

New Jersey Department of Human Services
Division of Developmental Disabilities

Request for Proposals: START Services NJ: Development of a Crisis Prevention and Response Program to Serve people with an Intellectual or Developmental Disability and Co-occurring mental Health Needs in Southern New Jersey Based on the National START Model

Questions and Answers – April 2, 2024		
1.	We are seriously considering submitting the proposal but would like to know if we can go and visit a START program in another state?	DDD would have no issue with this.
2.	The proposal asks the question concerning 24 hour a day coverage. Would staff be required to be present 24 hours a day, or only 24 hour a day on-call response?	RFP Page 8: Staffing Requirements and Team Composition: In-person crisis response time by a START Services NJ clinician may be dependent on team locations within the served region, but as a general guideline should occur within 2 hours. START Services NJ clinician follow-up after a crisis event should be within 24 hours or next business day.
3.	Can the staffing configuration change (i.e. addition of more staff to the model)?	It is acceptable to have more program staff than what is referenced in the RFP, but not less. All anticipated staffing costs must be submitted in the proposal and be within the \$3.2 million-per-year funding.
4.	How long will services last for an individual who receives a crises response (i.e. will so many visits be required for the first thirty days)?	Length of enrollment varies but people generally stay active in START for 12-18 months; some more, some less. People with high levels of acuity receive weekly outreach visits from START. Crisis response is provided for individuals previously referred by DDD and enrolled with the START program.
5.	How will referrals be made? What will the process look like to ensure that the client is DDD enrolled?	DDD will refer eligible individuals to the START program.
6.	If a client has Support Coordination in place, what role will the support coordinator play in service linkage? Who will take the lead?	While the START program takes the lead with service linkages, they do so in close collaboration/partnership with the person's Support Coordinator.
7.	How will the role of guardian be integrated into service?	The START program closely collaborates with guardians.
8.	Will the Medical Director be expected to prescribe?	No. The Medical Director role is consultative in nature but may need to reach out to the person's primary clinician(s) and offer consultation, provide training to START personnel, and be a part of the Clinical Education Teams (CETs) process. Interdisciplinary CETs are learning forums (not case consultations) for START teams and community partners to learn together in the context of an active case from the START team.
9.	How long will the program be expected to keep a case open?	Length of enrollment varies but people generally stay active in START for 12-18 months; some more, some less.
10.	If the client or the guardian declines services, how will this be handled?	START is a voluntary service and no person referred is compelled to receive START services. It is beneficial for the referral source to have a solid understanding of START services so the person served and/or their family can make an informed decision.

11.	When will the Biopsychosocial assessment take place? If it is to take place after the crisis has ended, can it be declined by the client or guardian?	Assuming this is referring to emergency assessment for a person in crisis, the National Center for START Services (NCSS) recommends an on-call coordinator respond to a crisis call within 2 hours and conduct the emergency assessment with the person enrolled. Situations where the person or guardian decline an in-person response would be handled on a case-by-case basis.
12.	Since there is a large territory to be covered, if there are two crises in two places that are separated by a number of miles (i.e. Cape May County and Monmouth County) what how will prioritization be handled?	The successful bidder is expected to take into account the required area of coverage when hiring staff and scheduling them for on-call. There also needs to be an administrator on call who is part of the clinical team and can provide on-call backup as well as provide additional crisis response if needed. It is expected an agency will have written policies and procedures for handling multiple crisis events at the same time.
13.	Would it be permissible to replace the part-time role of "Medical Director (MD psychiatrist)" with a full-time Doctoral prepared (DNP), New Jersey board-certified Psychiatric and Mental Health Nurse Practitioner (PMHNP-BC), either with or without a collaborating physician of any specialty?	Nurse Practitioners that are board-certified Psychiatric and Mental Health NPs are able to fulfill the Medical Director role, provided their background and relevant experience meets requirement.
14.	Could the role of "Clinical Director (Ph.D. Psychologist)" be filled by a Doctoral prepared (DNP), New Jersey state board certified Psychiatric and Mental Health Nurse Practitioner (PMHNP-BC), either with or without a collaborating physician of any specialty?	This is typically a Ph.D. clinical position, LCSW, or similar with solid MH/IDD experience.
15.	The RFP specifies a bachelor's degree for the "Therapeutic Coach" role, whereas the "START Coordinator" requires a master's degree. Will the Therapeutic Coach be expected to obtain a master's degree before or after enrolling in the START Coordinator program?	The Therapeutic Team Leader is required to have a Master's Degree and is required to complete the START Coordinator Certification. Therapeutic Coaches are required to have a Bachelor's Degree and are not required to complete the START Coordinator Certification at any point.
16.	Does the state have a standard timeline for enrollment in START Coordinator courses, completion of START Coordinator courses, and receipt of the initial START Coordinator certification for the specified roles of Program Director, Clinical Director, Clinical Team Leader, and Therapeutic Coach?	START Coordinator Certification takes approximately 12 months to complete; therefore, all clinical team members and coordinators, depending on date of hire, would be expected to complete the certification within the first two to three years of the contract period. Each coordinator (including leadership) is enrolled in a coordinator training course for 16 weeks and expected to fulfill all START coordinator requirements for certification within 6 to 12 months of hire.
17.	What are the costs associated with future START Coordinator courses beyond the initial 4-year contract?	Once the program achieves NCSS certification, any new hires needing training and any associated expense would be covered by the annual NCSS network cost, currently \$55k.
18.	What costs are associated with START Coordinator re-certification, and is there additional funding for re-certification beyond the 4-year contract term?	The contract awarded as a result of this RFP is anticipated to have an initial term of four (4) years and may be renewable for an additional one-year term at DDD's sole discretion with the agreement of the successful bidder. Once the program achieves NCSS project certification, any new hires needing

		training and any associated expense would be covered by the annual NCSS network cost, currently \$55k.
19.	What is the process and timeline for fund disbursement to the successful bidder over the contract term?	For Contract Year 1, half of the funding will be released once the contract is fully executed and the other half released at the 6-month mark. For Contract Years 2, 3, and 4, funding will be released on a monthly basis equal to 1/12th the contract ceiling, with quarterly Reports of Expenditures (ROEs) being evaluated to determine whether the last two monthly payments of Years 2, 3, and 4 are required.
20.	Is it expected that the budget exhausts the total award amount each contract year and, if so, are there penalties for not utilizing the full award in any given contract year?	This is a cost reimbursement contract and any unexpended funds from a contract year will be recouped at the end of the contract year.
21.	Are new agencies or small businesses with only 1-2 years of financial records eligible to apply?	The bidder must be fiscally viable based upon an assessment of the bidder's audited financial statements. If a bidder is determined, in DDD's sole discretion, to be insolvent or to present insolvency within the twelve months after bid submission, DDD will deem the proposal ineligible for this RFP.
22.	Is it required for the proposal to identify the presence of Clinical and/or Therapeutic team members that have been identified or hired?	No, but the proposal must include all anticipated costs to employ professionals for each required role.
23.	Is full-time employment with an agency receiving DDD/Medicaid financial support for individuals with developmental disabilities, such as a group home facility, considered a conflict of interest? If so, what information should be disclosed?	Without additional context, it is impossible to determine if an actual or potential conflict of interest exists or may develop.
24.	Is serving as an independent contractor for an agency receiving DDD/Medicaid financial support for individuals with developmental disabilities viewed as a conflict of interest? If so, what information should be disclosed?	Without additional context, it is impossible to determine if an actual or potential conflict of interest exists or may develop.
25.	Can someone apply for this grant and it would be starting them as a new agency? In that case what would be used to show fiscal viability since the agency would not have audited finances?	Pursuant to Section VI of the RFP, all bidders are required to submit Audited financial statements and Single Audits (A133), prepared for the two (2) most recent fiscal years. If a submission does not include these financial statements, then the proposal will be designated as non-responsive.
26.	Can two agencies pair together to apply for this grant?	The RFP does not preclude two agencies from pairing together to apply for this grant.
27.	Once an agency is approved for Medicaid FFS billing is the expectation that they start billing? How does any FFS reimbursement affect the contract amount?	There is no expectation or requirement currently for the START program to conduct FFS billing. The successful bidder is required to be or become a DDD/Medicaid-approved provider of (at minimum) Behavioral Supports, Community Based Supports, and Individual Supports. The successful bidder may be required in the future to initiate Medicaid claiming (i.e., FFS billing) for some aspect of the START services and/or to become DDD/Medicaid-approved for additional services.

28.	In terms of the contract with the National Center for START Services, what is the expectations of continuing consultation/and arrangement with them after the 4 years? Is some form of membership with them required as a continued offering of the START Services?	After initial contract ends, a program that is NCSS certified would stay in the START network for \$55k/year (current fee).
29.	In terms of the agency not accepting from other DDD sources, as practitioners of this model if within our work we come across someone that appears they can benefit from these services and are in an emergency situation is there a mechanism to be able to get them put into place timely to be able to get supports.	DDD will refer eligible individuals to the START program. To be referred to the START program, a person will need to have completed the DDD eligibility application, have been determined eligible for and have been enrolled in a DDD Waiver (Community Care Program or Supports Program). There will not be a bypass to the typical DDD eligibility process.
30.	As the program is ramped up to add the START coordinators and the case load of at least 20 people will the providers still receive full funding up to the 3.2 million dollars or is it there an expected scaling in order to receive the expected full funding (i.e. 2 coordinators with a 50 percent caseload will receive less funding than the expected 4 with 100 percent caseload)	For Contract Year 1, half of the funding will be released once the contract is fully executed and the other half released at the 6-month mark. For Contact Years 2, 3, and 4, funding will be released on a monthly basis equal to 1/12th the contract ceiling, with quarterly Reports of Expenses (ROEs) being evaluated to determine whether the last two monthly payments of Years 2, 3, and 4 are required.
31.	What if an agency is able to exceed the expected 4 coordinators with a maximum caseload of 30 should they move forward or stick to just the 4 coordinators?	If there is a need for more capacity and funding permits, agencies may have/hire additional coordinators. NCSS generally recommends an average coordinator caseload of about 25.
32.	Can the agency have Per diem or part time START coordinators also trained as a back up to ensure a continuous continuity of care in times of departure or vacancy?	Yes, provided those per-diem and/or part-time staff are trained and supervised.
33.	With the advisory council when state leadership is mentioned, is this representing government elected or appointed officials? If so are their individuals already identified to fill this capacity?	START program leadership decides who to invite to the Advisory Council. NCSS looks for broad representation on advisory boards, including persons served, family, advocates, and local and state entities (elected, appointed, and/or employed government officials).
34.	Also in relation to the advisory council it mentions it will start small and develop over time, when the first meeting occurs within 6 months is it okay to have under the minimum of 15 members identified of for council or does everyone have to be identified by the first meeting?	It is not expected that all members of a full Advisory Council will be identified by the time of the first meeting. The Advisory Council may develop over time.
35.	Is there a set rate for payment for someone on the council? Is this similar to a recommended hourly wage for time serving council or a Honoria for their time at each council meeting? Can all council members be paid if the agency decided to do such?	Advisory Council members are generally unpaid volunteers. Persons with lived experience (a person with IDD/MH or a person who has graduated from the START program; a family member of a person with IDD/MH or of a person who has graduated the START program) may be offered compensation for their council participation at the discretion of the agency.
36.	How should the agency handle the need to remove a council member i.e. for non-participation?	The START director is encouraged to have regular, open communication with members of their advisory group and

		check-in as needed to assess continued interest in council participation.
37.	In regards to agency website can the START program be a part of the agencies already established website or does it need to have an independent website only tailored to the START program?	The START Services NJ program should have its own dedicated website and unique domain.
38.	Does an agency require letters of support to be submitted with the application? If not would letters of support help to strengthen this in any way?	Letter(s) of support are not required and will not be considered as part of a proposal.
39.	In terms of the total budget, are funds distributed through a reimbursement system? If so, what does the provider need to provide to receive the reimbursement?	This will be a cost reimbursement contract and the successful bidder must provide quarterly ROEs.
40.	How are payments to be made? Will they come at the beginning or end of each quarter (monthly, annually, etc.)?	For Contract Year 1, half of the funding will be released once the contract is fully executed and the other half released at the 6-month mark. For Contact Years 2, 3, and 4, funding will be released on a monthly basis equal to 1/12th the contract ceiling, with quarterly Reports of Expenses (ROEs) being evaluated to determine whether the last two monthly payments of Years 2, 3, and 4 are required.
41.	Is the agency budget expected to cover the full use of the 3.2 million dollars or can an agency provide a lower budget and the state will fund based on the budget provided?	State funding will be released based on the successful bidder's proposed budget. Annual budget may be lower than \$3.2 million, but cannot exceed this amount.
42.	What if an agency budget ends up being higher or lower than the actual need? Is there any consequence for a lower budget i.e. the next year the budget will be automatically reduced?	Annual funding will not be reduced. After releasing Contract Year 1 funding once the contract is fully executed, funding for subsequent contract years will be released based on expenditures shown in quarterly ROE submissions.
43.	Can an agency build in the purchase or renting of a building to expressly support this program? On the Budget form would this go under other or can a section be added?	The funding from this RFP is not intended to cover property purchases. Rental costs are allowed and are required to be included on the RFP Budget Sheet under "Other" and on quarterly ROEs under Facility Costs.
44.	If other items not covered in any of the pre populated sections need to be added for the budget document would they all go under other or can be another added as independent section?	They should be itemized under "Other".
45.	Is there an expectation of the agency size to be able to apply for this RFP?	No.
46.	For the on-call, does it have to be each START coordinator?	It is expected the program would develop a schedule of coverage so that all applicable staff rotate through on-call. There will be a primary rotation as well as a rotation with leadership as administrators/back-up on-call.
47.	By the end of each year how many of the roles are expected to be filled and meet certification? Or are all roles expected to be filled and certified within the first year of the award.	The intent is for the START teams to be up, running, and have coordinators certified as soon as possible, with all positions filled within the first year. NCSS will work with staff as they are hired to enroll in coordinator training and achieve coordinator certification as soon as possible.

48.	How is the contract year identified (i.e. is it from the day funding starts or will there be language clearly explaining the start of the contract year)?	Contract Year 1 between the successful bidder and the State begins once there is a fully executed contract between the two. The contract term will be outlined in the Standard Language Document.
49.	Is there an expected mix of where referrals are coming from for example will referrals come strictly from individuals living at home or is there a possibility it may be individual served in DDD provider agencies?	Individuals will be referred by DDD and may be living with family, in their own home or apartment, or in a provider-managed, licensed residential setting.
50.	Is there an associated charge with the START services training for individuals above the RFP required to become certified?	All START training and consultation services during the four-year contract period are included in the RFP funding.
51.	Do the START services cost also cover any annual re-certification requirements?	Certification of the START Services NJ program is expected to occur between year 3 and year 4 of the contract period. Any recertification costs must come out of the annual funding, as no additional funding will be provided. Recertification requirements and costs beyond the four-year contract are not included in this RFP funding.
52.	Seeking clarification on the total contract amount: Not to exceed \$3.2 million a year – or \$3.2 million total over the four-year contract?	RFP Page 4: Purpose and Intent For all program operations, DDD will award the successful bidder up to \$3,200,000 per year for each of the four years of the contract period.
53.	To what extent could a provider use telehealth services to enhance connectivity between the clinician and client? Are there instances where it would be permissible for the initial crisis response - or for the next-day follow-up?	Certain of START services can be completed through telehealth but there are critical elements that must be conducted in person, including intake, assessment, crisis response; some outreach activities can be done via telehealth, though we promote in person services as much as possible. Initial crisis response can be conducted via telehealth depending on the agreed-upon cross-systems crisis plan and the “stage” or level of crisis the person is in.
54.	Will START make available a dictionary of the required outcome data points? Is there a reference for START evaluation tools?	NCSS shares all those elements once they begin to work with a team.
55.	Is the budget template attached to the RFP the most updated budget form? After reviewing the budget sheet, we do not see line items for rent, utilities and communications, for example	Each START team needs dedicated office space - while not expansive, teams should have access to larger meeting space, a few small offices for confidential meetings/supervision etc., and a multi-purpose area with workstations for the START coordinators. Bidding agencies may consider using space at a facility they already own or rent. Anticipated facility and equipment expenses must be entered in the RFP Budget Sheet under "Other" and included on quarterly ROEs throughout the contract term.
56.	Is there a separate start up budget and are start-up funds available?	No.
57.	Are there any caps on the one-time costs for equipment etc.?	No.
58.	What is the start-up timeframe for staff hiring and trainings before direct services begin, given that the model requires START training?	Hiring is based on local conditions and availability of staff; it would be preferred if 4 months could be achieved, but it differs in different locations. We train while people are doing the work; we provide an overview, then they need to have caseloads to begin training in earnest, while building

		caseloads. It takes about a year to get to full caseload expectations (about 25).
59.	Is there additional billing to DDD or Medicaid on top of the grant, and if so, what are those rates?	RFP Page 4: Purpose and Intent: While reimbursement will be through a contract, the successful bidder is required to be or become a DDD/Medicaid-approved provider of (at minimum) Behavioral Supports, Community Based Supports, and Individual Supports. (Please note the successful bidder may be required in the future to initiate Medicaid claiming for some aspect of the START services and/or to become DDD/Medicaid-approved for additional services)
60.	Is there a limit on the percentage of administrative or indirect costs?	No.
61.	To what extent could a provider use telehealth services to enhance connectivity between the clinician and client? Are there instances where it would be permissible for the initial crisis response - or for the next-day follow-up?	Certain of START services can be completed through telehealth but there are critical elements that must be conducted in person, including intake, assessment, crisis response; some outreach activities can be done via telehealth, though we promote in person services as much as possible. Initial crisis response can be conducted via telehealth depending on the agreed-upon cross-systems crisis plan and the “stage” or level of crisis the person is in.
62.	If our Behavioral staff is funded by DDD, can they also be part of (funded by) this program?	All START Model program staff must be funded through this RFP. All staff, with the exception of the Medical Director and Administrative Support person, are required to be full-time employees of the program.
63.	The RFP specifies degrees for staff on this contract - will experience or a similar degree replace the degree requirements?	Yes, but the program must submit an exception to NCSS, and NCSS must agree.
64.	The RFP requires that we provide linkage agreements with partners - do we need to show existing partnerships or new partnerships?	Proposals should demonstrate existing partnerships and plans for possible future partnerships, since linking with external partners is a key part of the START Model.
65.	Considering the number of clinicians required for this project, what happens if we have staff vacancies? Are we allowed to use consultants until the positions are filled?	No consultants; too much training needed to make that practical. All team members (including leadership) are certified as START coordinators so that they can step in and provide case coverage while hiring replacements.
66.	How soon after the contract award are we required to have staff in place?	Hiring is based on local conditions and availability of staff; it would be preferred if 4 months could be achieved, but it differs in different locations.
67.	How is the funding impacted if we are not able to reach the level of service expected, and is there a provision for this?	There are regular implementation planning meetings between State, vendor and NCSS and any concerns would be addressed and a plan to achieve needed service elements would be developed.
68.	What if the marker range for salary expenses exceeds the annual contract threshold given under this contract? Is additional funding available to the provider?	No.