

Questions & Answers

Q	Bidder Question	DHS Answer	Section	Pg.
1.	<p>The RFP indicates on page 3, 3rd paragraph, that the homes “will serve individuals who have recently experienced a crisis and will prioritize referrals from Crisis Receiving Stabilization Centers (CRSC) and Mobile Crisis Outreach Response Teams (MCORT).” On page four, it identifies 4 counties/regions. The questions below seek clarity around accessibility to the facilities for residents across the state.</p> <p>Questions: Is the intent that the Crisis Diversion Homes specifically serve residents of those counties only, or could a resident from another county be referred to any of the 4 funded homes? Are the 4-home considered “regional” to cover the entire state population?</p> <p>If the homes are covering a region, how will Mental Health Boards from the entire state going to make a recommendation? A provider that is not based in the county where the home is expected to be located applies, the County Board making the recommendation would not be familiar with the organization.</p>	<p><i>Crisis Diversion Homes are expected to accept referrals statewide. There will be one award in each of the following counties: Morris, Mercer or Monmouth, Warren or Hunterdon, and Gloucester.</i></p> <p><i>A recommendation is only required from the county in which the Crisis Diversion Home is being developed.</i></p>	<p>I. Purpose and Intent</p> <p>IX. Review of Proposals</p>	<p>4</p> <p>23</p>
2.	<p>What services are eligible for Medicaid billing?</p>	<p><i>Therapeutic and clinical services will be covered by Medicaid under a bundled rate. The current rate is \$300.44 per day.</i></p>	<p>I. Purpose and Intent</p>	<p>3</p>
3.	<p>Are there different reimbursement rates between community and hospital settings?</p>	<p><i>No, this a community program and services must be provided in a community setting. Accordingly, the rate is the same irrespective of the provider type.</i></p>	<p>I. Purpose and Intent</p>	<p>3</p>
4.	<p>Regarding the eligible county/regions on page 4, can you please confirm that an agency can propose to serve a single county where two are listed? For example, for the Warren or Hunterdon County option, can an agency propose to serve Warren County only, or must they serve both? Additionally, can an agency select both counties to serve where two are listed? In the same option example listed above, could the agency serve both Warren and Hunterdon County or must it be only one of the two options?</p>	<p><i>The intention of the RFP is for the Crisis Diversion Home to be located in either Warren or Hunterdon County. Crisis Diversion Homes are expected to accept referrals statewide and accordingly serve individuals from other counties.</i></p>	<p>I. Purpose and Intent</p>	<p>4</p>

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5.	Can you please clarify the requirement on page 6 to “be licensed by the Department of Health Division of Certificate of Need Licensing Office pursuant to N.J.A.C. 10:37A as an A+ residential setting prior to the start of services”? If an agency has not operated such a shelter before, are they still eligible to apply? Or does this statement only mean that the agency must be licensed prior to opening the shelter?	<p><i>Prior to the start of the services the bidder must be licensed by the Department of Health Division of Certificate of Need Licensing Office pursuant to N.J.A.C. 10:37A as an A+ residential setting.</i></p> <p><i>An agency who has not operated a crisis diversion home is eligible to apply.</i></p> <p><i>A provider agency must be licensed prior to opening the crisis diversion home but does not need to be licensed at the time of proposal submission. However, it is recommended that applicants who are not licensed include in their implementation timeline all of their process steps towards licensure.</i></p>	III. Who Can Apply?	6
6.	Please clarify the budget amounts in the purpose and intent on page 3. How do they correlate between then 19 ½ months and the annualized amount?	<p><i>The dollars below are annualized:</i></p> <p><i>(i) \$1,829,866 includes the estimated Medicaid revenue; and</i></p> <p><i>(ii) \$692,429 is the DMHAS ceiling annually.</i></p> <p><i>DMHAS’s ceiling for 19 ½ months is \$1,211,750, including one-time funds of \$85,000.</i></p>	I. Purpose and Intent	3
7.	Does the annualized \$1.8 m include Medicaid revenue?	<i>Yes.</i>	I. Purpose and Intent	3
8.	Which annualized budget number do we base our annual budget upon?	<i>\$1,829,866, which includes the estimated Medicaid revenue.</i>	I. Purpose and Intent	3
9.	Should we submit a budget for 19.5 months or 12 months annualized? Or, should we submit a budget for each?	<i>Submit a budget for: (i) February 15, 2024 through September 30, 2024 (7 months); and (ii) October 1, 2024 through September 30, 2025 (12 months).</i>	V. General Contracting Information	12
10.	Please confirm that it is \$1.211m is for the period February 15, 2024 – September 30, 2025, absent the Medicaid billing.	<i>DMHAS’s ceiling for the full term is \$1,211,750 (including one-time funds of \$85,000) without Medicaid billing.</i>	I. Purpose and Intent	3
11.	Please confirm whether the \$692,492 is the annual amount is to be used for the Annex B proposed budget. Please clarify what funding should be included in Section 1 (page 19).	<p><i>Yes, use the \$692,492 annual amount for Annex B.</i></p> <p><i>\$1,829,866 is the funding that should be utilized in Section 1.</i></p>	I. Purpose and Intent VII. Required Proposal Content	3 18-19

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12.	Please provide the estimated Medicaid revenue for 5 beds annually.	<i>The current rate is \$300.44.</i>	I. Purpose and Intent	3
13.	What is the CPT Code and reimbursement rate?	<i>The current CPT Code is H0019 and the rate of reimbursement is \$300.44.</i>	I. Purpose and Intent	3
14.	Does the following illustration make sense? NJ DMHAS CRB: \$1,211m Est. Medicaid: <u>\$1.70 m</u> \$2.9 m	<i>As outlined in the Purpose and Intent section of the RFP (pg 3). The total projected DMHAS contract ceiling, per home, is therefore expected to not exceed \$1,211,750 over the entire initiative, beginning February 15, 2024 through September 30, 2025. This contract amount assumes an annual gross budget ceiling of \$1.83 million per home. It is assumed that providers will be able to bill Medicaid for a significant portion of clients 'daily stays.' The difference between the gross budget (\$1.83M) and the DMHAS contract ceiling (\$630K) represents projected Medicaid revenue (\$1.2M). It is important to note that Medicaid penetration rates (the number of consumers/residents with Medicaid) may vary, so the aforementioned revenue is a projection.</i>	I. Purpose and Intent	3
15.	Is it permissible to have an annual budget of \$2.911m that includes the anticipated Medicaid billing? How is the \$1.83m relevant – is this the amount of DMHAS contract ceiling minus the Medicaid money?	<i>No, the contract amount assumes an annual gross budget ceiling of \$1.83 million per home including estimated Medicaid revenue. \$692,429 is the DMHAS ceiling</i>	I. Purpose and Intent	3
16.	What is the per diem daily Medicaid rate we will be billing for related to this RFP?	<i>The current CPT Code is H0019 and the rate of reimbursement is \$300.44.</i>	I. Purpose and Intent	3
17.	Can the clinician and prescriber services be provided by a partner agency?	<i>Yes, the clinician and prescriber services can be provided by a partner agency.</i>	I. Purpose and Intent	3
18.	Is there any current data that would give us an indication of demand for this crisis diversion program? We are planning to apply for the Morris County home. Any data for Morris County or throughout the state would be appreciated.	<i>Designated Screening Center data There were 3,113 adults who were admitted into designated screening centers. 1,304 of those individuals were served by mobile outreach at other hospital ERs. 1,082 of those individuals were not linked to any mental health services. This is an opportunity to promote access to available services and potentially</i>	II. Background and Population to be Served	5

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		<p><i>reduce recidivism by providing necessary community linkages and support.</i></p> <p><i>Short Term Care Facility data</i> <i>There were 321 admissions to STCFs and Morris County has the highest median length of stay of all discharged patients in the state. There is opportunity to decrease hospitalizations and hospital length of stay time frames to allow for individuals to stabilize in the community.</i></p>		
19.	What is the current projected rate of referral?	<i>Minimum of 5 referrals per month with a maximum length of stay of up to 30 days.</i>	I. Purpose and Intent	3
20.	Does the program require that an RN be on site during weekend hours?	<i>A Registered Nurse must be on-site at least daily, including weekends.</i>	IV. Contract Scope of Work	9
21.	Is the ceiling for the annual budget \$1,211,750 or \$1.83 million?	<i>The DMHAS ceiling is \$692,429.</i>	I. Purpose and Intent	3
22.	Are the Behavioral Health Technicians expected to have specific credentials?	<i>Behavioral Health Technicians (residential counselors) are expected to have the appropriate credentials to operate in a licensed community residence.</i>	V. General Contracting Information	12
23.	What is reimbursement rate/billing code for Medicaid billing?	<i>The current CPT Code is H0019 and the rate of reimbursement is \$300.44.</i>	I. Purpose and Intent	3
24.	Will the grant cover staffing costs when the occupancy is zero?	<i>Medicaid cannot be billed when occupancy is at zero. The grant will cover minimal staffing in anticipation of receiving referrals.</i>	I. Purpose and Intent	3
25.	Does my organization need to be a Medicaid Provider?	<i>The bidder may be a current Medicaid provider or demonstrate Medicaid eligibility. Non-Medicaid providers will be required to enroll with Medicaid within 30 days of notification of funding award.</i>	VII Required Proposal Content	19