

NJ Department of Human Services (DHS)
Division of Mental Health and Addiction Services (DMHAS)
Recovery Housing for Young Adults With Opioid and/ or Stimulant Use Disorders
Request for Proposals (RFP)
Questions and Answers
July 16, 2026

Q	Bidder Question	DMHAS Answer	RFP Section	Pg. #
1.	Can one agency submit more than one application if they are focusing on two different counties or can one application serve more than one county?	Bidders must submit a separate proposal and budget per county.		
2.	The agency is considering application for multiple counties, including Middlesex, Essex, Union and Salem. Does a separate application need to be submitted for each county?	Yes. See response to question #1.		
3.	Are there counties or geographic areas that DMHAS considers underserved or prioritized for this initiative?	No. The RFP does not specify any underserved or prioritized County.	I. Purpose and Intent	3
4.	What is the anticipated contract award date and expected timeline for program implementation and participant enrollment following award notification?	Successful bidders will be contacted for contract negotiations. Once contract documents are executed, awarded funds may be expended. Services are expected to begin no later than September 29, 2026.		
5.	What is the required timeline for services to begin?	See response to question #4.		
6.	Could DMHAS please provide the anticipated notification date for award decisions?	To be determined.		
7.	Given the short award time frame and uncertainty of continued funding beyond the September 29 program period, could the State please clarify its expectations of the program's implementation, outcomes, and sustainability planning during the initial contract term?	Program is expected to begin no later than September 29, 2026. DMHAS is seeking, and program continuation is dependent upon receipt of, a no-cost extension from September 30, 2026 to Sept 29, 2027. See response to question #4.		

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8.	Could DMHAS please provide the updated service timeline for this RFP in light of the revised proposal due date? Please include the anticipated contract start date, contract end date, expected service start date, participant enrollment period, and expenditure period.	See response to questions #4, 6 and 7.		
9.	If a bidder anticipates operating recovery housing in phases (for example, 5 beds operational by July 1, 2026 and an additional 5 beds operational by August 1, 2026), may the bidder apply for funding for 10 beds/slots at the time of application?	Yes.	I. Purpose and Intent VII. Required Proposal Content	3 11
10.	Given the short implementation period, does DMHAS anticipate flexibility regarding phased program implementation and startup timelines for newly developed recovery housing programs?	Yes, there may be flexibility in phasing in the program implementation.	I. Purpose and Intent VII. Required Proposal Content	3 11
11.	Is there a minimum expected occupancy timeframe for each funded slot, or may programs utilize rolling admissions and discharges throughout the contract period?	No expected occupancy timeframe. Rolling admissions and discharges are acceptable.	I. Purpose and Intent IV. Contract Scope of Work VII. Required Proposal Content	3 5 11
12.	Does DMHAS anticipate any minimum or maximum recommended length of stay for participants within the YARH program?	No. See response to question #11.	I. Purpose and Intent	3 5

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			IV. Contract Scope of Work VII. Required Proposal Content	11
13.	Is there a standard targeted length of stay DMHAS is expecting for participants within the YARH program, or is length of stay intended to be individualized based upon measurable outcomes, housing stability, and long-term recovery readiness?	No standard targeted length of stay. Program participation shall be individualized based on client readiness. See response to question #11.	I. Purpose and Intent IV. Contract Scope of Work VII. Required Proposal Content	3 5 11
14.	Does DMHAS anticipate maintaining continuous occupancy for all funded slots throughout the contract period, and is there an expected timeframe for refilling discharged slots?	Does not need to be continuous occupancy by one client. Vacancies will be filled as they become available.	IV. Contract Scope of Work	5
15.	Are there minimum participant engagement expectations related to recovery meetings, peer support participation, or case management contact frequency	Based on assessment of need determined by awardee. The eligible service population must agree to participate in program services/ treatment. Please see RFP Addendum.		
16.	Page 2 of the addendum states: "Therefore, the recent federal policy requires housing to be contingent upon services. As such, the RFP funding must align with the new federal policy requiring housing to be contingent upon the receipt of services. "	See response to question #15.	RFP Addendum	2

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	Post award, the successful Bidder(s) will be required to sign an attestation stating that the housing is contingent upon the receipt of services." Are you able to be more specific about what kind of services housing will be contingent on, e.g., Outpatient, Intensive Outpatient, etc. Any clarity is greatly appreciated!			
17.	Are applicants expected to maintain separate housing environments specifically dedicated to the 18–24 population, or may young adults reside within mixed-age recovery housing environments if developmentally appropriate supports are provided?	Age (18+) integrated housing is acceptable.	IV. Contract Scope of Work	5
18.	Are there any restrictions regarding congregate living arrangements, shared bedrooms, co-ed housing, or maximum occupancy configurations?	Shared bedrooms shall be same-sex. Successful bidders must comply with all applicable a Department of Community Affairs (DCA) facility requirements and municipal codes. To legally qualify as a bedroom, a room must have a minimum of 70 square feet of floor space, with at least one horizontal dimension measuring no less than 7 feet . For multiple occupants, some local codes require an additional 50 square feet per person.	IV. Contract Scope of Work	5
19.	Will applicants be permitted to utilize existing recovery housing inventory and operational infrastructure, or is DMHAS	The utilization of the existing recovery housing inventory and operational infrastructure is permitted.	IV. Contract Scope of Work	5

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	prioritizing the development of newly established recovery housing capacity?	The development of new recovery housing is welcomed.		
20.	Does DMHAS require that recovery residences under this RFP hold a specific state recovery housing license or certification at the time of application, or are bidders permitted to operate under a transitional/supportive housing model consistent with Fair Housing Act protections while providing behavioral health and recovery support services off-site through a licensed provider?	The awardee should work with a DCA licensed housing provider, Oxford House or any other recognized recovery house certification. Certificate of occupancy or CO should be submitted with the proposal package, if applicable.		
21.	Is NARR certification required, preferred, or simply recommended for purposes of scoring and implementation?	The NARR certification is recommended.	II. Background and Population to be Served	4
22.	Is NARR/NJARR certification required at the time of application, preferred for scoring purposes, or acceptable as a future implementation goal?	No, the NARR/NJARR certification is not required. See response to question #21.	II. Background and Population to be Served	4
23.	Could DMHAS please clarify the recovery housing certification expectations for sober living or recovery residence settings proposed under this RFP? Since NARR standards are not formally recognized in New Jersey, would DMHAS require third-party certification, and if so, which certifying bodies or standards would be acceptable? If third-party certification is not required, what documentation should bidders provide to demonstrate that the proposed housing meets	Some type of evidence-based model and/or certification is required. Please describe in your proposal.	II. Background and Population to be Served	4

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	DMHAS/SAMHSA expectations for quality, safety, ethical operation, resident protections, and recovery housing best practices?			
24.	Can you provide more detail on what specific type of certification the housing has to be?	See response to questions #21, #22 and #23.		
25.	Does DMHAS anticipate applicants operating under a preferred recovery housing level/model (e.g., NARR Level II vs. Level III), or are applicants permitted flexibility in designing the operational structure of the recovery residence?	There is flexibility in designing the operational structure of the recovery residence. The bidder will describe their proposed model in their proposal.	IV. Contract Scope of Work VII. Required Proposal Content	8 11-17
26.	The RFP references Oxford Houses, sober living residences, county-based housing, or other recovery housing models. Would a communal transitional recovery housing model with integrated peer support, workforce development, life skills, transportation support, and linkage to off-site clinical services be considered an allowable model under this opportunity?	Yes, the bidder should describe their proposed model in their proposal.	IV. Contract Scope of Work VII. Required Proposal Content	8 11-17
27.	What types of housing can be considered besides the models mentioned on pg. 8 of the RFP (i.e. Oxford Houses, sober residences, county-based)? In other words, what is the least restrictive living scenario that could be developed?	The bidder should describe their proposed model in their proposal.	IV. Contract Scope of Work VII. Required Proposal Content	8 11-17
28.	Can existing sober living/recovery residences qualify as eligible recovery housing under this RFP if they align with SAMHSA Recovery Housing Best Practices and NARR principles?	Yes. The bidder should describe their proposed model in their proposal.	IV. Contract Scope of Work VII. Required Proposal Content	8 11-17

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29.	Does licensed housing include a residential healthcare license?	No.		
30.	Does licensed housing include a halfway house license?	No.		
31.	Does licensed housing include shelters? Does this include men and women?	No.		
32.	Can an agency that isn't a recovery housing organization, apply as the lead agency for this RFP in partnership with one or several recovery housing agencies?	Yes.	III. Who Can Apply	5
33.	Can we partner with an organization that provides housing, or do we have to provide the housing ourselves?	You can partner.	III. Who Can Apply	5
34.	If an organization submits an application as the lead agency responsible for staffing, infrastructure, administration, and recovery housing operations in one county, would that same organization also be permitted to participate in proposals in other counties solely in the role of housing provider and/or subcontracted housing partner under another lead agency? Additionally, if this is permitted, we would appreciate clarification regarding how the stated 15-participant cap would apply in that circumstance. For example, if an organization proposed serving 8 participants under its own lead application, would participation as a housing partner for an additional	Yes. Yes. Proposal must be county specific. The up to 15-participant cap is for a single county.	I. Purpose and Intent	3

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	7 participants in another county be the maximum allowable involvement so as not to exceed the 15-participant cap overall? Or would the 15-participant limit apply separately to each independently submitted proposal, regardless of whether the same housing provider participates across multiple applications?			
35.	Can a recovery residence include an on-site house leader/peer leader who resides in the home and is also in recovery? If so, would the house leader count toward the total funded resident capacity?	Yes. No.	II. Background and Population to be Served IV. Contract Scope of Work	4 5
36.	Does DMHAS anticipate that recovery housing funded under this initiative maintain on-site staffing coverage at all times, or would programs utilizing structured recovery housing oversight with scheduled staff presence, peer leadership, and on-call support be considered responsive to the RFP requirements?	No, on-site staffing coverage is not required at all times. Programs may utilize structured recovery housing oversight.	IV. Contract Scope of Work	
37.	Is there an expectation that there will be staff present over night?	No, but it is permissible.	IV. Contract Scope of Work	
38.	May grant funds support staffing costs associated with overnight peer recovery support and supervision activities?	All staffing must be described in the bidder's proposal.	VII. Required Proposal Content	11
39.	Does DMHAS anticipate overnight staffing, peer supervision, or awake coverage within recovery	No. See response to questions #37 and #38.		

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	residences funded under this initiative?			
40.	May peer recovery specialists provide recovery support services while also assisting with housing supervision and overnight peer support responsibilities?	Yes. See response to question #38.		
41.	May Care Coordinator and/or Housing Coordinator positions funded through this initiative also support related recovery housing, housing stabilization, or recovery support programming, provided costs are proportionally allocated and not duplicated across funding sources?	Yes. See response to question #38.	IV. Contract Scope of Work	8
42.	Does there need to be a Care Coordinator (full or part time) and Housing Coordinator (part time) per 5 clients, or is this for the maximum of 15 clients?	See RFP – IV. Contract Scope of Work – Budget pages 8 – 9.	IV. Contract Scope of Work	8 - 9
43.	Could DMHAS please clarify how awardees are expected to complete and submit the SUPRT data? Specifically, will data be entered into a designated digital platform? If so, will DMHAS provide successful awardees with access credentials, training, and technical support for that platform?	Awardees will be provided with training and technical assistance and then be expected to collect SAMHSA Unified Performance Reporting Tools (SUPRT) data and to submit it to Rutgers University, School of Social Work for entry into the digital platform.	IV. Contract Scope of Work	7
44.	Are awarded providers expected to accept referrals from a specific state, county, or contracted referral source list, or may providers establish their own referral pathways and admission processes consistent with the target population requirements outlined in the RFP?	Eligible participants are young adults (ages 18-24) with opioid and/ or stimulant use disorders. Priority will be given to individuals who are unhoused or at imminent risk of homelessness.	IV. Contract Scope of Work	7

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		The eligible service population must agree to participate in program services/ treatment, in accordance with the RFP Addendum.		
45.	May existing residents who meet eligibility criteria be transitioned into YARH-funded slots, or must all participants be newly admitted after contract award?	See response to question #44.		
46.	May programs serve individuals with co-occurring mental health disorders in addition to opioid and/or stimulant use disorders, provided opioid and/or stimulant use disorder remains the primary qualifying diagnosis?	Yes.	I. Purpose of Intent IV. Contract Scope of Work	3 7
47.	May recovery housing units funded under this initiative serve individuals involved in medication-assisted treatment (MAT/MOUD), including methadone, buprenorphine, or prescribed psychiatric medications?	Yes.	I. Purpose of Intent IV. Contract Scope of Work	3 7
48.	May outpatient treatment, MAT, counseling, psychiatric services, or other clinically reimbursable services be billed to Medicaid/commercial insurance separately while recovery housing support services are funded through the grant?	Yes, provided there is no duplication of services or billing.		
49.	What required services under this opportunity are Medicaid-eligible for reimbursement?	Refer to the RFP Contract Scope of Work page 6.	IV. Contract Scope of Work	6
50.	Does this program's participants qualify for the Health Related Social Needs (HRSN) Medicaid through the five MCOs?	See response to question #49.	IV. Contract Scope of Work	

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	Could our program bill HRSN for the four services that DMHAS has outlined that the program covers? If all four services are not covered, which of the four services are eligible services?			
51.	Is Medicaid enrollment required for participation, or may programs serve uninsured and commercially insured individuals as long as eligibility criteria are met?	Although Medicaid enrollment is not required for participation, see RFP Contract Scope of Work page 6. In addition, if service becomes eligible for Medicaid reimbursement, as per the RFP the Bidder must provide written assurance that Successful Bidder will pursue all available sources of revenue and support upon award and in future contracts, including agreement to obtain approval as a Medicaid-eligible provider.	IV. Contract Scope of Work VII. Required Proposal Content	6 15
52.	Are young adults covered under a parent's commercial insurance plan eligible to participate in the YARH program?	Yes.		
53.	Does DMHAS expect applicants to directly provide clinical treatment services, or may treatment be delivered through formal referral/linkage partnerships?	Treatment may be delivered through referral/ linkage partnerships.	IV. Contract Scope of Work	7
54.	Could DMHAS please clarify what services are included under the term "treatment" for purposes of this RFP? Additionally, is there an expected or allowable duration of	See RFP Contract Scope of Work pages 6 - 7. The eligible service population must agree to participate in program services/ treatment, in	IV. Contract Scope of Work	6 - 7

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	treatment that should be assumed for budgeting and program design purposes, such as a minimum or maximum treatment period per participant?	accordance with the RFP Addendum. Please see response to Question #11.		
55.	Are virtual recovery support services or telehealth-based recovery support activities allowable within the program model?	No. See RFP Contract Scope of Work pages 6 – 7.	IV. Contract Scope of Work	6 - 7
56.	Would DMHAS consider programs that integrate vocational training, agricultural/workforce readiness programming, peer mentorship, and recovery-oriented community engagement activities as part of the recovery housing model?	Yes.	IV. Contract Scope of Work	7
57.	Will applications be viewed more favorably if they include workforce development, vocational support, educational support, or independent living skills programming for young adults?	Refer to the RFP Required Proposal Content pages 11 – 17.	VII. Required Proposal Content IV. Contract Scope of Work	11 – 17 7
58.	Is there any preference in scoring for providers serving counties with limited existing recovery housing or shelter infrastructure?	No.		
59.	Will scoring preference be given to organizations with existing recovery housing operations and established community recovery partnerships?	No.		
60.	May participants contribute a participant fee/program fee as part of long-term sustainability planning, provided no participant is denied access due to inability to pay?	No.		

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61.	Should we be submitting a 12-month budget and then will it be prorated based on the grant term?	Yes. Bidder must submit a 12-month budget.	IV. Contract Scope of Work VII. Required Proposal Content	8 14 - 15
62.	For the budget, should applicants submit budgets to expend the requested funds by 9/29/26? Should an annual budget be submitted? Or a budget that includes this initial term plus the no-cost extension year?	No. Yes, please submit a 12-month budget. See above.	VII. Required Proposal Content	14-15
63.	What percentage of funds may be carried over into the second year? Please confirm that the no-cost extension term will be 9/30/26 - 9/29/27?	This RFP is funded through the New Jersey State Opioid Response provided by the Substance Abuse and Mental Health Services Administration (SAMHSA). Funding ends on September 29, 2026. At this time, SAMHSA has not offered an extension or approved carryover for this funding. The expenditure period is set to expire on September 29, 2026, unless otherwise extended by SAMHSA. See response to questions #7 and 62.	I. Purpose and Intent	3
64.	Do you anticipate additional funding being available following the no-cost extension year?	See answer to question #63.		

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65.	What amount of time does the \$36,648.20 for a client cover? Is it from July 1, 2026 to September 29, 2026?	The \$36,648.20 is for a 12-month timeframe.	IV. Contract Scope of Work/Budget	8-9
66.	The amount is \$36,000.00 per client, is this for one year?	See response to question #65.		
67.	A budget breakdown is provided on pg. 8 of the RFP. To clarify, this breakdown is an estimation, and actual proposed costs can differ?	Yes.	IV. Contract Scope of Work	8
68.	Could DMHAS please clarify how the “cost per participant” amount will be funded and applied? Specifically, is the stated cost per participant the maximum allowable award amount per enrolled participant, a planning estimate, or a budget calculation only? Please also confirm whether these funds are paid to the awardee, paid directly to or on behalf of participants, or divided between program operating costs and participant-specific housing/supportive costs.	It is an estimate. Payment is to awardee. The \$18,848 client cost was computed based on the items listed under program cost divided by 10 (see pages 8-9 of RFP). Additional costs per client are \$12,000 annual rent, \$1000 move-in costs, 15% indirect cost and \$20 SUPTR incentive for a total of \$36,648.20 per client.	IV. Contract Scope of Work	8 - 9
69.	Could DMHAS please define what expenses are allowable under the “indirect costs per client” category? Please provide examples of eligible indirect costs, explain how the indirect cost amount should be calculated, and confirm whether bidders must use a federally approved indirect cost rate, the de minimis rate, or another DMHAS-approved calculation method.	Please refer to the RFP for full disclosure of the funding source. This initiative is funded by SAMHSA SOR and is governed by 2 CFR Part 200. At a minimum, administrative/indirect costs must comply with the federal regulations at 2 CFR Part 200 (including 2 CFR §200.414) and section 4 of the DHS Contract Reimbursement Manual. Pursuant thereto, Bidders may elect to charge a		

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		rate established under a current federal negotiated rate agreement, or the 15% de minimis rate. It must be noted, however, that DMHAS must consider the cost efficiency of a proposed budget as it relates to the contract scope of work, along with the proposed administrative/indirect rate and its impact on total allocations. Bidders who elect to charge a reduced indirect rate in order to compete shall be held to such rate in order to preserve and protect the competitive bidding process.		
70.	Could DMHAS please explain how the cost-per-participant structure should be reflected in the required budget submission? Specifically, should bidders build the budget around the full allowable cost per participant, the total program operating cost, or both? Please also clarify how participant-specific costs, such as annual rent, move-in costs, and SUPRT follow-up incentives, should be shown in the Excel budget template.	Depending on how many clients you plan to serve, you would apportion costs such as rent, move-in, indirect, and incentives. You would display your program costs on separate budget lines, such as personnel, fringe, etc.		
71.	Could DMHAS please clarify the allowable housing-related uses of funds? Specifically, may funds be used only for rent, move-in costs, staffing, and supportive services, or may they also be used for startup costs such as master leasing, property deposits, furnishings, minor renovations, inspections, or other costs	See RFP Contract Scope of Work pages 8 – 9.	IV. Contract Scope of Work	8 - 9

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	necessary to make a recovery residence operational? Additionally, are funds permitted for property purchase to operate as recovery housing, or is property acquisition excluded?			
72.	If our organization also has sober living houses, can we place them in our facilities and allocate the \$1,000/month for rent to our organization?	Yes, if your organization has a licensed and/or certified recovery home where no other funding source exists with vacancies, you may place the individual in your vacancy provided all elements of the Contract Scope of Work will be satisfied. Any DMHAS funded recovery house slot is excluded.		
73.	If we currently receive \$1,500 per month for our sober living beds, and a bed opens up, can we pay ourselves \$1,000 per month back from these grant funds if we place a client from this grant in a bed?	See response to question #72.		
74.	If a client's housing costs \$1,500 per months, can the client pay the \$500 remaining after we have applied the \$1,000/month provided by the grant?	No. See response to question #72. The \$1,000 represents the full rental amount.		
75.	If we are working with a client who does yet have housing, are we able to charge \$1,000/month to the grant for that client only once we have placed that client in housing?	Yes, rent begins at placement in recovery housing.		
76.	Can we use funds from another grant to help pay for such things as security deposit and first month's rent, furniture, food, etc. to get a client established in their housing?	Bidders must explain in their proposals. Bidders shall identify any other sources of funding, both in-kind and monetary, that shall be used on their proposal budget.	I. Purpose and Intent VII. Required Proposal Content	3 11

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77.	Are clients responsible for their own food?	Yes, but providers must link individuals to food resources in the community, e.g. SNAP, food pantries, etc. Bidders must explain in their proposals.	IV. Contract Scope of Work VII. Required Proposal Content	5 11
78.	Which supplies and /or furniture are we responsible for?	Bidders must provide details in their proposals.	VII. Required Proposal Content	
79.	Are capital improvements, furnishings, safety modifications, accessibility modifications, or startup costs associated with preparing a recovery residence allowable under the “one-time costs” section of the budget?	No.	VII. Required Proposal Content	14 - 15
80.	Due to significant public transportation limitations in Ocean County, may budgeted transportation or mileage funds be utilized toward the purchase or lease of a program vehicle to support participant transportation needs, including treatment access, employment support, and recovery-related appointments?	No; bidders should refer to the attached DMHAS Transportation Reimbursement and Invoicing Program (TRIP) initiative guidelines.		
81.	Will housing support funds be distributed prospectively, reimbursed monthly, or reconciled based upon occupancy, census maintenance, and active participant enrollment?	This will be discussed during contract negotiations. Contracts awarded through this RFP will be cost reimbursement.		
82.	Could DMHAS please clarify how funds will be distributed to successful awardees after contract award? Specifically, will funding be provided as an advance payment, reimbursement, monthly payment, scheduled installments, or another method?	See answer to question #81.		

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83.	Could DMHAS please confirm the exact payment structure that will be used for successful awardees after contract execution? Specifically, will funds be issued through an advance payment, reimbursement, monthly payments, scheduled installments, or another method? If reimbursement will be used, will awardees be expected to cover startup costs, rent, staffing, and participant housing costs upfront before payment is received?	See response to question #81.		
84.	Do I need to resubmit an intent to apply and/or a request for login credentials?	No, you do not need to resubmit your intent to apply and/or a request for login credentials.	VI. Written Intent to Apply and Contact for Further Information VIII. Submission of Proposal Requirements	10 17

DMHAS Transportation Reimbursement and Invoicing Program (TRIP) Guidelines

I. PURPOSE:

This Guideline sets forth the eligibility criteria, standards and procedures to request and receive reimbursement under the DMHAS Transportation Reimbursement and Invoicing Program (TRIP). TRIP is intended and designed to eliminate transportation barriers and facilitate access to opioid use disorder and/or stimulant use disorder Treatment, Prevention, Harm Reduction that complies with federal restrictions¹ and Recovery Support Services (RSS).

II. FUNDING:

- a. TRIP funding is being provided by the U.S. DHHS State Opioid Response (SOR) discretionary grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment. Reimbursement is expressly dependent upon the availability of funds appropriated by the State from federal and/or State revenue or such other funding sources as may be applicable. DMHAS shall not be financially liable for the failure to make any payment resulting from the unavailability of funds. In addition, future funding shall not be anticipated.
- b. TRIP reimbursement is contingent upon compliance with all terms, conditions and criteria contained in this Guideline and required by SOR. All reimbursement is contingent upon DMHAS authorization.
- c. TRIP is **not** available if there is any other available source of funding, including but not limited to any other federal (including but not limited to Medicaid), State or county program, discount, contract, grant, or private donation.
- d. TRIP is limited to qualifying transportation expenses **incurred** between **October 1, 2025 and September 30, 2026 (unless otherwise extended)**. TRIP will **terminate on September 30, 2026 (unless otherwise extended)** or when funding is expended, whichever occurs first. Reimbursement is on a first come, first serve basis.
- e. TRIP funding is limited to the actual cost of the direct transportation service necessary to access care, inclusive of gratuities not to exceed fifteen (15%) percent. TRIP funding may **not** be used to purchase or lease a vehicle, hire staff, pay administrative costs, or reimburse any other expense.
- f. TRIP funding is not capped by Eligible Provider Agency or Individual, with the sole exception of a **monthly cap** of no more than **four (4) RSS Community Events per Eligible Individual**. RSS Community Events are defined as activities and/or events hosted by

¹ Please refer to the July 29, 2025 SAMHSA guidance regarding services under the umbrella of harm reduction that may be supported with federal/SAMHSA funding, available at: <https://www.samhsa.gov/sites/default/files/dear-colleague-letter-executive-order-ending-crime-disorder-americas-streets-07302025.pdf>.

interested persons or community organizations to raise awareness or promote behavioral health while bringing the community together, such as health fairs, behavioral health workshops/seminars/conventions, walks/runs/bike rallies to promote the importance of an active community, and outings/gatherings to support a local recovery center or health coalition.

III. ELIGIBILITY:

- a. Eligible Provider Agency (EPA). TRIP Funding is limited to ***for-profit, non-profit, and governmental agencies (such as counties) under cost-based and/or fee-for-service*** contract with DMHAS to provide prevention, harm reduction that complies with federal restrictions, treatment, and recovery support services for ***opioid use disorder (OUD) and/or stimulant use disorders (with or without other concurrent substance use disorders)***. Participating EPAs are obligated to:
 - i. contact Eligible Individuals who have a history of not engaging in such services to increase access and eliminate barriers;
 - ii. contact non-traditional agencies such as Harm Reduction Centers (HRCs) (provided the underlying service(s) complies with federal restrictions), homeless shelters, Residential Health Care Facilities (RHCFs), boarding homes, recovery houses and/or sober living houses, etc. to increase access and eliminate barriers;
 - iii. contact transportation Vendors to establish relationships and operationalize TRIP; and
 - iv. schedule and arrange for all transportation eligible for TRIP on behalf of the Eligible Individual.
- b. Eligible individual (EI). TRIP is limited to direct transportation for (or on behalf of, as defined below) an individual with an opioid use disorder (OUD) and other concurrent substance use disorders, as well as stimulant misuse and use disorders, including those involving cocaine and methamphetamine, provided such transportation is necessary to access DMHAS-contracted OUD Treatment, Prevention, Harm Reduction (provided the underlying service(s) complies with federal restrictions) and/or RSS.
- c. On behalf of the EI. TRIP is available for the direct transportation of EI's family and supportive persons when such direct transportation is necessary for family or supportive persons to access component services or activities.

IV. REIMBURSEMENT CRITERIA:

- a. TRIP is available only when no other mode of transportation is available.
- b. TRIP is limited to direct transportation necessary to access OUD Treatment, Prevention, Harm Reduction (provided the underlying service(s) complies with federal restrictions) and/or RSS. Such direct transportation includes, but is not limited to, transportation to/from a clinic, a prevention agency, hospital emergency department, court, employment interview, Board of Social Services, EPA events, Community events (as defined and limited by this Guideline), etc. Treatment includes transportation for medical care, provided such medical transportation is **not** eligible for reimbursement from Medicaid (ModivCare).
- c. Direct transportation of family members or supportive persons on behalf of an EI is available for participation in EI's Treatment, Prevention, Harm Reduction (provided the underlying service(s) complies with federal restrictions) and RSS, visitation at the EI's

- treatment facility, attendance at Family Program, and attendance at RSS community events (as defined and limited by this Guideline), provided such direct transportation is necessary for family or supportive persons to access component services or activities.
- d. TRIP is not available for transportation to personal activities such as entertainment, shopping or other events that fall outside of subsections IV.b. and IV.c. above.
 - e. TRIP is limited geographically within the State of New Jersey. Furthermore, TRIP does not include transportation outside of the EPA's catchment area when closer alternatives are available.
 - f. TRIP is limited to subway, rail, bus and/or vehicle transportation services provided only by licensed, insured drivers/operators who own, are employed by, or are an independent contractor of a transportation service authorized to transact business in the State of New Jersey ("Vendors"). Such transportation services include, but are not limited to, licensed Taxi's, Uber Health, Uber, LYFT, N.J. Transit, city subways, etc. TRIP reimbursement is **not** available for transportation provided by EPI staff, EI family members, friends, supportive persons or other private individuals (non-vendors).
 - g. Monthly bus or monthly rail passes are permissible consistent with the EI's documented needs.
 - h. Direct transportation may be provided individually or in a group setting, provided however, that TRIP reimbursement is limited to the total cost of the direct transportation. EPAs may not duplicate bill a single transportation service of several individuals.
 - i. Direct transportation for the same services, and/or for several individuals, must be combined to avoid multiple trips unless clinically contraindicated or precluded by federal or State privacy laws, including but not limited to 42 CFR Part 2 and HIPAA.

V. DOCUMENTATION AND PAYMENT PROCESS

- a. TRIP reimbursement is contingent upon DMHAS receipt and review of **all** of the supporting documentation identified below. DMHAS reserves the right to request additional documentation within its reasonable discretion.
 - i. Completed, signed and dated Payment Voucher (see attached), with the Vendor name, address, federal identification number, and MMIS Identification number (if available).
 - ii. Vendor Invoice evidencing the date, place of pick up and place of drop off;
 - iii. Documentation of EPA's payment directly to the Vendor;
 - iv. Completed DMHAS Transportation Tracker Excel document (attached); **and**
 - v. Signed EPA attestation (see attached) verifying eligibility and compliance with this Guideline.
- b. Requests for reimbursement shall be submitted **monthly on or before the 15th day of the next following month** (unless otherwise extended by DMHAS) through the DMHAS Secure File Transfer Protocol (SFTP) to: <https://securexfer.dhs.state.nj.us/login> to the **SOR Reimburse** folder. All monthly documentation must be uploaded as a single PDF labeled "TRIP_YOUR AGENCY NAME." Files not labeled using this naming convention may result in reimbursement delays. EPA's without SFTP access must request credentials via: <https://dmhas.dhs.state.nj.us/Events/TRIP/Register.aspx>. Login credentials lapse after 6 months of inactivity, so it may be necessary to request updated credentials.
- c. DMHAS retains the authority to evaluate, authorize and/or disapprove all requests for reimbursement in accordance with these Guidelines and SOR requirements. These

Guidelines may be updated, as necessary.

- d. All claims are subject to audit and recovery in accordance with the N.J. Department of Human Services Contract Policy and Information Manual and SOR requirements.

Please submit any questions and inquiries electronically to: DMHAS.SORReimburse@dhs.nj.gov. DMHAS will respond as soon as possible.