

NEW JERSEY DEPARTMENT OF HEALTH  
STATE FISCAL YEAR 2018

Request for Applications (RFA) Notice

Office of Policy and Strategic Planning

**A PILOT PROGRAM FOR  
INTEGRATED HEALTH CARE FOR MILITARY, VETERANS AND FIRST  
RESPONDERS**

**Important Dates:**

Publication of Request for Applications (RFA): August 15, 2017

Letter of Intent Due Date: September 8, 2017

Application Open Date: September 11, 2017

Application Close Date: September 29, 2017

Anticipated Notification Date: October 27, 2017

Anticipated Start Date: November 13, 2017

Anticipated Project End Date: June 30, 2018

## INTRODUCTION

Despite changes and advancement in the health care system there is still a need for the **integration of health care across the care continuum for many military, veterans and first responders**. Integrated health care is often referred to as an interdisciplinary approach to health care services, particularly regarding the integration of primary (physical) care and behavioral health care. This approach is characterized by a high degree of collaboration among health care providers that allows for the assessment, planning, treatment and evaluation of patient care outcomes.

Our military, veterans and first responders deserve integrated health care services which they need to support their resilience. The alternative is stark. One promising approach is to integrate primary care, behavioral health, palliative care and hospice services.

Active duty **military personnel and National Guard and reservists** experience multiple deployments because of the conflicts that comprise the War on Terror. A large body of research has accumulated on the behavioral health challenges faced by military personnel because of these conflicts. Service personnel can find themselves plagued with guilt, shame, grief, or rage over what they had to do to survive in the war-zone and/or over what they did not do, including having deep feelings of remorse that “they never finished the job.” They may show signs of these feelings immediately after returning from war or, in many cases, not until months or years later.

In describing prominent aspects of the emotional and social impact of the effects of war on both active duty service members and military veterans, numerous studies corroborate that 15 to 30 percent of service members and veterans have a significant negative impact. This may include post-traumatic stress disorder (PTSD), depression, other mental health problems, and substance abuse. The more exposure to war trauma, the more likely there will be a negative impact. Multiple deployments overseas to Iraq and Afghanistan are associated with elevated combat exposure and mental health problems.<sup>1</sup>

**Veterans** comprise one in five homeless Americans. One in three homeless men are veterans, and 58.9% of homeless veterans are minorities (vs. 20.7% of all veterans). Veterans of Iraq and Afghanistan have an unemployment rate approximately 40% greater than the general population.<sup>2</sup> Veterans have disproportionate rates of mental illness, particularly PTSD, substance abuse disorders, depression, anxiety, and military sexual trauma.<sup>3</sup> Nearly 50% of combat veterans from Iraq report that they have

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<sup>1</sup> Scurfield, R., Platoni, K. The Emotional Effects of War on Servicemembers and Veterans. NASW Specialty Practice Sections Annual Bulletin. 2009

<sup>2</sup> The National Council, Meeting the Behavioral Health Needs of Veterans, Nov. 2012

<sup>3</sup> Spelman JF, Hunt SC, Seal, KH, Burgo-Black AL. Post deployment care for returning combat veterans. J Gen Intern Med. 2012; 27:1200–1209.

suffered from PTSD,<sup>4</sup> and close to 40% of these same veterans report “problem alcohol use”.

Integrated care is also needed for many veterans towards the end of one’s life, thus allowing individuals to die with dignity. Consider that one out of every four dying Americans is a Veteran. Veterans often carry experiences from their service that present unique challenges, and many may not know about or have access to palliative care or hospice services. Veterans may experience at the end of their life uncontrolled pain, terminal agitation, and nightmares, all of which may be delayed or undiagnosed PTSD. With an estimated 85 percent of veterans receiving care at end of life outside of the Veterans Administration system, it is important that palliative and hospice providers are prepared to care for this vulnerable population.

Like military personnel and veterans, **first responders** may have pre-existing mental health conditions or they may develop new mental health conditions because of the stresses associated with first response duties such as witnessing human destruction, repeated exposure to trauma and the loss of life due to disasters. Constant exposure to trauma, life-threatening situations, and the physical strain of working long hours with little or no sleep can negatively impact overall mental health, increasing the vulnerability to depression and stress disorders for months and sometimes years.

Integrating healthcare across the continuum will help create a seamless system of care that offers military personnel, veterans and first responders the services they need. Our military, veterans and first responders deserve access to **primary healthcare, behavioral health, palliative care, hospice and telehealth** services to preserve their health status.

Thus, the three-part challenge becomes: 1) increasing the number of active military, veterans and first responders in need who receive care 2) ensuring that care is integrated and delivered using appropriate evidence-based screening and treatment and 3) providing needed palliative care and hospice services.

To help serve the needs of our military, veterans, and first responder population in the state of New Jersey a request for applications (RFA) will be released, totaling \$500,000 in funding. The funding will be to support a pilot program for integrated health care for military, veterans and first responders using primary care, behavioral health, palliative care, hospice and telehealth. Recognizing that the \$500,000 represents one-time funding, the goal is to leverage and further develop integrated care networks in New Jersey that can serve the ongoing primary and behavioral health care of military, veterans, and first responders.

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<sup>4</sup> Pew Research Center. The military-civilian gap: war and sacrifice in the post-9/11 era. Available at: <http://www.pewsocialtrends.org/2011/10/05/war-and-sacrifice-in-the-post-911-era/>.

## **PURPOSE**

The funding will support a pilot program for integrated health care for military, veterans and first responders who need comprehensive care.

## **FUNDING AVAILABILITY AND OBLIGATIONS**

### **RFA Eligibility & Funding**

Five hundred thousand dollars (\$500,000) shall be made available for a pilot program for integrated health care for military, veterans, and first responders, to up to one health system or general hospital in the northern part of the State, and up to one health system or general hospital in the southern part of the State. The award(s) shall be for a period starting November 13, 2017 through June 30, 2018.

The award is subject to the availability of funds to the Department.

The Department shall not be held liable for any breach of this agreement due to the absence of an available funding appropriation.

All grantees that meet the minimum requirements shall undergo a review process as described below. Grants shall be awarded to the applicant(s) that is rated highest in the review process.

Grant applications shall be submitted electronically through the Department's System for Administering Grants Electronically (SAGE).

The New Jersey Department of Health, Office of Policy and Strategic Planning may exercise its sole discretion to extend the application deadline or reissue the RFA or portions thereof, if insufficient qualified applications are received. Applications that are incomplete or received after the due date shall be subject to disqualification.

### **Health Information and Privacy**

The grantee shall abide by all applicable State and Federal laws and regulations governing the privacy, security and confidentiality of each participant's individual health information. The grantee agrees to ensure that any agent acting on its behalf in the implementation of this grant that creates, receives, collects, transmits, and/or maintains individual health information in any form, shall conform to the same restrictions and conditions with respect to such information.

The laws and regulations include, but are not limited to, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Patient Safety and Quality Improvement Act of 2005 (PSQIA).

## **Criteria for Funding**

The application shall be evaluated, and funding shall be determined, based on the following criteria:

1. A complete and accurate application.
2. Documentation of the applicant's ability to provide services to military, veterans, and first responders and other services as necessary.
3. Budgeted line-items that are reasonable and necessary to provide health services and treatment.
4. Complete and supported application narratives.

## **Criteria for Eligibility and Program Elements/Objectives**

### Eligibility

- Eligible applicants shall already be providing health services (primary care and/or behavioral health services) targeted to military, veterans and/or first responders.
- Eligible applicants shall be:
  - New Jersey Hospitals or New Jersey Health Systems;
  - New Jersey Federally Qualified Health Centers (FQHCs);
  - New Jersey State University providers of behavioral health services. Each university applicant must work in partnership with a licensed New Jersey healthcare facility that provides primary care, as demonstrated by a Letter of Support.

### **Obligations**

#### Program Elements

- Awardee(s) shall provide patient care to military, veterans, and/or first responders.
- Awardee(s) shall schedule appointments (same-day whenever possible) with military, veterans and/or first responders to serve their health needs. If those military, veterans, and/or first responders have other needs (e.g. specialty health needs, housing, employment, legal services), the awardees shall make efforts to connect those military, veterans, and/or first responders to appropriate services.

#### Objectives and Payment Structure

- Awardee(s) shall be required to submit a quarterly report during the period November 13, 2017 – June 30, 2018 to the NJDOH. The quarterly report shall detail achievement of the objectives outlined below. Based on achievement of the objectives, the payment schedule shall be on a quarterly cost reimbursement.
- Proposed objectives for the initiative shall include:

- **Objective 1:** Prepare and submit a **work plan** that identifies the health needs of military, veterans, and/or first responders, outlines the **timeline** to implement, identifies steps to **implement**, and outlines a **health plan template** to assess and align clinical and behavioral health interventions.
- **Objective 2: The number of military, veterans, and/or first responders** who shall receive healthcare screening, primary care, behavioral health and medical treatment.
- **Objective 3: The number of military, veterans, and/or first responders** who shall receive same-day appointments.
- **Objective 4: The number of military, veterans, and/or first responders** who shall receive other services (e.g. housing/employment/legal services) upon referral by the awardee.
- **Objective 5: The number of military, veterans, and/or first responders** who may receive palliative care and hospice services.

***Note: This applies to Objectives 1,2,3,4, and 5.** Additional consideration will be given to applicants who propose to serve all three populations: military, veterans, and first responders. Additional consideration will also be given to applicants who propose to utilize this funding to serve all three populations using telehealth modalities.*

- **Objective 6: Narrative report** must be submitted quarterly. Details shall include: methodologies used and effectiveness of those methodologies; number of clients served; success stories and testimonials; obstacles, barriers and challenges in accomplishing your objectives; and a summary of the effectiveness of the program.
- **Objective 7: An end of program evaluation** is required. Each awardee shall allocate a certain portion of their award to fund the evaluation and outline how the end-of-program evaluation shall be conducted.

## **PROOF OF ELIGIBILITY**

Applicants are required to submit financial documents, in accordance with the NJDOH Cost Controlling Initiatives and Terms and Conditions. **Failure to provide required documentation by the date of application submission shall result in the application being deemed non-responsive.** Please attach the requested documents in Word or PDF to your application through the NJDOH System for Administering Grants Electronically (SAGE):

1. Valid Internal Revenue Service (IRS) 501 (C) (3) tax exempt status.

2. Statement of total gross revenue and/or annual report (if applicable). If grant is less than \$100,000 and agency doesn't receive any other funds from the state or federal government an audit report is not required. An Agency should submit the Statement of Total Gross Revenue to determine if an audit report is required.
3. Tax Clearance Certificate. – Applications for Tax Clearance can be obtained at <http://www.state.nj.us/treasury/taxation/busasst.shtml>.
4. NJ Charities Registration – If your organization is registered with the NJ Charities Registration then each year a "Letter of Compliance" from the Division of Consumer Affairs must be obtained. All registered charities must renew their registration yearly. More information, contact and forms can be found at: <http://www.state.nj.us/lps/ca/charity/charfrm.htm>.

### **APPLICATION PREPARATION AND SUBMISSION**

The anticipated schedule for this RFA is provided below.

Chart 1: Anticipated Integrated Healthcare to Military, Veterans, and First Responders RFA Schedule

<b>Date</b>	<b>Activity</b>
August 15, 2017	Publication of Request for Application (RFA)
September 8, 2017 by 3:00 PM	Letter of Intent
September 11, 2017 by 8:00 AM	Application Open Date
September 29, 2017 by 3:00 PM	Application Close Date
October 27, 2017	Anticipated Notification Date
November 13, 2017	Anticipated Start Date
June 30, 2018	Anticipated Project End Date

### **PRIMARY CONTACT**

Trischa Zumbach, Grants Management Officer  
 NJ Department of Health  
 Office of Policy and Strategic Planning  
 PO Box 360  
 Trenton, NJ 08625-0360

### **LETTER OF INTENT**

A 1-2-page letter of intent on organizational letterhead is mandatory for any organization interested in potentially submitting an application. Although a letter of intent is not binding and does not enter the review of the subsequent application, the information that it contains allows NJDOH staff to estimate the potential review workload and plan the review.

The letter of intent must include the following information:

1. Federal Employer Identification Number (FEIN)

2. Organization address
3. Name and contact number of person entering application information in SAGE
4. Brief overview of project (1-2 pages) – significance, aims and methods

Interested applicants must submit a letter of intent on organizational letterhead by 3 pm EST on September 8, 2017 via email to: [Trischa.zumbach@doh.nj.gov](mailto:Trischa.zumbach@doh.nj.gov)

## **PROPOSAL SUBMISSION AND DELIVERY**

To be considered, Applicant proposals must be responsive to all the requirements of this RFA. Incomplete grant applications will not be accepted. All proposals must be submitted via the SAGE system no later than 3:00 PM on September 29, 2017. Paper submission will not be considered. SAGE can be accessed beginning at 8:00 AM on September 11, 2017 at the following link: <https://njsage.intelligrants.com/logout.aspx>.

**Please note: The NJDOH may, in its sole discretion, reissue the RFA and add another application period if insufficient qualified applications are received. Applications not submitted by the due date and time will be deemed nonresponsive and, therefore, subject to rejection.**

Applications should be succinct, self-explanatory, and organized in the order outlined below:

- A. **Executive Summary:** a brief description of the proposed project (including the process that will be used to achieve the objectives identified in the RFA) should be included under the Needs and Objectives project page in SAGE.
- B. **Proposal:** a description of the approach and plans for accomplishing the work and objectives that shows the applicant's understanding of the requirements of this RFA and its ability to successfully complete the project within the timeframe should be included under the Needs and Objectives project page in SAGE.
- C. **Organizational Capacity:** a description of the applicant's organizational capacity to achieve the objectives as detailed in this RFA. The applicant should describe the core project management to execute the award including the roles and responsibilities of project staff. The applicant should identify its Project Manager's ability to lead and manage the project to successful execution in this RFA; monitor the project's ongoing progress; prepare and submit plans, reports and performance measurements; and facilitate communication with partners. This information should be included under the Needs and Objectives project page in SAGE.
- D. **Readiness to Implement:** a description of the applicant's readiness to design, develop, implement, and measure the military, veterans, and first responders' health initiative. This information should be included under the Method(s) and Evaluation project page in SAGE.
- E. **Evaluation:** description of how the applicant will conduct an end-of-program evaluation. This information should be included under the Method(s) and Evaluation project page in SAGE.



F. **Budget:** \$500,000 shall be made available to serve military, veterans, and first responders health needs. Only actual costs incurred for the activities, objectives and services outlined in this RFA will be reimbursed. This information should be included under Schedule A, Schedule B, Schedule C and the Cost Summary pages in SAGE. Please attach the following chart (Chart 2) in SAGE under the miscellaneous attachment page. Chart 2 must be completed.

**CHART 2: INTEGRATED HEALTHCARE TO MILITARY, VETERANS, AND FIRST RESPONDERS BUDGET**

OBJECTIVE	ESTIMATED COMPLETION DATE	APPROXIMATE OBJECTIVE COST

**Criteria for budget review and award of funding**

- A. All line-items must have adequate and clear justifications.
- B. The budget must not exceed \$500,000.
- C. All costs must be reasonable and necessary to obtain the programmatic objectives.
- D. All Schedules must be complete, clear, and reasonable.
- E. If Schedule B is completed, Professional Services Contracts must be uploaded as a Required Attachment in the grant application. If the contract is not available, a draft may be uploaded, or the funds shall be budgeted in Schedule C in the Reserve line-item.
- F. Sub-grants must be uploaded as a Miscellaneous Attachment in the grant application. If the sub-grant agreement is not available, a draft may be uploaded, or the funds shall be budgeted in Schedule C in the Reserve line-item.
- G. Indirect costs are disallowed for this initiative and shall not be included in the budget.
- H. A list of any proposed equipment purchases must be uploaded as a miscellaneous attachment.

Other funds shall not be included as part of this application.

## **ORGANIZATIONS ON SAGE**

If you are a first time NJDOH applicant whose organization has never registered in the NJDOH SAGE, you must contact the SAGE System Administrator, Cynthia Satchell-Gore, [Cynthia.satchell-gore@doh.nj.gov](mailto:Cynthia.satchell-gore@doh.nj.gov) (609) 633-8009, complete a New Agency form, and submit it to the NJDOH. The Department will review the documents to ensure applicants have satisfied all the requirements. When approved, the organization's status will be activated in SAGE. The SAGE System Administrator will grant permission via email or phone call to the organization's Authorized Official informing them they are authorized to access the application in SAGE. You will not have access to an application in SAGE until all documents are received and all procedures are satisfied.

## **PROPOSAL EVALUATION**

In scoring applications, eligible applications will be evaluated against the following criteria during review:

- A. Applicant's Proposal and its compliance with RFA requirements. (60 points)
- B. Applicant's organizational capacity and readiness to perform the work required by the RFA, as presented in its proposal. (30 points)
- C. Applicant's cost proposal. (10 points)