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

Designated Screening Services Burlington, Cumberland, Hunterdon, Mercer, Morris and Sussex Counties RFP

Questions & Answers

Q	Bidder Question	DHS Answer	Section	Pg.
1.	Who are the readers/voters of the RFP submissions, are these individuals LPC, LSW, LCSW, LMFTs, LCADC, psychiatrists, staff of DMHAS or other state entity, community agencies, families, consumers?	DMHAS will convene a review committee of public employees to conduct a review of each responsive proposal. An advisory committee of consumers and family members will provide perspective to the review committee; the advisory committee will not be scoring proposals. Each submitted proposal is automatically forwarded by DMHAS to the applicable County Mental Health Board for review and written feedback to be considered by the review team.	IX.	p. 24, 25
2.	When writing the narrative should bidders be including the actual written questions from the RFP or will the readers have the questions given to them separately; given the page limit for submissions?	Restating the RFP questions is not required. The narrative portion of the proposal should be no more than 25 pages.	VIII.	p. 22
3.	If submitting a table within the narrative section does the 12-point font rule apply to the table/excel sheet as well?	Yes. Tables within the narrative must not be in smaller than twelve (12) point Arial, Courier New or Times New Roman font. The narrative portion of the proposal should be no more than 25 pages.	VIII.	p. 22
4.	If the Screening Center is also providing Arrive Together services should this information be included in the grant proposal	Bidders may describe ARRIVE Together services in response to Project Description item 5. Funding awarded through this RFP may not be used to supplant or duplicate existing funding streams.	V. VII.	pp. 11, 14
5.	A bidder is considering a proposal for Cumberland County under the Designated Screening Services RFP. The bidder is exploring the use of an existing agency-owned property and potential hospital affiliations. Please clarify the following requirements:			

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	A. Licensing and application eligibility: Section III requires DOH Certificate of Need and Licensing Office licensure before services begin, while the required appendices include a CN&L license copy. May an organization apply if the proposed screening site is not yet licensed for these services? If so, what documentation should replace the license copy at submission, and what specific license or approvals must be obtained before operations begin?	**A. Licensing and application eligibility:** Licensing and application eligibility: For clarification, screening services are designated by DMHAS pursuant to N.J.A.C. 10:31, and are neither licensed by nor require a license to operate from DOH/CN&L. However, to the extent a bidder holds a license from DOH/CN&L for the provision of other services (e.g., outpatient mental health services, acute care hospital services), then the bidder should submit any current licenses issued by DOH/CN&L.	III. VII.	p. 5, 22
	B. Facility readiness at submission: May applicants propose converting a portion of an existing agency-owned building that is not currently a psychiatric emergency screening facility? Which documents must be submitted with the proposal-for example, floor plans, proof of ownership, zoning confirmation, occupancy approvals, renovation estimates, or a licensing implementation plan-and which may be provided after award?	**B. Facility readiness at submission:** Yes. Identify the location where the proposed screening service will be sited (Project Description item 7). Local Certificates of Occupancy and a copy of the lease or mortgage are required post award (Section XI).	VII. XI.	pp. 15, 26, 27
	C. Facility and ECEB capacity: Beyond the requirements incorporated through N.J.A.C. 10:31,. are there prescribed minimums for square footage, assessment rooms, ECEBs, or other dedicated spaces? How should applicants determine and justify the required ECEB capacity for Cumberland County?	**C. Facility and ECEB capacity:** No minimums are prescribed for Extended Crisis Evaluation Beds (ECEB) beyond N.J.A.C. 10:31 and applicable licensing standards.	IV. VII.	pp. 7, 9, 15

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	D. Hospital-based ECEB arrangements: May a community-based screening provider fulfill the ECEB requirement through an affiliation or subcontract with a local hospital, with screening services at the agency's site and ECEBs at the hospital? Would this arrangement require a waiver? Please clarify the applicable requirements for oversight, staffing, transportation, access to beds, and documentation.	**D. Hospital-based ECEB arrangements:** The proposal must identify the specific requirement for which a waiver may be requested, the rationale, and the proposed alternative approach. Personnel monitoring an ECEB must meet the qualifications in N.J.A.C. 10:31 for screening service staff.	IV. VII.	pp. 7, 9, 15
	E. ECEB waiver process: For an alternative approach under Section VII, must a formal waiver request accompany the proposal, or is a description of the proposed waiver and alternative sufficient at submission? When would DMHAS determine whether the waiver is approved, and what must the applicant demonstrate while approval is pending?	**E. ECEB waiver process:** If the bidder intends to request a waiver of any ECEB requirement, the proposal must identify the specific requirement for which a waiver may be requested, provide the rationale, and describe the proposed alternative approach. Submission of a waiver request does not constitute approval and does not relieve the bidder of any applicable regulatory or contractual requirement unless and until a waiver is approved by DMHAS. A formal waiver request is required upon award of contract.	IV. VII.	p. 7, 9, 15
	F. Psychiatric coverage through affiliations: May required psychiatric coverage be provided through a hospital affiliation or contracted psychiatric group? Are there prescribed minimum weekly on-site psychiatrist hours or maximum in-person response times? What evidence of coverage arrangements must accompany the proposal and are signed letters of commitment acceptable while final agreements are being developed?	**F. Psychiatric coverage through affiliations:** Yes. Bidders must discuss any hospital affiliations to augment screening psychiatrist staffing. No minimums are prescribed; bidders must detail the amount of weekly on-site psychiatrist time and clearly state timeframes for in-person response. Letters of commitment/support may be submitted as Appendix 7.	IV. VII.	pp. 18, 22

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	G. Renovation and startup funding: Are modifications to an existing agency-owned property eligible for one-time funding, including assessment rooms, ECEB areas, medication storage, security systems, and necessary ADA or building code upgrades? What supporting documentation is required at submission and are there limits on renovation or total startup requests?	**G. Renovation and startup funding:** One-time funds may be available to support necessary equipment, supplies, and other related start-up costs, if applicable. Although DMHAS does not have a dedicated source to fund one-time needs, requests for one-time funds will be entertained, and are part of the competitive aspect of the RFP process. Upon completion of the RFP process and award announcements, any one-time requests included in proposals will be addressed during the contract negotiation process. Start-up funds, if awarded, are subject to a pooled allocation across all awarded counties. Bidders should describe how full implementation of all screening service operations will be achieved if one-time funds are not awarded or are awarded at a reduced level. The successful bidder(s) may be required, at DMHAS' discretion, to accept used but serviceable equipment in lieu of funds for new equipment. Vehicle requests must comply with DHS vehicle policy P4.05 (note: the vehicle ceiling is $40,000)	V.	p. 12, 14, 16
	H. Capital Agreement and timing of expenses: What property-use, repayment, or other obligations would a Capital Agreement impose on an agency-owned building? When may approved renovation or startup expenses begin and can expenses incurred after award	**H. Capital Agreement and timing of expenses:** Capital funding is not available for this initiative.	V.	p. 12

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	but before execution of the Capital Agreement be reimbursed?			
	I. 60-day implementation requirement: Please clarify what constitutes "final award" for calculating the 60-day deadline for full operations. If implementation depends on State-approved renovation funding, licensing, or an ECEB waiver, how are those approvals coordinated with this deadline? Under what circumstances, if any, may an implementation extension be approved?	**I. 60-day implementation requirement:** Contract award(s) will not be considered final until all timely filed appeals have been reviewed and final decisions rendered (Section X). Licensing, renovation, and waiver milestones should be included in the implementation schedule (Project Description item 19). See Section V regarding delays in service provision.	V. VII.	p. 11, 16
	J. Operating budget and Medicaid revenue: Please confirm how anticipated Medicaid/PERS revenue should be reflected alongside Cumberland County's $740,941 annualized allocation. Are county-level service-volume benchmarks, historical utilization data, or current PERS reimbursement guidance available to support realistic revenue and staffing projections? Should the proposal also explain how full operations would be supported if requested startup funding is not awarded?	**J. Operating budget and Medicaid revenue:** Revenue generated through the PERS initiative must be reflected in the proposed budget. Bidders should provide a projection of the anticipated volume in episodes of care and episode duration Section 1 of the budget must reflect full annualized operating costs and revenues excluding one-time costs. See item G regarding start-up funding.	V.	p. 12
	K. Partnership documentation: Which hospital, STCF, medical-services, transportation, and aftercare agreements must be executed at proposal submission, and which may be finalized before service commencement? Please clarify whether letters of commitment are acceptable for any of these arrangements.	**K. Partnership documentation:** Letters of commitment/support are acceptable at submission (Appendix 7). All subcontracts or consultant agreements, related to the DHS contract, signed and dated by both parties, are required post award (Section XI).	IV. VII	pp. 8, 22
	L. Mobile outreach and transportation: Must the screening provider maintain dedicated agency-owned or leased vehicles, or may it use contracted	**L. Mobile outreach and transportation:** Bidders must maintain 24 hours per day screening outreach capability (Section IV, item 7). No minimum	II. IV.	pp. 4, 6, 9

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	transportation or other documented arrangements? Are there minimum vehicle or mobile-team requirements, or prescribed outreach response times, for Cumberland County?	vehicle, team, or response time requirements are prescribed. Vehicle requests must comply with DHS vehicle policy P4.05.		
6.	Page 11 of the RFP – Section V. - General Contracting Information section – This section states the initial term of May 1, 2027, to June 30, 2027, is this accurate?	Yes.	V.	p. 11
7.	Section VII – Bidder's Organization, History and Experience (10 Points) – Question 11 – "….Provide details of recent or pending acquisition, affiliation, consolidation or merger or the bidder" – can you define "RECENT"?	This question relates to the Department of Human Services Contract Information and Policy Manual Policy Circular P1.09 that requires a DMHAS-contracted agency to disclose an anticipated acquisition, affiliation, consolidation, or merger to allow DMHAS to conduct the necessary review to determine if its contract may be assigned. Per the P1.09 Policy, a DMHAS contract (a) is not a marketable asset that may be purchased from a successful bidder by another organization and (b) is not automatically assignable or assumable. As a result, any pending change or anticipated change in the corporate or legal status shall be disclosed in the bidder's narrative.	VII.	p. 13, 14
8.	Appendix 9: is there a PDF that should populate when selecting "Staff coverage.pdf" on page 22 of the RFP?	Yes, see Staffing coverage (1) - Adobe cloud storage	VII.	p. 22
9.	Appendix 12: since there is no license specifically for a DSS contract, please confirm what, if any license, is to be submitted	Submit a copy of each current license issued by DOH CN&L under which the bidder operates, including the license for the proposed screening site if that site is already licensed. Hospital-based bidders should submit the hospital license. The bidder's license to operate must be in place prior to the start of services (Section III). See the answer to Question 5, item A.	III. VII.	pp. 5, 22

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10.	Are we to prepare a stub period budget for 5.1 to 6.30 and another for the full contract year? If so, how are the funding dollars to be allocated?	No. Submit one budget in the Excel template showing full annualized operating costs and revenues (Section 1) and any proposed one-time costs (Section 2). DMHAS will prorate the annualized operating budget for the May 1, 2027 through June 30, 2027 initial term during contract negotiation.	V. VII.	pp. 11, 19, 20
11.	page 7 #8 refers to the provision of extended crisis beds. If the bidder has an approved waiver for these beds or will be obtaining, is that acceptable for the response and does the copy of the approved waiver need to be included in the RFP.	Yes. A bidder that currently operates under an approved ECEB waiver, or intends to request one, must describe the waiver and the alternative approach in Project Description item 10. A copy of an existing waiver approval is not required; DMHAS will verify waiver status from its records. Whether an existing waiver will continue under a new contract will be determined by DMHAS during contract negotiation. See the answer to Question 5, items D and E.	IV, VII.	pp. 7, 15