

QUESTIONS AND ANSWERS

Licensed Substance Abuse Treatment-Continuum of Care

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

Phone number and contact person for date of delivery:

Main Number: 609-888-7730

Contacts: Karen Schemmer

Loren LaBadie

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

Trenton, New Jersey 08625-0717

IMPORTANT NOTES DISCUSSED AT THE BIDDERS CONFERENCE

On page 13 of the RFP, the Deadline for Receipt of Proposals has been changed to January 16, 2015 by 12:00 PM.

Please refer to slides 19-31 in the posted Bidders Conference presentation. These slides contain important changes to the RFP and additional questions that applicants MUST respond to in their application.

On page 25 of the RFP, the Appendices should also include the following documents:

- 24. Corrective Action Plan/Explanation, if applicable**
- 25. Attestation regarding attainment of certificate of occupancy, if applicable**
- 26. Attestation regarding submission of licensure application(s), if applicable**
- 27. Attestation regarding submission of co-occurring policies and procedures, if applicable**
- 28. Attestation that beds currently contracted by DCF or DHS are not being repurposed for this program**

On page 21 of the RFP, the "Facilities/Equipment:" should include the following:

If the proposed facility requires a new or amended license, describe the feedback the applicant received from the Department of Human

Services' Office of Licensing in a preapplication functional review regarding the ability of the designated site to comply with licensing standards for the proposed services.

- 1. Does the provider have to be located in one of the counties serviced by this RFP other than for outpatient services?**

The RFP states: "Applications are limited to providers who will deliver services in one or more of the following counties: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean, and Salem." All services delivered under this program must be delivered in one or more of these counties.

- 2. Can a provider that does not currently operate a licensed substance abuse treatment service in New Jersey but is otherwise experienced in the provision of this service be seen as an eligible applicant?**

The RFP states: "This opportunity is open to agencies with at least one residential substance abuse treatment facility currently licensed by the Department of Human Services' (DHS") [Office of Licensing (OOL)]. " If your agency does not currently have at least one residential facility already licensed you would not be eligible to bid.

- 3. Please supply data concerning approximate number of eligible clients from each county.**

DCF will provide the referrals to the agency for these services but does not guarantee that all beds shall be filled at all times.

The data in the following chart is derived from four different data elements captured in NJ SPIRIT: Child Alcohol Abuse, Child Substance Abuse, Caregiver Alcohol Abuse and Caregiver Substance Abuse. The percentages for each Federal Fiscal Year (FFY) represented reflect the number of children/youth who had at least one of the data elements flagged during the CP&P investigation, meaning either the alleged child victim or the person designated as the primary caregiver during the investigation was indicated as having a substance abuse issue.

COUNTY	FFY 2011 CHILDREN	FFY 2011 SUBSTANCE ABUSE INDICATED	FFY 2011 %	FFY 2012 CHILDREN	FFY 2012 SUBSTANCE ABUSE INDICATED	FFY 2012 %	FFY 2013 CHILDREN	FFY 2013 SUBSTANCE ABUSE INDICATED	FFY 2013 %
Atlantic	3498	552	15.8%	3141	576	18.3%	3624	684	18.9%
Burlington	3885	735	18.9%	3863	676	17.5%	4089	843	20.6%
Camden	7020	1363	19.4%	6832	1469	21.5%	7011	1548	22.1%
Cape May	1159	198	17.1%	1191	228	19.1%	1199	229	19.1%
Cumberland	2597	323	12.4%	2906	387	13.3%	3049	519	17.0%
Gloucester	2862	623	21.8%	3165	747	23.6%	3234	768	23.7%
Ocean	4693	1071	22.8%	5229	1316	25.2%	4904	1275	26.0%
Salem	1014	161	15.9%	1134	170	15.0%	1128	209	18.5%
8 County Total Youth		5026			5569			6075	

For additional available data, please review information from our website at <http://nj.gov/dcf/>.

4. Will this grant impact any existing contracts with DCF for substance abuse services or any contracts managed by DMHAS for CP&P clients?

Bed capacity currently contracted by DHS-DMHAS or DCF may not be repurposed for this program. Bed capacity currently licensed by DHS-OOL (and not contracted by DHS or DCF) may be repurposed for this program. Funding for this program is made available for NEW treatment capacity.

5. Please confirm that the rates in the attachment for Partial Care, IOP and Out Patient are accurate.

The rate schedule is accurate. The RFP states: “The funding in this RFP includes reimbursement for licensed substance abuse treatment slots at the attached DMHAS rate schedule (see Exhibit C) as well as funding for which the applicant may propose to deliver all other services and enhancements. Applicants should be able to demonstrate how the slot reimbursement rates will be used to support adherence to licensure treatment standards and should also provide a detailed budget and budget narrative that describes what other enhanced services will be provided and how they will be funded.

6. If the DMHAS rates change as expected will DCF adjust their rates to remain in line?

The RFP states: "Rate and/or reimbursement methods are subject to change." DCF maintains independent authority to adjust its rates or reimbursement methods.

7. What other factors may impact rate and/or reimbursement methods?

Funding is subject to appropriation.

8. When will the Award announcement be?

The award announcement will be made after all eligible proposals have been evaluated and scored and a funding recommendation is approved by the Commissioner of the Department of Children and Families.

9. Please define Medication Assisted Treatment; what medications?

Medication-assisted treatment includes all FDA approved medications to treat substance use disorders including, but not limited to, methadone, buprenorphine, and naltrexone, as prescribed by a qualified physician.

10. Is it mandatory that Medication Assisted Treatment be allowed at all levels of care at all sites?

Yes. Decisions to initiate or discontinue medications to support recovery from substance use disorders should be made by patients in consultation with their physicians. Applicants under this RFP may not maintain policies that exclude individuals from services based on their use of appropriately prescribed medications or that require individuals to discontinue medications.

11. Is it expected that the children will reside with their mothers in residential treatment settings? If this is not possible does that exclude an agency's eligibility?

The RFP states: "The awarded agency will provide a continuum of care, designed to meet the needs of CP&P involved women with substance use disorders and their children" and "The awarded program will serve active CP&P-involved women with up to three dependent children per woman ages birth through twelve (with older children permitted on a case by case basis)."

It is expected that residential services funded under this program accommodate children accordingly, with the exception of residential detoxification (ASAM level III.7D and IV) and short-term residential treatment (ASAM level III.7) services. **Prospective applicants shall provide at least one residential level of care that serves women accompanied by their children in treatment within their proposed continuum of care.**

12. Is there an established rate for the children or is this an enhancement to be developed by the applicant?

The RFP states: "The funding in this RFP includes reimbursement for licensed substance abuse treatment slots at the attached DMHAS rate schedule (see Exhibit C) as well as funding for which the applicant may propose to deliver all other services and enhancements. Applicants should be able to demonstrate how the slot reimbursement rates will be used to support adherence to licensure treatment standards and should also provide a detailed budget and budget narrative that describes what other enhanced services will be provided and how they will be funded."

13. Can this funding be used for higher liability insurance costs related to housing children?

Agency insurance costs may be appropriately allocated to the proposed program.

14. Please explain the disciplinary action that needs to be provided as indicated on page 19 of the RFP.

DMHAS will be providing the evaluation team with information regarding any disciplinary action taken against the applicant. This RFP requires that your agency provide an explanation of the corrective action taken as part of your proposal. The corrective action plan/explanation shall be included as an appendix for those agencies that are affected.

15. Can a provider accept non-CP&P involved clients if the provider does not have enough referrals to meet the 90% utilization requirement?

All clients admitted to this program must have an open active case with CP&P. Program admission must be approved by the CP&P caseworker.

16. Can a provider accept referrals from CP&P local offices outside of the counties listed in this RFP?

The priority population to be served in the proposed program is families from the southern counties listed in the RFP; however, referrals may come from any CP&P Local Office.

17. Is there a capacity requirement for each level of care?

There is no specific capacity requirement. Applicants should propose capacity for each level of care in accordance with their project plan.

18. What levels of residential care may be provided under the program?

Providers may offer one or more levels of residential care as regulated by N.J.A.C. 10:161 A, Licensure of Residential

Substance Use Disorders Treatment Facilities. At least one level of care must include capacity to serve women accompanied by their children in residential care.

19. Do services need to be provided in the counties listed in the RFP?

The RFP states: “Applications are limited to providers who will deliver services in one or more of the following counties: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean, and Salem.” All services delivered under this program must be delivered in one or more of these counties.

20. If the lead agency has a licensed facility in another county, and the partner agency located in one of the southern counties is not licensed, can the lead and partner agency submit an application?

The RFP states: “This opportunity is open to agencies with at least one residential substance abuse treatment facility currently licensed by the Department of Human Services’ (DHS) [Office of Licensing (OOL)].” All proposed residential and ambulatory substance use treatment services must be delivered in a licensed facility which is currently licensed or will be licensed in the timeframes prescribed in the RFP.

21. Does the lead agency have to be currently licensed to provide residential care for women and children?

The RFP states: “This opportunity is open to agencies with at least one residential substance abuse treatment facility currently licensed by the Department of Human Services’ (DHS) [Office of Licensing (OOL)].” **Prospective applicants shall provide at least one residential level of care that serves women accompanied by their children in treatment within their proposed continuum of care within one or more of the southern counties.**

22. What services may be funded with the funding available through this RFP?

Funds should be used to reimburse licensed treatment services as well as other proposed enhanced services for parents and children. Licensed treatment services will be reimbursed according to the annual slot rates included as Exhibit C in the RFP.

23. Are providers required to use the slot rates?

Yes. Licensed treatment services will be reimbursed according to the annual slot rates included as Exhibit C in the RFP. Licensed treatment services will be reimbursed according to the annual slot rates included as Exhibit C in the RFP.

24. Can providers leverage other funding for services and use the funds made available in the RFP for enhanced services?

Yes, providers may use funding from other sources where possible, with the exception of DHS or DMHAS service contract dollars. Funds made available through this opportunity shall be “braided” with Medicaid reimbursement, when possible, meaning that Medicaid should be billed for all Medicaid reimbursable services and accepted as payment in full for that service. Projected Medicaid revenue should be included in the proposed program budget.

25. How should administrative or G and A costs be reflected in the program budget?

All administrative or G and A costs reflected in the program budget must be reasonable. Applicants should specify what it being included in this category and how it is being allocated in their budget narrative.

For additional information on G and A costs and how to present them in your Annex B budget, please refer to Sections 4.2 and 5.3 of the DCF Cost Reimbursement Manual, which is available

at: <http://nj.gov/dcf/providers/contracting/manuals/#2><http://nj.gov/dcf/providers/contracting/manuals/#2>

26. For what period of time must the program maintain a 90% utilization rate?

The utilization rate will be monitored monthly and quarterly with an annualized goal of achieving 90% utilization for all licensed services.

27. Do the residential rates vary depending upon the number of children residing in care with their mother?

The rate schedule included as Exhibit C includes the reimbursement for licensed treatment services for adult clients. All services for children should be included in the description of and budget for enhanced services.