

**DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH and ADDICTION SERVICES**

Independent Peer Review

The Department of Human Services (“DHS”), Division of Mental Health and Addiction Services (“DMHAS”) hereby announces the availability of funds for credentialed substance abuse professionals to provide Independent Peer Review (“IPR”) for quality and appropriateness of treatment services of substance use treatment facilities funded by DMHAS.

Synopsis: DMHAS seeks up to three (3) qualified individuals to complete separate IPRs of substance use treatment facilities, to be selected by DMHAS, in the North, South and Central regions of the State. Applicants must have a master’s degree or doctoral degree and be an active Licensed Clinical Alcohol and Drug Counselor (“LCADC”) with at least three (3) years of experience as a clinical supervisor of Outpatient/Intensive Outpatient programs in substance use treatment facilities. Applicants must be willing to travel to assigned facilities for one (1) to three (3) days of peer review of clinical services or conduct the reviews remotely with support provided by the DMHAS. At the conclusion of each review, a full report must be submitted to DMHAS within ten (10) business days.

Amount of Funding Available is a flat fee: Up to three (3) reviewers will be selected, each qualifying for \$700 per day with a \$2,100 maximum per review. The total maximum expense for these professional services contracts, including all reviewers, will be not exceed \$6,300 combined.

Independent Peer Review Procedures:

1. DMHAS will select the facilities to be reviewed as part of the Substance Abuse Prevention and Treatment Block Grant IPR and inform the facility in writing that, that facility has been selected for review.
2. Selected Independent Peer Reviewers will be screened to rule out conflicts of interest prior to being assigned to review a facility. All selected Independent Peer Reviewers will be required to complete conflict of interest forms. Those with conflicts or the appearance of conflicts will be disqualified from participating in this program.
3. Selected Independent Peer Reviewers will be required to complete a DMHAS fiscal package for professional services.

4. DMHAS will assign facilities to Independent Peer Reviewers. Independent Peer Reviewers will not review facilities or programs in which they have administrative oversight.
5. Independent Peer Reviewers will arrange the date and time for review of the facility, within two (2) weeks of assignment.
6. Independent Peer Reviewers will utilize the DMHAS monitoring tool for the IPR.
7. Independent Peer Reviewers will adhere to all Federal and State confidentiality requirements.
8. IPR will include assessment of:
 - admission processes, including intake and assessment;
 - treatment planning and implementation;
 - discharge planning, and;
 - documentation of treatment services, including treatment outcomes.
9. Completed IPR reports will be forwarded to DMHAS within ten (10) business days after the review and prior to September 30, 2021.
10. Peer reviewers will have no influence in funding decisions.

Required Applicant Qualifications/Eligibility:

1. Must be an active LCADC with a master's or doctoral degree.
2. Must have a minimum of three (3) years of experience in a clinical supervisory role.
3. Must have clinical supervisory experience in Outpatient/Intensive Outpatient Programs.
4. Must demonstrate cultural competency.
5. Must NOT have been selected to be a DMHAS Independent Peer Reviewer in the previous IPR cycle.

Application Package:

1. Current resume
2. Application (see Appendix)

3. Copy of all licenses/credentials

Note: DMHAS will not accept any application package that does not include all items requested, including signature on the application.

To apply, applicants must upload completed original application package to the DHS Secure File Transfer Protocol (SFTP) site.

The applicant must submit the application package electronically by the deadline using the DHS SFTP site. Additionally, applicants must request login credentials by emailing SUD.upload@dhs.nj.gov no later than one (1) week before the application is due, in order to receive unique login credentials to upload your application package to the SFTP site. Email requests for login credentials must include the individual's first name, last name, and email address.

Application Package Deadline: Application packages must be uploaded to the DHS SFTP site by 4:00 p.m. on July 30, 2021.

Committee Selection Information: DMHAS will convene a committee consisting of State government staff who will conduct a thorough and comprehensive review of each application package. Committee members may be unfamiliar with some or all of the applicants. All potential committee members will complete a conflict of interest form. Those with conflicts or the appearance of conflicts will be disqualified from participating. Every effort will be made to ensure that Independent Peer Reviewers are representative of the various modalities utilized by the program under review. Applicants will be recommended for Independent Peer Reviewer positions based on their score (highest score = most highly recommended) in relationship to expertise in the treatment modalities selected for IPR. Please note that applicants may be invited to interview for the positions available at the discretion of the committee. Applicants chosen as Independent Peer Reviewers will be contacted by DMHAS with their assignments.

Notification Date: All applicants will be notified in writing of their status by August 10, 2021.

For Further Information: Please contact Shaniqua Gayle at (609) 940-2353.

FFY 2021 Independent Peer Review Application

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

Please complete and include a resume and photocopy of all credentials/licenses with your application. Your entire application package must be uploaded to the DHS SFTP site by 4:00 p.m. on July 30, 2021.

NOTE: Applicants must request login credentials by emailing SUD.upload@dhs.nj.gov no later than one (1) week before the application is due, in order to receive unique login credentials to upload your application package to the SFTP site. Email requests for login credentials must include the individual's first name, last name, and email address.

Attach additional sheets as needed.

Name: _____
Home Address: _____
Daytime Telephone Number: _____
Email Address: _____
Name and Address of Current Employer: _____

List current and past affiliations with any substance use treatment facility in the State of New Jersey: _____

List three references who applicant evaluators may contact who can attest to your clinical and management skills. Please include telephone numbers.

1. _____
2. _____
3. _____

What are the names of the colleges/universities that you have attended? _____

List all degrees you have received from recognized colleges/universities: _____

List all professional licenses and certifications: _____

Please provide a description of your experience with the modality being reviewed: _____

Why do you think you will be a good Independent Peer Reviewer? _____

Describe your prior experience with conducting peer reviews: _____

Define how you are culturally competent i.e. trainings, work experience, life experience, etc.: _____

Please answer the following:

1. Have you ever been disciplined or denied a professional license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction?
Yes No
2. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction?
Yes No
3. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction?
Yes No
4. Have you ever been named as a defendant in any litigation related to the practice of alcohol and drug counseling or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction?
Yes No

5. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction?
Yes No

6. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction?
Yes No

7. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of alcohol and drug counseling or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction?
Yes No

If the answer to any of the above questions, numbers 1 through 7, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Please Note: Providing Information about your Gender and Race/Ethnicity is Optional

Region of Residence: North Central South

Gender: Male Female

Race/Ethnicity: (Check all that apply)

Asian African American Hispanic Native American
 Caucasian Other _____

I hereby swear that the information provided in this application is true to the best of my knowledge.

Applicant Signature

Date