NJ Department of Human Services (DHS)
Division of Mental Health and Addiction Services (DMHAS)
Integrated Care Program
Request for Proposals (RFP)
Questions and Answers
April 16, 2025

Q	Bidder Question	DMHAS Answer	RFP Section	Pg. #
1.	**Award Amount Per Grantee:** *Can DMHAS clarify if there is a recommended funding range or maximum amount per award, and how many awards are expected to be made?*	Applicants must specify the number of individuals they propose to serve, and the total amount of funding requested. The number of awards granted will be contingent on the proposed client capacity, the feasibility of the funding request, and other relevant factors.	I. Purpose and Intent	3
2.	Can you please advise the budget for each grantee? Is the limit $900,000 per award or is it $900,000 to be shared across a number of grantees. If the latter, can you advise the ceiling for a proposal, as it will determine staffing and patient capacity.	Applicants must specify the number of individuals they propose to serve, and the total amount of funding requested. The number of awards granted will be contingent on the proposed client capacity, the feasibility of the funding request, and other relevant factors.	I. Purpose and Intent	3
3.	What is the anticipated and/or historical amount of each individual award?	Applicants must specify the number of individuals they propose to serve, and the total amount of funding requested. The number of awards granted will be contingent on the proposed client capacity, the feasibility of the funding request, and other relevant factors.	I. Purpose and Intent	3
4.	Will the availability of initial or continued funding be impacted due to the early termination of other funding by SAMHSA because DMHAS now has fewer total resources?	This inquiry is outside the scope of this RFP. Please refer to Section I of the RFP for available funding.		
5.	**Expected Client Volume:** *Is there a minimum number of individuals to be served annually that DMHAS expects for a proposal to be considered competitive?*	Applicants must specify the number of individuals they propose to serve.	I. Purpose and Intent	3

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6.	**Co-location Definition:** *The RFP promotes integrated, co-located care models. Will DMHAS accept a model where services are delivered at separate but affiliated sites with real-time coordination, or is physical co-location required?*	The RFP states that the applicant must be licensed as an Ambulatory Care facility from the NJ Department of Health (DOH) and **make available on site** Medications for Opioid Use Disorder (MOUD), Medications for Alcohol Use Disorder (MAUD), behavioral health screening and assessment, case management, care coordination, and brief intervention. **The only exception to the co-located care model is OTP services (Methadone).**	I. Purpose and Intent III. Who can apply?	3 5
7.	For the required co-location model, would virtual integration or a mobile medical unit qualify if physical space limitations exist?	Physical co-location is required. However, the successful co-located provider may deliver teleservices in accordance with applicable federal and State laws, regulations and policy.	I. Purpose and Intent	3
8.	For co-location of services, is physical integration required?	Yes.	I. Purpose and Intent	3
9.	Is licensing for Primary Care required to apply for this RFP?	The applicant must be licensed as an Ambulatory Care facility, currently regulated under N.J.A.C. 8:43A-1.1 et seq., as modified and/or updated.	III. Who Can Apply?	5
10.	Can we apply as we are a DMHAS Licensed Outpatient Behavioral Health Center?	See response to question 9.	III. Who Can Apply?	5
11.	Do outpatient mental health ambulatory licensed facilities and outpatient substance use disorder	See response to question 9.	III. Who Can Apply?	5 6

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	ambulatory licenses count, or does an organization have to have a different ambulatory care facility license type to be eligible?		VI. Contract Scope of Work	
12.	Is an OTP license considered licensed for Ambulatory?	See response to question 9.	III. Who Can Apply? VI. Contract Scope of Work	5 6
13.	If an organization intends to provide ambulatory care and primary care, would the organization still be required to obtain a letter of commitment from a local OTP?	Yes.	IV. Contract Scope of Work	6
14.	**OTP Commitment Requirement – Timing and Format of Commitment:** The RFP requires applicants to obtain a commitment from a licensed OTP, but it does not specify the form this should take or whether it must be secured prior to proposal submission. Additionally, given that some OTPs may also be applying for this funding, would DMHAS allow the OTP commitment to be obtained post-award as part of the implementation phase?	Written evidence memorializing the OTP's commitment to coordinate with, and to receive and serve, facilitated referrals and coordinate care when appropriate is required for proposal submission.	VII. Required Proposal Content	14
15.	Is a MOU or contract required between PCS/FQHCs and the OTP?	DMHAS requires submission of a document that memorializes the OTP's commitment to coordinate care with the bidder (as appropriate).	VII. Required Proposal Content	14
16.	Will DMHAS provide template language for the MOU or subcontract agreement between lead and partner agencies to ensure role clarity and grant compliance?	No.		

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17.	In the RFP, there is a mention that applicants must be an ambulatory care facility, but there is no further mention of it anywhere else in the RFP (in the program description, they mention PC provider). We are a non-profit agency with a primary care clinic and a behavioral health program that is licensed by the department of health in both outpatient substance abuse treatment and outpatient mental health services (please see attached). We are currently in the process of working toward obtaining an Ambulatory Care Facility License. Are we eligible to apply for this opportunity?	See response to number 9.	III. Who Can Apply? VI. Contract Scope of Work	5 6
18.	Is a DMHAS license required for the agency to apply and serve potential clients?	DMHAS is not a licensing authority. Please also see response to number 9.	III. Who Can Apply? IV. Contract Scope of Work	5 6
19.	**Applicant Eligibility – Can Licensed MH and SUD Outpatient Providers Apply?** *Can licensed MH and SUD outpatient providers apply under this opportunity, or must applicants be a FQHC, FQHC Look-Alike, or Primary Care clinic?*	See response to number 9.	III. Who Can Apply? IV. Contract Scope of Work	5 6
20.	Can multiple non-profits collaborate to deliver this project?	The applicant must be licensed as an Ambulatory Care facility from the NJ Department of Health (DOH) (see response to number 9) and **make available on site** Medications for Opioid Use Disorder (MOUD), Medications for Alcohol Use Disorder (MAUD), behavioral health screening and	I. Purpose and Intent III. Who can apply?	3 5

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		assessment, case management, care coordination, and brief intervention. DMHAS will not accept a model where services are delivered at separate but affiliated sites, physical co-location is required**. The only exception to the co-located care model is OTP services (Methadone).**		
21.	Is this RFP geared more towards FQHCs and Primary Cares or to the OTP providers?	See response to number 9.	IV. Contract Scope of Work	6
22.	If an FQHC does not currently provide MOUD/MAUD but partners with a DMHAS-licensed SUD provider, does that fulfill eligibility to apply?	DMHAS will not accept a model where services are delivered at separate but affiliated sites, physical co-location is required**. The only exception to the co-located care model is OTP services (Methadone).**	I. Purpose and Intent	3
23.	Pg. 5 of the RFP notes that the bidder must be licensed as an ambulatory care facility and provide MOUD and MAUD; however pg. 6 references OTP licensure. Can a bidder apply as a licensed outpatient program or must the facility also be licensed as an OTP?	See response to number 20.	III. Who Can Apply? IV. Contract Scope of Work	5 6
24.	We are a FQHC and prior awardee from your 2020 PIPBHC funding, are we eligible to apply for this funding? Our previous funding ended as of 3/31/25.	Yes.	III. Who Can Apply?	5
25.	For organizations that are enrolled in a 340B program, how is it expected that	Applicant, who must be enrolled in the 340B program,	IV. Contract Scope of Work	6

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	340b will be incorporated into the services offered?	are obligated to comply with 340B regulations.		
26.	**340B Drug Pricing Program Enrollment:** *The RFP states that the successful bidder must be enrolled in the 340B Drug Pricing Program. Must applicants be enrolled at the time of submission, or is a plan to enroll during implementation acceptable?*	Applicant must already be enrolled in the 340B Drug Pricing Program. Please also see response to number 27.	IV. Contract Scope of Work	6
27.	If an organization is not enrolled in the 340 B but has a partner pharmacy that is, is that organization eligible?	It will depend upon the terms of the "partner pharmacy" agreement and whether they satisfy the Scope of Work and program goals.	IV. Contract Scope of Work	6
28.	Must a bidder already be enrolled in the 340B program or can the bidder pursue enrollment after contract award?	Please see responses to numbers 26 and 27.	IV. Contract Scope of Work	6
29.	**Harm Reduction Center – Type of Agreement Required:** *The RFP requires affiliation with a DOH-designated Harm Reduction Center to receive referrals. If an agreement is not already in place at the time of submission, can this affiliation be established post-award as part of the implementation phase?*	Affiliation with a DOH-designated Harm Reduction can be established during the implementation phase.	IV. Contract Scope of Work	6
30.	Are <u>telehealth</u> services permitted for any components of service delivery (e.g., peer support, psychiatry, brief interventions)?	Applicant may deliver teleservices in accordance with applicable federal and State laws, regulations and policy.	IV. Contract Scope of Work	6 - 8
31.	Is there an opportunity to add in additional services related to SDOH	Successful bidders are required to hire and employ navigators. Provider must describe how the agency will	IV. Contract Scope of Work	6 - 8

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	barriers as supplementary activities to the integrated care efforts?	incorporate the services of Patient Navigators into its clinic work flow, including SDOH barriers.		
32.	If the grant funds cover staffing for roles like peer specialists or care coordinators, can those staff be embedded at the partner agency (e.g., a partner agency's outpatient clinic) even though the FQHC is the lead?	See response to number 6.	IV. Contract Scope of Work	9-11
33.	Are there any specific staffing requirements for MDs and/or Nurse PR actioners?	Applicant must provide a medical assessment and/or screening and treatment or referral for illnesses, including those related to SUD. Medical staff will have the ability to provide basic addiction services such as MOUD & MAUD.	IV. Contract Scope of Work	8 - 9
34.	Can GPRA data collection responsibilities be delegated to the partner agency if that partner is providing behavioral health care, or must the lead applicant manage all data collection directly?	See response to number 6. Also, the lead applicant must manage all data collection.	IV. Contract Scope of Work	9 - 11
35.	If clients are served jointly by both the medical and behavioral health provider, can both contribute to the GPRA interview process, or must one agency take sole responsibility?	See response to number 6. Also, the lead applicant must take responsibility for data collection.	IV. Contract Scope of Work	9-11
36.	Can the incentive costs for GPRA follow-up interviews be split between agencies, and how should that be documented for audit and tracking purposes?	See response to number 34.	IV. Contract Scope of Work	9-11

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37.	Are the GPRA incentives only allowable at follow up, or can they be used at intake as well?	GPRA incentives are limited to follow up. Please refer back to the GPRA collection and incentive requirements in the RFP (pp.9-10).	IV. Contract Scope of Work	9 - 11
38.	Can services funded under this RFP be billed to Medicaid or third-party payers when applicable, with grant funds only covering unreimbursed costs? If so, what documentation is required to verify payer exhaustion?	This funding is payer of last resort. It cannot supplant other funding sources. The successful bidder(s) shall ensure that when a consumer has other health insurance, including NJFamilyCare, such benefits must be used first and to the fullest extent, prior to utilizing DMHAS funding. Other examples, include, but are not limited to, third party insurance, the state uncompensated care fund, and other grants. Provider should comply with all billing requirements and standards for any payer source that they utilize.		
39.	Can both the lead applicant and partner agency bill separately to Medicaid/MCOs, or is billing expected to flow through the lead agency only?	See response to number 6. Lead agency must take responsibility for billing, with the exception of the OTPs.		
40.	What is the scope of billing expectations?	DMHAS cannot respond because the basis and scope of this question is unclear.		
41.	What are DMHAS's expectations regarding cost-sharing, subcontracting, and revenue reporting between the lead medical provider and the behavioral health partner?	This RFP is funded by the State Opioid Response grant and is therefore governed by 45 CFR Part 75 (including all applicable costs principles and audit requirements).		
42.	Are there any restrictions to allocating grant funds to existing personnel payroll (navigators, providers, etc.)?	Please refer to all staffing and budget requirements in the RFP, including the G&A		

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		requirements on p. 19 of the RFP.		
43.	Are transportation costs an allowable expense?	Yes, certain transportation costs are allowable in accordance with the State Opioid Response grant terms of award. Allowability and limitations will be addressed during contract negotiations and budget review.		
44.	Can we utilize funds to purchase drugs to execute the program (i.e., Pharmacy Buprenorphine)	This RFP is funded by the State Opioid Response grant. Only medications approved by the U.S. Food and Drug Administration (FDA) for treatment of opioid use disorder and/or opioid overdose can be purchased with SOR funds.		
45.	Can funds be used to support EHR interoperability or to develop data-sharing protocols between lead and partner agencies?	**This RFP is funded by the State Opioid Response Grant. SOR grant funds must be used primarily to support direct services. However, please refer to the RFP Budget section for G&A requirements and limitations.**		
46.	Is contingency management as an incentive allowed as part of the grant?	The contingency management incentive is not available for the Integrated Care Program.		
47.	**Allowable Use of Funds – Infrastructure Support:** *Are one-time costs, such as computer equipment, recruitment expenses, or other startup-related items, allowable under this funding opportunity?*	Please see response to number 1 for funding availability. Also, this RFP is funded by the State Opioid Response grant and is therefore governed by 45 CFR Part 75 (including all applicable costs principles and the general provisions for selected items of cost).	VII. Required Proposal Content	19

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48.	The RFP states to limit indirect costs to "new" G&A. May the budget include G&A costs reassigned to support the ICP that no longer supports terminated programs?	Please refer to the G&A requirements on p. 19 of the RFP. As specified, the G&A must be limited to indirect costs that are attributable and allocable to the proposed program. Whether an indirect cost may be "reassigned" from a terminated program to the proposed program will depend upon the particular facts and circumstances. Therefore, bidders must disclose to DMHAS all indirect cost reassignments and provide DMHAS with any additional information needed for it to determine whether allowable and whether any offset is required.	VII. Required Proposal Content	19
49.	Does the requirement to pursue approval as a Medicaid-eligible provider apply to both the lead and the behavioral health partner? What if one party is already credentialed?	See response to number 6. Also, applicants must include an agreement wherein all providers in the co-located integrated care program agree to obtain approval as a Medicaid-eligible provider.	VII. Required Proposal Content	19
50.	Is a subcontractor behavioral health agency required to sign the same assurances or submit the same documentation as the lead applicant (e.g., indemnification, ownership disclosure)?	Please see response to number 6. Also, please refer to the RFP for the assurances and documentation the ***applicant*** is required to submit.		
51.	Has any OTP's in NJ have successfully integrated Primacy Care into the practice? If so, which program(s)?	This inquiry is outside the scope of this RFP.		