

NJ Department of Human Services (DHS)
Division of Mental Health and Addiction Services (DMHAS)
Recovery Management Check-Up (RMC) for Individuals Experiencing Substance Use Challenges
Request for Proposals (RFP)
Questions and Answers
January 27, 2023

Q	Bidder Question	DMHAS Answer	RFP Section	Pg. #
1.	How is this funding the same as funding for the OORP and STAR programs?	It is not. This RFP is funded by the Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant COVID-19 Supplement and the American Rescue Plan Act of 2021 from the Substance Abuse and Mental Health Services Administration (SAMHSA).	I. Purpose and Intent	3
2.	How is this funding different from funding for the OORP and STAR programs?	Refer to respective RFPs. Different amounts. This RFP is funded by the Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant COVID-19 Supplement and the American Rescue Plan Act of 2021 from the Substance Abuse and Mental Health Services Administration (SAMHSA).	I. Purpose and Intent	3
3.	Can client self-refer? If so- what are the “qualifications for service? I.e. someone who is in recovery but has not utilized traditional treatment facilities- but has used NA/AA?	Yes, the client can self-refer but must be discharged from substance use disorder (SUD) treatment.	I. Purpose and Intent	3
4.	<p>Page 3: Monthly contact forms the core of the proposed RMC. During these contacts, staff will assess clients using a brief assessment tool to evaluate the individual’s progress, current needs and check on recovery status.</p> <p>Page 5: Staff will assess the individual by administering a brief interview assessment tool (to be provided by DMHAS).</p>		<p>I. Purpose and Intent</p> <p>IV. Contract Scope</p>	<p>3</p> <p>5</p>

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	<p><i>Question a: Are these paper documents? How will the information be transferred to the DMHAS?</i></p> <p><i>Question b. If the organization has the capacity to integrate the questions on the contact forms/interview assessment tool into its EMR, or other electronic system, and then send the information electronically to the DMHAS, will this be allowed?</i></p>	<p>a. Not determined yet.</p> <p>b. Yes.</p>		
5.	Are agencies applying for this funding required to be licensed treatment providers?	<p>No, per page 5 of the RFP:</p> <p>If the bidder is substance use disorder provider, it must be licensed by the NJ Department of Health, Division of Certificate of Need and Licensing.</p>	III. Who Can Apply	5
6.	What is the definition of a treatment facility – inpatient, outpatient, detox? Hospital discharge?	A treatment facility must be licensed by the NJ Department of Health, Division of Certificate of Need and Licensing for the level of care they provide.	III. Who Can Apply	5
7.	Can you provide a copy of the ‘brief interview assessment tool’ noted on page 5, section IV. Contract Scope of Work, in the second bullet point and also the ‘data collection tool’ noted on page 12, Outcomes and Evaluation, #7.	Still in development.	IV. Contract Scope VII. Required Proposal Content – Outcome(s) and Evaluation	5 12

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8.	The contract scope of work states “A minimum of 200 unduplicated clients are to be served monthly.” Is there a ramp up period allowed during the first year or is the bidding agency expected to deliver 2400 unduplicated clients in the first year?	A minimum of 200 unduplicated clients are to be served monthly. A ramp up period would be subject to contract negotiations.	IV. Contract Scope	5
9.	Is an “unduplicated client” considered an uninterrupted series of follow up encounters from discharge to the nine months or is it by individual person only? In other words, if a client is discharged from a treatment episode, and receives checkups for a time and then relapses and later re-engages with the grant funded checkup program after discharge from a separate treatment encounter...is that considered 1 unduplicated client or 2?	This would be considered one unduplicated client.	IV. Contract Scope	5
10.	<p>Page 5: A minimum of 200 unduplicated clients are to be served monthly.</p> <p>Page 6: Follow-up will continue for nine (9) months with monthly check-ups. If a client needs more support, additional check-ups can be added.</p> <p>Page 11: Provide the number of individuals that will be served each year and rationale.</p> <p><i>Question: Based on information on Page 5 – “200 unduplicated clients to be served monthly” The minimum unduplicated clients served annually is 2,400 clients. Is this correct?</i></p>	Yes.	<p>IV. Contract Scope</p> <p>VII. Required Proposal Content – Project Description</p>	<p>5 & 6</p> <p>11</p>

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11.	<p>Page 6: Hours should be flexible to meet client needs</p> <p><i>Is the expectation that there is coverage available 24/7 for 1) virtual services 2) face to face on call?</i></p>	<p>Hours should be flexible to meet client needs. Bidder should identify the number of work hours per week that constitute each FTE in the bidder's proposal. If applicable, define the Part Time Equivalent work hours. Staff hours should be flexible to meet client needs.</p>	IV. Contract Scope	6
12.	<p>If staff is not a peer, or is a peer working without peer credentials, but have other professionally recognized credentials required to take the 3 day DMHAS ethics training?</p>	Yes.	IV. Contract Scope	7
13.	<p>Page 12 of RFP under Outcomes and Evaluation Section. There are some confusing/confliction info. Please clarify for us.</p> <p>#5: Details about any outside entity planned for use to conduct the evaluation...</p> <p><i>(a) Are we required to obtain an outside evaluator?</i></p> <p><i>(b) Are we allowed to obtain and outside evaluator?</i></p> <p>#7. Assurance that the bidder will complete the data collection tool developed by DMHAS and cooperate with the DMHAS evaluator.</p> <p><i>(c) Is DMHAS providing the evaluator?</i></p> <p><i>(d) If we are permitted to or required to contract with an</i></p>	<p>(a) No.</p> <p>(b) Yes.</p> <p>(c) Yes.</p> <p>(d) Yes.</p>	VII. Required Proposal Content – Outcome(s) and Evaluation	12

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	<i>independent evaluator, would they work the DMHAS evaluator?</i>			
14.	On page 12 of the RFP, it states “Describe how your agency will identify consumers who would best benefit from check-ups and the engagement process that will be utilized.” Will the awardee of the grant be permitted to contact both inpatient/residential treatment providers and outpatient substance use programs to market recovery management program to clients discharging from treatment?	Yes.	VII. Required Proposal Content – Project Description	12
15.	Is there a possibility of start-up funding for this program?	Per page 14 of the RFP: The budget must include two (2) separate, clearly labeled sections: a. Section 1 – Full annualized operating costs to satisfy the scope of work detailed in the RFP and revenues excluding one-time costs; and b. Section 2 - Proposed one-time costs, if any, which will be included in the Total Gross Costs.	VII. Required Proposal Content - Budget	14
16.	Can clients who are already involved with OORP or STAR participate in this program at the same time?	No. Clients who are already involved with the Opioid Overdose Recovery Program (OORP) or Support Team for Addiction Recovery (STAR) program cannot participate in the Recovery Management Check-Up for Individuals		

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		Experiencing Substance Use Challenges initiative services. When discharged from those programs, they can participate in the RMC program.		
17.	Are clients who have used any drug/alcohol eligible for services under this program or must they have a specific diagnosis (i.e., opioid use disorders)?	Any substance use disorder/alcohol use disorder diagnosis.		
18.	Can individuals in the recovery management program--who relapse and reenter outpatient treatment— remain in the program temporarily (30 days or less) to ensure that they are securely attached to treatment services before discharge? Can they temporarily be in two services (OP & RM) at the same time?	Yes, the client may remain in the RMC program to ensure engagement back into treatment. The client may be in two services temporarily at the same time as the example presented in this question.		
19.	Can the program create a special assistance category in the budget to pay for bus cards, Uber/Lyft rides to job interviews and—in rare/emergency situations (one or two months)-- pay the cell phone bills of clients in the program to ensure that they have the ability to connect with recovery supports (no phone is a major problem for some people newly in recovery)?	No, per SAMHSA guidelines, funds may not be used for bus cards, Uber/Lyft rides to job interviews or to pay the cell phone bills of clients.		
20.	Are incentives allowable for client participation in this project? If so, are there restrictions regarding the types and amount of incentives?	No. Incentives are not allowable for client participation in the Recovery Management Check-Up for Individuals Experiencing Substance Use Challenges initiative.		

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21.	<p>(a) Are all referrals to the program limited to “publicly funded” treatment centers that are providing services in NJ?</p> <p>(b) Can referrals be accepted from private-for profit treatment centers?</p> <p>(c) Out of state treatment center’s if client is returning to NJ?</p>	<p>(a) No, referrals are not limited to publically funded treatment centers.</p> <p>(b) Yes, referrals can be accepted from private-for-profit treatment centers</p> <p>(c) Yes, referrals can be accepted from an out of state treatment centers if a client is returning to NJ.</p>		
22.	Is there or will there be any requirement that DMHAS funded treatment programs build referral to this project into their discharge planning?	No.		
23.	Can clients request this service be included in their discharge plan?	Yes, clients may request Recovery Management Check-Up for Individuals Experiencing Substance Use Challenges service in their discharge plan.		
24.	Contact is the core of the RMC initiative, however, given the geographical scope and limited client resources, transportation becomes a barrier to maintaining personal contact and accessing critical resources. In anticipation of serving 2,400 clients, would the RMC initiative support the purchase or lease of a vehicle to ensure equitable access and reducing this barrier?”	Yes. The successful bidder must follow DHS/DMHAS contracting rules regarding the purchase or lease of a vehicle.		