NEW YORK STATE | Office of Mental Health | Office of Addiction Services and Supports | Department of Health

**Certified Community Behavioral Health Clinics (CCBHC)**
**Request for Proposals 2023**
**Questions and Answers**

1. Where can I find the recording of the Bidder's Conference and reviewed information?
   ANSWER-
   Refer to Certified Community Behavioral Health Clinic (CCBHC) for the CCBHC RFP Bidder's Conference YouTube Recording and PowerPoint Presentations

2. Section 2.5 "Eligible Agencies" states 'Be licensed, certified or otherwise authorized by OMH and OASAS with an Article 31 and Article 32 license and be in good standing with both of the Offices." We are a licensed Article 31 and want to expand with gaining an Article 32 licensed clinic. We are in a high needs' area/county. Can the grant be utilized to support the inclusion and expansion of an OASAS Article 32 license to that we can provide integrated care?
   ANSWER -
   Applicants must have an Article 31 Part 599 Mental Health Outpatient Treatment and Rehabilitation (MHOTRS) clinic license and Article 32 Part 822 Outpatient Services clinic certification to be eligible apply.

3. Page 6, under section 2.5 Eligible Agencies, it states agencies must be certified or otherwise authorized by OMH and OASAS with an Article 31 and Article 32 license. Our agency is licensed by OMH as we have two Article 31 outpatient clinics. We are waiting for our license through OASAS as we are developing an outpatient SUD clinic. However, OASAS has approved that clinic site. Do we qualify to respond to this RPF?
   ANSWER –
   See answer to #2.

4. In looking at the RFP released 7/6/23, we are confused about how it relates to the SAMHSA CCBHC application due in the Spring. Please clarify.
   ANSWER -
   SAMHSA's May 2023 NOFO for Expansion Grant Awards are separate and distinct from NYS' CCBHC RFP.

5. If an applicant is an existing SAMHSA-funded CCBHC (that has already met the CCBHC criteria and built capacity during the SAMHSA funding period), are they eligible to apply?
   ANSWER -
   Yes, agencies that currently have SAMHSA CCBHC Expansion Grant Awards are eligible to apply for this opportunity, as long as they also meet the criteria for Eligible Agencies per section 2.5 of this RFP. SAMHSA's May 2023 NOFO for Expansion Grant Awards are separate and distinct from NYS' CCBHC RFP.

6. On page 6 of the RFP issued on July 6, 2023 under 2.5 Eligible Agencies, under the second bullet, it says that an organization must “Be licensed, certified or otherwise authorized by OMH and OASAS with an Article 31 and Article 32 license and be in good standing with both of the Offices”.

   However, on page 17/Section 4.3.1 Initial Awards and Allocations in paragraph one, it says that “Awards will be made to assume the development and operation of a CCBHC Demonstration by July 1, 2024. The proposed clinic site must hold either an Article 31, Article 32, or both license(s).

   Please clarify, for an agency to submit an application, must they currently hold both OMH and OASAS licenses, or can an application be made if just one license is held?
   ANSWER -
   Per the RFP in section 2.5, eligible **agencies** must have an Article 31 clinic ***and*** Article 32 clinic license to be eligible **to apply** for this RFP. Per section 4.3.1, the proposed CCBHC clinic **site** must hold at least one (1) license (Article 31 clinic ***or*** Article 32 clinic) ***or*** both licenses.

7. Can a CCBHC application under this RFP include multiple clinic sites that can meet CCHBC criteria independently if they are serving the same catchment area that is being proposed, or must we pick a single CCBHC site location?
   ANSWER -
   Per Section 1.1, each awardee will be authorized to implement the full CCBHC model (i.e. providing all 9 core services) at an existing clinic site located within the proposed borough for NYC or the proposed EDR for the rest of state. Upon award, agencies will have the opportunity to evaluate locations in the community where additional CCBHC services may be provided. If additional program sites are subsequently authorized the CCBHC Cost Report will require modifications to include costs and daily visits associated with these sites.

8. Can a CCBHC include satellite site locations (e.g. a separate PROS site) to expand access to CCBHC services, provided our main CCBHC site is able to meet the CCBHC criteria at that site?
   ANSWER -
   See response to #7. A PROS program is a separate and distinct program and is not part of the NYS CCBHC Demonstration program.

9. Can you clarify the scoring of the Financial Assessment? Specifically, page 17 indicates that the Financial Assessment will be scored based on the operating budget and budget narrative submitted (i.e. just the capital budget). However, there are a number of other attachments required underneath the Financial Assessment (e.g. the CCBHC Cost Report, Uncompensated Care Survey, etc.). Will those attachments be scored as well? If so, who will they be incorporated into the review process?
   ANSWER -
   The Financial Assessment Section 6.7 is worth a total of 26 points. This section is comprised of five (5) questions that will total out to that 26 points. There is a required upload in response to each of these questions (e.g. 6.7.a requires the Certified Community Behavioral Health Clinic Cost Report, 6.7.b requires the Anticipated Cost Detail Report, etc.).

10. The process for awarding contracts (starting on page 17) indicates that awards will keep being made in each borough in other EDRs “until each borough/EDR is awarded a second CCBHC”. Can you clarify that phrase?

Clearly, under this RFP, two CCBHCs will not be awarded in each borough/region. Does this mean that two CCBHCs will be awarded in each region across this and the Phase 2 RFP (e.g. if two CCBHCs are awarded in Brooklyn under this RFP, there will not be any awards made under Phase 2), or that you will prioritize regions/boroughs that do not yet have two CCBHC Demonstration program providers (e.g. the Bronx already has more than two CCBHC Demonstration providers, but Manhattan does not, meaning Manhattan could receive the second award, but not the Bronx)?
ANSWER -
The location of existing CCBHC Demonstration program sites will not have an impact on the selection process for this RFP. Per section 4.3.1 of the RFP, for the 6 CCBHCs which will be awarded within the New York City (NYC) EDR, **one** award will be made **to each** of the **five** (5) boroughs: Kings, Queens, New York, Richmond, and the Bronx to the applicant receiving the highest score in each borough. **After the state awards one** (1) CCBHC to the highest scoring proposal in each of the five (5) boroughs for which the state receives proposals, **a second** CCBHC will be awarded **to each** borough based on the next highest scoring proposal in NYC, until each borough with applicants achieving a passing score is awarded a second CCBHC. This process will continue **until a maximum of 6 CCBHCs are awarded**.

11. It is noted that to be eligible to apply, applicants must "Be licensed, certified or otherwise authorized by OMH and OASAS with an Article 31 and Article 32 license and be in good standing with both of the Offices." Are organizations who are currently an Article 32, but plan to develop and Article 31, eligible to apply?
    ANSWER -
    See answer to #2.

12. If an organization who is an approved Article 31 & 32 provider in one county submits a proposal to serve multiple counties, could the additional counties have Article 31 or 32 services provided by a partnering organization of through a Designated Collaborating Organization (DCO)?
    ANSWER -
    Per Section 1.1, each awardee will be authorized to implement the full CCBHC model (i.e. providing all 9 core services) at an existing clinic site located within the proposed borough for NYC or the proposed EDR for the rest of state. Counties served are as identified within the Community Needs Assessment within the allocated EDR or borough. The NYS CCBHC Scope of Services Provider Manual indicates which of the 9 core CCBHC services can be provided by a DCO. According to the Scope, outpatient mental health and substance abuse services cannot be provided by a DCO. Additional information on DCOs can also be found in section 5.3 of the RFP. NYS reserves the right to update the NYS Scope of Services Provider Manual to reflect the updated federal Certification Criteria by July 1, 2024, which may include changes in policies around DCOs.

13. We have an Integrated Outpatient Services (IOS) license, with specific licenses from DOH and OMH (Article 28 and Article 31 respectively). We do not have a specific OASAS, Article 32 license, however, we possess the general IOS license would that allow us to apply for the CCBHC grant?
    ANSWER -
    See answer to #2.

14. Under what conditions is a CCBHC eligible for enhanced Medicaid reimbursement in NYS? Our organization has been awarded two SAMHSA CCBHC grants. Under what conditions would we be eligible for enhanced Medicaid reimbursement?

ANSWER -
Only CCBHCs which have been approved by NYS to participate in the Federal CCBHC Demonstration, either as part of the original group participating in the Demonstration or selection through this procurement, are eligible to receive the PPS Medicaid rate.

15. Please clarify whether eligibility for the program is limited to facilities with both Article 31 and Article 32 licensure? There seems to be a potential discrepancy in the language of the RFP:
    a. Page 6 – Be licensed, certified or otherwise authorized by OMH and OASAS with an Article 31 and Article 32 license and be in good standing with both of the Offices vs. Page 17 – the proposed clinic site must hold either an Article 31, Article 32 or both licenses.

    ANSWER -
    See answer to #6.

16. In section 2.5, it states that eligible agencies must be "licensed, certified, or otherwise authorized by OMH and OASAS with an article 31 and article 32 license and be in good standing with both of the Offices." Does this mean that our agency must currently hold an article 31 and an article 32 for at least on location to be eligible to apply? Would IOS be acceptable, and if so, is it required that the IOS be under either OMH or OASAS, do SUD services need to be part of the existing IOS?

    Later, in section 4.3, it says "the proposed clinic must hold either an article 31, article 32, or both licenses." To clarify, does the agency need both or just one? Does the proposed site need one, but the agency both?
    ANSWER -
    See answer to #6.

17. Please clarify the expectations for applicants as it relates to collaboration with these stakeholders (OMH Field Office, OASAS Regional Office). Specifically, the current instructions related to letters of support and the Needs Assessment completion seem inconsistent with the expectations of the procurement black-out period, so clarification on these would be helpful.
    ANSWER -
    The letter of intent is to inform the Field/Regional Office of the applicant's decision to apply for the RFP and to share findings outlined in their Community Needs Assessment, which is required with the RFP application. The Field/Regional Office is in the restricted period of the procurement process and is not at liberty to provide feedback at this time.

18. Can CCBHC applicants establish their own catchment area based on the results of their Needs Assessment (e.g.. a specific high needs neighborhood within a County), or must they serve the full County or Economic Development Region?
    ANSWER –
    The Community Needs Assessment identifies the counties and populations served within the allocated EDR or borough. Agencies are not required to serve the entire EDR. Applicants in ROS are eligible for 3 additional points for serving high needs counties. OMH expects that awardees will serve entire counties. However, if there are reasons an agency is unable to do so, this must be indicated in your application as well as the community needs assessment.

19. Are there any additional physical space and premise requirements for the CCBHC beyond 14 NYCRR 825?

ANSWER -
CCBHCs are licensed Article 31 clinic and Article 32 clinic providers and must adhere to Part 599 and Part 822 clinic regulations.

20. Are nonprofit agencies operating article 31 and article 32 clinics that currently have SAMHSA CCBHC grants eligible to apply to become demonstration CCBHCs? Are they eligible to receive the one-time start-up funds? Can they apply for a site where they currently are receiving the SAMHSA grant?
    ANSWER -
    See answer to #5.

21. If CCBHCs with SAMHSA grants can apply for the RFP, can they apply for the purpose of becoming a demonstration CCBHC and converting to a cost-based PPS Rate?
    ANSWER -
    See answer to #5.

22. Are there other ongoing funding sources for pre-established CCBHCs?
    ANSWER -
    SAMHSA's Expansion Grant Awards are separate and distinct from NYS' CCBHC RFP. Only CCBHCs that are approved by NYS to participate in the Federal CCBHC Demonstration are reimbursed using a PPS Medicaid rate and may be eligible to participate in the CCBHC Uncompensated Care Pool.

23. Does a provider have to serve all counties in the EDR?
    ANSWER -
    No, agencies are not required to serve the entire EDR.

24. Can an agency include description of services delivered in community locations, e.g. schools, in the proposal?
    ANSWER -
    See answer to #7.

25. Can the costs of services delivered in community locations be included in the rate?
    ANSWER –
    All allowable costs for operation of the CCBHC will be included in the PPS Medicaid rate. Please refer to the CCBHC Cost Report Instructions for further guidance on Allowable Costs.

26. Regarding the Needs Assessment – what area should the needs assessment include? The entire catchment area of the region (e.g. Southern Tier), the area where we currently have services (e.g. – 3 counties of the Southern Tier), or the county in which we propose to have the CCBHC located?
    ANSWER -
    The composition of the Community Needs Assessment is defined in Section 6.2. Section 6.2.a. Proposed Location requests the address of where the CCBHC will be located and to identify the counties within the service area.

27. In regards to the 9 Core CCBHC services – is the expectation that we are required to provide all 9 services as a provider by 7/1/24 or are we able to utilize DCOs for 1 or more of the services? If able to use DCOs, is there a limit on number of services provided by a DCO?
    ANSWER -
    CCBHCs must have capacity to provide the 9 core CCBHC services across the lifespan by July 1, 2024. The NYS CCBHC Scope of Services Provider Manual indicates which of the 9 core CCBHC services can be provided by a DCO. According to the Scope, outpatient mental health and substance abuse services cannot be provided by a DCO. Additional information on DCOs can be found in section 5.3 of the RFP. NYS reserves the right to update the NYS Scope of Services Provider Manual to reflect the updated federal Certification Criteria by July 1, 2024, which may include changes in policies around DCOs.

28. Does and organization need an existing OMH clinic license in order to be eligible to apply?
    ANSWER -
    See answer to #2.

29. Must an applicant be required to be authorized by OMH and OASAS with an Article 31 AND an Article 32 licenses in order to be eligible?
    ANSWER -
    See answer to #2.

30. Our clinic has an Article 31 license and has completed the Article 32 license 1A Attachment process and will submit a full Article 32 license application in August. Are we eligible to apply for the CCBHC RFP?
    ANSWER -
    See answer to #2.

31. It is our understanding that the language in the budget adopted by the State related to expanding the number of CCBHCs statewide did not require that clinics have both an Article 31 and an Article 32 license. Can the RFP language be revised consistent with the State budget language to include:

    - Clinics that currently have only an Article 31 or Article 32 license with the understanding that if awarded the clinic must secure the additional license within a given timeframe, and/or
    - Clinics that have either an Article 31 or Article 32 license and have submitted an application for the additional license prior to the proposal submission deadline, and/or
    - Clinics that have received confirmation from the US Substance Abuse & Mental Health Services Administration of prior CCBHC attestation as part of implementation of federal CCBHC grant funding

    ANSWER –See answer to #6.

32. Our agency plans to apply for the NYS CCBHC grant funding. We operate one service site located in Manhattan. We serve Manhattan and the South Bronx in a ratio of 70% Manhattan and 30% Bronx. We do not plan to open a Bronx location. Given our catchment area spans two boroughs, do we need to submit one or two applications?
    ANSWER -
    See answer to #7.

33. What activities constitute site specific alteration that is eligible for use with the 265k start up funds?
    ANSWER –
    If these costs are not included in lease expenses, or if the CCBHC is located at property owned by the provider applying for a CCBHC under this procurement, site specific alterations could include painting, carpeting, office furniture, computers and other office equipment. It would not include building out of office space, electrical work, cabling, or other similar things.

34. Please clarify that NYS providers now have two options from which they can select (RPF page 21): Option 1 – At least fifty-one percent of the CCBHC governing board is comprised of individuals with lived experience of mental and/or substance use disorders and families or Option 2 – Other means are established to demonstrate meaningful participation in board governance involving people with lived experience (such as creating an advisory committee that reports to the board). Under this option, input from individuals with lived experience and family members must be incorporated and representatives from alternative approach must have formal power on the governing board. In some instances, the federal criteria related to governance (page 47 of March 2023 criteria) cannot be used.
    ANSWER -
    Applicants should refer to the requirements for governance described in the federal CCBHC Certification Criteria, which was updated in March 2023 and will be implemented July 1, 2024.

35. Can a CCBHC be co-located with a Supportive Crisis Stabilization Center or Intensive Crisis Stabilization Center?
    ANSWER -
    A CCBHC site can be co-located with a Supportive Crisis Stabilization Center (SCSC) or Intensive Crisis Stabilization Center (ICSC). Co-location is not a preclusion. Programs must be separate and distinct.

36. Is there a cap on salaries for personnel costs?
    ANSWER –
    There is no specific cap on salaries for personnel costs.

37. Are there any limitations about using the operating funds for all personnel or all OTPS?
    ANSWER –
    There are no limitations on using the start-up grant funds for all personnel or all OTPS. However, the CCBHC Cost Report must reflect the full cost to operate the CCBHC, which will require both personnel and OTPS expenditures, and the RFP Budget must equal the amount of the available funding identified in the RFP.

38. If there is a cap of 15% of total costs for administrative costs, how are the administrative costs defined? What constitutes administrative costs according to this RFP?
    ANSWER –
    With regards to the CCBHC Cost Report there is no limit on the total administrative costs, other than the methodology used to allocate such costs to the CCBHC. Please refer to the CCBHC Cost Report Instructions for further details on this.

    With regards to the Budget for the start-up grant, the allowable administrative costs are defined as those expenses which are not directly attributable to the CCBHC, but rather to the overall

administration of all the programs, or a support function for the agency, such as Human Resources, that is not specific to any particular program, service or contract.

39. Eligibility in the RFP specifies both Article 31 and 32 license. The CCBHC Provider Manual requires an integrated license. Is the state going to require obtaining the integrated license simultaneously with achieving compliance with the 2023 CCCBHC criteria by July 1, 2024? Or is there an alternate date?
    ANSWER -
    Per section 5.3 of the RFP, CCBHCs will be jointly monitored, and overseen by NYS OMH and OASAS, in accordance with Articles 31 and 32 of the Mental Hygiene Law (MHL). All aspects of implementation shall be guided by SAMHSA's CCBHC Certification Criteria, 14 NYCRR Part 599/822 Regulation, and the NYS CCBHC Scope of Services Provider Manual. **Awarded agencies may need to apply for authorization to provide Integrated Outpatient Services (IOS) as part of the implementation process.**

40. NYS Telepsychiatry requirements have been updated since the pandemic – should providers use the current CCBHC provider manual requirements or the updated requirements?
    ANSWER -
    CCBHCs are licensed Article 31 and Article 32 providers and must adhere to current Part 599 and Part 822 clinic regulations, as well as the updated Part 596 and Part 830 Telehealth guidance that has been issued by OMH and/or OASAS since the CCBHC Scope of Services Provider Manual was published in December 2017.

41. Will the state be updating the Allowable Co-Enrollment of the CCBHC Services and SPA / HCBS Grids in the CCBHC MCO Operations manual to include the new NYS programming that has been implemented since 2016, i.e. MHOTRS, CFTSS, CORE and HCBS other updated services?
    ANSWER -
    Any updated Allowable Co-Enrollment Grids that have been or will be developed are released and shared on the OMH or OASAS website, as applicable.

42. What is the state's plan to include QBPs for awarded demonstration CCBHCs?
    ANSWER -
    The NYS CCBHC Demonstration, as approved by SAMHSA, includes Quality Bonus Payments (QBPs), therefore any CCBHCs added to the Demonstration as a result of this procurement would also be eligible for QBPs.

43. Question 6.1 c states "Describe how your agency currently operates according to the SAMHSA definitions and measures of integrated care for each dimension,' yes, the DDCAT and DDDCMHT both state that these are meant to evaluate programs, not agencies. Please clarify whether the state would like responses from an agency perspective vs. the applicant program site perspective.
    ANSWER -
    The agency's current operations should be evaluated using the domains identified in the DDCAT and DDCMHT.

44. For 6.c – Describe how you will collect, track and report on qualitative data measures including service access, staffing, all 9 core services delivered and outcomes." What qualitative data

measures for staffing are expected? Is it data related to the “staffing plan” such as vacancies, representative staff demographics and similar data measures?
ANSWER – Yes, examples of quantitative data for staffing may include staff vacancies across the CCBHC core services, representative staff demographics, and similar data measures.

45. In the CCBHC Provider Manual, section V. Care Coordination – specifies that formal relationships are required for the 6 categories of care settings listed. Please clarify the definition of “formal” relationships.
ANSWER -
The requirements for Care Coordination Partnerships are described in Section 3.C of the SAMHSA CCBHC Certification Criteria.

46. The updated 2023 SAMHSA Criteria has the following language to describe Care Coordination partnerships: “These partnerships should be supported by a formal, signed agreement detailing the roles of each party. If the partnering entity is unable to enter into a formal agreement, the CCBHC may work with the partner to develop unsigned joint protocols that describe procedures for working together and roles in care coordination.” Will NYS consider “unsigned joint protocols” as compliant, or will the state require adherence to the current published NYCCBHC provider manual?
ANSWER -
The NYS CCBHC Scope of Services Provider Manual will be revised to reflect changes made in the SAMHSA Certification Criteria, updated in March 2023 with an implementation date of July 1, 2024. Applicants should refer to the requirements for Care Coordination Partnerships that are described in Section 3.C of the Criteria.

47. Do crisis stabilization services need to be provided through a DCO relationship with the 2022 NYS Awarded intensive crisis stabilization centers? Or can the CCBHC have their own program?
ANSWER -
CCBHCs can provide crisis stabilization services and are not required to DCO with Intensive Crisis Stabilization Centers (CSCs). Crisis services must be provided in accordance with the NYS CCBHC Scope of Services Provider Manual and the SAMHSA Certification Criteria. Additional information on DCOs can be found in section 5.3 of the RFP.

48. The NYS version of the Cost Report file does not allow users to add lines for costs. Can we use the version from the CMS site?
ANSWER -
The CCBHC Cost Report available for completion is the report developed by CMS and approved by the Federal Office of Management and Budget, and available through the CMS website. This document cannot be amended by the State, or providers. In the event there are enough lines to report, for example if the Comments Tab does not allow all the reporting desired, the Tab can be copied, much as any Excel workbook, and saved to a new Excel file. Once completed, this “extra” file will need to be printed, and scanned as a pdf, and uploaded in Grants Gateway along with the other documents.

49. Are Letters of Support required for DCOs and/or care coordination partners?
ANSWER -
Per section 6.7.a, Additional documentation that must accompany the cost report shall include: (b) copies of any proposed Designated Collaborating Organization (DCO) Agreements which are

planned to be used, along with a list of the organizations you are discussing DCO Agreements with, and the services you are requesting these organizations provide to your CCBHC. Letters of Support for Care Coordination Partnerships are not required for this RFP.

50. Will MWBE requirements be waived?
    ANSWER -
    Information on MWBE requirements can be found in Section 3.5 of the RFP.

51. What does participation in the Federal SAMHSA CCBHC Demonstration entail for awarded providers?
    ANSWER -
    Per Section 1.1, Requirements for CCBHC providers can be found within Title 14 NYCRR Parts 599/822/598/825, the NYS CCBHC Scope of Services Provider Manual, SAMHSA Certification Criteria, CMS CCBHC PPS Methodology, and NYS CCBHC PPS available using the following links below:
    Title 14 NYCRR Part 599/822/598/825
    NYS CCBHC Scope of Services Provider Manual (OMH.gov)
    SAMHSA CCBHC Certification Criteria (SAMHSA.gov)
    Section 223 Demonstration Programs to Improve Community Mental Health Services Prospective Payment System (PPS) Guidance (SAMHSA.gov)
    NYS CCBHC Prospective Payment System (PPS) (OMH,gov)

52. Which license is the RFP referring to when it states (page 4), 'Upon conclusion of the federal SAMHSA CCBHC Demonstration, selected applicants will be required to obtain licensure as required by the State to continue to operate a CCBHC (…). Does this refer to the Integrated Outpatient Services (IOS) license?
    ANSWER –
    Awarded agencies may need to apply for authorization to provide Integrated Outpatient Services (IOS) as part of the implementation process for July 1, 2024.

    The CCBHC model was established on April 1, 2014, by Congress through the passage of the Protecting Access to Medicare Act of 2014 (Section 223 of P.L. 113-93, as amended). The Substance Abuse and Mental Health Services Administration (SAMHSA) extended the federal Demonstration through September 2025. The Offices have the authority to certify CCBHCs in NYS and develop the process for doing so upon the conclusion of the federal demonstration.

53. Please clarify eligibility. On page 6, the RFP states, applicants have to 'Be licensed, certified or otherwise authorized by OMH and OASAS with an Article 31 and Article 32 license and be in good standing with both of the Offices'. On page 17, however, the RFP states 'The proposed clinic must hold either an Article 31, Article 32 or both license(s).' If both OMH and OASAS licenses are required, are sites licensed as an Article 31 and a Part 822 SUD outpatient program eligible to apply?
    ANSWER -
    See answer to #6.

54. Should applicants complete the Objectives and Tasks component in the Workplan section in the Grants Gateway?

ANSWER -
Yes.

55. Please clarify the length of the contract. On pages 4 and 12, the RFP states that all funds have to be expended by June 30, 2025. On page 10, it states 'Contracts will be approved for a five-year term'.
ANSWER -
Contract term for this initiative is 18 months. The reference to a 5-year contract is carryover language from our standard RFP template that should have been omitted for this RFP.

56. On page 19, the RFP states, 'proposals must include a completed Community Needs Assessment, ' including input from various public entities. While we can present existing community data, it is nearly impossible (based on experience with other RFPs) to get meaningful input from regional Offices, law enforcement, etc. in such a short timeframe as the RFP response period. What are your expectations?
ANSWER -
Applicants should share findings outlined in their Community Needs Assessment with various public entities, as described in the RFP application. The Field/Regional Office is in the restricted period of the procurement process and is not at liberty to provide feedback at this time.

57. Should psychosocial rehabilitation services that are provided by an onsite PROS program be rolled into the PPS/Daily Visit Rate?
ANSWER –
No. PROS is a separate and distinct program with its own billing and staffing requirements, separate from the CCBHC demonstration.

58. Would services (e.g. primary care screening and monitoring) provided by an onsite licensed DCO be rolled into the PPS/Daily Visit Rate, or would the DCO bill for them separately?
ANSWER –
The cost of the DCO, as defined by the executed agreement between the CCBHC and the DCO, would be included in the CCBHC Cost Report, and thus also included in the CCBHC PPS Medicaid rate. The DCO would not bill Medicaid for these services and would be paid in accordance with the DCO Agreement. The CCBHC would bill the PPS Medicaid rate for the eligible services provided by the DCO.

59. Please confirm that the negotiated and approved PPS/Daily Visit Rate would come into effect upon implementation of the CCBHC Demonstration on July 1, 2024?
ANSWER -
The PPS rate will be calculated by the state and approved in accordance with applicable Mental Hygiene Law requirements, and will be available prior to July 1, 2024 for those CCBHCs selected as part of this procurement.

60. Will the PPS Medicaid rate apply to non-Medicaid clients (Medicare, other third party payors)? If so, will the State be responsible for getting non-Medicaid payors to agree to pay the PPS/Daily Visit Rate for clients enrolled with them?
ANSWER -
The PPS rate is only applicable to Medicaid billing.

61. If eligible, will providers be reimbursed for uncompensated care based on the PPS Medicaid rate?
    ANSWER –
    Provider payments for uncompensated care may vary depending on a number of factors, including limits on the amount of funding within a given pool year as included in the FY 2024 State Budget and the final disposition of Federal Financial Participation (FFP), which is contingent of CMS approval under the Medical Assistance Program. To the extent funding is available, losses resulting from uncompensated care will be offset based upon a methodology that considers each CCBHC's medical assistance payment rate for the applicable distribution year, offset by payments received from individuals who received services from the CCBHC during the same year.

62. Will the projected CCBHC – Phase II RFP again provide opportunities for New York City entities to apply?
    ANSWER -
    This question is outside of the scope of this RFP.

63. In the future, once the CCBHC Demonstration project has been concluded, will providers who did not participate in the demonstration be able to apply for CCBHC certification and a PPS rate?
    ANSWER –
    This question is outside of the scope of this RFP.

64. Are individual answers uploaded as PDF documents allowed to exceed the 4,000 character limit that applies to the text boxes?
    ANSWER -
    While there is no limit on characters for an upload as opposed to use of the text box, responses provided through an upload must be clear, concise and responsive only to the question being posed. Points may be deducted if the response is tangential, unclear as to whether the question has been appropriately responded to, etc.

65. Are NYC counties high-need counties? The table on RFP page 3 suggests they are not. This is relevant because at a final evaluation stage, the NYC proposals are in competition with non-NYC proposals.
    ANSWER -
    There are 6 awards for NYC and 7 for ROS. Allocations for awards are separate, as are determination of high need counties. Only in the event that there are no eligible applicants with a passing score for NYC would the state enact the reserved the right to make awards in ROS.

66. Our organization has held an Article 32 for years. We recently received an Article 31 and utilized a waiver offered by OMH and OASAS to waive the "good standing" in order to apply for an OASAS 825 Integrated Operating Certificate, which we now hold. Because we have not received an initial audit from OMH, would we be considered in good standing for our Article 31 and therefore eligible to apply for the RFP?
    ANSWER -
    The waiver of good standing referenced above is specific to a requirement of good standing to apply for an integrated outpatient service (IOS) license as defined in 14 NYCRR Part 598.14(c)(3). This definition is only applicable to providers who are applying for an IOS license. A waiver of this requirement can be requested per Streamline IOS Application Guidance (ny.gov).

For all other situations OMH defines “good standing” for licensed programs as a provider having an OMH accepted Performance Improvement Plan (PIP) and not receiving or not under active Enhanced Provider Monitoring.

67. It has been explained that a community needs assessment must be completed. Can you clarify if the needs assessment will need to be submitted at the time of the applicant before the award is issued?
    ANSWER -
    Section 6.2 of the RFP outlines the required information from the Community Needs Assessment for the application to be considered complete at the time of submission.

68. In preparing the Cost Report, should our agency exclude the direct service costs, clients and visits/sessions for the co-located (1) ACT team; (2) PROS Program; and/or (3) CFTSS program. These programs serve the same service area as our proposed CCBHC and have been described in our SAMHSA CCBHC grant applications and self-certification as contributing to the CCBHC’s capacity to provide t he 9 required Core services. Additionally, should we exclude the direct service costs, clients and visits/services for individuals served by a co-located School Response Team that is funded by NYC DOHMH and/or serval mental health-related programs supported by foundation grants?
    ANSWER –
    The CCBHC Cost Report must reflect the full cost and total daily visits (historical and anticipated) for operation of the proposed CCBHC. The site where the CCBHC will be located could have other services also operated there, that are not part of the CCBHC operations, and expenditures and visits associated with the non-CCBHC services would not be included as part of the CCBHC in the CCBHC Cost Report. PROS, ACT and CFTSS are separate and distinct programs and are not part of the NYS CCBHC Demonstration program.

69. Do all the required CCBHC services provided by the bidder as described in the SAMHSA and OMH requirements have to be provided at the same location?
    ANSWER -
    Per Section 1.1, each awardee will be authorized to implement the full CCBHC model (i.e. providing all 9 core services) at an existing clinic site located within the proposed borough for NYC or the proposed EDR for the rest of state. Upon award, agencies will have the opportunity to evaluate locations in the community where additional CCBHC services may be provided. If additional program sites are subsequently authorized the CCBHC Cost Report will require modifications to include costs and daily visits associated with these sites.

70. On page 3, the RFP says that “each awardee will be authorized to implement the full CCBHC model (i.e. providing all 9 core services) at an existing clinic site located within the proposed borough for NYC”. Our agency has an existing clinic in one NYC borough that will be the focus of our application. We also have several other clinics in the borough. The proposed CCBHC site and the other clinics are all serving people from zip codes that we plan to include in the CCBHC area for several reasons – 1) telehealth is the primary mode of service delivery so the home site of the therapist is not relevant to our agency when we assign a therapist or the client because they are not traveling; 2) an appointment may be available sooner at one clinic site than another so the person went where they could be seen more quickly and stayed with that clinic; or, 3) people may travel to one of our clinics that is further from their home because it is easiest to get to with public transportation.

For the purposes of this proposal, A) can our agency define a service area for our proposed CCBHC site that is inclusive of the zip codes for clients we currently serve at that site in-person and by telehealth, including zip codes that are closer to out other clinics? B) Can we included in our projected patient count and visit volume the additional patients who reside in zip codes that have traditionally been our proposed CCBHC's site service area, but are receiving telehealth now from another one of our borough clinics?
ANSWER -
Per Section 1.1 each awardee will be authorized to implement the full CCBHC model (i.e. providing all 9 core services) at an existing clinic site located within a proposed borough for NYC or the proposed EDR for the rest of state. Upon award, agencies will have the opportunity to evaluate locations in the community where additional CCBHC services may be provided. Per Section 4.3.1, allocations will be made based on Economic Development Region (EDR) outside of NYC and by borough within NYC. Counties served are as identified within the Community Needs Assessment within the allocated EDR or borough. Per the CCBHC Scope of Services Provider Manual, in Section II: Values/Core Principles under Accessible and Available, services should be flexible and mobile, and adapt to the specific and changing needs of each individual. CCBHCs should use a non-four walls service delivery model, along with therapeutic methods and recovery approaches which best suit each individual's needs. Therefore, **all** CCBHC services must be available via **all** modalities, including in-clinic, in-community, and via telehealth based on the individual's preference and need.

71. For us, the CCBHC will be expanding our current outpatient clinic (822 and SOR Grant) by adding mental health services. When we present levels of service and staffing, are we presenting for the entire CCBHC clinic which would include those services/staff we currently have plus the services/staff we would be adding with this funding?
    ANSWER –
    See answer to #2. The information provided should be based on historical information from the most recent audited cost report period plus information that is "anticipated", such as the staffing and services that will be added to come into compliance with the requirements of a CCBHC.

72. Regarding proposed location, can an agency apply for only a section within a county?
    ANSWER -
    See answer to #18.

73. Regarding proposed location, can an agency apply for a county and just one city in a bordering county?
    ANSWER -
    See answer to #18.

74. Can an agency apply for a county and just one city in a bordering county or must the agency apply for both entire counties?
    ANSWER -
    See answer to #18.

75. Should school satellites be included in direct costs on Trial Balance of cost report? If so, should they be listed on the Provider Information Page? We have approximately 40 satellite school

locations, majority which were opened post 2014. If they are not listed on Direct costs trial balance page the historical data will not match the CFR program as the schools are reported on CFR with the main clinic?
ANSWER –
This is understood. The CFR should be used to identify those historical costs for staffing and other expenses for the programs that will become part of the CCBHC. Per Section 1.1, each awardee will be authorized to implement the full CCBHC model (i.e. providing all 9 core services) at an existing clinic site located within the proposed borough for NYC or the proposed EDR for the rest of state. Upon award, agencies will have the opportunity to evaluate locations in the community where additional CCBHC services may be provided. If additional program sites are subsequently authorized the CCBHC Cost Report will require modifications to include costs and daily visits associated with these sites.

76. If we have an Article 32 and Article 31, should they be combined on Column 1 and 2 on the trial balance tab of Cost Report? If so, we would be combining programs 3520 and 2100 on Cost Report?
ANSWER –
The CCBHC Cost Report must include the total costs and daily visits for the CCBHC (historical and anticipated). If the proposed CCBHC would include both programs cited, they would be included in the CCBHC Cost Report.

77. We have a main hub in one county with a mental health clinic listed as a satellite in another county according to OMH. Both of these clinics were opened by us in 2020, postdating the 2014 satellite date list on Cost Report. How should this be handled?
ANSWER –
The April 1, 2014 date is only applicable to sites that would meet the CCBHC satellite definition.

78. Trail Balance Adjustment tabs – Should Medicare and Commercial Insurance collections be included on this tab? Also, should any SAMHSA CCBHC grant money be listed? During Bidders' Conference, was it indicated there should be no offsets? Does this mean agency investment and interest income and other items on this list should be disregarded for purposes of initial cost report?
ANSWER –
Medicare, Commercial Insurance and SAMHSA grant funding are not included in the Trial Balance Adjustments Tab. Applicants should refer to the CCBHC Cost Report Instructions for further details on the completion of this tab.

79. On the daily visits tab, it instructs not to limit UOS to Medicaid. If potential PPS rate is based on Medicaid visits, why would we include commercial and/or Medicare visits on this line? As the denominator for a PPS rate would include non-Medicaid visits?
ANSWER –
Please refer to the CCBHC Cost Report Instructions related to completion of this tab. The PPS rate is an all-inclusive cost-based rate using total costs and **total daily visits** for operation of the CCBHC, not just Medicaid visits.

80. Please confirm Monthly Visits tab does not need to be completed as that is related to PPS 2?
ANSWER –
Completion of the Monthly Visits Tab in the CCBHC Cost Report is not required.

81. On Services Provided tab, there is confusion as to where certain units should be reported, if a day of service is what is counted as a service. The day of service could have been including a therapist appointment and a psychiatry appointment, where would unit be reported?
    ANSWER –
    Within the Services Provided Columns of the Services Provided Tab the applicant will report the number of procedures by job title, not daily visits. It is possible there would be multiple services reported on the Services Provided Tab for one daily visit reported on the Daily Visits Tab.

82. On Uncompensated Care survey, are you asking us to predict units of service for 7/1/24 – 6/30/25?
    ANSWER –
    Yes. The Uncompensated Care Survey should project your daily visits at the level of detail requested for the first year of operation of the CCBHC if selected under this procurement: July 1, 2024 – June 30, 2025.

83. If our company has 10 clinics and we are submitting the application for Clinic 1, which will be 100% CCBHC, are we correct in assuming:
    a. Part 1 should report 100% of the costs for Clinic 1
    b. Part 2A should be the site costs for Clinics 2-10
    c. Part 2B should be the agency administration costs for Clinics 1-10, and
    d. Part 3 should be the program costs for Clinics 2-10?

    ANSWER –
    a. Yes, Part 1 would reflect the costs associated with the clinic proposed to become a CCBHC.
    b. Part 2A would reflect all site and administrative costs for all other programs operated by the organization other than the clinic proposed to become the CCBHC.
    c. 2B would reflect all site and administrative costs for all other programs operated by the organization other than the clinic proposed to become the CCBHC.
    d. Part 3 would reflect the operating costs of all other programs operated by the organization, other than the clinic proposed to become the CCBHC. This information would be broken between programs that are reimbursed by Medicaid and programs that are not reimbursed by Medicaid.

84. Do fringe benefits get included in column 1 of Trial Balance Compensation schedule?
    ANSWER –
    Yes. Please refer to the CCBHC Cost Report Instructions for further information.

85. What constitutes a CCBHC “Threshold” visit?
    ANSWER –
    A Threshold, or daily visit, is defined as any visit where one or more CCBHC services are provided to an individual on a given date by either the staff of the CCBHC or staff of a DCO. CCBHC services are defined in the NYS CCBHC Scope of Services Provider Manual.

86. How recent must the required community needs assessment be? Is CNA conducted six months ago acceptable?
    ANSWER -

Per the RFP, the domains listed in section 6.2.c must be included for a complete response. According to the federal Certification Criteria, the CCBHC Community Needs Assessment should identify current conditions and desired services or outcomes in the community, based on data and input from key community stakeholders. Therefore, the Community Needs Assessment must be current and reflect the treatment and recovery needs of those who reside in the service area across the lifespan including children, youth, and families. If a separate Community Needs Assessment has been completed in the past year, the CCBHC may decide to augment, or build upon that assessment to ensure that the required components of the CCBHC Community Needs Assessment are collected.

87. Can OMH provide details concerning all NYS CCBHC provider reporting requirements? Which data, if any, may we report and at what interval?
ANSWER -
Please see section 5.4: Reporting, Quality Improvement, and Utilization Review of the RFP.

88. With respect to the required mobile crisis component, how is this service integrated and coordinated with existing mobile crisis teams run via the LGUs? How is service duplication avoided?
ANSWER -
Crisis services must be provided in accordance with the NYS CCBHC Scope of Services Provider Manual and the SAMHSA Certification Criteria. This includes coordinating care and developing partnerships with community stakeholders to avoid duplication. Additional information on DCOs can be found in section 5.3 of the RFP.

89. Is there a ceiling on indirect costs in determining the daily rate?
ANSWER –
The indirect costs included in the Daily Medicaid rate are calculated in the Indirect Cost Allocation Tab of the CCBHC Cost Report. Depending on the methodology used there will be limitations. Please refer to the CCBHC Cost Report Instructions for further information.

90. Is it reasonable to use the indirect costs included in a hospital's most recent Institutional Cost Report (via the all-cost traceback section) as indirect costs associated with the ICR cost center which is the baseline for the CCBHC?
ANSWER –
The Indirect Cost Allocation Tab is to be used in the order as included in this tab of the CCBHC Cost Report. A provider must answer yes or no to each question, in the order presented, and use the methodology that is the first to use "Yes" as the answer. It is not permitted to skip to a preferred methodology.

91. If an organization's current OASAS or OMH license only allows the program to serve persons 18 years and older does the organization need to have a license to serve all ages at the time the application is submitted or July 1, 2024?
ANSWER -
Providers may apply to amend current licenses. Per the RFP in section 2.5, eligible agencies considering submitting a proposal must **evaluate** if they will be able to achieve capacity within the proposed clinic site to directly provide developmentally appropriate, integrated mental health and substance use services for children, youth, families, and adults separate from any Designated Collaborating Organization (DCO) relationship by July 1, 2024.

92. Does the services offered by all four (Article 31 MHOTRS, Article 32 822 outpatient substance use clinic, CORE, CFTSS) of these programs to CCBHC clients count toward CCBHC visits eligible for the prospective payment rate, or just the MHOTRS and OASAS outpatient program services?
    ANSWER –
    The daily visits provided by the CCBHC staff, or by the DCO, would be billed using the PPS rate by the CCBHC. CORE and CFTSS are separate and discrete programs, and would not be included in the CCBHC, or billed using the CCBHC PPS Medicaid rate.

93. Are the allocated program staff and other expenses for the CORE and CFTSS programs counted in the CCBHC base costs? If not, do we need to show them somewhere on the cost worksheet?
    ANSWER –
    If these have been allocated to the CCBHC, and reported in the Trial Balance Tab, with details on the method of allocation included in the Allocations Descriptions Tab, these costs would be included the CCBHC allowable costs. CORE and CFTSS are separate and discrete programs, and would not be included in the CCBHC base costs.

94. Our proposed CCBHC has a co-located Article 31 MHOTRS clinic, an Article 32 822 outpatient substance use clinic, a PROS and CFTSS services – Do the services offered by all these programs count toward CCBHC visits eligible for the prospective payment rate? Are the program staff and other expenses counted as CCBHC base costs or are they other site costs? What about an ACT team that is also co-located? Are those costs and visits excluded from the CCBHC base? If we added CORE Services, would that be added to anticipated costs and visits for the CCBHC?
    ANSWER –
    The CCBHC Cost Report must reflect the full cost and total daily visits (historical and anticipated) for operation of the proposed CCBHC. The site where the CCBHC will be located could have other services also operated there, that are not part of the CCBHC operations, and expenditures and visits associated with the non-CCBHC services would not be included in the CCBHC program within the CCBHC Cost Report. PROS and CFTSS are separate and discrete programs, and would not be included in the costs or visits of the CCBHC.

95. If we have an Article 31 and Article 32 which are not “integrated”, should the costs from both of these be included on the cost report?
    ANSWER –
    The CCBHC Cost Report must reflect the full cost and total daily visits (historical and anticipated) for operation of the proposed CCBHC. If these programs will become part of the CCBHC the costs and daily visits associated with them would be included in the cost report.

96. With regards to school clinics, should they be included in historical data costs? Do we have a choice as to whether to include schools, as they are different locations? Should the CCBHC application be viewed as for one location and not include multiple satellites?
    ANSWER –
    See answer to #7.

97. For CCBHCs or DCOs providing services for a CCBHC, will telemedicine visits be considered threshold visits?
    ANSWER –

CCBHCs are licensed Article 31 and Article 32 providers and must adhere to current Part 599 and Part 822 clinic regulations, as well as the updated Part 596 and Part 830 Telehealth guidance that has been issued by OMH and/or OASAS since the CCBHC Scope of Services Provider Manual was published in December 2017. If such visits meet the criteria currently established, they would be considered a threshold visit.

98. It is our understanding that the cost report would start with a base year (reflecting actual costs) with the additional of Anticipated Costs required to become CCBHC compliant. Should the base year reported be the most recently completed fiscal year (whether audited or not) or should the base year be the most recent audited fiscal year? For instance, for a June 30 fiscal year, the June 30, 2023 fiscal year will not be audited in time for the September 28, 2023 submission date, and the most recent audit period would be June 30, 2022. Would the base year used in the cost report be the June 30, 203 (unaudited) numbers or June 30, 2022 (audited) figures?
ANSWER –
The base year should be the most recent audited fiscal year.

99. Can applicants propose multiple sites in one RFP response? The RFP uses language in 6.1 (p. 23) that uses plural “sites identified in this proposal” and in other areas such as 4.3 (p. 17) it uses the singular “proposed clinic site”. Are multiple proposed sites allowed?
ANSWER -
See answer to #7.

100. Per Section 4.3.1 of the RFP (p. 17), it states that the proposed clinic site must hold either an Article 31, Article 32 or both license(s). Is this licensure status required at time of application submission, or if respondents will not yet have received either Article 31 or 32 licensure at the proposed site at time of application submission, but expect it prior to January 1, 2024, would the site be permissible to propose under the RFP?
ANSWER -
See answer to #2.

101. Will there be any preference for applicants that have not received a SAMHSA CCBHC Expansion Grant? Conversely, will there be any preference for applicants that have received a SAMHSA CCBHC Expansion Grant?
ANSWER -
No preference will be given to applicants based on SAMHSA Expansion grant status. SAMHSA’s May 2023 NOFO for Expansion Grant Awards are separate and distinct from NYS’ CCBHC RFP.

102. Does the proposed clinic site have to be located within the County proposed to be served, or can the proposed site serve adjacent County(ies) to where it is located?
ANSWER -
The proposed clinic can serve the county in which it is located, and any additional counties as identified in the Community Needs Assessment. All 9 core CCBHC services must be reasonably accessible to individuals served.

103. If we are using a DCO for medical service provision, does that contract that you establish with them result in net cost of such service for our CCBHC clients which is included in the PPS Daily rate (net meaning, cost-any revenue they receive for such services provided to our clients)?

ANSWER –
The DCO is not permitted to bill for services provided under a DCO Agreement, only the CCBHC. The DCO would be paid pursuant to conditions contained in the agreement. The DCO Agreement would not be a “net-cost” agreement. Further, medical services other than primary care screening and assessment are not billable under the CCBHC, and any medical services other than these should not be addressed and reimbursed under any DCO Agreement.

104. The Indirect Cost Allocation tab allows for the use of 3 different allocation methodologies. The preparation and allocation of costs to direct and indirect cost categories differs between the cost report and the federal indirect rate application. As such, the direct cost bases are different. Is it administratively burdensome for CCBHCs to prepare the cost report as required and then convert it to the basis used to calculate the federal indirect rate? If a CCBHC has a federal indirect rate, can they elect to forego the use of the federal indirect rate and use option 3 which calculates the indirect costs using the cost report methodology (lines 11-14)?
ANSWER –
The Indirect Cost Allocation Tab is to be used in the order that is offered. A provider cannot skip to an alternative methodology if they meet one of the earlier allocation methodologies.

105. If a CCBHC who is currently participating in the Medicaid Demonstration program submits an application for a new, standalone CCBHC site in a new location, will a separate CCBHC PPS rate be established for this new standalone CCBHC site, or will one consolidated CCBHC PPS rate be calculated for all CCBHC sites operated by the agency?
ANSWER –
Yes, the new CCBHC would have a unique PPS rate, and would be required to submit a unique CCBHC Cost Report annually.

106. Is there a cap on salaries for personnel costs?
ANSWER –
See answer # 36

107. Are there any limitations about using the operating funds for all personnel or all OTPS?
ANSWER –
See answer # 37

108. If there is a cap of 15% of total costs for administrative costs, how are the administrative costs defined? What constitutes and administrative cost according to this RFP?
ANSWER –
See answer # 38

109. Does the 4,000 character limit on narrative responses apply if responses are uploaded into Grants Gateway as attachments?
ANSWER -
While there is no limit on characters for an upload as opposed to use of the text box, responses provided through an upload must be clear, concise and responsive only to the question being posed. Points may be deducted if the response is tangential, unclear as to whether the question has been appropriately responded to, etc.

110. Can the cost of services delivered at satellite locations of licensed Article 31 clinics be included in the cost report?
ANSWER –
See answer to #7.

111. If the proposed site has a co-located Article 31 and Article 32, can the costs of services delivered through the Article 32 clinic be included as Anticipated Costs in the Cost Report?
ANSWER –
The CCBHC Cost Report must reflect the full cost and total daily visits (historical and anticipated) for operation of the proposed CCBHC. If both programs will become part of the CCBHC then the historical and anticipated costs and daily visits associated with both would be included in the cost report.

112. Will there be another round of OMH funding for additional demonstration grants, and if so, will the current submitted proposals be reviewed or will no proposals be required?
ANSWER -
There are no concrete details to provide at this time for future rounds/funding. If there is to be additional funding/rounds, this would be an entirely separate RFP and applications would have to be submitted to that. There would be no consideration given to applications submitted for this opportunity.

113. In Section 6.1-Agency Performance, SAMHSA recommends the use of DDCAT and DDCMHT as the tools to assess integrated MH & SUD services. Is this required? Are there alternatives to this?
ANSWER -
Per section 6.1.c of the RFP, agencies are asked to “Describe how your agency currently operates according to the SAMHSA definitions and measures of integrated care for each dimension”.

114. Please clarify when the Community Needs Assessment should be completed. Is it expected that the CNA is completed prior to submitting an application or is this something to be completed after an award is made? If before the application, is there an expected timeframe when the CNA was completed that will be used for the application? Is it required that the CNA be submitted with the application?
ANSWER -
Per section 6.2 of the RFP, a Community Needs Assessment is required for the application to be considered complete at the time of submission and the domains listed in 6.2.c must be included.

115. Do all services required as the CCBHC model need to be housed in one physical location?
ANSWER -
Per Section 1.1, each awardee will be authorized to implement the full CCBHC model (i.e. providing all 9 core services) at an existing clinic site located within the proposed borough for NYC or the proposed EDR for the rest of state. Upon award, agencies will have the opportunity to evaluate locations in the community where additional CCBHC services may be provided.

116. Is it a requirement that all CCHBC services be under one legal entity?
ANSWER -

The bidding agency, meeting eligibility requirements as defined in section 2.5 of the RFP, will be designated as the awardee for this CCBHC demonstration. Agencies may use DCO arrangements to provide certain CCBHC services- see section 5.3 of RFP for details.

117. Is it a requirement that all CCBHC services be housed under one roof?
ANSWER -
See answer to question #115.

118. Please clarify the guidance that the CCBHC can serve multiple counties through one clinic location. Would we consider a maximum radius of service from the physical clinic location, with individuals being able to engage based on their choice/preferences for service? If that service radius did include multiple counties, would it require the letter of support from the LGU of each county or just the county where the clinic is physically located?
ANSWER -
Per Section 1.1 of the RFP, each awardee will be authorized to implement the full CCBHC model (i.e. providing all 9 core services) at an existing clinic site located within the proposed borough for NYC or the proposed EDR for the rest of state. Upon award, agencies will have the opportunity to evaluate locations in the community where additional CCBHC services may be provided.
Per c.1.d, letters of support from LGUs and other community stakeholders are not required, however should be attached if received.

119. An agency has recently moved CCBHC site locations, so they have a number of facilities costs that will be included under Anticipated Costs that were not included in their most recently submitted CFR. At the new site, about 10% of the space is used by a co-located Pharmacy partner. With that in mind, should we adjust the cost of things like the mortgage for the space accordingly (i.e. reduce it by 10% since that space will be supportive of, but not necessarily specific to the CCBHC), or is there another way we should accommodate this in the Cost Report?
ANSWER –
Only the costs for space used by the CCBHC would be included in the Parts 1A-1C of the CCBHC Cost Report. The allocated cost associated with non-CCBHC activities, such as the pharmacy, would be removed from the Trial Balance, normally based on square footage, either as part of the original cost finding in the provider's accounting, or through a Trial Balance Adjustment to remove the cost from the Cost Report.

120. Is there a maximum budget that can be submitted?
ANSWER –
The maximum budget cannot exceed the amount of the grant as specified in the Request for Proposals.

121. If a patient sees multiple providers, is the CCBHC able to bill the day rate for all services?
ANSWER –
Yes, all services provided on a date of service to an individual would be billed using the daily rate. Such claims should detail all procedure codes delivered on the day of service.

122. What is the current PP/PD Rate? We believe it is in the range of $200 - $300.
ANSWER –

All approved CCBHC PPS Medicaid rates may be found on the OMH website. The PPS rate is a CCBHC specific rate.

123. What is the expected role of the CCBHC in enrollment in Health Homes?
ANSWER -
Additional details can be found on page 5 of the NYS Scope of Services Provider Manual, Section V. Care Coordination and Health Homes.

124. If we submitted for a CCHBC at a clinic where there is an existing IOS, would this augment or replace the existing IOS?
ANSWER -
An existing IOS license would not be affected. Per Section 5.3, awarded agencies may need to apply for authorization to provide Integrated Outpatient Services (IOS) as part of the implementation process.

125. Is there any issue with having primary care more centrally involved versus coordination with outside PCPs?
ANSWER-
Per Criteria 1.B: Licensure and Credentialing of Providers in SAMHSA CCBHC Certification Criteria (updated 2023): While CCBHCs are not required to provide primary care services, they are required to provide Primary Care Screening and Monitoring (See 4.g). CCBHCs may not pay for primary care services, and cannot include the costs for such services in the CCBHC Cost Report, under the Section 223 CCBHC Demonstration PPS beyond those defined under 4.g. CCBHCs should coordinate with primary care providers to support integrated provision of primary and behavioral health care.

126. Our vendor prequalification status on Grants Gateway is listed “prequalified” at this time. Are there any other prequalification applications needed that are specifically required for this RFP?
ANSWER -
Please refer to Section 2.3 of the RFP for the Prequalification Requirements. All applicants must be Prequalified in the Grants Gateway at the due date/time of the RFP.

127. We are required to provide treatment services for infectious diseases, such as HIV and hepatitis C. Could we include these billable costs as part of our costing analysis?
ANSWER –
The Cost Report should reflect the full cost of operating the CCBHC in accordance with the CCBHC Scope of Services Manual and the revised CCBHC Certification Criteria. The revised Certification Criteria require the screening of individuals for such communicable diseases, and connection to appropriate care for treatment, but does not direct the CCBHC to provide such treatment. Therefore, only the cost of such screening and care management would be reported in the CCBHC Cost Report.

128. Are all services counted towards the unit of service in integrated settings? Are there any exclusions?
ANSWER –
All services that are identified as permissible within the CCBHC in the CCBHC Scope of Services Provider Manual are permissible within the CCBHC Program Model.

129. If the site is an integrated OTP and IOS clinic, how does OTP dosing factor into units of service or is dosing excluded but other services such as counseling, med management included?
ANSWER –
Administration of the medication is not included in the CCBHC costs or daily visit volume, only the related counseling services. The medication administration and the cost of the drugs would be billed through the normal fee-for-service billing processes.

130. If we already operate a CCBHC under the PPS Medicaid Demo Model, are we eligible to apply to establish a new location or does that trigger SAMHSA's satellite facility criteria and would be ineligible for payment?

ANSWER-
Current CCBHC demonstration providers are not excluded from establishing a new CCBHC through this procurement opportunity. If awarded, the new CCBHC would have its own established PPS. Federal satellite restrictions refer to sites that are operating off of the *main CCBHC site*, which this procurement seeks to establish.

131. When applying for an economic region, are you responsible for serving the whole region or just your service area? Furthermore, should your data projections for your population of focus and for the projected lives served each month reflect the whole economic region or just the service area?
ANSWER -
The Community Needs Assessment identifies the counties and populations served within the allocated EDR or borough. Agencies are not required to serve the entire EDR. The Community Needs Assessment and data projections must be based on the identified service area.

132. If you applied for the SAMHSA/federal CCBHC Planning Grant and get awarded the state CCBHC grant, how does this affect the misaligned timelines (i.e. the community needs assessment completion, the implementation date, etc.) and funding?
ANSWER -
See answer to #4.

133. Do both the Article 31 and 32 need to be in place at the time of application?
ANSWER –
Both. See answer to #2.

134. Are the 13 awards in addition to those to be awarded through the SAMHSA May 2023 RFP?
ANSWER -
Yes, see answer to #4.

135. What does "without a DCO" mean? which services without a DCO?
ANSWER -
If the agency is providing the core CCBHC services directly themselves, those services are not considered contracted or DCO'd through an external agency, therefore the agency is able to provide all the core CCBHC services 'without a DCO. Additional information on DCOs can be found in section 5.3 of the RFP.

136. If an agency already has a CCBHC through the initial demonstration project and is getting a PPS rate, are they eligible to apply to establish another one in a different area or would they be ineligible under section 223 for satellite definitions?
ANSWER -
Current CCBHC demonstration providers are not excluded from establishing a new CCBHC through this procurement opportunity. If awarded, the new CCBHC would have its own established PPS. Federal satellite restrictions refer to sites that are operating off of the *main CCBHC site,* which this procurement seeks to establish.

137. Can an agency apply for a county and one section/town of an adjoining county? Must an agency apply for the entire county?
ANSWER-
See answer to #18.

138. Slide 13 said applicant had to be an Article 31 or 32, not both. Which is correct?
ANSWER -
See answer to #6.

139. What if your existing Art 31 and 32 only serve ages 18+? Do you have to be able to serve all ages?
ANSWER -
CCBHCs must have capacity to provide the 9 core services to individuals across the lifespan, which includes children, adolescents, adults, and older adults. Additional information on the Scope of Work required for CCBHCs can be found in section 5 of the RFP.

140. So with the application we have to submit our Community Needs Assessment? Or it is done after awards?
ANSWER -
See answer to question #67

141. If you are a hospital, which is already required to do a Community Health Needs Assessment, is a new/separate assessment required?
ANSWER -
See answer to #67.

142. Should the responses to Section 6.5 (DEI) pertain to the Applicant or to the proposed CCBHC? (For instance, provide the applicant's mission statement or should a mission statement for the CCBHC be developed and provided?)
ANSWER -
The responses to Section 6.5 must be specific to the applicant’s current operations. It is appropriate in some instances to indicate how the CCBHC may also expand on these services.

143. Question about the proposal format: Is it appropriate to include figure, tables, charts, etc. in responses? No guidance provided by the RFP
ANSWER -

If the response to the question requires that type of information/data and you would prefer to present it in that format, table, charts and don't want to put it a narrative or it's too big to put in a narrative.

144. Can you DCO for the 9 core services?
ANSWER -
The NYS CCBHC Scope of Services Provider Manual indicates which of the 9 core CCBHC services can be provided by a DCO. According to the Scope, outpatient mental health and substance abuse services cannot be provided by a DCO. Additional information on DCOs can also be found in section 5.3 of the RFP. NYS reserves the right to update the NYS Scope of Services Provider Manual to reflect the updated federal Certification Criteria by July 1, 2024, which may include changes in policies around DCOs.

145. Can you have an MOU/linkage with other service providers who can provide some of the core services. For example, if you don't have a mobile unit.
ANSWER -
See answer to #144.

146. Do 24 hours services have to be in person, or can it be a response 24 hours?
ANSWER -
Crisis services must be provided in accordance with the NYS CCBHC Scope of Services Provider Manual and the SAMHSA Certification Criteria.

147. Is OMH stating that a CCBHC will be required to have their own 24/7 Crisis Services and Mobile Response Team? and not have this as an allowable DCO service?
ANSWER -
See answer to #27.

148. What does "must ensure" mean when you say co-located CCBHCs must ensure the other facility operates in accordance with regs? What exactly are the requirements of oversight?
ANSWER -
Any agency providing the 9 core CCBHC services, either directly or through a DCO, must provide those services in accordance with the NYS CCBHC Scope of Services Provider Manual and the SAMHSA Certification Criteria.

149. Can agencies operating article 31 and article 32 clinics that currently have SAMHSA CCBHC grants eligible to apply? Are they eligible to receive the one-time start-up funds? Can they apply for a site where they currently are receiving the SAMHSA grant?
ANSWER -
See answer to question #5.

150. My understanding is that the letter of intent submitted recently will be reviewed to ensure eligibility for submitting a proposal. Will behavioral health centers be notified if they may move forward with their application submission?
ANSWER –
We will not be using letters of intent to determine anybody's eligibility or respond to whether or not an entity is eligible.

151. Is having an OMH-Certified Continuing Day Treatment Program (CDTP) satisfy the Article 31 requirement?
ANSWER –
A CDT license is insufficient; only Article 31, Part 599 MHOTRS clinic licensees are eligible. Clarification has been made.

152. Can you speak about if and the type of letters of support of MOUs that must be submitted with the application.
ANSWER -
Per section 6.7.a, Additional documentation that must accompany the cost report shall include: (b) copies of any proposed Designated Collaborating Organization (DCO) Agreements which are planned to be used, along with a list of the organizations you are discussing DCO Agreements with, and the services you are requesting these organizations provide to your CCBHC.

153. Does an IOS certification qualify (Article 31 and Article 32)?
ANSWER -
Yes, a provider with an Article 31 and Article 32 License with an IOS certification is eligible to apply if all eligibility requirements outlined in Section 2.5 Eligible Agencies are met.

154. If you missed the date of submission for the Letter of Intent, can you submit that letter of intent now and apply for the RFP?
ANSWER -
Letters of Intent were not mandatory; if you'd like to submit, does not need to be submitted.

155. Can you elaborate why both an Article 31 & 32 is required by the submitting agency?
ANSWER-
The requirement for an applicant to have both an Article 31 clinic and an Article 32 clinic licenses was established by the Offices as the threshold in order to meet CCBHC standards for integrated treatment by July 1, 2024.

156. Do we have to have the proposed clinic site with at least 1 license at time of application submission?
ANSWER -
Yes, per the RFP in Section 4.3.1, the proposed clinic **site** must hold either an Article 31, Article 32, or both license(s).

157. If a provider was awarded a SAMHSA expansion (E) grant and an improvement and advancement (IA) grant. Is this provider eligible for enhanced reimbursement rates?
ANSWER -
See answer to #5.

158. Are you saying the CCBHC site itself must have all core 9 services? Or the agency as a whole must provide the core 9 services - even if some are outside the certified CCBHC site?
ANSWER-
See answer to #12.

159. Can an agency apply for a county/borough and only one section/town/zip code of an adjoining county/borough? Must the agency serve the entirety of both counties/boroughs?
ANSWER-
See answer to #18.

160. Can a program holding an Article 31 and 32, recently receiving an article 31, (but has not yet received an audit) to be in good standing be eligible?
ANSWER -
Yes, OMH defines “good standing” for licensed programs as a provider having an OMH accepted Performance Improvement Plan (PIP) **and** not receiving or not under active Enhanced Provider Monitoring.

Per 14 NYCRR Part 551.6(b)(1) the establishment of a new program by an applicant who is not currently licensed by the Office of Mental Health or who has been licensed for less than six months will be classified as a comprehensive prior approval review (PAR) application.

161. If you are awarded the CCBHC SAMHSA grant in August, can you still apply for this RFP?
ANSWER -
See answer to #5

162. Do all the required CCBHC services provided by the bidder as described in the SAMHSA and OMH requirements have to be provided at the same location?
ANSWER -
See response to #115.

163. If an organization currently has one license and a pending application for the other at the time of application, are they still eligible to apply?
ANSWER -
No, see answer to #2.

164. Can the application be for multiple sites or does it have to be one specific site? Satellites included?
ANSWER -
See response to #7.

165. If an agency has included a co-located PROS and ACT team to meet the federal service criteria, should those costs, clients and services be included as part of the CCBHC, including in the cost report?
ANSWER-
See answer to # 68

166. If an agency doesn't serve all ages, can a DCO fill the gap?
ANSWER -
CCBHCs must have capacity to provide the 9 core services to individuals across the lifespan, which includes children, adolescents, adults, and older adults. Additional information on the Scope of Work required for CCBHCs can be found in Section 5 of the RFP.

167. Is the Community Needs Assessment scored? It doesn't appear to be included in the scoring rubric.
ANSWER -
The Community Needs Assessment is scored as outlined in Section 6.2.c. of the RFP.

168. If an agency has been a long-standing OMH Article 31 provider and has just been awarded an OASAS outpatient 822 license recently (but is still launching the program) is it considered in good standing with OASAS?
ANSWER-
Per section 2.5 Eligible Agencies in the RFP, for OASAS certified programs, “good standing” is defined as a provider maintaining satisfactory compliance with applicable laws, rules and regulations, having an OASAS accepted Corrective Action Plan based on its most recent recertification review, and may not be receiving or be under active Enhanced Oversight Provider Monitoring.

169. I may have missed what you said about NYC boroughs not being considered high need?
ANSWER -
Counties considered high need for the CCBHC RFP are listed in section 1.1. The award process for NYC is defined in Section 4.3 of the RFP and is separate and distinct from the EDRs outside of NYC.

170. Are there any other additional physical space and premise requirements for the CCBHC beyond 14 NYCRR 825?
ANSWER -
CCBHCs are licensed Article 31 and Article 32 providers and must adhere to Part 599 and Part 822 clinic regulations.

171. If CCBHCs with SAMHSA grants can apply for RFP, can they apply for the purpose of becoming a demonstration CCBHC and converting to a cost-based PPS Rate?
ANSWER -
See answer to question #5.

172. If you currently don't serve individuals under 18, can you use a linkage agreement to connect those individuals with another provider?
ANSWER -
See answer to #91.

173. If you don't currently serve individuals under 18, can you apply to amend your current licenses prior to 7/1/2024? Would the licenses already have to be in effect at the time of applying?
ANSWER -
Yes, see answer to #91.

174. If you operate an Article 31 clinic and have contingent approval for an Article 32, are you considered in good standing and eligible to apply for this RFP?
ANSWER-
Per Section 2.5 of the RFP, Eligible applicants must meet the following core criteria **to apply**: Be licensed, certified or otherwise authorized by OMH and OASAS with an Article 31 clinic **and** Article

32 clinic license and be in good standing with both Offices. For OASAS certified programs, “good standing” is defined as a provider maintaining satisfactory compliance with applicable laws, rules and regulations, having an OASAS accepted Corrective Action Plan based on its most recent recertification review, and may not be receiving or be under active Enhanced Oversight Provider Monitoring.

175. Are letters from DCOs required?
ANSWER -
Per section 6.7.a, additional documentation that must accompany the cost report shall include: (b) copies of any proposed Designated Collaborating Organization (DCO) Agreements which are planned to be used, along with a list of the organizations you are discussing DCO Agreements with, and the services you are requesting these organizations provide to your CCBHC.

176. Can you clarify, if your agency currently has a CCBHC SAMSHA grant, are you eligible to apply for this grant for the same site?
ANSWER -
See answer to #5.

177. Can you review eligibility as it pertains to Article 31 and 32 licenses at the time of application and award date?
ANSWER -
See answer to #2.

178. If a provider has held an Article 32 for decades and recently received an Article 31 and utilized a waiver offered by OMH and OASAS to waive the “good standing” in order to apply for an OASAS 825 Integrated Operating Certificate (which we now hold). My question is, because we have not received an initial audit from OMH, would we be considered in good standing for our Article 31 and therefore eligible to apply for the RFP?
ANSWER-
OMH defines “good standing” for licensed programs as a provider having an OMH accepted Performance Improvement Plan (PIP) **and** not receiving or not under active Enhanced Provider Monitoring.

Per 14 NYCRR Part 551.6(b)(1) the establishment of a new program by an applicant who is not currently licensed by the Office of Mental Health or who has been licensed for less than six months will be classified as a comprehensive prior approval review (PAR) application.

179. Is an organization eligible to apply if it currently holds an Article 31 license and is in the process of obtaining an Article 32 license which is likely to be obtained by the date of award?
ANSWER -
See answer to #2.

180. Are providers eligible to apply if the Article 32 is likely to be in place by July 1 2024?
ANSWER -
No, see answer to #2.

181. If multiple clinics are in your needs assessment area, can multiple clinics be designated in this RFP?
ANSWER -
See answer to #12.

182. Please clarify: Does the applicant need to provide all of the core services directly or do they just have to make sure all core services are available, including through DCOs?
ANSWER -
See answer to #27.

183. If an agency has school-based satellite clinics are those to be included in CCBHC costs, eligible for PPS?
Answer-
See answer to #7.

184. Will awardees of this grant be eligible for enhanced reimbursement?
Answer-
New CCBHCs which have been approved by NYS to participate in the Federal CCBHC Demonstration as selected from this procurement are eligible to receive the PPS Medicaid rate.

185. Will awardees of prior SAMHSA CCBHC grants be eligible for enhanced reimbursement?
Answer-
See answer to #5 & #184.

186. In regards to school-based services that operate as satellite clinics, should they be included in the CCBHC PPS rate? If yes, do we list them as satellites on the cost report and does the 2014 date restriction apply to them?
Answer-
No, the school-based satellites are not to be reported in the CCBHC Cost Report as part of the submission. Per Section 1.1 each awardee will be authorized to implement the full CCBHC model (i.e. providing all 9 core services) at an existing clinic site located within the proposed borough for NYC or the proposed EDR for the rest of state. Upon award, agencies will have the opportunity to evaluate locations in the community where additional CCBHC services may be provided. If additional sites for school-based programs are subsequently authorized the CCBHC Cost Report will require modifications to include costs and daily visits associated with these sites.

187. Our agency was awarded a SAMHSA expansion (E) grant and a second SAMHSA improvement (and advancement(IA) grant. Two questions: 1) Are we eligible for enhanced reimbursement rates the same way that the NYS awarded CCBHC grants are? 2) Are we eligible to apply for the current NYS CCBHC grants?
Answer-
See answer to #5 & #184.

188. Regarding the expenses from the CFR, what if you have a new license and have not previously provided those services?
Answer-
In such a case, there would be no historical information to draw from, and all expenditures and visits associated with these services would be included as “Anticipated Costs or Anticipated Visits”.

189. We are not sure if we are supposed to include school "satellites" or if we should? The Column 1 will not match CFR as they are reported under same program code.

Answer-

The CFR is to be used as a source for historical expenditure or visit information and may not match information in the CCBHC Cost Report. The school-based satellites are not to be reported in the CCBHC Cost Report as part of the submission. Per Section 1.1 each awardee will be authorized to implement the full CCBHC model (i.e. providing all 9 core services) at an existing clinic site located within the proposed borough for NYC or the proposed EDR for the rest of state. Upon award, agencies will have the opportunity to evaluate locations in the community where additional CCBHC services may be provided. If additional sites for school-based programs are subsequently authorized the CCBHC Cost Report will require modifications to include costs and daily visits associated with these sites.

190. if we are a co-located outpatient and OTP program (going through the integration process), how does dosing services impact units of service calculations as well as associating the CFR costs since they were reported under two separate CFR columns for 2022?

Answer-

Administration of the medication is not included in the CCBHC costs or daily visit volume, only the related counseling services. The medication administration and the cost of the drugs would be billed through the normal fee-for-service billing processes.

191. Our agency is applying for a site that has OMH and OASAS outpatient clinic licenses. Are we correct that the costs for both these programs are included in our historic costs? For our SAMHSA IA grant, we used services available from co-located PROS, ACT, CORE and CFTSS programs to meet the 9 required core service requirements for self-certification. Should the costs, patients and sessions/visits be included in the demonstration cost report submitted with our proposal?

Answer-

The CCBHC Cost Report must reflect the full cost and total daily visits (historical and anticipated) for operation of the proposed CCBHC. The site where the CCBHC will be located could have other programs/services also operated there, that are not part of the CCBHC operations, and expenditures and visits associated with the non-CCBHC services would only be included in either Part 3A or 3B of the Trial Balance Tab.

192. Just to clarify, if we are a June 30th CFR filer, and our last CFR was filed for the June 30, 2022 fiscal year, then the June 30, 2022 CFR is used to populate the base year in columns 1 and 2 in the Trial Balance tab.

Answer-

Your most recent audited and submitted CFR should be the source for the historical costs reported in Columns 1 and 2 of the Trial Balance Tab of the CCBHC Cost Report.

193. Do site costs include other programs co-located at the site like PROS and CORE?

Answer-

Site costs, as reported in Part 2A of the Trial Balance Tab of the CCBHC Cost Report would be related to non-CCBHC programs, or other non-CCBHC sites used by the Agency applying for a CCBHC.

194. In 2a, 3a, 3b are these all other agency costs such as our residential programs, housing, etc.?

Answer-

Yes, that’s what those are.

195. Are you suggesting direct Rent be in section 1 even though there is no line for it?
Answer-
Rent for the location where the CCBHC will be operated must be reported in Line 27 of Part 1C of the Trial Balance Tab, with details provided in the Comments Tab of the CCBHC Cost Report, if the rent expenditure is clearly identifiable in the provider's accounting records. This may be accomplished if the CCBHC is the only program or service in the site and is therefore responsible for 100% of the rent expense, or if rent is allocated to the CCBHC based on a standard allocation methodology, such as the square footage occupied by the CCBHC as a percentage of the total square footage of the space, with this allocation methodology described in detail in the Allocation Descriptions Tab of the CCBHC Cost Report.

196. is there a cap on ICR rate? For example, our city approved ICR is 18%, can we use that?
Answer-
The Indirect Cost Allocation Tab in the CCBHC Cost Report is to be used in the order that is offered. A provider cannot skip to an alternative methodology if they meet one of the earlier allocation methodologies. The agreement with NYC would appear to meet the criteria of an agreement with a cognizant agency, and therefore the indirect rate approved therein would apply in the first section of this tab.

197. Can we use a de minimus indirect rate?
Answer -
The Indirect Cost Allocation Tab is to be used in the order that is offered. A provider cannot skip to an alternative methodology if they meet one of the earlier allocation methodologies.

198. Given that the cost report is often completed differently than a Federal indirect cost application, is it permissible for an agency with a Federally approved indirect rate to not use it and use the option to allocate indirects per the cost report indirect allocation method (#3)?
Answer
See answer to #197.

199. The PPS rate is paid every day someone crosses the threshold of the building once? Not at all weighted like APGS?
Answer-
That is correct. The PPS rate is paid every day an individual crosses the threshold of the CCBHC, as long as at least one (1) CCBHC service is provided on that day. The exceptions to this are related to Mobile Crisis services

200. Is it reasonable to use the overhead allocations in a hospital's Institutional Cost Report from the "All Cost Traceback" sections/components applicable to the CCBHC related services included in that hospital's Institutional Cost Report for the indirect costs?
Answer-
See answer to #197

201. If there is a cap of 15% of total costs for administrative costs, how are administrative costs defined? What constitutes administrative costs according to this RFP?
Answer -
The definition of indirect costs for purposes of the Budget document are found on the Instructions Tab of the document and are defined as those expenses which are not directly attributable to a

specific program but rather to the overall administration of all the programs, or a support function of the agency , such a Human Relations, that is not specific to any particular program, service or contract.

202. What is period for start-up funds ?
ANSWER -

Contract term for this initiative is 18 months. The reference to a 5-year contract is carryover language from our standard RFP template that should have been omitted for this RFP.

203. Do I/A grants get loaded on this report?
Answer-
No, the funding from the SAMHSA CCBHC Expansion Grants are not included in the CCBHC Cost Report, however, the expenditures for operation of the proposed CCBHC which may have been paid with Expansion Grant Funding would be included.

204. If you are anticipating a significant change in the operations (change in site) in a subsequent year, is there a possibility of changing the subsequent rates using a new cost report for the anticipated costs of the new site?
Answer -
The options for the PPS rates for subsequent years are either to trend the prior rate using the applicable Medicare Economic Index or re-basing the rate using a different cost report, however all rates are addressed the same way for each rate period. It may be possible that such changes may not reflected in the Medicaid rate in the year after they are incurred.

205. Is it anticipated that the rate based on the initial submitted cost reports will be reconciled to actual, or would any changes to rates (rebased rates, etc) be prospective without retroactively adjusting previously paid volumes?
Answer -
The CCBHC Demonstration does not permit reconciliation of the first year to actual expenses and visits.

206. Should the Uncompensated Care Pool Survey be completed to reflect the first full year as a CCBHC - 7/1/2024 - 6/30/2025?
Answer-

Yes, the Uncompensated Care Survey should reflect total projected daily visits, in the level of detail requested, for the period July 1, 2024 – June 30-2025.

207. If you have a new license that is in anticipated costs do we also estimate anticipated services?
Answer -
If anticipated costs are included for a new program there should be anticipated daily visits reported as well.

208. If we have a SAMHSA CCBHC grant but do NOT apply for this State award can we get enhanced rate?
Answer -
No. Only the original CCBHCs approved in 2017 and new CCBHCs which have been approved by NYS to participate in the Federal CCBHC Demonstration as selected from this procurement are eligible to receive the PPS Medicaid rate.

209. If schools are included in a CFR program code with the main clinic, the historical data will not match CFR?

Answer -

This is understood. The CFR should be used to identify those historical costs for staffing and other expenses for the programs that will become part of the CCBHC. Per Section 1.1, each awardee will be authorized to implement the full CCBHC model (i.e. providing all 9 core services) at an existing clinic site located within the proposed borough for NYC or the proposed EDR for the rest of state. Upon award, agencies will have the opportunity to evaluate locations in the community where additional CCBHC services may be provided. If additional program sites are subsequently authorized the CCBHC Cost Report will require modifications to include costs and daily visits associated with these sites.