Short-Term Transitional Residence for Adults
Questions & Answers

Q1. The RFP states; 'the residence will be required to be handicapped accessible, and have fire safety protection.' Can we assume a residence previously approved as a CR by OMH meets the handicapped accessible and fire safety protection standards?

A1. No, this cannot be assumed, as standards have changed over time. OMH will complete an assessment upon award/site identification.

Q2. The RFP provides specific job titles/staff positions that must be used in the proposal. Some of those staff positions are vague and subject to interpretation - so how does OMH define those specific positions (e.g. "Counselors", Coordinators, etc).

A2. The titles are intentionally vague. Agencies should explain how staffing resources will be utilized in their proposed program in response to question 1f.

Q3. What are the community notification requirements, if any, for sites to be developed for this purpose? Does the Padavan Law apply?

A3. Awardees will be encouraged to notify localities of these project. Padavan will not apply unless and until OMH licenses these sites.

Q4. On page 17 of the RFP for STTR (second paragraph), we see that OMH is requiring 20 FTE's of staffing for this program. In addition, OMH gives a list of position titles that the provider must have to operate the program. Can OMH give job descriptions or at least responsibilities for each of these positions? Some of them clearly seem to overlap and delineating roles and responsibilities would be very helpful.

A4. See Question 2

Q5. I see that it is in the first sentence that you are looking for agencies that have experience providing licensed housing. However, are you automatically excluded if you don't have licensed housing experience? Our agency provides permanent supported housing and works with individuals transitioning out of the hospitals, jails, State hospitals, shelters etc.

A5. Only agencies with experience providing licensed mental health housing may apply to this opportunity.

Q6. Is RTS funding available for these programs?

A6. No

Q7. Is the $120,500 flat rate funding or does it depend on occupancy?

A7. It is a flat rate.

Q8. Are these programs Medicaid funded?
A8. No, not at this time.

Q9. Who should an applicant work with if we are proposing to serve two neighboring counties?

A9. Leadership from both counties should be included in planning discussions.

Q10. What would be an RN's role at the site if individuals have a prescriber?

A10. Applicants should define this position and how they intend to utilize the resource in the response to question 1f.

Q11. Is it a duplication to link people to more than one of the teams noted in Section 1.1?

A11. Yes, individuals should only be linked to one of the teams noted in Section 1.1

Q12. What if someone's length of stay is going to exceed 120 days?

A12. An individual's support needs should be assessed continuously and adjusted as needed. If an individual is actively working towards a positive discharge outcome, their stay may exceed 120 days. In those cases, the provider and team(s) should be in discussions with the OMH Field Office to collaborate in planning.

Q13. Our agency has CR and Supportive Housing programs as well as a Health Home. If our own staff is providing HH is the double dipping?

A13. No

Q14. Would people being discharged from a STTR be eligible for a Low-Income Housing Tax Credit unit? Do they lose their homeless statis in this program?

A14. This is a transitional program and individuals will maintain their homeless status.

Q15. For individuals not linked to teams noted in Section 1.1 will linkages be made by the housing staff?

A15. It is OMH's expectation that the housing staff/provider will make the connections to teams.

Q16. The required staffing on page 17 includes two evening coordinators, is this a reference to overnight staff?

A16. OMH defers to applicants on how to deploy staff. There is a requirement that the program is staffed 24/7.

Q17. On page 3, the RFP indicates that the "residence will be required to be handicapped accessible." Does the entire residence need to be handicapped accessible? Alternatively, is it sufficient to ensure that access to and egress from the building and all common spaces is accessible and that one bedroom and bathroom are accessible?

A17. Accessibility standards require common spaces and at least one unit per program must be accessible.

Q18. In addition to the funding provided per unit by OMH, should the budget include any other income sources related to rent?

A18. No, there is no expectation of rent in this program.

Q19. Will the individuals in the programs have established leases in the transitional residence?

A19. No.

Q20. Is there any recourse if an individual stays past 120 days?

A20. This program is intended for individuals actively working towards a positive discharge outcome. Individuals who are doing so may be permitted to stay past 120 days (see Question 12). However, if an individual does not wish to receive the services of this program, they should be discharged.

Q21. How can we get access to Appendix B Budget Template – we have not been able to find a link to it in grants gateway or elsewhere?

A21. The Appendix B Budget Template is located in the pre-submission uploads section of the Grants Gateway application.

Q22. The requirement of some of the staff positions - specifically 1.5 FTE nurses, 2 FTE Licensed Clinicians as well as the total number of case managers and counselors, seems unnecessary and duplicative given the fact that there are only 14 beds in each program and that all residents must be linked to a "team" who will be providing services in the community. The 1.5 nurse requirement seems unnecessary as the residents will not be prescribed/administered medications directly by the STTP program. Due to the excess in staffing requirements in this program model, the preliminary budget calculations with the current funding level show a major deficit for a 14-bed program. Can OMH's staffing requirements (# of FTE and type of staff positions) either be reduced/changed - or the funding be increased in order to make the program financially viable?

A22. The budget for this program is capped at $120,500 per unit annually. Staffing plans should include all of the positions outlined in Section 5.1. OMH will entertain, on a case-by-case basis, modifications of the number of FTEs assigned to each position.

Q23. Can OMH please provide examples of acceptable and allowable property costs that should be included in Appendix B?

A23. Acceptable property expenses may include, but are not limited to: utilities, maintenance and minor repairs, property insurance, and property taxes.

Q24. OMH please confirm that debt service will occur outside of this budget and therefore should not be included in Appendix B?

A24. Debt service will be paid by OMH outside of this budget.

Q25. With regard to allowable property costs in Appendix B, should Capital Reserves be included in the budget? If yes, does OMH have guidance for estimating Capital Reserves for budgeting purposes since capital costs are not yet determined?

A25. Annual capital reserve cannot be determined without knowing property acquisition and construction/rehabilitation costs. However, applicants will not be penalized for reasonable estimates included in their budget.

Q26. With regard to Section 5.1 of the RFP, please confirm that "Clinical Coordinator" is a licensed clinical position that supervises the clinicians, and coordinates clinical services for program recipients?

A26. Confirmed.

Q27. With regard to Section 5.1 of the RFP, does OMH have a definition of an "Evening Coordinator?" Is this position a Counselor that works in the evening?

A27. See questions 2 and 16.

Q28. With regard to Section 5.1 of the RFP, is it OMH's expectation that "Peer Specialists" are certified at the time of hire?

A28.Peer specialists may be working towards certification at the time of hire, with a specific plan to obtain said certification.

Q29. Is security an allowable expense?

A29. No.

Q30. Does OMH have guidance if a program recipient is going to exceed 120 days in the program without an adequate housing placement?

A30. See questions 12 and 20.

Q31. With regard to Question 1f, may an applicant attach a staffing schedule as a chart and be considered responsive to the question?

A31. Yes, this could be responsive to the part of question 1f regarding staffing schedule.

Q32. May the program accept out of county referrals?

A32. Yes.

Q33. Must the program accept out of county referrals?

A33. Yes.

Q34. With regard to Question 1K, may an applicant include letters of support from the proposed County's LGU?

A34. Yes.

Q35. With regard to Question 1E, should linkage agreements only be described in narrative form or may they be attached?

A35. Linkage agreements should be described in the narrative, but they may also be attached.

Q36. Will OMH offer any specific training or learning communities for this program? Should grantees plan for their own training?

A36. Grantees should plan for their own training. OMH does intend to conduct learning collaboratives with providers as programs are being developed and become operational.

Q37. Does OMH have any guidance on any cross-over between Short-Term Transitional Residence for Adults and Crisis Residences? May an individual transition from a Crisis Residence to a Short-Term Transitional Residence for Adults?

A37. Short-term transitional residences offer more intensive supports over a longer duration than crisis residences. Individuals may transition from a crisis residence to a short-term transitional residence if they otherwise meet the eligibility criteria of the program.

Q38. Section 4.3.1 states, "OMH...encourages housing providers to examine their current real estate portfolio for unused space in existing buildings, vacant buildings or surplus property for a possible suitable location."
a. Does OMH have a preference for rehabilitation of existing properties over new construction?
b. Will OMH fund new construction under this solicitation?

A38. OMH has no preference for rehabilitation of existing properties over new construction, and will fund either.

Q39. Section 1.1 states "OMH may consider licensing these programs in the future." Question: If licensed, does OMH intend to build Medicaid reimbursement into the model? Since it is anticipated that a significant number of referrals, if not the majority, will not have active Medicaid,

a) Would a significant amount of net deficit funding continue to be provided for the program or the Medicaid rate be set sufficiently high enough to anticipate a minimal collection rate from Medicaid?
b) Since, Medicaid Managed Care Organizations are unlikely to authorize payment prior to or upon admission, would OMH keep the model carved out of managed care?

A39. OMH has not yet developed any plans to license these programs or build Medicaid reimbursement into the model. OMH acknowledges that many of the individuals who require this program will not have Medicaid at the time of referral, and that the success of the model is dependent on maintaining net deficit funding for those individuals.

Q40. Section 1.2 states "Up to four (4) awards can be made in each borough of New York City." Question: Should an award be made for one borough, but a financially feasible site for development not be able to be secured in that borough, for example Manhattan where acquisition costs are high, could the awardee site the STTR in an adjacent

borough, yet still serve the referral sources & community support teams (and referred clients) from the borough for which it was awarded?

A40. OMH might entertain requests to change boroughs but approval would depend on a number of factors and is not guaranteed.

Q41. The staffing pattern calls for 1.5 FTE registered nurses; yet there is no prescriber in the model to issue medical orders. Is the RN envisioned to administer treatment and/or medications ordered by other prescribers? This creates a potential liability issue for the provider. If not: a) what is the role of the registered nurse envisioned to be and b) if the nurse is not administering treatment, could a licensed practical nurse (LPN) staff this program instead of an RN?

A41. It is not intended that RNs will administer medication. See Questions 10.

Q42. Will this model be eligible for supplemental Rehabilitation and Tenancy Supports (RTS) funding? If so, may we include supplemental RTS revenue in the Operating Budget?

A42. No.

Q43. Is this program going to be Congregate Care II? Are there any other funds available other than those indicated in the request? In other words, are we charging Room and Board/Program Fees?

A43.No program fees are built into this model.

Q44. Regarding item 1.2 of the RFP which outlines how an applicant should go about prioritizing potential counties for the project. Will an applicant be penalized if a site has not yet been determined for this project. Likewise, if a site has not yet been determined, how should we go about our rank choice?

A44. Applicants who fully answer question 4a will not be penalized for not having a site. Applicants should rank counties based on their preference for where they would like to site a program. If an applicant wishes to develop multiple programs, they should submit multiple applications.

Q45. How many awards will be granted in the CNY region? It appears that only one program will be awarded, can you please confirm.

A45. Five programs will be awarded in the Central New York region. No more than one program will be awarded in each county in this region.

Q46. Is there a minimum or maximum requirement of how many units a provider should offer in each program?

A46. Programs may be 10-14 units.

Q47. Are the "2 FTE evening coordinators" identified as required overnight staff? Or is it just ensuing there are 2 individuals on an evening shift (i.e. 4pm – 12pm)

A47. See Question 16,

Q48. What are the requirements for the staff identified as a "clinical coordinator"? Is this staff required to have medical training? Or is a LMSW, LCSW, CASAC appropriate?

A48. The clinical coordinator should provide or supervise staff providing direct care, and act within the scope of their license or clinical expertise.

Q49. Can the licensed clinicians be CASAC's?

A49.The CASAC credential is not a license, so if that is an individual's sole credential, they would not meet the requirement.

Q50. What is the scope of practice OMH envisions for the RN in the housing program?

A50. See Question 10

Q51. How does OMH envision the role of the Administrative Assistant to be? What task/duties will be required?

A51. See Question 2

Q52. What is the amount of capital funding that each awarded agency will be eligible for? Is there a cap on the amount?

A52. There are no specific parameters on capital costs that can be shared, as project costs can vary greatly due to a number of factors. Actual project costs will be reviewed on a case-by-case basis after award.

Q53. Will this program be required to undergo the PADAVAN process?

A53. See question 3.

Q54. Are all support teams listed considered duplicated services, so each person can only be linked to one of those?

A54. See question 11.

Q55. How was the 120-day limit decided upon? This appears to be very short, given the timeline it takes to acquire longer-term housing. Also, does OMH have guidelines around a person reaching 120 days but still in process for longer term housing?

A55. See question 12 and 20.

Q56. If this is recovery oriented, how do we balance that approach with having medical/clinical staffing? How is this program recovery oriented beyond just having peers for engagement and skill building?

A56. The recovery model is a holistic, person-centered approach that involves empowering individuals to live self-directed, meaningful lives. It is an orientation to working with individuals vs. a stand-alone intervention. The recovery oriented approach can include medical and clinical staff and interventions in addition to peer support and skill building.

Q57. Is there a cap on Agency Administration costs?

A57. Indirect costs are capped at 15% and are often referred to as agency administration and overhead costs.

Q58. If an agency is awarded a capital contract, are there any stipulations around the time frame for operating the program?

A58. OMH expects agencies to be actively working towards identifying and developing a site for any awarded program.

Q59. Does the program need to follow Life and Safety standards typical for licensed residential programs?

A59. In all practical instances, OMH will help the agency develop a design that complies with Life Safety Code standards, so significant renovations are not required in the future should these programs be licensed.