



**Comprehensive Psychiatric Emergency Programs RFP
Questions and Answers**

1. Regarding eligibility, are current CPEP units eligible to submit a request for renovations/expansion?

ANSWER – No. This RFP is for new CPEPs or adding a CPEP Satellite or adding children’s services to a currently adult-serving CPEP.

*In Section 1.1 of the RFP, we state that for purposes of this application, a CPEP satellite must provide both crisis intervention services including triage and referral and full emergency visits (i.e., psychiatric emergency services) and extended observation bed services.

2. Would an expansion in the number of Extended Observation Beds meet the criteria for expansion in this RFP?

ANSWER – No. This RFP is for developing either a CPEP main or satellite site or adding children’s services to a currently adult-serving CPEP. For purposes of this application, a CPEP satellite must provide both crisis intervention services including triage and referral and full emergency visits and extended observation bed services.

3. We have a CPEP for both adults and children, but it is very small, always very crowded, making it very hard to manage. We are constantly on diversion due to safety concerns. We are located in a very centric location where many of the new flux of immigrants have settled. Do we qualify?

ANSWER – If the proposal relates to a new CPEP or adding a CPEP satellite, the proposal may qualify, if the proposal is to expand or renovate an existing CPEP but does not meet the criteria in the RFP it would not apply.

*In Section 1.1 of the RFP, we state that for purposes of this application, a CPEP satellite must provide both crisis intervention services including triage and referral and full emergency visits (i.e., psychiatric emergency services) and extended observation bed services.

4. Is the issued RFP for new CPEPs only, or can funds be used to renovate infrastructure for an existing program?

ANSWER – This RFP is for new CPEPs, adding a CPEP Satellite, or adding child capacity to an Adult CPEP.

* In Section 1.1 of the RFP, we state that for purposes of this application, a CPEP satellite must provide both crisis intervention services including triage and referral and full emergency visits (i.e., psychiatric emergency services) and extended observation bed services.

5. Is CPEP required to be located in/adjacent to a hospital ED or can it be a stand-alone, off-site location? If an off-site location is allowable, is there a minimum lease length required? If a hospital has a separate, locked psych unit in its ED, can it be converted to a CPEP?

ANSWER –Please see 14 NYCRR 590.13

(c) The emergency room of the comprehensive psychiatric emergency program shall be near the medical emergency room of the host hospital but shall be allocated physically discrete space acceptable to the Office of Mental Health.

All grant recipients will be required to enter into a regulatory agreement that obliges use of the facility constructed with OMH grants as a psychiatric inpatient unit for a minimum period of twenty (20) years. Any lease should be long enough to allow 20 years of use after completion of construction.

A separate psych unit already located in an ED may be converted to a CPEP provided the conversion follow 14 NYCCR 590 CPEP regulations and CPEP guidance.

6. Can staffing be part of the start-up costs?

ANSWER- Yes.

7. What are the specific facilities guidelines for EOB on the unit for adult patients?

ANSWER – Please see [CPEP Program Guidance Final October 2021 \(ny.gov\)](#)

8. We have an existing CPEP that serves both children and adults. We are interested in expanding the existing CPEP space and have adjacent hospital clinic space that will be available. This project would expand the CPEP’s overall capacity and EOB beds. Please confirm our eligibility to apply based on this project as a renovation of existing space as well as additional space to expand our overall CPEP capacity.

ANSWER – This RFP is for new CPEPs, adding a CPEP Satellite, or adding child capacity to an Adult CPEP.

* In Section 1.1 of the RFP, we state that for purposes of this application, a CPEP satellite must provide both crisis intervention services including triage and referral and full emergency visits (i.e., psychiatric emergency services) and extended observation bed services.

9. Will a Certificate of Need be required? If so, will there be a process in place for OMH to expedite the CON to meet the timeline requirements?

ANSWER –CON is not required to apply to the RFP. We recommend contacting DOH to determine the type of application required for the project once awarded. OMH will collaborate with DOH to ensure project timelines and requirements are met.

10. Please confirm that an applicant that is already licensed to provide CPEP services to adults, adolescents, and children is unable to propose an Eligible Project through this grant because it is already providing CPEP services to all possible age-based populations (i.e. adults, adolescents and children).

ANSWER – The above description does not meet criteria but may qualify if adding a new CPEP or CPEP Satellite.

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11. What start-up operating costs are eligible vs. ineligible for the use of this operating funding support?

ANSWER –

CPEPs are encouraged to use these funds to:

- Off-set cost of staffing program expansion including funds for new staff, or retention or relocation funds for current staffing. This includes the allocation of specialty or optional services such as psychiatric services, Peer Support Services, etc.
- Off-set start-up costs to support the sustainability of projected clinic including increased administrative support, reduced productivity as caseloads are established and grown, etc.
- Off-set costs to support efforts in raising community awareness of MHOTRS services and access.
- The identification and onboarding of qualified staffing to appropriately and competently serve the population.
- New training and resources to modify current programming to engage and treat the various needs and features of the expanded program type.
- Refurbishment of new or existing program space to safely and suitably serve the expanded population including, new art or furniture in a waiting room, adjustments to therapy rooms to account for play or dyadic therapy, etc.
- Expanded service options in alignment with identified population. For example, adding optional services such as Psychological and Developmental Testing, or adding required services for adults such as Injectable Psychotropic Medication Administration (with or without Monitoring and Education).

- Development of new materials to market to and engage new individuals/families and referral sources of the expanded population.
- Expand crisis outreach team staffing and hours of operation to provide 24/7 services;
- Develop and/or strengthen crisis outreach follow-up services to include dedicated staff to conduct patient outreach post-discharge;
- Develop and implement peer bridger staff (including adult peer, youth peer, and family peer) and services in CPEPs;
- Strengthen CPEP coordination and collaboration with community providers, including but not limited to: clinics, shelter providers and homeless outreach, teams, Assertive Community Treatment (ACT), Intensive Mobile Treatment (IMT), Community Oriented Rehabilitation Services (CORE), and CFTSS (Children and Family Treatment Supports and Services), Safe Options Support (SOS) teams, and residential providers;
- Strengthen CPEP coordination and collaboration with all components of the Crisis System, including but not limited to: Crisis Residential Programs, Crisis Stabilization Centers, and Emergency Departments;
- Ensure timely crisis outreach response to 988 referrals within a catchment area;
- Expand CPEP data reporting; and
- Optimize capacity for billing for crisis outreach services.

12. How and from what source will the up to \$1M in start-up operating funding support described in Section 5.5 of the RFP be provided?

ANSWER- The \$ 1 million will be provided as an allocation in the contract.

13. RFP Section 5.5 states “Start-up funds will be allocated in the first year of the contract and can be spent over two years. Start-up funding will be available for up to \$1M. Start-up funding should be included in the operating budget.” Please confirm this \$1M start-up funding is in addition to the not-to-exceed award amount of \$5M, meaning the total award amount will be \$6M.

ANSWER – The RFP is for \$ 5 million in capital and \$ 1 million in start-up funds.

14. What are the waiver requirements/criteria for the CPEP to have a 24/7 on staff psychiatrist?

ANSWER –

Please see 14 NYCRR 590. 10 for the following information.

(c) The comprehensive psychiatric emergency program shall, at a minimum, employ the following types and numbers of staff:

1. except as provided in subdivision (e) of this section, at least one full-time equivalent psychiatrist who is a member of the psychiatric staff of the program shall be on duty and available at all times;

(f) For comprehensive psychiatric emergency programs which are within rural areas and which have 3,000 or less presentations per year, the commissioner may waive the requirement that one full-time equivalent psychiatrists be on duty and available if:

1. the comprehensive psychiatric emergency program can demonstrate that the volume of service does not require such level of staff coverage;
2. the comprehensive psychiatric emergency program can demonstrate that it can provide adequate 24-hour coverage by other professional staff; and
3. the comprehensive psychiatric emergency program can demonstrate the availability of a psychiatrist on-call for face-to-face interaction, consultation, supervision, an admission to or discharge from an extended observation bed.

15. Are child adolescent CPEPs an eligible project and will they receive any preferential treatment? What are their programmatic and staffing requirements?

ANSWER – This RFP is for new CPEPs or adding a CPEP Satellite which may include a child/adolescent CPEP.

Six (6) awards will be dedicated to the NYC Region.

- To support unmet need for CPEP services for children and youth, awards will be issued in NYC in the following manner:
 - Any passing applications that propose to serve children and adults will be awarded first;
 - any passing applications that propose to add capacity to serve children to an adult serving CPEP will be awarded second; and
 - any other passing applications will be awarded third.

Six (6) awards will be dedicated to the Rest of State Region.

- To support access to CPEP services in areas of the state where there are no CPEPs currently operating, awards will be issued in Rest of State in the following manner:
 - For each of the four (4) Economic Development Regions with no CPEP (Capital District Region, Mid-Hudson, Mohawk Valley, North Country), applications proposing to serve children and adults would be awarded **first**, one per region;
 - For each of the four (4) Economic Development Regions with no CPEP, applications proposing to serve an age-limited population (i.e. children only or adult only) would be awarded **second**, one per region, unless an award has already been made in the first category;
 - Any passing application for all ROS Economic Development Regions serving children and adults will be awarded **third** in order of score;

- Any passing application for all ROS Economic Development Regions that propose to add children to an adult serving CPEP will be awarded **fourth** in order of score; and
- Any other passing application will be awarded **fifth**, one per region. If awards remain, they will be awarded to the next passing application, one region at a time.

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16. We are co-locating a Critical Access Hospital with an Article 31 psychiatric hospital on the same campus in order to preserve and expand inpatient adult and child/adolescent services. Is our CAH eligible to submit a project for a CPEP if it has a clinical services agreement with its affiliate for the inpatient psychiatric services? We operate a second CAH in a different county and are considering submitting a capital project for a second freestanding/satellite CPEP that utilizes psychiatric services from the main CAH CPEP. Would this be an eligible capital project under this RFP?

ANSWER – Funding can be utilized to develop either a CPEP main or satellite site. For purposes of this application, a CPEP satellite must provide both crisis intervention services including triage and referral and full emergency visits and extended observation bed services.

Please review the CPEP Program guidance located at [CPEP Program Guidance Final October 2021 \(ny.gov\)](#) and see 14 NYCRR 590.4 (B)

(9) Satellite facility means a medical facility providing psychiatric emergency services that is managed and operated by a general hospital who holds a valid operating certificate for a comprehensive psychiatric emergency program and is located away from the central campus of the general hospital. A satellite facility at minimum must provide crisis intervention services including triage and referral and full emergency visits and/or extended observation bed services.

- Eligible applicants are general hospitals which are operated by State or local governments or voluntary agencies and are authorized to receive and retain patients pursuant to section 9.39 of the Mental Hygiene Law.
- Additionally, applicants must be in good standing with the Office of Mental Health at the time of certification approval. Good standing for licensed programs is defined as a provider having an OMH accepted Performance Improvement Plan and not receiving or not under active Enhanced Provider Monitoring.
- If you are unsure if your agency is an eligible applicant, contact the Issuing Officer identified above.

17. Facility is in the preliminary stages of a project to create a CPEP that is partially funded by the Behavioral Health Center of Excellence program (BH COE). Would an eligible project under this RFP be for the CPEP capital costs not covered by the BH COE funding, but required to complete the project?

ANSWER – Capital costs not covered by BH COE are eligible Provided they are incurred within the contract term (which may not start prior to 8/1/2024) and that the bidding and other requirements outlined in 14 CRR-NY Part 521 are satisfied.

18. What is meant by a satellite CPEP? What are the licensing, programmatic and architectural requirements for a satellite CPEP?

ANSWER –

Please review the CPEP Program guidance located at [CPEP Program Guidance Final October 2021 \(ny.gov\)](#) and see 14 NYCRR 590.4 (B)

(9) Satellite facility means a medical facility providing psychiatric emergency services that is managed and operated by a general hospital who holds a valid operating certificate for a comprehensive psychiatric emergency program and is located away from the central campus of the general hospital. A satellite facility at minimum must provide crisis intervention services including triage and referral and full emergency visits and/or extended observation bed services.

And 590.13

(a) The comprehensive psychiatric emergency program and any satellite facility shall maintain premises adequate and appropriate for the safe and effective operation of the program.

In Section 1.1 of the RFP, we state that for purposes of this application, a CPEP satellite must provide both crisis intervention services including triage and referral and full emergency visits (i.e., psychiatric emergency services) and extended observation bed services.

19. On page 9 (Section 2.9.1), it states that “Design” includes Architect Fees, and that the applicant should refer to the definition section. I do not see a “Definition” section in the RFP. Can “Design” costs include Architect/Engineering Fees?

ANSWER – Yes

20. On page 9 (Section 2.9.1), it states that “Architect additional fees should be 10% of the contingency cost, engineering fees.” What specifically does this mean? Did it mean to state that Architect/Engineering Fees should be 10% of construction costs? Please clarify.

ANSWER – Architect/Engineering additional cost (contingency) should be 10% of the construction contingency costs.

21. On page 9 (Section 2.9.1), are any of the following capital expenditures eligible through this grant: 1) Furniture, fixtures and equipment required for the CPEP; 2) CON/PAR Consultant associated with the requisite CPEP Applications to DOH and OMH, respectively; and 3) CON Fees (the NYSDOH will require applicants to include CON Submission and CON Processing Fees as part of the Total Project Cost)?

ANSWER – Ineligible expenses are noted in section 2.9.1 Instructions for Completing the Capital-Based Budget in Grants Gateway ; CON/PAR Consultant Fees are not eligible.

22. When a companion CON/LRA is filed with the NYSDOH, for Renovation Construction projects, NYSDOH likes to see 10% for construction contingency plus 10% for design contingency. Likewise for New Construction projects, NYSDOH likes to see 5% for construction contingency plus 10% for design contingency. How should we square this with the percentages listed in the RFP?

ANSWER – OMH allows either 5% (new construction) or 10% (rehab project) of construction cost as a contingency. Further, we can allow a Design Contingency of 10% of the Architect's fee and not 10% of the construction cost.

23. Page 15 states that the SDVOB goal is 6%, but Page 16 states that the goal is 0%. Which one is correct?

ANSWER – The 6% goal is correct.

24. Are the MWBE and SDVOB goals based upon the grant funded amount or the total capital costs for the project (assuming matching funds are provided by the applicant)?

ANSWER – MWBE and SDVOB goals are applicable to any costs other than Personal Services or anything that falls under defined exemptions (debt service, travel reimbursement, utilities, OGS centralized services, sole source contracts, postage, telephone, staff benefits, operating transfers, certain rental and repairs, special departmental charges (i.e. unemployment insurance and tuition reimbursement), governmental agencies.

25. Due to the Grants Gateway being inaccessible until January 16th, please confirm that the Sexual Harassment Prevention Certification (referenced in Section 3.8) is being provided as part of this RFP?

ANSWER – The form must be submitted as part of the application.

26. Would the submission of the drawings be rated more favorably by OMH, all else constant?

ANSWER – No.

27. Does site need to be under applicant control at time of application?

ANSWER- No.

28. Can capital funds be used to upgrade existing CPEPs (rehab, expansion, modernization)

ANSWER- No, only for new CPEPs, CPEP satellite locations, or the addition of child capacity to an adult only CPEP.

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29. What start-up operating costs are eligible vs ineligible for the use of this operating funding support?

ANSWER- See the answer to question # 11.

30. Is the 1 million included in 5? Is it only capital and not operating?

ANSWER- \$5 million in capital AND \$ 1 million in start-up is available.

31. What are examples of startup costs?

ANSWER- Examples of startup include typical operating costs and costs to ramp up operations such as office supplies, smaller scale furniture needs, staffing recruitment, and hiring incentives.

32. Just to confirm so the award is 6 million

ANSWER- \$5 million in capital AND \$ 1 million in start-up is available (equals \$6 million total)

33. Can staffing be part of the start-up costs?

ANSWER- See the answer to number 6.

34. What does consult with LGU mean in this instance?

ANSWER- Providers should make the LGU aware and discuss the role of the CPEP in the community. Services should be in consultation with LGUs. The LGU is the Director of Community Services for the county. In NYC, DOHMH serves as the LGU.

35. Will we need to provide a letter of intent to the LGU?

ANSWER- No.

36. With the transition from Grants Gateway to SFS is there anything which we need to be aware of?

ANSWER- Providers will complete the application process in Grants Gateway. During the contracting phase, providers will compete this in SFS

37. Is there a copy of the budget forms that we can access now?

ANSWER- A budget template is available on Grants Gateway.

38. To confirm, submission is through grants gateway and management is through SFS?

ANSWER- Correct.

39. Even though the gateway is to be decommissioned, this application should still be filed through Gateway?

ANSWER- Yes

40. Does this opportunity include a percentage for MWBE?

ANSWER- Yes. In accordance with New York State Executive Law Article 15-A, OMH hereby establishes a 16% goal for Minority-owned Business Enterprise (“MBE”) participation, a 14% goal for Women-owned Business Enterprise (“WBE”) participation, and a 6% goal for Service-Disabled Veteran-owned Business Enterprises (“SDVOB”) participation on any award resulting from this solicitation in excess of \$25,000 for commodities and services or \$100,000 for construction.

41. The second subbullet on slide 10 appears to allow for expansion which conflicts with the earlier statement that the funds can't be used to expand an existing CPEP

ANSWER- This RFP is for new CPEPs or adding a CPEP Satellite **or adding child capacity to an Adult CPEP.**

42. how many patients to you need to qualify for adding capacity?

ANSWER: The only eligible expansion is adding child capacity and all associated functions. There is not a specific number of patients required.

43. Can a provider apply for a specialty peds CPEP if they do not currently operate an adult CPEP?

ANSWER: If the provider meets the other qualifications, yes.

44. Do we need a child psychiatrist in Child CPEP 24/7?

ANSWER: No, a child psychiatrist is not required in the CPEP 24/7. It is encouraged that CPEP staffing standards are reviewed as well as Telehealth guidance on OMH website.

45. Do we need to have a operating certificate for this program? If so, does it require us to have a specific capacity?

ANSWER: A provider will need to obtain an operating certificate for CPEP. A PAR application to establish the CPEP program will be reviewed, including the program's service volume and proposed Extended Observation Bed capacity based on assessed need. At approval of the PAR application, OMH will issue an operating certificate.

46. On Construction are there any guidelines; i.e., windows, special beds, separation between the Obs beds vs the ED, etc.

ANSWER- Please review 14 NYCRR 590, CPEP program guidance, and the applicable sections of the Facility Guidelines Institute (FGI) requirements.

47. It is anticipated at CON will be required, the CON process can be very lengthy, is there any coordination that OMH will be doing to expediate the CON process

ANSWER- See the answer to # 9.

48. If we have a child psyc ED and want to create a new satellite adult CPEP at another location can the child ed become child CPEP if linked to the satellite CPEP ?

ANSWER: A child psych ED is not a CPEP; you must first have a CPEP licensed before opening a satellite location.

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49. Does the Child CPEP need to be covered 24/7 either in person or remotely by child psychiatrist?

ANSWER- There is no regulatory requirement for a child psychiatrist in person 24/7. Program Guidance recommends a child psychiatrist on call 24/7.

50. When a companion CON/LRA is filed with the NYSDOH, for Renovation projects, NYSDOH likes to see 10% for construction contingency plus 10% for design contingency. Likewise, for New

Construction projects, NYSDOH likes to see 5% for construction contingency plus 10% for design contingency. How should we square this with the percentages listed in the RFP?

ANSWER- See the answer to question # 22.

51. Does staffing have to be in the building 24/7?

ANSWER- Yes, must be staffed 24/7. Please see 14 NYCRR 590 and CPEP Program Guidance.

52. Is there a minimum number of years for a leased space?

ANSWER: See the answer to question # 5.

53. if you aren't setting up your own mobile crisis service, what needs to be provided regarding agreements with an existing mobile crisis service?

ANSWER- Crisis outreach services may be provided directly by the CPEP or through written agreement with a provider of service approved by the Office of Mental Health. See 14 NYCRR 590 and CPEP Program Guidance for more information.

54. As of today, the Grants Gateway system is not live. Will they reopen it after January 16th when the SFS go live?

ANSWER- Yes, application process to be completed in Grants Gateway. Refer to RFP 2.10, 2.11, 2.12

55. What ambulatory services- e.g., crisis clinic, mobile crisis etc. must be in place for new CPEP licensure?

ANSWER- See CPEP regulations and guidance to review components of CPEP. CPEP includes psych ED, hospital-based area for triage and evaluation, extended observation beds, and mobile crisis.

56. For CPEPs that serve children and adolescents, a child psychiatrist is on call 24/7 and the CPEP will have at least one clinical staff member "according to staffing guideline. Is this not accurate?

ANSWER- Program Guidance recommends such staffing, with a child psychiatrist on call 24/7. There is no regulatory requirement for a child psychiatrist on call 24/7.

57. Where do we find a copy of the Bidder's presentation slides?

ANSWER: Available on the OMH procurement website.
https://omh.ny.gov/omhweb/rfp/2023/cpep/cpep_rfp_final.pdf

58. If responses exceed the character limit, can a document be attached?

ANSWER- Yes, but the guidance here is that this is not an opportunity to go off point – response should be clear, concise, and specific to the question.

59. Does the location of the CPEP need to be in the emergency department or can it have its own unit?

ANSWER- See the answer to question #5.

60. if EOU beds are on an inpatient unit do they have to have separate nursing staff, or can it be shared between IP and EOU

ANSWER- So long as both programs meet the minimum staffing requirement, sharing of nursing staff between the inpatient and CPEP programs is permissible.

61. we have an adult CPEP and child psych ed in one location we have a psyc ed adult in another location that we want to make into a satellite CPEP can we convert the chld pscy ed to a child CPEP as part of the application for the satellite CPEP ?

ANSWER: Yes.

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62. Who would "peer support" be for a pediatric CPEP?

ANSWER- Youth Peer Advocate and/or Family Peer Advocates

63. Can CPEP be located off-site from hospital/ED?

ANSWER- See answer to #5.