

Division of Mental Health and Addiction Services
Crisis Receiving Stabilization Centers RFP
Questions and Answers

Q	Bidder Question	DHS Answer	Section	Pg.
1	We just participated in your bidder's conference and wanted to confirm that an organization is not eligible to apply unless located in Morris, Bergen, or Essex counties.	<p><i>Bidders must agree to take admissions from consumers irrespective of their county of origin.</i></p> <ul style="list-style-type: none"> • <i>New Jersey Northern Region</i> <ul style="list-style-type: none"> ➤ <i>Sub Region 1 site to be located in Morris County.</i> ➤ <i>Sub Region 2 site to be located in Bergen County.</i> ➤ <i>Sub Region 3 site to be located in Essex County.</i> • <i>New Jersey Central Region</i> <ul style="list-style-type: none"> ➤ <i>Sub Region 4 site to be located in either Middlesex County or Monmouth County.</i> • <i>New Jersey Southern Region</i> <ul style="list-style-type: none"> ➤ <i>Sub Region 5 site to be located in Camden County.</i> <p><i>The above-specified regions dictate the location of the CRSC facility.</i></p>	I. Purpose and Intent	5
2	Please confirm that the Psychiatric Assessment (both with and without medical) may be conducted through a virtual platform (i.e. zoom)?	<p><i>CRSC services may be provided in person, on site, or via telehealth and telemedicine in accordance with federal and State laws and regulations, provided the services meet the standard of care. However, provider agencies must be staffed on site at all times with a licensed board certified psychiatrist or licensed advanced practical nurse.</i></p>	VII. (D) Attachment J. Staff Member Qualifications IV. (H) Scope of Services	49
3	The RFP outlines that it is anticipated that many of those referred would be homeless – is a discharge to a shelter after the 24 hour period acceptable?	<p><i>Yes, however providers are required to explore alternative options such as crisis diversion homes, crisis homes, peer respite, and community based services with wrap supports.</i></p>	Section IX of Attachment J-Annex A	50
4	<p>The RFP outlines that it is anticipated that many of those referred would be homeless –</p> <p>a. Where no shelter placement is available, is it expected that the CRSC continue to provide services until a shelter bed becomes available?</p> <p>b. Will the DMHAS approve additional hours/days in this circumstance?</p>	<p><i>CRSC services shall consist of up to 24 hours of service per episode (inclusive of follow-up care), unless Provider Agency provides DMHAS (or its designated entity) with supporting documentation and DMHAS approves additional hours of service. Providers are required to explore alternative options such as crisis diversion homes, crisis homes, peer respite, and community based services with wrap supports.</i></p>	Attachment J - Annex A Section V C	47
5	Staffing: What is the role of the mandatory Consulting Psychiatrist for a minimum of 5 hours per week, given the requirement of the presence of a Licensed Board – Certified Psychiatrist "at all times"?	<p><i>The requirement for a consulting psychiatrist for a minimum of 5 hours per week (as specified in Section VII B of the Attachment J-Annex A) shall be satisfied if the staff required by Section VII D of Attachment J-Annex A is a licensed board psychiatrist. If, however, the staff required by Section VII D of the Attachment J-Annex A is satisfied by a licensed advanced practice nurse, than provider agency must be staffed with a consulting psychiatrist for a minimum of 5 hours per week as specified in Section VII B of the Attachment J-Annex A.</i></p>	Section VII of Attachment J-Annex A	49
6	In lieu of a Certificate of Occupancy, would DMHAS be willing to accept a letter from the landlord that indicates we will sign the lease and take control of the site as soon as possible in the event of a CRSC contract being awarded to us?	<p><i>In lieu of a certificate of occupancy, DMHAS will consider: a) a property description with a complete address, including block and lot and the designated zoning district; b) written evidence of ownership/leasehold interest or written evidence that the property is available for purchase/leasing; and c) written evidence (from the municipality, real estate broker, real estate attorney or other qualified professional) that the facility is located in a zoning district where the proposed use is permitted.</i></p>	IV Who Can Apply	7
7	Does the 5-year commitment mean that if we are awarded this contract, we are obligated to provide this service for a minimum of 5 years, or that we are authorized to provide the service for a minimum of 5 years but could terminate sooner if needed?	<p><i>Any contract awarded as a result of this RFP is anticipated to have an initial term of fifteen (15) months, unless otherwise extended by the DMHAS, in its sole discretion, should additional funding become available, but with the agreement of the successful bidder, for a total term of up to five (5) years. Please refer to Section IV of the Standard Language Document for contract expiration, non-renewal and termination provisions (also available as P2.01 of the DHS Contract Policy and Information Manual).</i></p>	Section VI General Contracting Information Section 1 Purpose and Intent	11 4

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8	What is the Medicaid rate(s) for these services?	<i>DMHAS cannot anticipate new or updated billing codes. However, successful bidders are obligated to seek Medicaid reimbursement whenever available, and utilize all applicable billing codes, including any new or updated codes if they become available during the contract term. CRSCs will not be licensed as outpatient programs but certified as Crisis Receiving Stabilization Centers.</i>		
9	Is there a limit on the percentage of administrative or indirect costs?	<i>Administrative/indirect costs must comply with Section 4 of the DHS Contract Reimbursement Manual. In addition, DMHAS must consider the cost efficiency of a proposed budget as it relates to the contract scope of work. Therefore, bidders must clearly indicate how funding will be used to meet the program goals and/or requirements. This RFP is funded, in part, by federal dollars so DMHAS shall also consider the proposed administrative/indirect rate and its impact on total allocations.</i>	VIII. Required Proposal Content, Budget	18
10	Can you let us know the amount of funds available from each of these funding sources for the \$7,447,057.00 per award inclusive of up to \$400,000.00 in one-time start-up funds and up to \$166,666.00 in Capital Funds, per award? a) Substance Abuse and Mental Health Services Administration's (SAMHSA) Community Mental Health Block Grant Crisis Set Aside AMOUNT: b) COVID-19 Supplemental Funding (appropriated through the Consolidated Appropriations Act 2021 the Coronavirus Response and Relief Supplement Appropriations Act 2021) AMOUNT: Is this a Federal Program? c) ARPA (American Rescue Plan Act 2021) and Bipartisan Safer Communities Act (BSCA) AMOUNT: Is this a Federal Program? d) State appropriations AMOUNT:	<i>Final allocation cannot be determined until the total number of awards and approved budgets are available.</i>		
11	Funding shall support the CRSC for a term of fifteen (15) months and ends September 2025, unless otherwise extended or supplemented by the DMHAS if additional funding becomes available. a) Will awardees be expected to draw down the award in in the first 15 months, or will the total award be split into additional time periods? b) How much of the \$7,447,057.00 will be available to spend in the first year (or 15 months)? c) If the funding is for just one year/15 months, how would we sustain the program for year 2 and beyond?	<i>The cost based contract awarded as a result of this RFP is anticipated to have an initial term of fifteen (15) months, unless otherwise extended by the DMHAS, in its sole discretion, should additional funding become available, but with the agreement of the successful bidder, for a total term of up to five (5) years.</i> <i>Total funding for this CRSC initiative is up to \$37,235,284.00, inclusive of one-time start-up funds in the amount of \$2,000,000.00 and Capital Funds in the amount of \$833,330.00. DMHAS anticipates making up to five (5) awards up to \$7,447,057.00 per award inclusive of up to \$400,000.00 in one-time start-up funds and up to \$166,666.00 in Capital Funds, per award. Funding shall support the CRSC for a term of fifteen (15) months and ends September 2025, unless otherwise extended or supplemented by the DMHAS if additional funding becomes available. The bidder is obligated to describe its plan to sustain the initiative beyond the funding period.</i> <i>DMHAS acknowledges that plans to sustain the initiative beyond the initial term and funding period will include estimates of the Medicaid reimbursement (as available) and state and/or federal resources that will be required and requested.</i>	Section VI General Contracting Information Section 1 Purpose and Intent Section 8 Required Proposal Content #7	11 4 14
12	Which services or staff may be provided via telehealth in lieu of in-person service?	<i>CRSC services may be provided in-person, on-site or via Telehealth and Telemedicine in accordance with federal and State laws and regulations, provided the services meet the standard of care</i>	Section IV H Attachment J-Annex A	47
13	At what point are licenses, such as Ambulatory License, Certificate of Occupancy, etc. required for the facility? Are they necessary at the time of proposal submission, or by the program start date?	<i>With respect to licensure, the mental health license requirement is a minimum eligibility standard only. The CRSC will not be licensed or regulated by the New Jersey Department of Health Certificate of Need and Licensing. The bidder must review and be capable of applying for and securing CRSC certification if awarded a contract. The DMHAS PROVIDER AGENCY APPLICATION FOR CERTIFICATION OF CRISIS RECEIVING STABILIZATION CENTER appears as Attachment I.</i> <i>With respect to certificate of occupancy, please see response to question # 6 above.</i>	Section IV Who Can Apply Footnote #4	7

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14	Are Clinicians required to have full clinical licenses or are provisional licenses acceptable?	<i>Provider Agency shall be staffed on-site at all times with an appropriately licensed and trained multidisciplinary team capable of meeting the needs of Eligible Individuals. Provider Agency staff shall provide only those clinical, non-clinical, and/or administrative supervisory services they are authorized to provide in accordance with their professional licensure, certification and/or credentialing standards.</i>	Section VII Staff Member Qualifications Attachment J - Annex A	48-50
15	What is the allowable indirect cost rate in the budget?	<i>Indirect costs shall be calculated in accordance with Sections 4.3 and 4.4 of the DHS Contract Reimbursement Manual. Please also refer to 45 CFR 75.411 et. Seq.</i>	Section VI General Contracting Information DHS Contract Reimbursement	11
16	Is there an anticipated level of service of unduplicated individuals annually?	<i>Contract commitments for each successful bidder are expected to average 35% occupancy, or 225 duplicated patients per month, during the initial 15 month phase-in term. Provider-specific contract commitments will be negotiated based upon representations made in response to this RFP. Failure to deliver contract commitments may result in a reduction of contract ceiling or contract termination.</i>		
17	What are the required qualifications of the Program Director?	<i>The program director shall have experience working with individuals with a serious mental illness and/or a substance use disorder. Please also note, the successful bidder shall be staffed at all times with an appropriately licensed and trained multidisciplinary team capable of meeting the needs of Eligible Individuals.</i>	Section VII A and C Attachment J-Annex A	48-49
18	Are one-time and capital funds part of, or in-addition to, the \$7,447,057.00?	<i>DMHAS anticipates making up to five (5) awards up to \$7,447,057.00 per award inclusive of up to \$400,000.00 in one-time start-up funds and up to \$166,666.00 in Capital Funds, per award.</i>	Section I Purpose and Intent	4
19	Are there any design or structural specifications required for the ambulance bay?	<i>A separate ambulance bay is not required, however provision of a separate ambulance bay results in 10 bonus points . Please also note a separate police/law enforcement entrance is required. All design and structural specifications for an ambulance bay must comply with State and Municipal zoning and construction laws and regulations, if applicable.</i>	Section VIII Facilities, Logistics, Equipment Section 12 D Annex A	17 53
20	Which specific lab services would be required on-site?	<i>Provider Agency shall have access to timely laboratory services and results through CLIA (Clinical Laboratory Improvement Amendments) waived testing or through a written agreement with a laboratory vendor.</i>	Section IV E of Attachment J-Annex A	47
21	Can services be provided in a hospital if the setting has been made warm, inviting, and home-like?	<i>No, services must be provided in the community. The CRSC is an alternative to traditional crisis services by diverting individuals from going to EDs and inpatient treatment when community-based alternatives would better meet the needs of individuals who are experiencing a behavioral health crisis.</i>	Section I, Purpose and Intent Section III, Population and Background to be Served Section V, Contract Scope of Work	5 6-7 8
22	Is there a deadline for the CRSC to commence operations?	<i>Successful bidders shall commence CRSC services on or before July 2024, unless otherwise extended by DMHAS in its reasonable discretion.</i>	Section VI, General Contracting Information	11
23	We currently have an existing location we are considering retrofitting to serve as our CRSC site. The site has a CO and is fire inspected. Is it acceptable to complete the retrofitting after award notification, or does the site need to be ready to deliver services at the time of award?	<i>Yes, provided successful bidder commences CRSC services on or before July 2024, unless otherwise extended by DMHAS in its reasonable discretion.</i>	Section VI, General Contracting Information	11
24	We would appreciate clarification regarding any expected client ratio as it pertains to availability of bathrooms.	<i>The number of bathrooms must comply with applicable building codes.</i>		

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25	Do the CRSC sites need to have shower/bathing accommodations?	<i>No, CRSC sites are not required to have shower/bathing accommodations.</i>		
26	Is it acceptable for prescribers (psychiatrists and APNs) to deliver services at the CRSC via telehealth if the grantee is unable to hire staff who will be available in person during all shifts?	<i>CRSC services may be provided in person, on site, or via telehealth and telemedicine in accordance with federal and State laws and regulations, provided the services meet the standard of care. However, provider agencies must be staffed on site at all times with a licensed board certified psychiatrist or licensed advanced practical nurse. Successful bidders are required to be staffed on site at all times during all shifts with the individual staff identified in Section VII D, E, F, G, H and I of Attachment J-Annex A.</i>	VII. (D-I) Attachment J-Annex A. Staff Member Qualifications IV. (H) Scope of Services	49 - 50
27	Is there clarification or coordination with the Office of Emergency Medical Services (OEMS) regarding the transport of patients to CRSCs completed by in-service Basic Life Support, 9-1-1 responding ambulances to have CRSCs considered a "Receiving Health Care Facility", pursuant to 8:40-1.3 and 8:40-6.2?	<i>Please refer to NJAC 8:40-1.2 et seq. and NJAC 10:50-1 et. seq. and all other applicable law and regulation.</i>	NJAC 8:40-1.2 et seq. and NJAC 10:50-1 et. seq	
28	Will OEMS be providing guidance to EMS providers on appropriate use of CRSCs as "Receiving Health Care Facilities"?	<i>Please refer to NJAC 8:40-1.2 et seq. and NJAC 10:50-1 et. seq. and all other applicable law and regulation.</i>	NJAC 8:40-1.2 et seq. and NJAC 10:50-1 et. seq	
29	Staffing Clarifications: a. Will telehealth be considered for the Psychiatrist / APN requirement? b. For the licensed clinician, are provisional licensees under supervision considered to meet the requirement?	<i>(a) CRSC services may be provided in-person, on-site or via Telehealth and Telemedicine in accordance with federal and State laws and regulations, provided the services meet the standard of care. (b) Provider Agency shall be staffed on-site at all times with an appropriately licensed and trained multidisciplinary team capable of meeting the needs of Eligible Individuals. Provider Agency staff shall provide only those clinical, non-clinical, and/or administrative supervisory services they are authorized to provide in accordance with their professional licensure, certification and/or credentialing standards.</i>	Section IV H Attachment J-Annex A Section VII Staff Member Qualifications Attachment J - Annex A	47; 48-50
30	Are there exclusionary settings for this grant? I see in the language that is goal is to not have the CRSC in a "hospital environment", but does this exclude a hospital as a possible location?	<i>Services must be provided in the community. The CRSC is an alternative to traditional crisis services by diverting individuals from going to EDs and inpatient treatment when community-based alternatives would better meet the needs of individuals who are experiencing a behavioral health crisis.</i>	Section I, Purpose and Intent Section III, Population and Background to be Served Section V, Contract Scope of Work	5 6-7 8
31	In terms of neurodivergent clients, will there be any additional supports to service the unique need of this population?	<i>Please refer to Section IV Provider Agencies Scope of Services of the Attachment J- Annex A for a full description of the services to be provided, including referrals and coordination of services.</i>	Section IV Provider Agencies Scope of Services Attachment J Annex A	45-47
32	Are there any exclusionary criteria for clients in this service?	<i>The target population for the CRSC is: Individuals 18+ in crisis associated with a SMI Individuals 18+ in crisis associated with a SUD; Individuals 18+ who walk in or voluntarily agree to be transported to the CRSC The CRSC is an alternative to traditional crisis services by diverting individuals from going to EDs and inpatient treatment when community-based alternatives would better meet the needs of individuals who are experiencing a behavioral health crisis.</i>	Section III, Population to be Served I. Purpose and Intent -Intent of the CRSC	7 5

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33	The RFP indicates interested agencies should submit a Certificate of Occupancy and Fire Inspection along with the application. Will it be acceptable to submit these documents post-award rather than pre-award? We would look into a new building specifically for this program rather than using an existing one, meaning that we would not obtain a C.O. until post award. Is this acceptable?	<i>With respect to certificate of occupancy, please see response to question # 6 above.</i>	Section IV Who Can Apply Footnote #4	7
34	What is the target area of each CRSC? Will each CRSC serve the whole region (South, Middle, or North) or will they only serve the location chosen?	<p><i>CRSCs will serve the Region and take admissions from individuals despite their county of origin.</i></p> <p><i>CRSC Regions</i></p> <p><i>DMHAS anticipates making up to five (5) awards. There will be up to three (3) awards in the New Jersey's Northern Region, up to one (1) award in New Jersey's Central Region and up to one (1) award in New Jersey's Southern Region. There will be up to one (1) award per sub region as described below. Bidders applying for more than one (1) region and/or sub region must submit separate proposals for each region and/or sub region. Bidders must agree to take admissions from consumers irrespective of their county of origin.</i></p> <ul style="list-style-type: none"> • <i>New Jersey Northern Region</i> <ul style="list-style-type: none"> ➤ <i>Sub Region 1 site to be located in Morris County.</i> ➤ <i>Sub Region 2 site to be located in Bergen County.</i> ➤ <i>Sub Region 3 site to be located in Essex County.</i> • <i>New Jersey Central Region</i> <ul style="list-style-type: none"> ➤ <i>Sub Region 4 site to be located in either Middlesex County or Monmouth County.</i> • <i>New Jersey Southern Region</i> <ul style="list-style-type: none"> ➤ <i>Sub Region 5 site to be located in Camden County.</i> 	Section I, Purpose and Intent	5
35	What is the anticipated capacity for each CRSC?	<i>The facility shall be of sufficient size and space to accommodate twenty-two recliner chairs.</i>	Section XIIA Attachment J - Annex A	53
36	Are you expecting the CRSC to provide ambulatory detox?	<i>The CRSCs will not be providing ambulatory detox. The centers shall provide Medication-Assisted Treatment (MAT).</i>	Section IV C 7 Provider Agencies Scope of Services Attachment J - Annex A	46
37	Does the Licensed Board-Certified Psychiatrist / APN have to be on site 24 /7 365 Days/Week, or is Remote availability acceptable?	<i>CRSC services may be provided in person, on site, or via telehealth and telemedicine in accordance with federal and State laws and regulations, provided the services meet the standard of care. However, provider agencies must be staffed on site at all times with a licensed board certified psychiatrist or licensed advanced practical nurse. Successful bidders are required to be staffed on site at all times during all shifts with the individual staff identified in Section VII D, E, F, G, H and I of Attachment J-Annex A.</i>	VII. (D-I) Attachment J-Annex A. Staff Member Qualifications IV. (H) Scope of Services	49 - 50
38	Does the Consulting Licensed Board-Certified Psychiatrist (5 Hours/Week) have to be on site 24 /7 365 Days/Week, or is Remote availability acceptable?	<i>CRSC services may be provided in person, on site, or via telehealth and telemedicine in accordance with federal and State laws and regulations, provided the services meet the standard of care. However, provider agencies must be staffed on site at all times with a licensed board certified psychiatrist or licensed advanced practical nurse. Successful bidders are required to be staffed on site at all times during all shifts with the individual staff identified in Section VII D, E, F, G, H and I of Attachment J-Annex A.</i>	VII. (D-I) Attachment J-Annex A. Staff Member Qualifications IV. (H) Scope of Services	49 - 50
39	What are the recommended billing codes?	<i>Successful bidders are obligated to seek Medicaid reimbursement whenever available, and utilize all applicable billing codes, including any new or updated codes if they become available during the contract term. CRSCs will not be licensed as outpatient programs but certified as Crisis Receiving Stabilization Centers.</i>	Section V Contract Scope of Work	9
40	Will we be able to reimburse for transportation through Medicaid?	<i>Medicaid reimbursement for transportation is not governed by DMHAS. Please refer to Medicaid guidelines.</i>		

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41	Is there a required number of formal/written MOUs?	<i>No. However, successful bidder is obligated to have the affiliation agreements necessary to make appropriate referrals and warm handoffs.</i>	Attachment J-Annex A Section 4 Provider Scope of Services C IX Affiliation Agreements	46 50
42	What's the guidance for developing the budget and billing expectations? Is it totally based on contract? Does DMHAS want a budget in section 1 to be annualized and a separate one for 3 months?	<i>The contract is cost based. The budget must be completed in accordance with section 5.3 of the DHS Contract Reimbursement Manual. DMHAS requires a 3 month phase-in budget (7/1/2024-9/30/2024) and a separate 12 month annualized budget (10/1/2024-9/30/2025). The phase-in budget should include all one-time costs.</i>	Section VIII Budget Attachment E	18-19 33
43	Is the first 15 months fully billable?	<i>The contract is cost-based. Successful bidders are obligated to seek Medicaid reimbursement whenever available, and utilize all applicable billing codes, including any new or updated codes if they become available during the contract term. CRSCs will not be licensed as outpatient programs but certified as Crisis Receiving Stabilization Centers.</i>	Section V Contract Scope of Work Section VI Contracting Information Budget	9 11 19
44	Do we have the ability to bill multiple cares, such as NJMHAPP?	<i>This is a cost based contract so there is no opportunity to bill NJMHAPP. Successful bidders are obligated to seek Medicaid reimbursement whenever available, and utilize all applicable billing codes, including any new or updated codes if they become available during the contract term. CRSCs will not be licensed as outpatient programs but certified as Crisis Receiving Stabilization Centers.</i>	Section V Contract Scope of Work Section VI Contracting Information Budget	9 11 19
45	What are reimbursable services?	<i>Successful bidders are obligated to seek Medicaid reimbursement whenever available, and utilize all applicable billing codes, including any new or updated codes if they become available during the contract term. CRSCs will not be licensed as outpatient programs but certified as Crisis Receiving Stabilization Centers.</i>	Section V Contract Scope of Work Section VI Contracting Information Budget	9 11 19
46	What is the full scope of billing expectations?	<i>This is a cost-based contract. Successful bidders are obligated to seek Medicaid reimbursement whenever available, and utilize all applicable billing codes, including any new or updated codes if they become available during the contract term. CRSCs will not be licensed as outpatient programs but certified as Crisis Receiving Stabilization Centers.</i>	Section V Contract Scope of Work Section VI Contracting Information Budget	9 11 19
47	The RFP indicates on page 20 that we must submit a mental health license in the appendices. Does this have to be specific to the county where the project will be located, or will an existing license suffice to demonstrate that the applicant is an eligible licensed entity?	<i>DMHAS will accept any Mental Health license issued under NJAC 8:121, regardless of county or facility location, to demonstrate the applicant is eligible to apply for the RFP. However, the successful bidder is obligated to complete the certification process for each CRSC.</i>	Appendices	20
48	The RFP indicates on page 20 that the applicant must provide a "true copy of the Certificate of Occupancy for the CRSC". Does this mean that the applicant must already own/lease for the project site at the time of submission? If an applicant can apply if they do not yet own/lease the project property, what should the applicant include in the Appendices to meet this requirement listed in the Appendices?	<i>With respect to certificate of occupancy, please see response to question # 6 above.</i>	Section IV Who Can Apply Footnote #4	7
49	What is the deadline to submit proposals to the County Mental Health Administrators? Should the full proposal, including all appendices and required documents, be submitted to them as well?	<i>The deadline to submit the full proposal, including all appendices and required documents to the County Mental Health Administrators is March 27, 2024.</i>	Section IX Submission of Proposal Requirements	21

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50	Can the consulting Psychiatrist be available via telehealth or does that professional need to be on-site/in-person for the 5 required hours?	<p><i>CRSC services may be provided in person, on site, or via telehealth and telemedicine in accordance with federal and State laws and regulations, provided the services meet the standard of care. However, provider agencies must be staffed on site at all times with a licensed board certified psychiatrist or licensed advanced practical nurse. Successful bidders are required to be staffed on site at all times during all shifts with the individual staff identified in Section VII D, E, F, G, H and I of Attachment J-Annex A.</i></p> <p><i>The requirement for a consulting psychiatrist for a minimum of 5 hours per week (as specified in Section VII B of the Attachment J-Annex A) shall be satisfied if the staff required by Section VII D of Attachment J-Annex A is a licensed board psychiatrist. If, however, the staff required by Section VII D of the Attachment J-Annex A is satisfied by a licensed advanced practice nurse, then provider agency must be staffed with a consulting psychiatrist for a minimum of 5 hours per week as specified in Section VII B of the Attachment J-Annex A.</i></p>	<p>VII. (D-I) Attachment J-Annex A. Staff Member Qualifications IV. (H) Scope of Services</p>	49 - 50
51	Are there standard lab tests that individuals should receive? If so, what are those specific tests?	<p><i>Provider Agency shall have access to timely laboratory services and results through CLIA (Clinical Laboratory Improvement Amendments) waived testing or through a written agreement with a laboratory vendor.</i></p> <p><i>Eligible individuals shall receive the scope of services appropriate to the individual's diagnosis and crisis status.</i></p>	<p>Section IV E of Attachment J-Annex A Section X E of Attachment J-Annex A Assessments, Care Planning, and</p>	47 51
52	What are the timeline expectations for how quickly lab results should be received and provided to individuals seeking services?	<p><i>Provider Agency shall have access to timely laboratory services and results through CLIA (Clinical Laboratory Improvement Amendments) waived testing or through a written agreement with a laboratory vendor.</i></p>	Section IV E of Attachment J-Annex A	47
53	Are rapid tests allowed?	<p><i>Yes, Provider Agency shall have access to timely laboratory services and results through CLIA (Clinical Laboratory Improvement Amendments) waived testing or through a written agreement with a laboratory vendor.</i></p>	Section IV E of Attachment J-Annex A	47
54	What specific program and level of care does a CRSC need to be licensed under? Which set of NJ State Regulations?	<p><i>With respect to licensure, the mental health license requirement is a minimum eligibility standard only. The CRSC will not be licensed or regulated by the New Jersey Department of Health Certificate of Need and Licensing. The bidder must review and be capable of applying for and securing CRSC certification if awarded a contract. The DMHAS PROVIDER AGENCY APPLICATION FOR CERTIFICATION OF CRISIS RECEIVING STABILIZATION CENTER appears as Attachment I. Program requirements are governed by the Attachment J- Annex A.</i></p>	Section IV Who Can Apply Footnote #4	7
55	Are services under CRSC billed to Medicaid using outpatient level of care service codes?	<p><i>Please see response #8, #39, #43-#46; Successful bidders are obligated to seek Medicaid reimbursement whenever available, and utilize all applicable billing codes, including any new or updated codes if they become available during the contract term. CRSCs will not be licensed as outpatient programs but certified as Crisis Receiving Stabilization Centers.</i></p>	Section V Contract Scope of Work	9
56	We understand the expectation of being in this setting 24 hours or less. How will the State assist with neurodivergent patients who arrive here and have nowhere to go?	<p><i>Please refer to Section IV Provider Agencies Scope of Services of the Attachment J- Annex A for a full description of the services to be provided, including referrals and coordination of services. Providers are expected to explore alternative options.</i></p> <p><i>CRSC services shall consist of up to 24 hours of service per episode (inclusive of follow-up care), unless Provider Agency provides DMHAS (or its designated entity) with supporting documentation and DMHAS approves additional hours of service. Approval for additional hours/days will be evaluated on a case by case basis.</i></p> <p><i>Providers are required to explore community based services with wrap supports.</i></p>	Section IV Provider Agencies Scope of Services Attachment J Annex A Section V C Responsibilities Attachment J-Annex A	45-47

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57	Since, based on the RFP, funding is only committed for 9/2025 and there is a major investment needed to build and sustain a CRSC, what does financial sustainability for CRSC look like past 9/2025?	<p><i>Please see response #11 above.</i></p> <p><i>Any contract awarded as a result of this RFP is anticipated to have an initial term of fifteen (15) months, unless otherwise extended by the DMHAS, in its sole discretion, should additional funding become available, but with the agreement of the successful bidder, for a total term of up to five (5) years. Total funding for this CRSC initiative is up to \$37,235,284.00, inclusive of one-time start-up funds in the amount of \$2,000,000.00 and Capital Funds in the amount of \$833,330.00. DMHAS anticipates making up to five (5) awards up to \$7,447,057.00 per award inclusive of up to \$400,000.00 in one-time start-up funds and up to \$166,666.00 in Capital Funds, per award. Funding shall support the CRSC for a term of fifteen (15) months and ends September 2025, unless otherwise extended or supplemented by the DMHAS if additional funding becomes available. The bidder is obligated to describe its plan to sustain the initiative beyond the funding period.</i></p> <p><i>Successful bidders are obligated to seek Medicaid reimbursement whenever available, and utilize all applicable billing codes, including any new or updated codes if they become available during the contract term.</i></p>	<p>Section VI General Contracting Information</p> <p>Section 1 Purpose and Intent</p> <p>Section 8 Required Proposal Content #7</p> <p>Section V Contract Scope of Work</p> <p>Budget</p>	<p>11</p> <p>4</p> <p>14</p> <p>19</p>
58	What licensure is needed to operate the CRSC?	<p><i>With respect to licensure, the mental health license requirement is a minimum eligibility standard only. The CRSC will not be licensed or regulated by the New Jersey Department of Health Certificate of Need and Licensing. DMHAS will accept any county Mental Health license that has already been approved to demonstrate the applicant is eligible to apply for the RFP. The successful bidder is obligated to complete the certification process for each CRSC. The bidder must review and be capable of applying for and securing CRSC certification if awarded a contract. The DMHAS PROVIDER AGENCY APPLICATION FOR CERTIFICATION OF CRISIS RECEIVING STABILIZATION CENTER appears as Attachment I.</i></p>	<p>Section IV Who Can Apply Footnote #4</p> <p>Appendicies</p>	<p>7</p> <p>20</p>
59	Does DMHAS anticipate the need for MH/OPD, SUD, and ambulatory care licenses? If so, and given the short start-up date of July 2024, will the Division assist with expediting licensing applications?	<p><i>A Mental Health license is the only license needed to satisfy the minimum eligibility requirement. Please also see response #54.</i></p>	<p>Section IV, Who Can Apply Footnote 4</p>	<p>7</p>
60	Will the Division reconsider start dates, given the potential length of time for licensure, construction, etc.?	<p><i>Successful bidders shall commence CRSC services on or before July 2024, unless otherwise extended by DMHAS in its reasonable discretion.</i></p>	<p>Section VI, General Contracting Information</p>	<p>11</p>
61	The CRSC model resembles the hospital Empath Model. Outside of the CRSC not being associated with or within the hospital setting, how do they differ?	<p><i>This question is outside the Scope of the Question and Answers allowed for the CRSC RFP.</i></p>		
62	The RFP references high utilization times. Can the DMHAS define that timeframe/what hours are deemed high utilization?	<p><i>A high utilization shift shall be determined by the average caseload by shift.</i></p>	<p>Attachment K - QCMR</p>	<p>56</p>
63	Is there flexibility/discretion as to the use of the one-time start-up funding \$400,000 and the one-time capital \$166,666 (for example, if more than \$166,666 is needed for capital expenses)?	<p><i>No</i></p>	<p>Section I, Purpose and Intent</p>	<p>4</p>
64	Are collaborations/partnerships permissible?	<p><i>All subcontracts, consultant agreements or similar collaborative agreements must be described in the bidder's written narrative as part of the bidders proposal submission. The subcontract, consultant agreement or similar collaborative agreement must be produced post award for DMHAS review and approval. Furthermore, successful bidder is responsible for all services performed by the subcontractor/consultant/collaborator and all such services shall conform to the provisions of Contract. Policy Circular 2.01 Standard Language Document Section 5.02.</i></p>	<p>Section XII, Post Award Documentation # 21</p> <p>Section VIII, Required Proposal Content Project Description 1.d.</p>	<p>25</p> <p>14</p>

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Q	Bidder Question	DHS Answer	Section	Pg.
65	Are there any guidelines, restrictions or limitations on the number of partnerships with the CRSC grant proposal?	<i>All subcontracts, consultant agreements or similar collaborative agreements must be described in the bidder's written narrative as part of the bidders proposal submission. The subcontract, consultant agreement or similar collaborative agreement must be produced post award for DMHAS review and approval. Furthermore, successful bidder is responsible for all services performed by the subcontractor/consultant/collaborator and all such services shall conform to the provisions of Contract. Policy Circular 2.01 Standard Language Document Section 5.02.</i>	Section XII, Post Award Documentation # 21 Section VIII, Required Proposal Content Project Description 1.d.	25 14
66	Are there guidelines, restrictions or limitations on the type of partnerships with the grant proposal?	<i>All subcontracts, consultant agreements or similar collaborative agreements must be described in the bidder's written narrative as part of the bidders proposal submission. The subcontract, consultant agreement or similar collaborative agreement must be produced post award for DMHAS review and approval. Furthermore, successful bidder is responsible for all services performed by the subcontractor/consultant/collaborator and all such services shall conform to the provisions of Contract. Policy Circular 2.01 Standard Language Document Section 5.02.</i>	Section XII, Post Award Documentation # 21 Section VIII, Required Proposal Content Project Description 1.d.	25 14
67	Would the grant allow for additional staffing not listed in the Annex A; such as front desk reception, clinical supervisor(s), plainclothes security, janitorial, driver, etc?	Section VII of Attachment J - Annex A lists the minimum required staff with qualifications. <i>Please refer to page #31 - #33 of the national-guidelines-for-behavioral-health-crisis-care-02242020.pdf (samhsa.gov), the key elements to safety and security in crisis delivery settings do not include security guards. Please refer to the best practice standards for the 7 safety and security elements in order to minimize the need for physical interventions and re-traumatization of persons in crisis.</i> <i>Please see Section VIII Proposal Content, Staffing, Budget and question number 7 in reference to G&A expenses. Please also see the DHS Contract Reimbursement Manual for direct and indirect costs.</i>	Attachment J - Annex A Section VII Required Proposal Content	48-50 13-18
68	As the service delivery structure appears to be set up by number of hours from admission to discharge, is there an opportunity to bill additional/ancillary fee-for-service CPT codes to supplement funding and promote sustainability?	<i>This is a cost based contract so there is no opportunity to bill fee-for-service. Successful bidders are obligated to seek Medicaid reimbursement whenever available, and utilize all applicable billing codes, including any new or updated codes if they become available during the contract term.</i> <i>CRSC services shall consist of up to 24 hours of service per episode (inclusive of follow-up care), unless Provider Agency provides DMHAS (or its designated entity) with supporting documentation and DMHAS approves additional hours of service. Approval for additional hours/days will be evaluated on a case by case basis.</i>	Section V Contract Scope of Work Section VI Contracting Information Budget Section V C Responsibilities Attachment J-Annex A	9 11 19 47
69	Best practice dictates that a medical diagnosis is ruled out prior to addressing certain acute mental health symptoms. Is emergency medical care expected as part of the grant?	<i>Provider Agency shall not require a medical screen prior to the provision of CRSC.</i> <i>As per national-guidelines-for-behavioral-health-crisis-care-02242020.pdf (samhsa.gov)</i> <i>Minimum Expectations to Operate a Crisis Receiving and Stabilization Service</i> <i>Crisis receiving and stabilization services must:</i> <i>1. Accept all referrals;</i> <i>2. Not require medical clearance prior to admission but rather assessment and support for medical stability while in the program;</i>	Attachment J - Annex A Section III E	45
70	The Annex A specifically lists master's level clinician as LCSW, LPC, however the behavioral health field is currently experiencing a staffing shortage. Would the successful bidder be allowed to hire Licensed Associate Counselors/Licensed Social Workers/Licensed Associate Marriage and Family Therapists under clinical supervision, or Licensed Marriage and Family Therapists?	<i>Provider Agency shall be staffed on-site at all times with an appropriately licensed and trained multidisciplinary team capable of meeting the needs of Eligible Individuals. Provider Agency staff shall provide only those clinical, non-clinical, and/or administrative supervisory services they are authorized to provide in accordance with their professional licensure, certification and/or credentialing standards.</i>	Section VII Staff Member Qualifications Attachment J - Annex A	48-50

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Q	Bidder Question	DHS Answer	Section	Pg.
71	Are we allowed to use medical residents in place of the required psychiatric staff?	<i>Provider Agency shall be staffed on-site at all times with an appropriately licensed and trained multidisciplinary team capable of meeting the needs of Eligible Individuals. Provider Agency staff shall provide only those clinical, non-clinical, and/or administrative supervisory services they are authorized to provide in accordance with their professional licensure, certification and/or credentialing standards.</i>	Section VII Staff Member Qualifications Attachment J - Annex A	48-50
72	Would the successful bidder be able to use the one-time cost dollars reserved for the Electronic Medical Record to be used for EMR integration and other software updates designed to enhance the CRSC team's ease of use of an existing system?	<i>Bidder should describe in the narrative how the one-time cost dollars used for the EMR integration are used exclusively for the CRSC initiative.</i>	Section I Purpose and Intent	4
73	Separately, just thinking about an individual who may be in treatment 4+ hours, will the successful bidder be expected to have food/refreshments available for those individuals? How would you see us meeting this need?	<i>The CRSC model does not include a kitchen for consumer use. However, nonperishable individually packaged food item (such as light snacks and refreshments that do not require preparation or refrigeration) will be considered as long as the costs are reasonable and do not exceed the initiative ceiling.</i>	ANNEX B	ANNEX B
74	In the RFP one section (pg. 8, section I.5) indicates this: "(5) safety/security for staff and people in crisis." But in the staffing section, it does not specifically mention position of security guard(s). Would this role be a part of the staffing pattern/TO?	<i>Section VII of Attachment J - Annex A lists the minimum required staff with qualifications. Please refer to page #31 - #33 of the national-guidelines-for-behavioral-health-crisis-care-02242020.pdf (samhsa.gov), the key elements to safety and security in crisis delivery settings do not include security guards. Please refer to the best practice standards for the 7 safety and security elements in order to minimize the need for physical interventions and re-traumatization of persons in crisis.</i>	Attachment J - Annex A Section VII	48-50
75	In the Standards section (pg. 10), the RFP indicates: "Ensure services meet the language access needs of individuals served by this project (e.g., limited English proficiency, Video Relay Service/American Sign Language, Braille, limited reading skills)." If we have a client who speaks a language that none of the staff do, is utilizing a language line acceptable?	Yes	Section V, Contract Scope of Work, Cultural Competency	10
76	The RFP mentions that they envision that the center may serve a high number of homeless individuals. With homeless shelters not always having beds available and the significant challenges securing housing, would we be expected to budget for temporary emergency shelter, since it would be difficult to discharge an individual back to the street if they have nowhere to go and are in crisis?	<i>Please see response to questions # 3 and #4 above. Yes, bidders can budget for temporary emergency shelter. Providers are required to explore alternative options such as crisis diversion homes, crisis homes, peer respite, community based services with wrap supports, and when other alternatives are not available, emergency shelters. CRSC services shall consist of up to 24 hours of service per episode (inclusive of follow-up care), unless Provider Agency provides DMHAS (or its designated entity) with supporting documentation and DMHAS approves additional hours of service.</i>	Attachment J - Annex A Section V C	47
77	Which entity will license the CRSCs?	<i>With respect to licensure, the mental health license requirement is a minimum eligibility standard only. The CRSC will not be licensed or regulated by the New Jersey Department of Health Certificate of Need and Licensing. The bidder must review and be capable of applying for and securing CRSC certification if awarded a contract. The DMHAS PROVIDER AGENCY APPLICATION FOR CERTIFICATION OF CRISIS RECEIVING STABILIZATION CENTER appears as Attachment I.</i>	Section IV Who Can Apply Footnote #4	7
78	Is accreditation required for CRSC?	<i>Accreditation is not required for CRSC. With respect to licensure, the mental health license requirement is a minimum eligibility standard only. The CRSC will not be licensed or regulated by the New Jersey Department of Health Certificate of Need and Licensing. The bidder must review and be capable of applying for and securing CRSC certification if awarded a contract. The DMHAS PROVIDER AGENCY APPLICATION FOR CERTIFICATION OF CRISIS RECEIVING STABILIZATION CENTER appears as Attachment I.</i>	Section IV Who Can Apply Footnote #4	7

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Q	Bidder Question	DHS Answer	Section	Pg.
79	Does NJ have a funding sustainability plan to assure continuation of CRSC beyond September 2025?	<i>Please see response to #11 and #57 above.</i>	Section VI General Contracting Information Section 1 Purpose and Intent Section 8 Required Proposal Content #7 Section V Contract Scope of Work Budget	11 4 14 19
80	For essential staff member positions, does the program need a psychiatrist/Advanced Practice Nurse and a licensed clinician on site at all times or can they provide telehealth services during overnight hours?	<i>Please see response #26.</i>	Section VII Staff Member Qualifications Attachment J - Annex A	48-50
81	Successful bidders must bill Medicaid for all reimbursable services and eligible consumers. Will a procedural code/rate be developed specific to this initiative?	<i>Please see response #8, #39-#40, #43-#46, #55; Successful bidders are obligated to seek Medicaid reimbursement whenever available, and utilize all applicable billing codes, including any new or updated codes if they become available during the contract term.</i>	Section V Contract Scope of Work	9
82	Can you define which counties are expected to be served in each region?	<i>Please see response #34</i>	Section I, Purpose and Intent	5
83	Can a true copy of the Certificate of Occupancy for the CRSC be submitted by a successful bidder after the award and prior to the commencement of services?	<i>With respect to certificate of occupancy, please see response to question # 6 above.</i>	Section IV Who Can Apply Footnote #4	7
84	What is the start-up period for this program, and on what date would awarded agencies be required to begin services? (P. 4 RFP)	<i>Successful bidders shall commence CRSC services on or before July 2024, unless otherwise extended by DMHAS in its reasonable discretion.</i>	Section VI, General Contracting Information	11
85	If an organization with an existing license is selected and must open a new facility to accommodate the program, will DMHAS help expedite the new facility's licensure to ensure the program may begin operating within the specified timeframe? (P. 7 RFP)	<i>Please see response #54 and #59.</i>	Section IV Who Can Apply Footnote #4 Appendicies	7 20
86	What is expected to be the primary referral source for this program? (P. 8 RFP)	<i>CRSCs serve everyone that comes through their doors from all referral sources.</i>	Attachment J - Annex A Section V (B) Responsibilities	47
87	What program rates will be used for reimbursement? (P. 9 RFP)	<i>Please see response #8, #39, #42-#46, #55; Successful bidders are obligated to seek Medicaid reimbursement whenever available, and utilize all applicable billing codes, including any new or updated codes if they become available during the contract term.</i>	Section V Contract Scope of Work	9
88	How will the high utilization shift be determined? (Attachment J - CRSC Program Annex A, P. 42 RFP)	<i>Please see response # 62</i>	Attachment K - QCMR	56