



## QUESTIONS AND ANSWERS Children's System of Care

### 2025 Adolescent Substance Use Recovery Initiative

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A non-mandatory conference was held on **4/24/2025**.

Written questions related to the *content* of this RFP were due on **4/28/2025**.

Written *technical* questions about forms, documents, and format may be emailed at any time up to the due date to [dcf.askrfp@dcf.nj.gov](mailto:dcf.askrfp@dcf.nj.gov).

All responses must be submitted ONLINE.

To submit online, respondent must **first** complete and submit an Authorized Representative (AOR) registration form: AOR Registration Form. Include the title of the RFP and the region(s) you are proposing to serve.

**[Click here to access the AOR Form.](#)**

**AOR DUE DATE:** AOR Registration forms must be received by **5/20/2025**.

**APPLICATION DUE DATE:** Responses must be received **by 12:00 NOON** on **5/28/2025**.

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### Questions

**Q:** How do respondents to this RFP demonstrate their ability to deliver co-occurring treatment?

A: Substance Use Treatment providers licensed by the New Jersey Department of Health must apply for separate approval to deliver co-occurring treatment by contacting the Department of Health – Division of Certificate of Need & Licensing ([BH-Applications@doh.nj.gov](mailto:BH-Applications@doh.nj.gov)). A DOH letter indicating this approval, or proof of pending application for delivery of co-occurring treatment, can be submitted with application. For respondents without current DOH approval to deliver co-occurring SUD treatment, documentation of such application must be submitted to DCF within 1 month of award.

**Q.** Are providers with an active outpatient substance use license from the Department of Health eligible for the program if they do not have a license for intensive outpatient substance use treatment? If so, is there a timeframe to obtain the additional license from Department of Health once awarded?

A. Yes, agencies with OP license may apply, and provide evidence of pending IOP license with application.

**Q.** We have an existing adult IOP/OP license where we want to open this new adolescent program. We have an existing adolescent license in another location. This grant requires an existing adolescent license. Can we establish a satellite license using our existing adolescent license into this spot and satisfy grant requirements? Or use our established adult license to somehow fast-track licensing to satisfy grant requirements?

A. Approval for adolescent substance use treatment as a licensed service is obtained by applying to the Department of Health - Division Certificate of Need & Licensing. For general inquiry contact [BH-Applications@doh.nj.gov](mailto:BH-Applications@doh.nj.gov).

**Q.** Our organization is a Mental Health organization, not SU. What is the current state license required to provide the substance use counseling aspects of this work?

A. Application through the NJ Department of Health - Division of Certificate of Need & Licensing.

**Q.** Can you please clarify the letter of approval? Who sends this?

A. The Department of Health – Division of Certificate of Need & Licensing reviews applications and provides approval letters for licensed substance use outpatient facilities to treat adolescents.

**Q.** How do we acquire the proof of licensure from the NJ Department of Human Services to Operate as an outpatient substance use treatment program?

A. The Department of Health – Division of Certificate of Need & Licensing

**Q.** The licensure for outpatient substance use is a long process with long wait times from the Department of Health. Can you allow applicants who are in the process? [BM[1]] [RS2]] [BM[3]

A. No

**Q.** Re: RFP pages 30 - 31 letters of collaboration and letters of support. We understand at least 1 letter of collaboration and a minimum of 2 letters of support are required. However, we are unclear about how DCF defines an informal partnership or cooperative agreement for the letters of collaboration. Can you please clarify?

A. Letters of Collaboration disclose informal partnerships or cooperative agreements relevant to your provision of contract services. These letters outline the roles, responsibilities, and contributions of each collaborator, emphasizing their commitment to the project. They often include details about how the collaboration will be managed and how resources will be shared or coordinated.

Letters of Support are from a community organization with which you already partner. These letters can provide credibility and highlight the significance of the work and the applicant's qualifications or achievements. They often express

enthusiasm and confidence in the project's outcomes but do not typically involve a commitment to direct involvement or resource sharing.

**Q.** Can an organization submit more than one response to this RFP for different regions?

A. A respondent may submit up to two (2) responses to this RFP.

**Q.** Re: RFP page 1 Duplicate Submission for a Second Region: "A respondent may submit up to 2 responses to this RFP." We intend to submit applications for two separate regions. Kindly confirm that:

- Each region must be submitted as a fully independent response package (including PDFs 1–4),
- One AOR form may list multiple proposed regions and locations.

A. Multiple responses each require the complete response package of 4 PDFs. PDF 2 will be identical for each response, but it should be submitted with each.

Only one (1) AOR form is required, even if the respondent intends to file multiple responses. You are required to enter each region/location to be served on the AOR form

**Q.** Contract Execution Timeline: What is the average turnaround time from award notification (post-May 28, 2025) to formal contract execution and program launch authorization?

A. It is anticipated that the contract will begin on September 1, 2025, and the program will be operational within sixty (60) days.

**Q.** Site Approval/Documentation: Are floorplans, leases, or certificates of occupancy required with the initial submission, or can these be submitted post-award?

A. Proof of licensure to operate a substance use outpatient treatment program at the physical site is required. Additional documents may be requested as part of the post-award contracting process.

**Q.** Will the clients be required to also be entered into NJSAMS?

A. At this time, DCF does not require contracted providers to use NJSAMS.

**Q.** Can foreign entities or out of state agencies apply?

A. Out of state agencies may apply if they have been registered to do business in New Jersey and have a physical site in New Jersey. Foreign entities are not eligible for this RFP.

**Q.** Do respondents to this RFP need to have non-profit status?

A. No.

**Q.** Will respondents be limited to one award per region?

A. Awards will be dependent upon responses received.

**Q.** Will background disqualification standards under N.J.A.C. 10:161A-5.1 to 5.3 apply if residential components are added in the future?

A. This RFP is for outpatient services. We cannot comment on the applicability of rules pertaining to residential services provided at some uncertain future date and outside the scope of this procurement.

**Q.** Are additional disqualifiers (e.g., drug distribution convictions, violent crimes) expected to be enforced under this initiative for any personnel, interns, or volunteers?

A. The requirements for personnel, inclusive of volunteers and interns, are included in the RFP. Absent an unforeseen change to law, we do not foresee additional requirements being imposed.

**Q.** Can re-entering offenders with nonviolent crimes bid on the contract?

A. Yes.

**Q.** Re: staff Licensing Submission: Can providers submit pending applications or intern supervision plans in place of active credentials for CADC and LSW/LCADC roles at the time of proposal submission?

A. Yes

**Q.** Can one Clinical Supervisor or Executive Director serve multiple regions simultaneously?

A. Yes, as long as the expected FTEs are met in each contracted program.

**Q.** Are letters of intent from prospective hires sufficient for meeting initial staffing requirements?

A. Yes

**Q.** What is required of this RFP in terms of Early Intervention?

A. For this RFP, early intervention is intended to refer to activities such as community outreach & engagement and psychoeducation groups/events/webinars.

**Q.** Can we use two sites in the same region under one grant?

A. Yes

**Q.** Page 18: Regarding transportation, the RFP mentions rideshare programs are allowed to be used to transport for adolescents to/from the program as long as the program, youth, and family are in agreement. Does this include Uber/Lyft?

A. Yes it does.

**Q.** Medicaid Enrollment Deadline: What is the specific timeframe post-award within which awarded providers must be fully credentialed and approved to bill Medicaid through Gainwell Technologies?

A. By the end of year three (3) of the project (June 30, 2028).

**Q.** Most providers with an adolescent SUD license most likely will be enrolled into Medicaid and/or Managed Medicaid if they are already operating the program and presumably pay for a portion of the services. Please talk about DCF expectations about relationship between Medicaid/MCO and grant funds - relative to the budgeting and ROE processes.

A. Agencies are not prohibited from billing insurance (including Medicaid, if applicable) to offset program expenses in excess of the maximum reimbursable ceiling of this contract. If you anticipate including that billing in your budget, it must be identified as revenue.

**Q.** Does this program bill insurance?

A. Agencies may bill insurance for insured clients. See above question and answer for more detail.

**Q.** Under DMHAS we are required to bill clients in a particular order starting with Medicaid and/or commercial insurance first. Under this grant and under DCF, will providers be required to bill Medicaid/commercial insurance if the client/client family has Medicaid or other third-party insurance?

A. For the first three (3) years of the grant, agencies are *not required* to bill for services.

**Q.** Please describe the relationship between Medicaid funding and grant revenue. It seems that since applicants are required to have a pre-existing license that which should indicate basic infrastructure. Wont in most cases, the provider that is awarded the grant generate most if its revenue via Medicaid/managed Medicaid billing causing a significantly underspend of grant funds? Please talk about DCF expectations and this relationship – especially as it has to do with startup.

A. Grant funding ensures adolescents shall be served regardless of income, insurance status, and ability or willingness to pay. The grant requires activities of the awardee that may not be reimbursable through Medicaid.

**Q.** For the start-ups is there a timeline for credentialing CARF or other required agency credentials?

A. Applicants must be established substance use treatment outpatient programs; timelines for other credentials are not established.

**Q.** May services include hybrid or telehealth modalities beyond emergency exceptions, with appropriate justification?

A. The primary method of services shall be in-person. Plans to offer telehealth services must be described in the applications. Utilization of telehealth shall be justified in case notes.

**Q.** Can per diem, or contract-based language-access professionals fulfill language requirements?

A. Yes

**Q.** Regarding the minimum caseload. Is this per agency or per counselor, case manager?

A. Per contracted program

**Q.** Does the 2400 hours include case management session?

A. No, 2400 treatment hours delivered by the clinical staff (CADC & clinician).

**Q.** We have 2 outpatient facilities. Can we use 1 grant and draw down for both?

A. Yes, so long as the two (2) facilities are within one (1) Region as outlined in the RFP.

**Q.** Regarding the 2400 hours is that a mix between OP and IOP?

A. Yes.

**Q.** Does CSOC have a preferred interpreter service?

A. No, COSC doesn't have a preferred interpreter service.

**Q.** For youth with co-occurring disorders, does SUD diagnosis have to be primary?

A. The adolescent must meet ASAM criteria for SUD OP or IOP treatment.

**Q.** Do sites already need to be SUD licensed? Can they be in the process of obtaining license?

A. Sites must already be licensed to provide substance use disorder treatment services.

**Q.** Do clinical records need to be kept in two systems, CYBER and our own EHR?

A. Yes, agencies maintain a HIPAA-compliant EHR with complete records, and required CSOC documents are completed in CYBER.

**Q.** Can we submit an application for a region wherein we have an active substance license in one county and are applying for a license in the other county?

A. Yes, only one site is needed for the Region per application.

**Q.** Can 1 LCADC supervise 2 programs in 2 sites?

A. Yes, as long as the required FTEs are maintained in both contracted programs.

**Q.** Can you have a single site that covers both counties within one region (Ex: one site for Morris and Somerset)

A. Yes, one (1) site is required per application.

**Q.** The RFP says we have to have physical locations in both counties of a single region. Please clarify!

A. The RFP requires one site per application; applicants should identify the region they intend to serve.

**Q.** Could a subcontracting agency be permitted to apply? With focuses on arts and creative services, as a therapeutic process.

A. Applicants must be agencies that are licensed to operate OP SUD treatment and should sub-contract with agencies that will deliver allied services.

**Q.** Can one site apply for two separate counties, such. As Middlesex/Union and Monmouth/Ocean counties?

A. One (1) agency may submit up to two (2) applications; each application should identify the region to be served.

**Q.** Does DCF recognize CASI Assessments? Addition Severity Index?

A. CASI is a recognized assessment tool; however, required assessment tools for this project are identified in the RFP.

**Q.** Can organizations partner in services to combine the requirements?

A. Such consideration will be given during the review of applications. Awards will go to primary applicants who may collaborators to implement services.

**Q.** Pg. 10, Section II.C.1. and 3.: For Regions with more than one (1) county, is there an expected minimum Level of Service (e.g., number of direct counseling hours and/or no. of unduplicated adolescents served)\_for each county?

A. The level of service expectations is per award per region, not per county.

**Q.** Will costs related to software, telehealth infrastructure, EHR systems, and transportation (e.g., van leases, fuel) be eligible under the 20% start-up budget?

A. Yes

**Q.** Is documentation such as vendor quotes, vendor MOU, or capital asset declarations required for these items?

A. Not required for the RFP application.

**Q.** Are any of the transportation costs reimbursable through any fee for service mechanism?

A. Transportation costs are not billable; the RFP allows adequate funds for transportation to be paid through contracted funds. Applicants should identify anticipated transportation costs in proposed budget.

**Q.** How is case management funded – especially if family case management is involved and expected?

A. Case management costs are not billable; the RFP allows adequate funds for case management to be paid through contracted funds. Applicants should identify anticipated case management costs in proposed budget.