central_registry.html If you are not registered to access the registry, information to do so can be found at this website.

Agencies must also comply with Danielle's Law (www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrne.html).

- 1. We are currently providing respite to children and youth with developmental disabilities from 3pm to 6pm. Do we qualify to expand our services to additional participants?**

Yes, current providers of respite services are eligible but are required to apply in order to qualify to expand their current services to those impacted by Super Storm Sandy by demonstrating in their application that their qualifications are conforming to this RFQ.

- 2. We have received countless requests for participation in our program; however transportation is always a difficulty for families. We currently operate vehicles for a Day Program. If we qualify for an expansion of services can we include transportation in a budget line item?**

No. The services defined in this RFQ will be paid on a fee for service basis at the rates per hour specified for each service on pages 3 and 4. The expenses of providing these services are to be covered by these all inclusive hourly rates.

- 3. Can you be more specific as to the nature of the tasks to be performed by the respite caregiver?**

Respite providers are expected to provide, initiate and coordinate one or more of the service types defined on pages 3 and 4 of the RFQ. These refer to social and recreational experiences for those youth whose families are provided respite.

- 4. Page 3: The RFQ refers to a "respite service plan agreement" (e.g., p. 3 under the B. Background section):**

a. Is there currently an existing form/format for this agreement?

There is no form for a respite service treatment plan. The plan is to serve as documentation of the respite goal to be achieved and the schedule for service provision.

b. What are the requirements for the preparation of this agreement?

The provider is to communicate with the family to develop a written respite service treatment plan within 3 days of receiving notification from the CSA of the family's need for the service. The respite service treatment plan must conform to the CSA approved number of hours and authorization period as noted in pages 3, 4, and 5 of the RFQ.

c. Is this agreement solely between the respite worker and the recipient/family? That is, if the person self-selects a respite worker, is an associated provider agency (used for training/documentation) bound by the agreement? [Related to following questions.]

The associated provider agency as well as the respite worker is bound by the respite service treatment plan.

5. Page 3-4: Section C. Services to be funded - Table and Service Descriptions and Check List page 15.

a. How do respite workers selected by families (i.e., in self-directed) become associated with provider agencies?

The provider agency, after receiving notification from the CSA, will contact the family and learn of the family's choice and need for self-directed respite in the course of developing a respite service treatment plan. The provider agency will then assure that the respite worker conforms to the requirements of the RFQ.

Why is there a difference between the self-directed and agency rates...when agencies are required to "train" and maintain "documentation" for all respite workers? Are provider agencies to be paid for "training" and "maintaining documentation" for respite workers recruited by families/individuals?

No separate fees are to be paid for training and maintaining documentation. Page 3 and 4 of the RFQ notes that a minimum of \$10.00 of the \$15.00 per hour rate for self directed respite is for the

family's respite worker, leaving up to \$5.00 per hour for an agency's training and maintenance of documentation.

b. Will provider agencies be permitted to charge non-employee respite workers fees for training and documentation handling?

No. The expenses of providing these services are to be covered by the all inclusive hourly rates specified on page 3 and 4 of the RFQ.

c. Are provider agencies expected to assume risk (e.g., inclusion in lawsuits, investigation of incidents, other liability, etc.) for respite workers recruited by families/individuals?

The expectations of provider agencies, whether working with respite workers they recruit and hire or with respite workers recruited and hired by families are specified in the "CHECK LIST OF QUALIFICATION REQUIREMENTS FOR THE PROVISION OF RESPITE SERVICES FOR FAMILIES WITH CHILDREN, YOUTH, ADOLESCENTS AND YOUNG ADULTS WITH INTELLECTUAL/ DEVELOPMENTAL DISABILITIES".

6. Page 6: Under Section D "Funding Information":

a. The RFQ references the state's *Contract Policy and Information Manual* and the *Contract Reimbursement Manual*...however, services in this RFQ are intended to be fee-for-service, correct?

Correct.

b. If so, what is the relevance of these contract-related manuals?

The information is provided to the extent these Manuals may apply. Manuals and policies are to provide guidance for use of State funding, identifying those costs/expenditures that are allowable for both cost reimbursement and fee for service forms of payment.

7. Page 8, Section G. Administration 1.c requires "each applicant" to sign and date the Check List:

a. Who is the "applicant"?

The provider agency applying to be qualified to provide the services specified in the RFQ.

b. Is it each individual respite worker or is it the provider agency?

The provider agency must sign and date the Check List.

8. Would it be possible for DCF to provide definitions for the various terms used throughout the RFQ?, such as:

a. “provider agency”

The agency seeking to provide services.

b. “qualified agency”

The provider agency found to be qualified by DCF to provide the services specified in the RFQ.

c. “provider”

The agency seeking to provide services.

d. “system partners”

System partners include families and the Contracted System Administrator (CSA), and can also include relevant NJ State Departments/Divisions, county social service agencies, and CSOC contracted and fee for service providers, as applicable.

e. “applicant”

The provider agency applying to be qualified by DCF to provide the services specified in the RFQ.

9. Since the funding amount is determined by the referrals and hours required, how do we know what funding amount to request for the cover sheet? Should we enter “open ended”?

This can be left blank.

10. Under the Respite Services portion of the proposal, "out of home services" page 5, please explain what types of licenses are required.

Licenses may be required when providing services to groups of 6 or more youth. Please check with DCF/OOL to determine if license is required for proposed programming.

11. On page 18: is a signature needed? Who is considered Individual?

See answer to 7b.

12. Can the child be taken to the respite worker's home?

Page 4 Section C

No, the RFQ is for in home care in the child's home.

13. Can one agency service more than one county? Page 5 Section D

Yes, you can service more than one county.

14. Is there any start-up costs permitted with this RFQ?

Page 6 Section D

No, operational start-up costs are not permitted.

15. What licenses are required for in home and/or out of home respite care? Page 6 Section E #5

Licenses are required if it is applicable to your provider agency.

16. How many children/families are to be serviced within the contracted time period? Page 6 Section E

We have indicated the funding limitations and the number of children/families is not certain.

17. Will respite workers need their own liability insurance or should they be covered under the provider agency's insurance?

Page 9 Section I Post Qualification Requirements

This is an agreement between the provider agency and the respite worker as to the coverage issues.

18. What specific type and amount of insurance is needed for the provider agency and independent contractor (if applicable)?

Page 9 Section I Post Qualification Requirements

Liability insurance for the work to be provided should be more if an independent contractor is not covered by your policy. The independent contractor shall also have similar insurance.

**19. Are for-profit agencies required to have a Board of Directors?
Page 9 Section I Post Qualification Requirements**

Yes.

**COMMUNITY AGENCY HEAD AND EMPLOYEE CERTIFICATION,
PERMISSION FOR BACKGROUND CHECK AND RELEASE OF
INFORMATION**

I hereby authorize the Department of Children and Families to conduct a criminal history background check and I agree to be fingerprinted in order to complete the State and Federal background check process. I further authorize the release of all information regarding the results of my background check to the Department of Children and Families. Check one of the options listed below.

Option 1 - I hereby certify under penalties of perjury, that I have not been convicted of any of the offenses listed below and no such record exists in the State Bureau of Identification in the Division of State Police or in the Federal Bureau of Investigation, Identification Division.

Option 2 - I hereby affirm that I have been convicted of the following offense listed below _____

on _____.

(date)

If I have checked Option 2 or the criminal history background check reveals any conviction(s) for the offenses listed below, I understand that I may be subject to termination from employment.

FOR PROVISIONAL EMPLOYEES ONLY: As a provisional employee, I further understand that I may be employed by the agency for a period not to exceed six months during which time a background check will be completed. I understand that I will work under the supervision of a superior where possible.

Offenses covered under P.L. 1999, c.358:

In New Jersey, any crime or disorderly person offense:

--involving danger to the person as set forth in N.J.S.A. 2C:11-1 et seq. through 2C:15-1 et seq. including the following:

- i. Murder
- ii. Manslaughter
- iii. Death by auto
- iv. Simple assault
- v. Aggravated assault

vi. Recklessly endangering another person

vii. Terroristic threats

viii. Kidnapping

ix. Interference with custody of children

x. Sexual assault

xi. Criminal sexual contact

xii. Lewdness

xiii. Robbery

--against the children or incompetents as set forth in N.J.S.A. 2C:24-1 et seq. including the following:

i. Endangering the welfare of a child

ii. Endangering the welfare of an incompetent person

--a crime or offense involving the manufacture, transportation, sale, possession or habitual use of a controlled dangerous substance as defined in N.J.S.A. 2C:24-1 et seq.

--in any other state or jurisdiction, conduct which, if committed in New Jersey, would constitute any of the crimes or disorderly persons offenses described above.

FOR COMMUNITY AGENCY HEAD: I understand the results of this background check will be reported to the President of the Board of my agency.

PLEASE LIST THE NAME AND HOME OR BUSINESS ADDRESS OF THE BOARD PRESIDENT.

_____ Employee Name (please print)	_____ Employee Signature	_____ Date
_____ Witnessed by (please print)	_____ Witness Signature	_____ Date