

## PTSD Q & A

1. Do we need to physically upload the forms from the INFORMATION SHEET AND CHECKLIST FOR WAIVERS AND DELEGATED PURCHASING AUTHORITY (DPA) TRANSACTIONS into the NJSTART website? If so, how do you do this? I tried to look at the user manual on NJSTART and I received error message. **Once your company is registered as a vendor in NJSTART you can upload the completed procurement documents under your NJSTART profile under “terms & categories”.**
2. Do all forms need to be uploaded to NJSTART or is answering the questions ON NJSTART sufficient? **It is recommended that all forms (if applicable) be uploaded in NJSTART under the vendor profile in addition to answering the questions.**
3. Do documents need to be updated annually in NJ START? **As documents expire, it is the vendor’s responsibility to upload their renewed documents under their profile in NJSTART.**
4. Some forms require a Bid Solicitation # and Title. What are these and how do we obtain them? **You can enter “Medical and Escort Transportation” on the title line.**
5. If awarded a contract, do we need to do a new proposal for each extension year?? **No, the proposal submitted will hold firm throughout the duration of the contract.**
6. Section 3.1.a – NJ Contractor License LMFT (Licensed Marriage and Family Therapist) is not included in the listing of licensures. **3.1 a. also includes LMFT (Licensed Marriage and Family Therapist)**
7. If we are currently contracted with DMAVA, prior to this new process, and our proposal is declined, what happens with our currently contracted veterans and their quality of care? **Veterans/family members will have the option to choose, to be seen by, a provider that’s participating in the PTSD program.**
8. What is the Bid process after the submission of the proposal on the 24<sup>th</sup>? **DMAVA will then review the proposals received for responsiveness.**
9. If we were to continue receiving new referrals from DMAVA and it’s VSOs, can a request be made for additional funds if needed? **VBB Program Manager will determine if additional funds are needed.**
10. We are uncertain about whether or not we need to prepare a Fee Schedule or is the Fee Schedule predetermined by the State. Please advise. **No, a fee schedule has been determined.**
11. If a vendor currently maintains the Veteran’s contract through 6/30/2024, will the current patients being seen by the center, no matter what region, be permitted to complete the contracted time remaining on their CSA? **Veterans/family members will be able to**

complete the time remaining on their contract (CSA) with a provider that is participating in the PTSD program.

12. If a vendor contract is not renewed, will the current patients be able to complete their full (2 year) contract as approved by DMAVA? **Veterans/family members will be able to complete their contract (CSA) with a provider that is participating in the PTSD program.**
13. Will Military Sexual Trauma (MST) or other military traumas, that may not include boots on the ground, be covered under this contract? **Eligibility into the program will be determined by DMAVA VSO on a case by case basis.**
14. 3.2 f Contractor Requirements, Capabilities and Options  
How does a vendor provide telehealth services during inclement weather as it may not be safe to drive, this becomes a liability issue? Many times clients request last minute changes due to personal/emergency situations , which has become a standard in behavioral health as it is more important to service the clients then for them to miss the session as many of them still struggle with an increase in anxiety and depression when they miss any appointment. **Telehealth sessions will be determined by VBB Program Manager on a case-by-case basis in a timely fashion.**
15. What will the procedure & timeline for approval for determining telehealth? Daily, Weekly, Monthly. **Telehealth sessions will be determined by VBB Program Manager on a case-by-case basis in a timely fashion.**
16. 6.0 Invoicing Treatment notes for each client (for each session)  
Since the numbers of patients seen a month is 100+, the volume of man hours providing these additional mandates tends to pose problems for a small staff. Will the 15-day completion requirement still apply? **Payment vouchers needs to be submitted by the 15<sup>th</sup> of the following month for services provided during the previous month.**
17. It is our understanding that the items on the "Information Sheet and Checklist" form do not need to be submitted to NJ Start until after a Contract has been awarded. Can you please confirm this. **Contracted services shall not begin until all required procurement forms are received forwarded to DMAVA's Veterans Benefit Bureau (VBB) Program Manager.**
18. 2.0 - In the definitions of providers a medical doctor can hold an MD or a DO degree. **In 2.0 it should state: MD or DO – Medical Doctor.**
19. 2.0 - In the definition of providers a Licensed Practicing Psychologist can hold a PhD, PsyD or an EdD. **In 2.0 it should state: Practicing Psychologist – Doctor of Psychology (either PhD, PsyD and EdD with a NJ License).**
20. 3.1 - Should the line titled a. Read - All clinicians under contract shall possess an active NJ (professional) license: Practicing Psychologist, Licensed Clinical Social

Worker, Licensed Social Worker, Associate Counselor, Licensed Professional Counsellor, Licensed Clinical Alcohol and Drug Counsellor, Licensed Marriage and Family Counsellor, Medical Doctor and/or Advanced Practice Nurse?

b. Should the line include - Licensed Practicing Psychologist instead of 'PhD or a PsyD license. **Yes.**

21. 3.2 - The standard session length of an individual psychotherapy session Common Procedure Code (CPT) 90834, is defined as a session lasting 45 minutes. A 50-minute session, if required by the program, would require special scheduling consideration. A Group Therapy session is coded as CPT 90853 and is typically 45 - 60 minutes. I schedule Group Therapy sessions for 90 minutes that does not have a CPT code but seem more appropriate for a veterans group. **Each counseling session shall be no less than fifty (50) mins.**
22. 3.2 f - It appears that the decision as to the appropriateness of telehealth sessions will be made by the VBB Program Manager and not the clinician. Is my understanding of that item correct? Also if the decision is in the purview of the VBB Program Manager what criteria forms the basis of the decision so that clinicians can specifically address those concerns in a request for telehealth approval. **Telehealth sessions will be approved by the VBB Program Manager on a case-by-case basis (for example, inclement weather, illness, family emergency etc.).**
23. 3.3 - I understand the division of the state into different areas to allow for coverage for all eligible veterans. Does the division of the state into 3 areas in any way mean that a provider in one area cannot provide services to an eligible veteran in another area that is referred? The second question is that while a provider can service a specific region easily to cover multiple counties would imply that some of the program participants might have to drive some distance to receive care, and/or receive that care through telehealth. Since the advent and growth of telehealth it has become commonplace for a provider to see a patient in person to begin treatment and then transition appropriate patients to telehealth. Issues of the time needed to drive to a visit, have a session and drive home may impede access to care, older vets not wanting to drive at night also limits availability, or clinician appointment availability. **Veterans and family members can choose to receive care from any of the available providers that is participating in the PTSD program.**

24. 3.4 - While the item d. indicates the time frame a provider must send their assessment and request for full time participation to the VBB Program Manager, it does not indicate the turnaround time that the provider can expect for a decision and response to that request. While there may be a verbal agreement with regard to this issue going forward it might be important to memorialize that understanding to avoid scheduling issues. **When all required material has been received by the VBB Program Manager a decision will be made in a timely fashion.**
25. Does section 4.3 refer to clinical treatment notes? **Yes.**
26. 4.4 - In the fourth bulleted item: I wonder if this item refers to sending reports and requested information at the request of the veteran client to the VA, the court system, their personal attorney, or their veteran service officer. **Yes.**
27. In Proposal submission, item b., how many clients your organization can support: I have a question on how you like the estimated number of veteran clients question to be addressed. It is possible to estimate the number of clinical hours that can be available to the program, but it seems difficult to estimate the total number of veterans that can be supported by since some may be seen only 4 sessions for evaluation only, some seen for evaluation and full contract, some seen weekly, some bi-weekly and some that drop out of the program. **Please see 3.1 E.**