

Questions & Answers

Q	Bidder Question	DHS Answer	Section	Pg.
1.	<p>I'd like to know if you could share more information regarding the dispatch solution that will be used by the 988 Managing Entity to support these MCORTs? Specifically, I'm wondering:</p> <ul style="list-style-type: none"> • Who is the 988 Managing Entity? • Has a dispatch solution already been acquired by the 988 Managing Entity? <ul style="list-style-type: none"> • If so, which solution has been acquired? • If not, how will that dispatch solution be procured? • Will there be a separate RFP process? • Will the 988 Managing Entity be responsible for procuring their own dispatch solution or will DMHAS procure one for the 988 Managing Entity? 	<p><i>In March 2023, the 988 Managing entity contract was awarded. Department of Human Services RFP/NOFA Award Summaries (state.nj.us)</i></p> <p><i>MCORT teams will be dispatched by the current 988 Managing Entity through a centralized data/crisis management platform. DMHAS is in the process of finalizing a decision about this platform which will provide a comprehensive dispatch solution. Agencies operating MCORTs must utilize this platform chosen by DMHAS.</i></p>	<p>I. Purpose and Intent</p> <p>IV. Contract Scope of Work - Data Collection and Reporting</p>	<p>Pg. 3</p> <p>Pg. 10</p>
2.	<p>Does the State anticipate that an existing billable code or service will be usable for this grant by the time of award? If so, what code(s)?</p>	<p><i>Mobile Crisis Response Outreach services will be billable to Medicaid. Medicaid codes have been identified. DMHAS and the Division of Medical Assistance and Health Services (DMAHS) are working to finalize billing rules.</i></p>	<p>VII. Required Proposal Content, Project Description, #10</p>	<p>Pg. 15</p>
3.	<p>Do separate proposals have to be submitted if proposing for more than one region?</p>	<p><i>Yes. Separate proposals must be submitted for proposals covering more than one Region.</i></p>	<p>1. Purpose and Intent</p>	<p>Pg. 3</p>
4.	<p>May a bidder collaborate or sub-contract with another agency to ensure delivery of appropriate services across a region?</p>	<p><i>DMHAS will contract with a single agency. Subcontracting is permitted, but there are limitations related to the subcontract and any such subcontract is subject to DMHAS approval.</i></p>	<p>III. Who Can Apply?</p> <p>XI. Post Award Required Documentation, #21; and in several</p>	<p>Pg. 5</p> <p>Pg. 24</p>

State of New Jersey Department of Human Services
Division of Mental Health and Addiction Services

Q	Bidder Question	DHS Answer	Section	Pg.
			attachments.	
5.	Under a collaboration, if the expectation is that we bill Medicaid for services, whose license would be used?	<i>There is no requirement for the provider to be licensed. However, the provider must be enrolled as a Medicaid provider and have or obtain a Medicaid provider number. Medicaid billing will be handled using this number.</i>	III. Who Can Apply?	Pg. 5
6.	Is the intent to fund the specific number of teams listed or is the expectation that the indicated number of teams are available 24/7 for the delivery of services. For example, the RFP indicates 5 teams for Region 1. Does that mean 5 teams in total covering seven days per week, or does that mean 5 teams available per eight-hour shift?	<i>At least one team must be available at all times covering 24 hours a day, 7 days a week in every Region. It is expected that each team will be available to cover their entire Regional area. Teams "...must not be restricted to certain locations or days and times within the coverage area(s)." Regions with larger populations will have more teams so that multiple teams can be on call at the same time.</i>	IV. Contract Scope of Work, Service Expectations and Limitations	Pg. 8
7.	The RFP states an anticipation that a team will experience an average of two (2) dispatches per eight-hour shift. Does this mean that a five-team region would expect 10 dispatches a day, or would it be 30 dispatches over a 24-hour period?	<i>Each Region will have at least 5 teams. Each team will have 2 staff members (peer specialist and mental health professionals), traveling together to meet with individuals in the community.</i> <i>These staff will need to be scheduled to cover 24 hours a day, 7 days a week. It is anticipated that each team will respond to an average of two calls in an 8-hour shift. The number of dispatches per day will depend on the number of individuals in crisis and the number of teams in the field during that 24-hour period.</i>	IV. Contract Scope of Work Staffing Requirements and Team Composition; Service Expectations and Limitation	Pg. 6-8
8.	What is the anticipated dispatches per shift based upon? Is there a per 100,000 population rate or something similar that can be provided to assist in the planning and structure of the proposed service delivery?	<i>The number of teams per Region was chosen based on county population according to the World Population Review in 2022. Link shown here is for 2023. Population of Counties in New Jersey 2023 (worldpopulationreview.com) The estimated number of dispatches was based on the average time needed for each dispatch (including travel, intervention and documentation).</i>	I. Purpose and Intent IV. Contract Scope of Work, Region Chart;	Pg. 3 Pg. 6&8

988 Mobile Crisis Outreach Response
Teams RFP

State of New Jersey Department of Human Services
Division of Mental Health and Addiction Services

Q	Bidder Question	DHS Answer	Section	Pg.
			Service Expectations and Limitation	
9.	What is the expected caseload per team, and how long is a case expected to be followed by the team? With an expectation of referral follow-up within 72 hours, when does the State consider the case closed?	<i>The estimated caseload for each MCORT is 10-12 per week. This is based on an average of 2 responses per each 8-hour shift. Follow up is required within 72-hours (3 days) for each case. Adding another day or two for handling unresolved issues would complete the week.</i>	IV. Contract Scope of Work Service Expectations and Limitations	Pg. 8-9
10.	For the regions with more than 5 teams, please confirm the expectation is that two (2) qualified Master's Level Supervisors must be available at any given time to ensure appropriate remote supervision/backup of the field teams.	<i>One Master's Level Supervisor is required to be on call for up to six teams across a Region at one time. If the teams in that Region exceed six, then two qualified Master Level Supervisors must be available at any given time.</i>	IV. Contract Scope of Work, Master Level Supervisors	Pg. 7
11.	On Page 8 of the RFP, it states "MCORTs shall cover their entire assigned regional area and must not be restricted to certain locations or days and times within the covered area(s)." Does this mean that a program cannot just apply for a specific portion of a region or a city, or that a team is expected to be able to travel anywhere within the region if dispatched? For example, the program cannot have a designated Trenton-only team, as that team may have to respond to a location in Burlington County.	<i>Bidders must submit proposals for an entire Region and not just a specific area in that Region. Teams must be available to travel anywhere within their assigned Region. At least one team must be on call in the Region at all times. Regions with larger populations will have more teams so that multiple teams can be on call at the same time.</i>	IV. Contract Scope of Work, Service Expectations and Limitations	Pg. 8
12.	What Medicaid services are able to be billed/reimbursed for this program? What are the rates of those services?	<i>Mobile Crisis Response Outreach services will be billable to Medicaid. Medicaid codes have been identified. DMHAS and the Division of Medical Assistance and Health Services (DMAHS) are working to finalize billing rules.</i>	VII. Required Proposal Content, Project Description, #10	Pg. 15

State of New Jersey Department of Human Services
Division of Mental Health and Addiction Services

Q	Bidder Question	DHS Answer	Section	Pg.
13.	<p>Can the Peer Support Specialist be hired without the certification and then certification be obtained within a period of time following hire?</p>	<p><i>The RFP states: "Peer Support Specialists responding as a part of the MCORT must have two years' experience and be certified by at least one of the credentialing entities" listed in the RFP. Plans are in place to complete certification in the near future for all trained peers who want to work in the expanding acute care system.</i></p> <p><i>Therefore, it is expected that Peer Professionals will be hired after they have completed their training for certification. However, if hiring Peer Professionals becomes a serious workforce issue, contracted agencies may request a waiver from DMHAS to hire a peer who must then become certified within 12 months following the issuance of the waiver.</i></p>	<p>IV. Contract Scope of Work, Staffing Requirements & Team Composition, Peer Support Specialists;</p> <p>VII. Required Proposal Content, Staffing</p>	<p>Pg. 8</p> <p>Pg. 16-17</p>
14.	<p>For the budget piece:</p> <p>I assume that each team will receive approximately \$258,064 so for Hunterdon/Warren/Somerset (5 teams) our ceiling would be \$1,290,322 for 1 year of operations.</p> <p>How much is the startup (one time) budget or are we using accruals for that piece?</p> <p>Also, what is the budget for the 4-month phase in part?</p>	<p><i>Start-up (one-time) costs included in the proposal should be necessary and reasonable. They will be provided <u>in addition to</u> the annual contracted amount. Once an award is made, the amount available for start-up costs will be discussed as part of the contract negotiations.</i></p> <p><i>The budget for the 4-month phase-in period will be based on the annual contracted award. Therefore, the phase-in budget will be equal to one third of the annual budget (12 months/3 = 4 months).</i></p>	<p>VII. Required Proposal Content, Budget, #9</p> <p>V. General Contracting Information, paragraph 5</p>	<p>Pg. 18</p> <p>Pg. 12</p>
15.	<p>Can 2 agencies partner to apply as the MCORT provider in one of the 9 identified regions, with one agency serving as the lead? For example, for Region 4 could Agency A have some teams covering Monmouth County and Agency B have some teams covering Ocean County?</p>	<p><i>DMHAS will contract with a single agency. Subcontracting is permitted, but there are limitations related to the subcontract and it is subject to DMHAS approval.</i></p>	<p>XI. Post Award Required Documentation, #21; and in several attachments.</p>	<p>Pg. 24</p>

State of New Jersey Department of Human Services
Division of Mental Health and Addiction Services

Q	Bidder Question	DHS Answer	Section	Pg.
16.	Can a contracted MCORT provider have a combination of full-time salaried and per diem/on call staff for each team?	<i>Yes. Staffing patterns must be determined by the bidding agency and explained in detail in the proposal.</i>	IV. Contract Scope of Work, Staffing Requirements & Team Composition; VII. Required Proposal Content, Staffing	Pg. 6-8 Pg. 16-17
17.	Do all teams within a Region need to be available 24/7/365, or are the teams expected to cover shifts? For example, can a region with 5 teams have 2 teams on duty for day shifts, 2 teams on duty for evening shifts and 1 team on duty for night shifts (presuming the data shows this to be the coverage need)?	<i>Teams are expected to cover their Region in shifts. The example offered here is one option for distribution. As suggested, it will be important to consider which shifts are busiest and need the most coverage. A detailed plan for coverage should be included in your proposal.</i>	IV. Contract Scope of Work, Service Expectations and Limitations	Pg. 8
18.	Are there any MCORT deliverables that are expected to be Medicaid billable? If so, can you please identify the Medicaid billable services (i.e.: Target Case Management).	<i>Mobile Crisis Response Outreach services will be billable to Medicaid for Medicaid recipients. Medicaid codes have been identified. DMHAS and the Division of Medical Assistance and Health Services (DMAHS) are working to finalize billing rules.</i>	VII. Required Proposal Content, Project Description, #10	Pg. 15
19.	Will the DMHAS database used by MCORT providers to document dispatches be interoperable with agency electronic health records (i.e.: HL7 interoperability).	<i>There will not be interoperability with electronic health records. MCORT provider will need to work directly on the DMHAS chosen platform.</i>	IV. Contract Scope of Work Data Collection and Reporting	Pg. 10
19.	Can a contracted MCORT provider use a contracted call center (i.e.: ProtoCall) during designated days/hours to answer calls?	<i>It is unclear how ProtoCall or a similar service would be helpful. MCORT Teams will be dispatched directly by the NJ 988 Managing Entity. A call center will not be needed as an intermediary. MCORTs are expected to arrive on-scene within one hour of dispatch and should have a process in place to achieve this requirement.</i>	I. Purpose and Intent	Pg. 3
20.	Would BSN/MSN prepared RN's qualify to meet the staffing criteria?	<i>The staffing requirements are for mental health trained professionals. BSN/MSN prepared RN's would not be eligible for mental health positions unless the individual also has specific mental health training that meets RFP requirements.</i>	IV. Contract Scope of Work, Staffing Requirements & Team Composition, Program Director,	Pg. 6-8

State of New Jersey Department of Human Services
Division of Mental Health and Addiction Services

Q	Bidder Question	DHS Answer	Section	Pg.
			Master's and Bachelor's level	
21.	<p>Can you please clarify, if the 24/7 is all in-person or if an on-call system can be used as these two statements seem to contradict each other.</p> <ul style="list-style-type: none"> • MCORTs must be available in-person 24 hours per day, every day of the year in coordination and partnership with the 988 Managing Entity • MCORTs providers must ensure 24/7 on-call coverage and back-up availability. 	<p><i>Master's Level Supervisors must be on-call from a remote location and available 24/7 to the MCORT team members in the field. Master's Level supervisors must be appropriately licensed and working within their scope of practice.</i></p> <p><i>"MCORTs are expected to arrive on-scene within one hour of dispatch." MCORTs (Peer Support Specialist + Bachelor's Level Mental Health Professional) must be available in-person 24 hours per day, every day of the year to travel to person in crisis. "On-call coverage and back-up availability" refers to availability of Supervisors (see above).</i></p>	<p>IV. Contract Scope of Work, Staffing Requirements & Team Composition, Master's Supervisor;</p> <p>IV. Contract Scope of Work, Service Expectations and Limitations</p>	<p>Pg. 7</p> <p>Pg. 7/8</p>
22.	<p>Are the start-up costs part of the total available funding and is there an expected range for these costs and can any clarification be provided on an expected award amount?</p>	<p><i>Start-up (one-time) costs included in the proposal should be necessary and reasonable. They will be provided <u>in addition to</u> the annual contracted amount. Once an award is made, the amount available for start-up costs will be discussed as part of the contract negotiations.</i></p> <p><i>The budget for the 4-month phase-in period will be based on the annual contracted award. Therefore, the phase-in budget will be equal to one third of the annual budget (12 months/3 = 4 months).</i></p> <p><i>Award amounts will be dependent on the proposal. Each bidder will need to propose a budget based on the Region(s) covered and the number of teams allocated for the Region(s). See page 6 for table of Regions and number of allocated teams.</i></p>	<p>VII. Required Proposal Content, Budget, #9</p> <p>V. General Contracting Information, paragraph 5</p> <p>IV. Contract Scope of Work, Table of Regions/Counties</p>	<p>Pg. 18</p> <p>Pg. 12</p> <p>Pg. 6</p>
23.	<p>The RFP states match funding is not required but other sources of funding is expected. Does the Division have a range that they expect grantees to demonstrate?</p>	<p><i>Other sources of funding are not expected, but are permitted. The RFP only requires that the bidder "identify any other sources of funding, both in-kind and monetary, that will be used."</i></p>	<p>I. Purpose and Intent</p>	<p>Pg. 3</p>

State of New Jersey Department of Human Services
Division of Mental Health and Addiction Services

Q	Bidder Question	DHS Answer	Section	Pg.
24.	Are Affiliation Agreements required as part of submission?	<i>No. Affiliation Agreements would be required only after an award is made and relationships with other entities are established.</i>	IV. Contract Scope of Work, Service Expectations and Limitations	Pg. 9
25.	Do the shifts have to be 8-hour shifts?	<i>No. Eight hours was used as a "standard shift" concept to calculate the expectation for number of responses each team would need to handle. If a bidder uses a different timeframe for shifts, they would need to calculate the expectation for number of responses based on a 2-per-8 hours standard.</i>	IV. Contract Scope of Work, Service Expectations and Limitations	Pg. 8
26.	Can MCORTs staff work from home and respond to calls directly from home?	<i>As per the RFP, "MCORTs are expected to arrive on-scene within one hour of dispatch". To meet this requirement, teams should be prepared to dispatch as quickly as possible and reach the individual in crisis within an hour. The applicant should outline their plans to make this possible.</i>	IV. Contract Scope of Work, Service Expectations and Limitations	Pg. 8
27.	In reference to 72-hour follow-ups, do follow up need to be in person?	<i>No. Follow-up for MCORTs can be handled by phone.</i>	IV. Contract Scope of Work, Service Expectations and Limitations VII. Required Proposal Content, Outcome(s) and Evaluation, #1e	Pg. 9 Pg. 16
28.	Do peer support specialist have to be certified prior to starting the position?	<i>"Peer Support Specialists responding as a part of the MCORT must have two years' experience and be certified by at least one of the credentialing entities" listed in the RFP. Plans are in place to complete certification in the near future for all trained peers who want to work in the expanding acute care system.</i> <i>Therefore, it is expected that Peer Professionals will be hired after they have completed their training for certification. If an agency decides to hire candidates who have not yet completed their training, their proposal budget could include work time for that purpose. However, the individual could not work in the MCORT program until they had completed their training and were certified.</i>	IV. Contract Scope of Work, Staffing Requirements & Team Composition, Peer Support Specialists; VII. Required Proposal Content, Staffing	Pg. 8 Pg. 16-17

State of New Jersey Department of Human Services
Division of Mental Health and Addiction Services

Q	Bidder Question	DHS Answer	Section	Pg.
29.	If a peer support specialist calls out can coverage be provided by a BA level staff?	<i>The expertise of peer support specialists and BA level mental health staff are quite different. Bidders should have plans in place to fill brief vacancies for each type of staff when primary team members are unavailable due to vacation, health issues, child care, etc.</i>	IV. Contract Scope of Work, Staffing Requirements & Team Composition, Peer Support Specialists, Bachelor's Level Professionals	Pg. 7-8
30.	How will the \$16 million in funding be allocated? By region, county, or number of teams?	<p><i>\$16 million is the total available to cover the costs of the MCORT program statewide. Awards will be made by Region. "DMHAS anticipates making up to 9 awards based upon a 9-Region system with multiple counties served in each Region (see table in IV. Contract Scope of Work)."</i></p> <p><i>Each bidder must provide a budget proposing their plan for expenditures within that Region. Bidders should consider the number of MCORTs allocated to the Region(s) for which they are submitting proposals when formulating their budget(s).</i></p>	I. Purpose and Intent VII. Required Proposal Content, Budget	Pg. 3 Pg. 17-18
31.	Are there any caps on the one-time costs?	<i>Start-up (one-time) costs included in the proposal should be necessary and reasonable. They will be provided <u>in addition to</u> the annual contracted amount. Once an award is made, the amount available for start-up costs will be discussed as part of the contract negotiations.</i>	VII. Required Proposal Content, Budget, #9	Pg. 18
32.	What is/are the Medicaid code(s) and rates for this service?	<i>Mobile Crisis Response Outreach services will be billable to Medicaid. Medicaid codes have been identified. DMHAS and the Division of Medical Assistance and Health Services (DMAHS) are working to finalize billing rules.</i>	VII. Required Proposal Content, Project Description, #10	Pg. 15

State of New Jersey Department of Human Services
Division of Mental Health and Addiction Services

Q	Bidder Question	DHS Answer	Section	Pg.
33.	Can a proposal include a partnership between 2 or more agencies/entities for 1 region?	<i>DMHAS will contract with a single agency. Subcontracting is permitted, but there are limitations related to the subcontract and it is subject to DMHAS approval.</i>	XI. Post Award Required Documentation, #21; and in several attachments.	Pg. 24
34.	Will the funding/budget be allocated based on the size of the region and/or number of teams or will the funding be equally split among the regions?	<p><i>Awards will be made by Region. "DMHAS anticipates making up to 9 awards based upon a 9-Region system with multiple counties served in each Region (see table in IV. Contract Scope of Work)."</i></p> <p><i>Each bidder must provide a budget proposing their plan for expenditures within that Region. Bidders should consider the number of MCORTs allocated to the Region(s) for which they are submitting proposals when formulating their budget(s).</i></p>	<p>I. Purpose and Intent</p> <p>IV. Contract Scope of Work, Table of Regions/Counties</p> <p>VII. Required Proposal Content, Budget</p>	<p>Pg. 3</p> <p>Pg. 6</p> <p>Pg. 17-18</p>
35.	How was the number of teams per region determined? What data points were used?	<i>The number of teams per Region was determined by county population according to the World Population Review in 2022. Link shown here is for 2023. Population of Counties in New Jersey 2023 (worldpopulationreview.com)</i>	<p>I. Purpose and Intent</p> <p>IV. Contract Scope of Work, Region chart</p>	<p>Pg. 3</p> <p>Pg. 6</p>
36.	Can the Program Director be comprised of 2 fully licensed staff who can share the role?	<i>The Program Director is the lead manager of the program for each contract. This is the contact person with whom DMHAS staff will work directly. Therefore, it needs to be one individual. Responsibilities can be shared with another staff person, but there needs to be a single Program Director.</i>	IV. Contract Scope of Work, Staffing Requirements & Team Composition, Program Director	Pg. 6-7
37.	If the grantee is unable to recruit and hire peers already certified, can the grantee commit to training the peer within the soft role out period in one of the certified programs mentioned in the RFP?	<i>"Peer Support Specialists responding as a part of the MCORT must have two years' experience and be certified by at least one of the credentialing entities" listed in the RFP. Plans are in place to complete certification in the near future for all trained peers who want to work in the expanding acute care system.</i>	IV. Contract Scope of Work, Staffing Requirements & Team Composition, Peer Support	Pg. 8

988 Mobile Crisis Outreach Response
Teams RFP

State of New Jersey Department of Human Services
Division of Mental Health and Addiction Services

Q	Bidder Question	DHS Answer	Section	Pg.
		<i>Therefore, it is expected that Peer Professionals will be hired after they have completed their training for certification. If an agency decides to hire candidates who have not yet completed their training, their proposal budget could include work time for that purpose. However, the individual could not work in the MCORT program until they had completed their training and were certified.</i>	Specialists	
38.	If the MCORTs are fully dispatched and concurrent calls come in from 988, does the program supervisor and/or program director have authority to triage the concurrent referrals?	<i>The 988 Managing Entity will discuss on a case-by-case basis with MCORT Clinical Supervisor. Supervisor will talk with team(s) about their availability to accept another dispatch soon and decide on plan for dispatch or alternative services. This information will be shared with the 988 Managing Entity.</i>	IV. Contract Scope of Work, Staffing Requirements & Team Composition, Program Director	Pg. 6
39.	Will the separate database for documentation TBD by DMHAS replace the grantee's EHR?	<i>All documentation must be entered into the DMHAS database.</i>	IV. Contract Scope of Work, Service Expectations and Limitations/Data Collection and Reporting	Pg. 9-10
40.	Does the grantee have the authority to exercise judgement regarding the use of law enforcement regardless of 988 recommendation? a. If so, would a compromise be the MCORT MA level supervisor collaborates with 988 dispatcher to discuss alternative response Or b. Would it be appropriate/acceptable for the MCORT to at a minimum collaborate with local law enforcement to determine if the specific community location is safe for staff to outreach?	<i>One goal of the Mobile Crisis Outreach Response system is to mitigate intervention in behavioral health crises by Law Enforcement whenever it is safe to do so. Once the NJ 988 Managing Entity, has dispatched a particular MCORT, it is the responsibility of that MCORT, in consultation with their Master's Level Supervisor, to decide whether to contact local Law Enforcement or Emergency Medical personnel. This decision should be based on policies and procedures developed by DMHAS and could include (but not be limited to) assessing and/or determining the safety of a situation and/or securing a situation that, upon arrival of the MCORT, does not appear to be safe.</i>	I. Purpose and Intent, Goals #3 IV. Contract Scope of Work, Service Expectations and Limitations	Pg. 3 Pg. 9

State of New Jersey Department of Human Services
Division of Mental Health and Addiction Services

Q	Bidder Question	DHS Answer	Section	Pg.
41.	<p>For overnight responses, is it acceptable for the linkage to be made the next day if the appropriate linkage is an outpatient type service?</p> <p>a. Do all referrals require a direct hand off to the linkage agency or is it at the discretion of the team how the referral is made/confirmed</p>	<p><i>MCORT staff are expected to provide "...resources for and referrals to the most appropriate nearby behavioral health treatment, support, crisis response and/or emergency services." A warm transfer (direct hand off) is always preferred, but this will depend on the circumstances, the clinical assessment of this individual and the availability of the agency at that time.</i></p> <p><i>If a warm transfer is not made, referral information should be provided and the follow-up contact should include confirmation of a successful referral for services, or a warm transfer should be made by MCORT staff to the community service during the follow up call.</i></p>	I. Background and Population to be Served	Pg. 4
42.	<p>Is it possible that the MA level supervisor deploy with the team if indicated in the referral information to eliminate an extra step in "reviewing" when appropriate? Is this at the grantee's discretion?</p>	<p><i>The Supervisor's role includes clinical oversight as well as quality assurance. Therefore, the Supervisor should be available for consultation and is not expected to deploy.</i></p>	IV. Contract Scope of Work, Staffing Requirements & Team Composition, Master's Level Supervisors	Pg. 7
43.	<p>What does evaluating "remotely" mean in reference to if a BA determines that a higher level of care is needed. Is that a telehealth type of assessment... is it a specific assessment or more of an evaluation of the overall situation?</p>	<p><i>The role of the Master's Level Supervisor includes providing clinical consultation and support to the bachelor's level professional and peer specialist in the field. This consultation and support could include a specific assessment (e.g., Mini Mental Status Exam, Columbia- Suicide Severity Rating Scale, etc.) and/or focus on the overall situation and next steps. Master's Level supervisors must be appropriately licensed and working within their scope of practice.</i></p>	IV. Contract Scope of Work, Staffing Requirements & Team Composition, Master's Level Supervisors	Pg. 7
44.	<p>Page 3 - How will the \$16 million be distributed across 9 regions? What is the maximum ask allowed by each applicant?</p>	<p><i>\$16 million is the total available to cover the costs of the MCORT program statewide. Awards will be made by Region. "DMHAS anticipates making up to 9 awards based upon a 9-Region system with multiple counties served in each Region (see table in IV. Contract Scope of Work)."</i></p> <p><i>Each bidder must provide a budget proposing their plan for expenditures within that Region. Bidders should consider the number of MCORTs allocated to the Region(s) for which they are submitting proposals when</i></p>	I. Purpose and Intent VII. Required Proposal Content,	Pg. 3 Pg. 17-18

State of New Jersey Department of Human Services
Division of Mental Health and Addiction Services

Q	Bidder Question	DHS Answer	Section	Pg.
	Does the anticipated award for each region include startup costs?	<p><i>formulating their budget(s).</i></p> <p><i>Start-up (one-time) costs included in the proposal should be necessary and reasonable. They will be provided <u>in addition to the annual contracted amount</u>. Once an award is made, the amount available for start-up costs will be discussed as part of the contract negotiations.</i></p> <p><i>The budget for the 4-month phase-in period will be based on the annual contracted award. Therefore, the phase-in budget will be equal to one third of the annual budget (12 months/3 = 4 months).</i></p>	<p>Budget</p> <p>VII. Required Proposal Content, Budget, #9</p> <p>V. General Contracting Information, paragraph 5</p>	<p>Pg. 18</p> <p>Pg. 12</p>
45.	Page 9 – As the RFP states “the Provider Agency must comply with Medicaid program requirements. In addition, the Provider Agency must provide mobile crisis services to all Medicaid enrolled individuals experiencing a mental health or SUD crisis”; does this mean applicants may conduct telehealth services, or does this limit applicants to only provide mobile, in-person crisis outreach?	<p><i>“MCORTs are expected to arrive on-scene within one hour of dispatch.”</i></p> <p><i>MCORTs (a Peer Support Specialist + a Bachelor’s Level Mental Health Professional) must be available in-person, 24 hours per day, every day of the year, to travel to individuals in crisis.</i></p>	IV. Contract Scope of Work, Service Expectations and Limitations	Pg. 8-9
46.	Page 3, page 6 - Must applicants have a physical presence in each county of the region they are applying under?	<p><i>No, the applicant is not required to have a physical office location in each county of the Region. However, MCORTs must be based in one or more of the counties of their Region and able to serve all counties in that Region.</i></p> <p><i>Also, MCORTs are expected to arrive on-scene within one hour of dispatch.</i></p>	<p>I. Purpose and Intent</p> <p>IV. Contract Scope of Work, Table of Regions/Countries</p>	<p>Pg. 3</p> <p>Pg. 6</p>
47.	Page 17 – May applicants include leasing, buying, and/or maintenance costs in the budget for program vehicles for mobile teams?	<p><i>Purchase of vehicles would be considered startup (one time) costs. These should be included in the one-time costs of the Budget. Leasing is allowed but discouraged for ongoing contracts</i></p> <p><i>Maintenance costs for vehicles are considered operational and should be included in the regular budget under Other.</i></p>	<p>I. Purpose and Intent</p> <p>VII. Required Proposal Content,</p>	<p>Pg. 3</p> <p>Pg. 17-18</p>

State of New Jersey Department of Human Services
Division of Mental Health and Addiction Services

Q	Bidder Question	DHS Answer	Section	Pg.
			Budget	
48.	Page 6 – Regarding staffing requirements of the Bachelor’s level professional, may experience be substituted for formal degrees in the event of hiring difficulties?	<i>In the event of serious hiring challenges, DMHAS would consider a waiver for potential employees with strong and relevant experience.</i>	IV. Contract Scope of Work, Staffing Requirements and Team Composition, Bachelor’s Level Professionals	Pg. 8
49.	Page 9, page 10 – Will any costs to the applicant be associated to utilize the data platform/database to be determined by DMHAS?	<i>There will be no cost to the applicant for access to or use of the data platform and database.</i>	IV. Contract Scope of Work, Service Expectations and Limitations/Data Collection And Reporting	Pg. 9-10
50.	Is each MCORT team expected to have its own county based physical location?	<i>The applicant is not required to have a physical office location in each county of the Region. However, MCORTs must be based in one or more of the counties of their Region and able to serve all counties in that Region. Also, MCORTs are expected to arrive on-scene within one hour of dispatch.</i>	IV. Contract Scope of Work, Table of Regions/Counties	Pg. 6
51.	The RFP suggests that the 2-person team deploys together. Is this the expectation?	<i>Yes. It is expected that the Peer Support Specialist and the Bachelor’s Level Professional of each team will ride together in the MCORT-assigned vehicle to meet the individual in crisis.</i>	IV. Contract Scope of Work, Service Expectations and Limitations	Pg. 8
52.	Will required DMHAS approved training be covered in proposed bidder budgets or separately by DMHAS? Is the Peer Professional certification training expense covered by DMHAS or included in the proposed bidder budgets? Is the Peer Professional training for	<i>There will be no cost to the contracted agency for DMHAS approved trainings. These should not be included in the proposed budget.</i> <i>The cost of Peer Professional certification training should be included in the proposed budget.</i> <i>It is expected that Peer Professionals will be hired after they have completed their training for certification. If an agency decides to hire candidates who have not yet completed their training, their proposal</i>	IV. Contract Scope of Work, Staffing Requirements and Team Composition, Peer Support Specialists/Bachelor’s Level Professionals	Pg. 7-8

988 Mobile Crisis Outreach Response
Teams RFP

State of New Jersey Department of Human Services
Division of Mental Health and Addiction Services

Q	Bidder Question	DHS Answer	Section	Pg.
	certification to be included in the work time of that staff?	<i>budget could include work time for that purpose. However, the individual could not work in the MCORT program until they had completed their training and were certified.</i>		
53.	Will Medicaid billing begin during the first year? When will Medicaid billing begin? When it begins, will DHMAS replace state contract funds with Medicaid revenues?	<i>The Centers for Medicare & Medicaid Services (CMS) must approve the NJ MCORT State Plan Amendment (SPA) for Medicaid billing to begin. At this time, DMHAS projects Medicaid billing to begin in calendar year 2024. When Medicaid billing begins, Medicaid revenues will help to support to the MCORT program. State funds are considered "last dollar in." This means that State funding will be reduced commensurate with Medicaid revenue.</i>	IV. Contract Scope of Work, Service Expectations and Limitations	Pg. 9
54.	If allowed, should Medicaid revenue estimates be included in the budget?	<i>No. For the purposes of this proposal, do not include Medicaid funding.</i>	VII. Required Proposal Content, Budget	Pg. 18
55.	Regarding Medicaid billing...What CPT codes can be used? T2034 Crisis? Will any supplementary services/codes be allowed?	<i>Mobile Crisis Response Outreach services will be billable to Medicaid. Medicaid codes have been identified. DMHAS and the Division of Medical Assistance and Health Services (DMAHS) are working to finalize billing rules.</i>	VII. Required Proposal Content, Project Description, #10	Pg. 15
56.	Will MCORT become part of the 1115 waiver? A state plan amendment? If so, what is the projected timeline?	<i>The Centers for Medicare & Medicaid Services (CMS) must approve the NJ MCORT State Plan Amendment (SPA) for Medicaid billing to begin. The application is in process and it is expected that CMS will approve the NJ SPA by the time MCORTs are operational.</i>	IV. Contract Scope of Work, Service Expectations and Limitations	Pg. 9
57.	What is the oversight of the 988 Entity deployment of 988 MCORT for appropriateness of referral/deployment?	<i>The NJ 988 Managing Entity, will dispatch MCORT once a 988 Lifeline Center has assessed an individual and their situation, and requested that MCORT provide an in-person response. After the 988 Managing Entity has dispatched a particular MCORT, it is the responsibility of that team, in consultation with their Master's Level Supervisor, to re-assess the individual/situation once they are on site.</i> <i>The team (with or without Supervisory input) may decide to contact local Law Enforcement or Emergency Medical personnel. This decision should be based on policies and procedures developed by DMHAS and could be</i>	IV. Contract Scope of Work, Service Expectations and Limitations	Pg. 9

988 Mobile Crisis Outreach Response
Teams RFP

State of New Jersey Department of Human Services
Division of Mental Health and Addiction Services

Q	Bidder Question	DHS Answer	Section	Pg.
		<i>related to various circumstances including but not limited to: re-assessment of safety issues, recognition that a situation needs to be secured, or realization that medical services are needed.</i>		
58.	If an applicant can demonstrate an effective way of avoiding unnecessary utilization of police/emergency department services, can the applicant propose to share on-call staffing between PESS and MCORT?	<p><i>No. "The purpose of this RFP is to create a <u>new</u> system of MCORTs to respond 24 hours a day, seven days a week, every day of the year, to non-life-threatening mental health, substance use or suicidal crises in the community."</i></p> <p><i>The MCORT program is designed to work separately and independently from the Designated Screening Services (PESS-Psychiatric Emergency Screening Services). Although agencies that are contracted to provide PESS services may submit a proposal for this RFP, the two programs should be considered separate and collaborative.</i></p>	I. Purpose and Intent	Pg. 3
59.	Can MCORT providers in separate regions share on-call supervisory staff?	<i>Yes, as long as the supervisor does not have more than the maximum 6 teams to supervise at any one time. Job descriptions and employment documents must clearly outline the supervisor's responsibilities in each Region.</i>	IV. Contract Scope of Work, Staffing Requirements & Team Composition, Master's Level Supervisors	Pg. 7
60.	Can you please confirm how the budget will be divided; for example, is the total budget divided by the number of teams assigned to a region?	<p><i>\$16 million is the total available to cover the costs of the MCORT program statewide. Awards will be made by Region. "DMHAS anticipates making up to 9 awards based upon a 9-Region system with multiple counties served in each Region (see table in IV. Contract Scope of Work)."</i></p> <p><i>Each bidder must provide a budget proposing their plan for expenditures within that Region. Bidders should consider the number of MCORTs allocated to the Region(s) for which they are submitting proposals when formulating their budget(s).</i></p>	I. Purpose and Intent	Pg. 3 Pg. 17-18
61.	Can you please confirm that the RFP submissions are required per county specifics per region, for example Region 3 would need to be submitted to Burlington County via postal mail and email, plus	<i>This is correct. Each proposal must be submitted as per instructions to the DHS SFTP site and sent to the County Mental Health Administrators (CMHAs) for all of the counties included in the Region (see Region/County table). Instructions for sending to the CMHAs are in Attachment E.</i>	VIII. Submission of Proposal Requirements; IV. Contract Scope of Work, Table of	Pg. 20-21 Pg. 6

State of New Jersey Department of Human Services
Division of Mental Health and Addiction Services

Q	Bidder Question	DHS Answer	Section	Pg.
	Mercer County via postal mail.		Regions/Counties; Attachment E	Pg. 32-34
62.	If a candidate for the peer support specialist position is in the process of obtaining a credential, but has not done so by time of interview, can they be considered on a provisional basis (e.g., must obtain credential within 6 months of hire)?	<p><i>“Peer Support Specialists responding as a part of the MCORT must have two years’ experience and be certified by at least one of the credentialing entities” listed in the RFP. Plans are in place to complete certification in the near future for all trained peers who want to work in the expanding acute care system.</i></p> <p><i>Therefore, it is expected that Peer Professionals will be hired after they have completed their training for certification. If an agency decides to hire candidates who have not yet completed their training, their proposal budget could include work time for that purpose. However, the individual could not work in the MCORT program until they had completed their training and were certified.</i></p>	IV. Contract Scope of Work, Staffing Requirements & Team Composition, Peer Support Specialists	Pg. 8
63.	If a peer support specialist is not available to be part of a MCORT at the time of call, can two Bachelor's Level Professionals respond?	<p><i>“Peer Support Specialists responding as a part of the MCORT must have two years’ experience and be certified by at least one of the credentialing entities” listed in the RFP.</i></p> <p><i>Plans are in place to complete certification of all trained peers who want to work in the expanding acute care system.</i></p>	IV. Contract Scope of Work, Staffing Requirements & Team Composition, Peer Support Specialists; VII. Required Proposal Content, Staffing	Pg. 8 Pg. 16-17
64.	How is 24/7 service to be accommodated with two full time direct service staff	<p><i>Each Region will have at least 5 teams (each with 2 staff) plus Master’s Level Supervisors and a Program Director. These can all be full-time positions. Coverage must include the full complement of staffing 24 hour/day, 7 day/week. Each team is not expected to provide 24/7 coverage.</i></p>	IV. Contract Scope of Work, Table of Regions/Counties; Staffing Requirements and Team Composition	Pg. 6-8
65.	When will a new Medicaid billing code be available for the new service and/or will follow up visits have new code or can they	<p><i>Mobile Crisis Response Outreach services will be billable to Medicaid. Medicaid codes have been identified. DMHAS and the Division of Medical Assistance and Health Services (DMAHS) are working to finalize billing</i></p>	VII. Required Proposal Content, Project	Pg. 15

State of New Jersey Department of Human Services
Division of Mental Health and Addiction Services

Q	Bidder Question	DHS Answer	Section	Pg.
	be billed under an existing code?	<i>rules.</i>	Description, #10	
66.	Do Peer Providers need to be certified upon hire or can they obtain their certification post hire. If so, what is the grace period?	<p><i>“Peer Support Specialists responding as a part of the MCORT must have two years’ experience and be certified by at least one of the credentialing entities” listed in the RFP. Plans are in place to complete certification in the near future for all trained peers who want to work in the expanding acute care system.</i></p> <p><i>Therefore, it is expected that Peer Professionals will be hired after they have completed their training for certification. If an agency decides to hire candidates who have not yet completed their training, their proposal budget could include work time for that purpose. However, the individual could not work in the MCORT program until they had completed their training and were certified.</i></p>	IV. Contract Scope of Work, Staffing Requirements & Team Composition, Peer Support Specialists;	Pgs. 8
67.	Would a family member of persons served w/ mental illness qualify as a Peer Provider?	<p><i>No. Peer providers are defined in the RFP. “Peer Support Specialists are individuals in recovery for Serious Mental Illness (SMI) and/or Substance Use Disorder (SUD) who are trained in crisis intervention while using their lived experience to help others in crisis.”</i></p>	IV. Contract Scope of Work, Staffing Requirements & Team Composition, Peer Support Specialists	Pg. 7
68.	The RFP has a duplicate number in the Bidders section (two #2 questions) and missing a number in the outcomes section (reads question 1 and 3 missing #2). How do we manage this?	<p><i>Thank you for noticing these typos in the RFP. DMHAS will alert the RFP reviewers to these errors in the document.</i></p> <p><i>In Section VII. Required Proposal Content, Bidder’s Organization, History and Experience, please label your narrative responses:</i></p> <p><i>2 – Background and Experience</i></p> <p><i>2 – History with Medicaid</i></p> <p><i>In Section VII. Required Proposal Content, Outcome(s) and Evaluation, do not provide a #2 response. Your narrative responses will go in this order:</i></p> <p><i>1 -</i></p> <p><i>3 -</i></p>	<p>VII. Required Proposal Content, Bidder’s Organization, History and Experience</p> <p>VII. Required Proposal Content,</p>	<p>Pg. 13&14</p> <p>Pgs. 15&16</p>

State of New Jersey Department of Human Services
Division of Mental Health and Addiction Services

Q	Bidder Question	DHS Answer	Section	Pg.
		<p>4 - Etc...</p> <p><i>By using this strategy, reviewers will be able to match your responses to the RFP document.</i></p>	Outcome(s) and Evaluation	
69.	Can we have access to the completed Systems Review Committee data submitted by each county's respective Designated Screening Center to DMHAS for July 2022 through June 2023?	<p><i>Activity and volume of service provided by the Designated Screening Center (DSC) in each NJ county during State Fiscal Year 2023 Is available here: SFY 2023 Statewide Designated Screening Data</i></p> <p><i>Definitions used by the DSC can be found here: Designated Screening Definitions</i></p>	II. Background and Population to be Served	Pg. 4
70.	Can an out of state agency submit a proposal for this RFP?	<p>Yes,</p> <p><i>The applicant is not required to have a physical office location in each county of the Region. However, MCORTs must be based in one or more of the counties of their Region and able to serve all counties in that Region. Also, MCORTs are expected to arrive on-scene within one hour of dispatch.</i></p> <p><i>Pursuant to N.J.S.A. 52:32-44: a for-profit bidder and each proposed subcontractor must have a valid Business Registration Certificate on file with the Division of Revenue. (This statutory requirement does not apply to non-profit organizations, private colleges and universities, or state and municipal agencies).</i></p>	II. Who Can Apply	Pg. 5
71.	Is third party accreditation (CARF, etc.) required for these services?	<p><i>Third party accreditation is not required for the services outlined in this RFP.</i></p>	Accreditation is not mentioned in the RFP	N/A
72.	Page 5 – Could DMHAS provide a link to the current DHS Contract Policy and Information Manual Policy Circular 8.05?	<p><i>The NJ DHS Contract Policy and Information Manual can be found at the following link: CPIManual. The Policy Circular 8.05 (P8.05) begins on page 266/365.</i></p>	III. Who Can Apply	Pg. 5
73.	Has DMHAS selected a contracted organization to manage 988 Lifeline Center? If yes, who is the 988 Lifeline Managing Entity?	<p><i>Yes, DMHAS has selected a contracted organization to manage 988 Lifeline Center</i></p>	I. Purpose and Intent	Pg. 3

State of New Jersey Department of Human Services
Division of Mental Health and Addiction Services

Q	Bidder Question	DHS Answer	Section	Pg.
74.	Page 9 states “MCORTs will not furnish crisis services in a hospital or other facility setting, including but not limited to: Emergency departments...” Our organization has successfully responded to and de-escalated crisis situations in emergency departments, shortening the individual’s time in the ED and avoiding unnecessary hospitalizations. Could DMHAS provide information about why these settings are excluded? Would DMHAS consider including these settings in the future?	<i>The MCORT program is designed to de-escalate and support individuals in a mental health or substance use crisis within the community setting. This program is separate and distinct from other current in-person crisis response services available in New Jersey.</i>	IV. Contract Scope of Work, Service Expectations and Limitations	Pg. 8-9
75.	Page 10 Contract Scope of Work Data Collection and Reporting – Will the DMHAS selected database/software application be capable of recording and reporting the data requested by DMHAS in the RFP?	Yes.	IV. Contract Scope of Work, Data Collection and Reporting	Pg. 10
76.	If submitting a proposal for more than one region, would DMHAS prefer that separate budgets are submitted for each region?	<i>Bidders intending to apply for multiple Regions must submit separate proposals for each individual Region. This includes separate budgets.</i>	V. General Contracting Information	Pg. 12
77.	Will DMHAS provide a list of all Designated Screening Centers in each of the regions?	<i>A list of the current Designated Screening Centers throughout NJ can be found at the following link: Designated Screening Centers (nj.gov)</i>	IV. Contract Scope of Work, Service Expectations and Limitations	Pg. 9
78.	Will DMHAS provide a list of all Certified Community Behavioral Health Clinics in each of the regions?	<i>A list of the current Certified Community Behavioral Health Clinics (CCHBCs) that participate in NJ’s Demonstration Project can be found at the following link: Certified Community Behavioral Clinics CCBHC Contact List.pdf (nj.gov)</i>	IV. Contract Scope of Work, Service Expectations and Limitations	Pg. 9
79.	Does DMHAS have any safety/access requirements for vehicles purchased for mobile crisis services?	<i>Vehicles used for MCORT services are subject to all NJ state and federal Motor Vehicle laws and regulations including maintaining appropriate registration, inspection and insurance. Vehicles do not have to meet ADA requirements.</i>	VII. Required Proposal Content, Facilities, Logistics, Equipment	Pg. 17

State of New Jersey Department of Human Services
Division of Mental Health and Addiction Services

Q	Bidder Question	DHS Answer	Section	Pg.
80.	What demographic data does DMHAS expect the mobile crisis outreach response teams collect?	<i>Demographic data includes race, ethnicity, gender, sexual orientation, and primary language.</i>	IV. Contract Scope of Work, Diversity, Inclusion, Equity, Cultural Sensitivity	Pg. 9
81.	Page 15, Project Description #4 - What does DMHAS mean by "Describe the bidder's capacity to accommodate all consumers who take legitimately prescribed medications"?	<i>As stated in the RFP, "Moreover, no individual admitted into a treatment facility, or a recipient or of participant in any prevention, treatment or recovery support services, shall be denied full access to, participation in and enjoyment of that program, service or activity, available or offered to others, due to the use of legitimately prescribed medications."</i>	IV. Contract Scope of Work, Diversity, Inclusion, Equity, Cultural Sensitivity	Pg.9
82.	Does DMHAS have objections to MCORTs using HIPAA compliant third-party software to increase engagement and follow up, post crisis intervention?	<i>NJ DMHAS will provide the data platform/database all agencies will be required to use for the purposes of data collection, reporting, and follow-up. HIPAA compliant solutions that promote engagement and positive consumer outcomes will be considered.</i>	IV. Contract Scope of Work, Data Collection and Reporting	Pg. 10
83.	Page 16, Outcomes and Evaluation, #1d – Can DMHAS provide a definition or example of what is, "engaged in community services at the close of the MCORT services"?	<i>MCORTs should be providing individuals with appropriate community referrals and resources before leaving the site. The goal referenced here states that at a minimum, 75% of individuals by the time of follow-up, will have confirmed following through on subsequent community services as referred by the MCORT.</i>	VII. Required Proposal Content, Outcome(s) and Evaluation #1D	Pg. 16
84.	Page 16, Outcomes and Evaluation, #4 – Does DMHAS have required or recommended "tools to be used in the evaluation process"?	<i>Bidders should research evaluation tools and include their recommendations in their proposal.</i>	VII. Required Proposal Content, Outcome(s) and Evaluation #4	Pg. 16
85.	Is a physical location (office) required by DMHAS as the contracted service is mobile crisis outreach in the community?	<i>The applicant is not required to have a physical office location in each county of the Region. However, MCORTs must be based in one or more of the counties of their Region and able to serve all counties in that Region. Also, MCORTs are expected to arrive on-scene within one hour of dispatch.</i>	IV. Contract Scope of Work, Table of Regions/	Pg. 6
86.	Page 17 Staffing #9 and Page 19 Appendices #6 – Should the list of the bidder's board members be included in the narrative portion of the proposal and as an appendix, or only as an appendix?	<i>Bidder's only need to provide this information in appendix 6.</i>	VII. Required Proposal Content, Appendices	Pg. 19
87.	Page 19 – The RFP states, "Pursuant to Policy Circular P. 11, a description of all pending and in-process audits identifying the requestor, the firm's name and	<i>There is a typo in the RFP. This should read, "Pursuant to Policy Circular P1.11..." Please see page 98 of the Contract Policy Manual for Policy Circular</i>	VII. Required Proposal Content, Required Attachments, #5	Pg. 19

State of New Jersey Department of Human Services
Division of Mental Health and Addiction Services

Q	Bidder Question	DHS Answer	Section	Pg.
	telephone number, and the type and scope of the audit”. Could DMHAS provide a link to the Policy Circular referenced here?	<i>P1.11: CPIManual</i>		
88.	Page 19 Required Attachments – The RFP states, “Pursuant to Policy Circular P. 11, a description of all pending and in-process audits identifying the requestor, the firm’s name and telephone number, and the type and scope of the audit”. Could DMHAS clarify if this is specific to financial audits or if compliance audits, reviews, etc. must also be included?	<i>There is a typo in the RFP. This should read, “Pursuant to Policy Circular P1.11...” Please see page 98 of the Contract Policy Manual for Policy Circular P1.11: CPIManual The requirement would be for all audits including financial, compliance, reviews, etc.</i>	VII. Required Proposal Content, Required Attachments, #5	Pg. 19
89.	Page 19 – Appendices #1 requires a copy of the bidder’s charitable registration status. Are for-profit bidders eligible to apply? If so, does DMHAS want the bidder to include a statement that they are a for-profit entity as an appendix, or should this simply be omitted?	<i>For-profit bidders are eligible to apply. Bidders should make a statement in their proposal stating that they are a for-profit organization so that section does not apply.</i>	VII. Required Proposal Content, Appendices	Pg. 19
90.	Page 19 Appendices #7 – Are bidders required to submit letters of support? If so, how many does DMHAS expect and from whom?	<i>Bidders are not required to submit letters of support but are encouraged from system partners and agencies.</i>	VII. Required Proposal Content, Appendices	Pg. 19
91.	Page 19 Appendices #8 – Does DMHAS have specific requirements regarding what should be included in the Cultural Competency Plan?	<i>“The successful bidder will include evidence of their commitment to equity and reduction of disparities in access, quality, and treatment/program outcomes of marginalized populations. This includes a cultural competency plan that incorporates diversity, inclusion, equity, cultural and linguistic access through adherence to CLAS Standards². The plan must include information about the following domains: workforce diversity (data informed recruitment), workforce inclusion, reducing disparities in quality and outcomes in the target population. Additionally, the successful bidder should describe how it will use available demographic data from agency and target population catchment area (race/ethnicity/gender/sexual/orientation/language) to shape decisions pertaining to services, agency policies, recruitment, and hiring of staff.</i>	IV. Contract Scope of Work, Diversity, Inclusion, Equity, Cultural Sensitivity VII. Required Proposal Content, Appendices	Pg. 11 Pg. 19

State of New Jersey Department of Human Services
Division of Mental Health and Addiction Services

Q	Bidder Question	DHS Answer	Section	Pg.
		<p><i>Information regarding CLAS may be found here.</i> Culturally and Linguistically Appropriate Services - Think Cultural Health (hhs.gov)</p>		
92.	<p>Page 36, Attachment F Mandatory Equal employment Opportunity Language – Is the Form AA302 specific to the Mobile Crisis Contract Outreach Response Team contract or combined with all operations within New Jersey?</p>	<p><i>Form AA302 (Form AA- 302 (nj.gov)) should be completed based on the organization’s full operations in New Jersey.</i></p>	Mandatory Equal Employment Opportunity Language	Pg. 36
93.	<p>What is the reimbursement methodology for this service, i.e., FFS, Cost-Based Reimbursement, equal monthly payment?</p>	<p><i>The MCORT contracts will be Cost-Based. If the provider currently has a cost-based, advance payment contract, that model would be continued for the MCORT contract. Contracts established with new providers would be established on a schedule of monthly advanced payments with quarterly reporting requirements.</i></p>	Reimbursement methodology is not mentioned in the RFP	N/A
94.	<p>Is it allowable for proposers to build a reasonable profit margin (return on investment) into their budget? If so, where should this be included in the budget proposal?</p>	<p><i>The awards for MCORT will be funded through cost-based contracts. Payments will be made based on the submitted and approved budget. No profit margin is permitted in a cost-based contract.</i></p>	Profit margin is not mentioned in the RFP	N/A
95.	<p>As a for-profit company, we strive to keep our overhead and administrative costs to a minimum. We find that due to our efficiencies of operation we are able to maintain a lower overhead percentage than many of our peers. Is there a limit to the amount of overhead and administrative expense that is allowable? Would we be allowed to bill the entire allowable percentage, just like other vendors, even if our actual expenses are less than that, as a management fee?</p>	<p><i>The awards for MCORT will be funded through cost-based contracts. Payments will be made based on the submitted and approved budget. Providers are expected to spend funds as proposed in their application budget. Management fees are not permitted when presenting costs in a cost-based contract.</i></p>	Management fee is not mentioned in the RFP	N/A
96.	<p>For Indirect/Administration costs, is it allowable for proposers to use the 10% de minimis rate of modified total direct costs as</p>	<p><i>10% de minimis rate is permissible to use. The rate in state funded contracts must be reasonable and proposal should provide details about that how rate is factored.</i></p>	VII. Required Proposal Content, Budget, #7	Pg. 18

State of New Jersey Department of Human Services
Division of Mental Health and Addiction Services

Q	Bidder Question	DHS Answer	Section	Pg.
	recommended in the Office of Management and Budget's (OMB) Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in their budget?			
97.	Does the 25-page limit on the narrative portion of the proposal include all of the questions in the Bidder's Organization, History and Experience; Project Description; Outcome(s) and Evaluation; Staffing; and Facilities, Logistics, Equipment sections? If so, would the State consider allowing additional pages to sufficiently address all of the required questions?	<i>Yes, the narrative should encompass all of the outlined sections. As stated in the RFP, "The narrative portion of the proposal should be no more than 25 pages..."</i>	VIII. Submission of Proposal Requirements	Pg. 19
98.	Pages 32-34 Attachment E - County Mental Health Administrators RFP Submission Preference – For County Mental Health Administrators who prefer postal mail, are proposals required to be postmarked by the submission deadline or delivered by that date?	<i>Proposals for County Mental Health Administrators must be postmarked by the submission deadline.</i>	VIII. Submission of Proposal Requirements Attachment E – County Mental Health Administrators RFP Submission Preference	Pg. 21 Pg. 32-34
99.	Could DMHAS share a copy of the standard contract terms to expedite the post-award contracting process?	<u>Standard Language Document</u> (April 2021) (standard contract agreement between DMHAS and all contracted providers) <u>Contracted State Agency Agreement</u>	V. General Contracting Information	Pg. 12