QUESTIONS AND ANSWERS

Short-Term Residential Substance Use Disorder Treatment Services & Residential Detoxification Substance Use Disorder Treatment Services

Questions? Email us anytime at dcfaskrfp@dcf.state.nj.us

Phone number and contact

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Deliver proposal to: 50 East State Street, 3rd Floor
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IMPORTANT NOTES DISCUSSED AT THE BIDDERS CONFERENCE

Appendices shall include the following documents:

- DCF Third Party Contract Reforms Attestation
- Attestation that either: an application for an amended license has been submitted to the Department of Human Services Office of Licensure (DHS OOL) **or** services can be provided without requiring any amendments to the facility's existing license.
- Attestation that the appropriate certificate of occupancy for a new physical site has been or can be obtained from the local municipality where the proposed program will be sited.
- Attestation that upon notification of the award, an application for licensure (including the required fee) will be submitted to DHS OOL.
- Attestation that within one (1) month of the award, co-occurring policies and procedures for the new facility will be submitted to DHS OOL for review and approval.

1. **What prescribed medications, in addition to medication assistance for opioids, might a consumer be expected to remain on during treatment?**

Consumers are expected to remain on any legally prescribed medications at the time of admission to treatment, including psychotropic medication and medications for pain management. Medication regimens may be adjusted after admission by the program psychiatrist or medical director, within their scope of practice and in consultation with the community prescriber.

2. **If a consumer needs to be transported outside of the facility for methadone, who covers the cost of the transport?**

   The cost of transportation is included in the slot rate. Providers may also consider making arrangements with the OTP for take-home doses under the take-home exception policy or arrange guest dosing at a local clinic. We do not encourage providers to rely on Logisticare for transportation back and forth for medication dispensing at an OTP while the client is enrolled in withdrawal management/detoxification or short-term residential treatment.

3. **What is the expected length of stay for each level of care?**

   The length of stay should be individualized and based on ASAM criteria. In general, the anticipated average LOS in detox is 3-5 days and in SR 21-28 days; however, the LOS should be based on the individual needs of the consumer.

4. **Will family court hearings be done via phone when the consumer is in treatment?**

   Family court hearings would generally be postponed while a caregiver is in acute treatment. DCPP will notify the courts and ask for a postponement. Hearings conducted by phone would be in rare and extenuating circumstances.

5. **Are consumers in withdrawal management (detox) expected to have a psych eval within 24 hours?**

   Consumers in withdrawal management (detox) are expected to have a psychiatric evaluation within 24 hours of admission, or as soon as clinically appropriate.

6. **Will DCP&P be sending a caseworker if there is a family visit during the stay in treatment?**

We don't recommend or anticipate visitation while someone is in detox (3-5 days) but family visits should happen while a caregiver is in short term residential treatment. In many instances, the caseworker will arrange for the AFSW to transport for the visit and may not also attend the visit.

7. **Are there plans for DCF/DCP&P to transition to Fee For Service in the future as they have with other programs?**

   DCF anticipates that the contracts for these services will remain cost-reimbursement.

8. **95% utilization leaves little room for error. What are their plans to assure that providers receive steady referrals to attain 95%?**

   DCF/DCPP will closely monitor utilization of these services and adjust eligibility criteria as appropriate to ensure utilization targets are met. Additionally, please see the data presented in the maps which are posted along with this Q & A.

9. **What is the expectation for consumers with commercial/private insurance?**

   This would be an example of leveraging other funding to the agency's advantage. DCF does have a policy regarding the use of third party payers, which includes billing the third party insurance first, then Medicaid. We are not opposed to the use of commercial insurance; however, this should be calculated into the agency's budget as anticipated revenue if the agency thinks that consumers with commercial insurance would be a frequent occurrence.

10. **Will there be a preference given to agencies who bid for both proposals?**

    Each bid will be scored independently, however, please note that applicants are asked to describe their policies or plans to ensure step-down care to services within the provider agency and/or to services within the community as part of treatment planning and upon discharge. Applications that demonstrate capacity for seamless transfer from one level of care will be scored accordingly,