



**Office of  
Mental Health**

**Capital for New Psychiatric Residential Treatment Facilities for  
Children and Adolescents**

**RFP# OMH109**

**Request for Proposals**

**Grant Procurements**

**(On-Line Submission Required)**

**March 2024**

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## 1. Introduction and Background

### 1.1 Purpose of the Request for Proposal

The Office of Mental Health announces the availability of capital funds for the acquisition of new property, construction of new facilities or rehabilitation of existing buildings for the development of new Psychiatric Residential Treatment Facilities (PRTF), also known as Residential Treatment Facilities (RTFs), within three distinct regions in New York State. As a part of a historic investment in mental health services for children, adolescents and adults, the Office of Mental Health is seeking to increase PRTF accessibility by opening new PRTF programs to serve children and adolescents based on regional and statewide need. PRTFs are voluntary sub-acute inpatient psychiatric programs and are statewide resources that serve children and youth from all regions, regardless of region of location. The terms PRTF and RTF are used interchangeably within this RFP.

The purpose of the RFP is to solicit proposals from qualified organizations to provide high-quality, trauma sensitive, youth and family oriented, and evidence-based RTF program services. Successful applicants will demonstrate in their proposal a direct relationship between the proposed capital project and the clinical capacity to meet RTF eligible population needs by operating a minimum of 14 and a maximum of 40 beds per site. Successful applicants will demonstrate in their proposal an understanding of NYS and federal requirements for operating an RTF and the commitment and capacity to meet these requirements.

### 1.2 Bidder's Conference

A Bidder's Conference will be held at the date and time listed in the Schedule. Prospective Proposers' participation in this conference is highly encouraged but not mandatory.

The purpose of the Bidder's Conference is to provide additional description of the project and explain the RFP process. The details for the Bidders' Conference are as follows:

March 27, 2024, from 1:00 PM – 2:00 PM

Meeting Link:

<https://meetny.webex.com/meetny/j.php?MTID=md18d4da70c5de6ff21a082c7879e429f>

Meeting number (access code): 1615 05 6780

Meeting password: 32cR2QF3uuZ

Join from Mobile Number: [+1-518-549-0500](tel:+1-518-549-0500).,1615056780##

## 2. Proposal Submissions

**Notice:** Notification of intent to apply must be made to the Local Governmental Unit (county director of community services) for the county that the RTF program will be located in, as defined in Section 41 of the New York State Mental Hygiene Law. A copy of this letter must be submitted with the RFP. An RFP received without a copy of this letter will be ineligible for award.

### 2.1. Designated Contact/Issuing Officer

OMH has assigned an Issuing Officer for this project. The Issuing Officer or a designee shall be the sole point of contact regarding the RFP from the date of issuance of the RFP until the issuance of the Notice of Conditional Award. To avoid being deemed non-responsive, an applicant is restricted from making contact with any other personnel of OMH regarding the RFP. Certain findings of non-responsibility can result in rejection for a contract award. The Issuing Officer for this RFP is:

Amanda Szczepkowski  
Contract Management Specialist 2  
New York State Office of Mental Health  
Contracts and Claims  
44 Holland Avenue, 7<sup>th</sup> Floor  
Albany, NY 12229  
[OMHLocalProcurement@omh.ny.gov](mailto:OMHLocalProcurement@omh.ny.gov)

### 2.2. Key Events/Timeline

RFP Release Date	03/13/2024
Bidder's Conference	03/27/2024
Questions Due	04/10/2024
Questions and Answers Posted on Website	05/01/2024
Proposals Due by 2:00 PM EST*	05/30/2024
Anticipated Award Notification	07/17/2024
Anticipated Contract Start Date	TBD

**\*OMH strongly advises that applicants do not wait until the last day/last few hours to complete and submit applications/proposals to RFPs. Exceptions will not be considered or made for an applicant who cannot complete their proposal/application by the due date and time of the RFP.**

### 2.3. Disposition of Proposals

All proposals submitted by the due date and time become the property of OMH. Any proposals not received by the due date and time do not get reviewed and are excluded from consideration.

## 2.4. Eligible Agencies

Prequalification is required for all not-for-profit organizations seeking grant funding from New York State. Please see Section 2.9 and Section 2.10 for additional Prequalification Information.

Eligible Applicants are not-for-profit organizations exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code.

Eligible applicants must currently operate psychiatric inpatient or residential programs for children and adolescents, including children and adolescents with diagnosed mental health conditions, and be in good standing at the time of certification approval. Eligible applicants may operate residential programs for children and adolescents other than those licensed by OMH. For those applicants with an OMH license, "good standing" for OMH licensed programs is defined as a provider maintaining satisfactory compliance with applicable laws, rules and regulations and not receiving or not under active Enhanced Provider Monitoring.

Each application must identify a single, distinct project proposal per project site. If an Applicant submits a single proposal for multiple RTF sites, the proposal will be disqualified. Agencies proposing to establish multiple RTFs may request funding for more than one RTF site. However, a separate, unique and distinct project proposal must be submitted for each program site. **An agency may not submit more than two applications in total in response to this RFP.**

If you are unsure if your agency is an eligible applicant, contact the Issuing Officer identified above.

Please be advised that all questions regarding eligibility will be responded to through the official posting of the Questions and Answers on the date indicated in Section 2.3. No questions about eligibility will be responded to either individually or prior to the posting of the Q&As.

## 2.5. RFP Questions and Clarifications

All questions or requests for clarification concerning the RFP shall be submitted in writing to the Issuing Officer by e-mail to [OMHLocalProcurement@omh.ny.gov](mailto:OMHLocalProcurement@omh.ny.gov) by 2:00 PM EST on the "Questions Due" date indicated in section 2.3 and will be limited to addressing only those questions submitted by the deadline. No questions can be submitted or will be answered after this date. No questions will be answered by telephone or in person. Please enter "Capital for New Psychiatric Residential Treatment Facilities for Children and Adolescents" in the subject line of the email.

The questions and official answers will be posted on the OMH website by the date listed in the timeline section 2.3.

## 2.6. Addenda to Request for Proposals

In the event that it becomes necessary to revise any part of the RFP during the application submission period, an addendum will be posted on the OMH website and the NYS Contract Reporter.

It is the applicant's responsibility to periodically review the OMH website and the NYS Contract Reporter to learn of revisions or addendums to this RFP. No other notification will be given.

## 2.7. Disqualification Factors

Following the opening of bids, a preliminary review of all proposals will be conducted by the Issuing Officer or a designee to review each proposal's submission for completeness and verify that all eligibility criteria have been met. Additionally, during the proposal evaluation process, evaluators will also be reviewing eligibility criteria and confirming that they have been met. During the course of either of these review processes, proposals that do not meet basic participation standards will be disqualified, specifically:

- Proposals from applicants that do not meet the eligibility criteria as outlined in 2.5 or
- Proposals that do not comply with bid submission and/or required format instructions as specified in 2.10 or
- Proposals from eligible not-for-profit applicants who have not completed Vendor Prequalification, as described in 2.9, by the proposal due date of 2:00 PM EST in timeline section 2.3.

## 2.8. SFS Prequalification Requirement

Pursuant to the New York State Division of Budget Bulletin H-1032, dated June 7, 2013, New York State has instituted key reform initiatives to the grant contract process which require not-for-profits to be Prequalified in order for proposals to be evaluated and any resulting contracts executed.

Proposals received from eligible not-for-profit applicants who have not been Prequalified by the proposal due date of 2:00 PM EST on timeline section 2.3 will not be able to submit their bid response through SFS.

**Please do not delay in beginning and completing the prequalification process. The State reserves five (5) days to review submitted prequalification applications. Prequalification applications submitted to the State for review less than 5 days prior to the RFP due date and time may not be considered. Applicants should not assume their prequalification information will be reviewed if they do not adhere to this timeframe.**

## 2.9. Vendor Registration, Prequalification and Training Resources for Not-for-Profits

**NOTE: For any application that does not contain all the required documentation and/or "See Attached" responses that were to be uploaded,**

**please be advised that the application will be reviewed and scored as submitted. For any incomplete response or missing and/or inappropriately submitted documentation, points will be deducted. It is the responsibility of the applicant to ensure, prior to submission, that the application is appropriate and complete.**

Each proposal submission through SFS is required to contain:

- Operating Budget (Appendix B)
- Budget Narrative (Appendix B1)

**All applicants must be registered with the New York State Statewide Financial System (SFS) and all Not-for-Profit agencies must be prequalified prior to proposal submission.**

Not-for-profit organizations must **Register** as a vendor the Statewide Financial System and successfully **Prequalify** to be considered for an award.

This grant opportunity is being conducted as an SFS bid event. Not-for-profit vendors that are not prequalified can initiate and complete bid responses. However, not-for-profit vendors that are not prequalified will NOT be allowed to submit their bid response for consideration.

Information on [Registration](#) and [Prequalification](#) are available on the Grants Management Website. A high-level synopsis is provided below.

### **Registering as an SFS Vendor**

To register an organization, send a complete [Grants Management Registration Form for Statewide Financial System \(SFS\) Vendors](#) and accompanying documentation where required by email to [grantsreform@its.ny.gov](mailto:grantsreform@its.ny.gov). You will be provided with a Username and Password allowing you to access SFS.

Note: New York State Grants Management reserves 5-10 business days from the receipt of complete materials to process a registration request. Due to the length of time this process could take to complete, it is advised that new registrants send in their registration form as soon as possible. Failure to register early enough may prevent potential applicants from being able to complete a grant application on time.

If you have previously registered and do not know your Username, please contact the SFS Help Desk at (855) 233-8363 or at [Helpdesk@sfs.ny.gov](mailto:Helpdesk@sfs.ny.gov). If you do not know your Password, please click the [SFS Vendor Forgot Password](#) link from the main log in page and follow the prompts.

### **Prequalifying in SFS**

- Log into the SFS Vendor Portal.
- Click on the Grants Management tile.
- Click on the Prequalification Application tile. The Prequalification Welcome Page is displayed. Review the instructions and basic information provided onscreen.

Note - If either of the above referenced tiles are not viewable, you may be experiencing a role issue. Contact your organization's Delegated Administrator and request the Prequalification Processor role.

- Select the Initiate a Prequalification Application radio button and click the Next button to begin the process. Starting with **Organization Information**, move through the steps listed on the left side of the screen to upload **Required Documents**, provide **Contacts** and **Submit** your Prequalification Application.

Note - If the Initiate a Prequalification Application radio button is not available, your organization may have already started a prequalification application and could even be prequalified. Click on the Version History Link to review your organization's prequalification status. If you are not currently prequalified, or your prequalification expires prior to the due date of this RFA, you will need to choose Collaborate on or Update your application.

- System generated email notifications will be sent to the contact(s) listed in the **Contacts** section when the prequalification application is Submitted, Approved, or returned by the State for more information. If additional information is requested, be certain to respond timely and resubmit your application accordingly.

Note: New York State reserves 5-10 business days from the receipt of complete Prequalification applications to conduct its review. If supplementary information or updates are required, review times will be longer. Due to the length of time this process could take to complete, it is advised that nonprofits Prequalify as soon as possible. Failure to successfully complete the Prequalification process early enough may result in a grant application being disqualified.

Specific questions about SFS should be referred to the SFS Help Desk at [helpdesk@sfs.ny.gov](mailto:helpdesk@sfs.ny.gov).

### **On Demand Grantee Training Material**

A recorded session with information about the transition to SFS is available for Grantees on the Grants Management website - <https://grantsmanagement.ny.gov/> and in SFS Coach.

The following training material focused on grants management functionality is currently available in SFS Coach:

- An SFS Vendor Portal Reference Guide ([https://upk.sfs.ny.gov/UPK/VEN101/FILES/SFS\\_Vendor\\_Portal\\_Access\\_Reference\\_Guide.pdf](https://upk.sfs.ny.gov/UPK/VEN101/FILES/SFS_Vendor_Portal_Access_Reference_Guide.pdf)) to help Grantees understand which Grants Management roles they need in the SFS Vendor Portal based on the work they are currently involved in.
- A Grantee Handbook ([upk.sfs.ny.gov/UPK/VEN101/FILES/Grantee\\_User\\_Manual.pdf](https://upk.sfs.ny.gov/UPK/VEN101/FILES/Grantee_User_Manual.pdf)), which provides screenshots and step-by-step guidance on how to complete Grants Management-related tasks in SFS
- On-demand recorded training videos focused on each aspect of the Grants Management business process

Agencies can view vendor training material in SFS Coach by selecting **SFS Training for Vendors** from the Topic drop-down list.

### 3. Administrative Information

#### 3.1. Reserved Rights

OMH reserves the right to:

- Reject any or all proposals received in response to the RFP that are deemed non-responsive or do not meet the minimum requirements or are determined to be otherwise unacceptable, in the agency's sole discretion;
- Withdraw the RFP at any time, at the agency's sole discretion
- Make an award under the RFP in whole or in part;
- Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFP;
- Seek clarifications and revisions of proposals for the purposes of assuring a full understanding of the responsiveness to this solicitation requirements;
- Use proposal information obtained through the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFP;
- Prior to the bid opening, direct applicants to submit proposal modifications addressing subsequent RFP amendments;

- Prior to the bid opening, amend the RFP specifications to correct errors or oversight, supply additional information, or extend any of the scheduled dates or requirements and provide notification to potential bidders via the OMH website, SFS and the New York State (NYS) Contract Reporter;
- Eliminate any non-material specifications that cannot be complied with by all of the prospective applicants;
- Waive any requirements that are not material;
- Negotiate any aspect of the proposal with the successful applicant in order to ensure that the final agreement meets OMH objectives and is in the best interests of the State;
- Conduct contract negotiations with the next responsible applicant, should the agency be unsuccessful in negotiating with the selected applicant;
- Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an applicant's proposal and/or to determine an applicant's compliance with the requirements of the solicitation;
- Cancel or modify contracts due to insufficiency of appropriations, cause, convenience, mutual consent, non-responsibility, or a "force majeure";
- Change any of the scheduled dates stated in the RFP;
- Conduct a readiness review of each selected Applicant prior to the execution of the contract as set forth in Section 4.3
- Rescind awards should awardees fail to meet prescribed timeframes for contract development and /or signature; and
- Cancel or modify contracts due to the lack of fiscal appropriations.
- Waive the targeted number of RTFs indicated in Section 4.3.1 if either the funding amount targeted for the Region is reached or an insufficient number of RTFs for the Region are requested.
- Reallocate awards to another region should any region not obtain the available award;
- OMH may offer awardee(s) for other regions the option to establish another new RTF if all applicants for a specific region do not meet the minimum score for receiving an award;
- Award the funding in a manner that best achieves the goals and intent of the RFP, including a distribution that best achieves access to the various types of RTFs geographically within the limits of available funding. This includes the right to make initial awards that are lower than the amount requested, and the right to make awards up to the full amount of the funding available.
- Prior to executing a contract, determine a final award amount based upon the terms, requirements and intent of the RFP, the final scope approved by OMH, and actual construction costs.

### **3.2. Debriefing**

OMH will issue award and non-award notifications to all applicants. Non-awarded applicants may request a debriefing in writing requesting feedback on their own proposal, within 15 business days of the OMH dated letter. OMH will not offer debriefing to providers who are awarded a team. OMH will not offer ranking, statistical, or cost information of other proposals until after the NYS Office of the State Comptroller has approved all awards under this RFP. Written debriefing requests may be sent to the Designated Contact, as defined in Section 2.1.

### **3.3. Protests Related to the Solicitation Process**

Protests based on errors or omissions in the solicitation process, which are or should have been apparent prior to the deadline for receipt of all written questions for this RFP, must be filed prior to the deadline for questions. In the event an applicant files a timely protest based on error or omission in the solicitation process, the Commissioner of OMH or their designee will review such protest and may, as appropriate, issue a written response or addendum to the RFP to be posted on the OMH website in the RFP section. Protests of an award decision must be filed within fifteen (15) business days after the notice of conditional award or five (5) business days from the date of the debriefing. The Commissioner or their designee will review the matter and issue a written decision within twenty (20) business days of receipt of protest.

All protests must be in writing and must clearly and fully state the legal and factual grounds for the protest and include all relevant documentation. The written documentation should clearly state reference to the RFP title and due date. Such protests must be submitted to:

New York State Office of Mental Health  
Commissioner Ann Marie T. Sullivan, M.D.  
44 Holland Ave  
Albany, NY 12229

### **3.4. Term of Contracts**

The contracts awarded in response to this RFP will be for a five-year term. Selected applicants awarded a contract under this RFP will be required to adhere to all terms and conditions in OMH's Master Grant Contract.

### **3.5. Minority and Women Owned Business Enterprises**

OMH recognizes it is their obligation to promote opportunities for maximum feasible participation of certified minority and women-owned business enterprises (MWBES) and the employment of minority group members and women in the performance of contracts. 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.

With respect to MWBEs, each award recipient must document its good faith efforts to provide meaningful opportunities for participation by MWBEs as subcontractors and suppliers in the performance of the project to be described in each grant disbursement agreement, and must agree that OMH may withhold payment pending receipt of the required MWBE documentation. The directory of MWBEs can be viewed at <https://ny.newnycontracts.com>. For guidance on how OMH will determine a contractor’s “good faith efforts”, refer to 5 NYCRR §142.8.

In accordance with 5 NYCRR § 142.13, each award recipient acknowledges that if it is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth herein and in its grant disbursement agreements, such finding constitutes a breach of contract and OMH may withhold payment from the award recipient as liquidated damages.

Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to MWBEs had the award recipient achieved the contractual MWBE goals; and (2) all sums paid to MWBEs for work performed or material supplied under the grant disbursement agreement.

By applying, an Applicant agrees to demonstrate its good faith efforts to achieve its goals for the utilization of MWBEs by submitting evidence thereof in such form as OMH shall require. Additionally, an Applicant may be required to submit the following documents and information as evidence of compliance with the foregoing:

- An MWBE Utilization Plan, which shall be submitted in conjunction with the execution of the grant disbursement agreement except as otherwise authorized by OMH. Any modifications or changes to the MWBE Utilization Plan after the execution of the grant disbursement agreement must be reported on a revised MWBE Utilization Plan and submitted to OMH. OMH will review the submitted MWBE Utilization Plan and advise the award recipient of OMH acceptance or issue a notice of deficiency within 30 days of receipt.
- If a notice of deficiency is issued, the award recipient will be required to respond to the notice of deficiency within seven (7) business days of receipt by submitting to OMH, a written remedy in response to the notice of deficiency. If the written remedy that is submitted is not timely or is found by OMH to be inadequate, OMH shall notify the award recipient and direct the award recipient to submit within five (5) business days, a request for a partial or total waiver of MWBE participation goals. Failure to file the waiver form in a timely manner may be grounds for disqualification of the bid or proposal.

OMH may refuse to enter into a grant disbursement agreement, or terminate an existing grant disbursement agreement resulting from this solicitation, under the following circumstances:

- If an award recipient fails to submit a MWBE Utilization Plan;
- If an award recipient fails to submit a written remedy to a notice of deficiency;
- If an award recipient fails to submit a request for waiver; or,
- If OMH determines that the award recipient has failed to document good faith efforts

The award recipient will be required to attempt to utilize, in good faith, any MBE or WBE identified within its MWBE Utilization Plan, during the performance of the project. Requests for a partial or total waiver of established goal requirements may be made at any time during the term of the project, but must be made no later than prior to the submission of a request for final payment under the grant disbursement agreement.

Each award recipient will be required to submit a Quarterly MWBE Contractor Compliance & Payment Report to OMH over the term of the project, in such form and at such time as OMH shall require, documenting the progress made toward achievement of the MWBE goals established for the project.

### **3.6. Participation Opportunities for New York State Certified Service-Disabled Veteran Owned Business**

Article 17-B of the New York State Executive Law provides for more meaningful participation in public procurement by certified Service-Disabled Veteran-Owned Business (SDVOB), thereby further integrating such businesses into New York State's economy. OMH recognizes the need to promote the employment of service-disabled veterans and to ensure that certified service-disabled veteran-owned businesses have opportunities for maximum feasible participation in the performance of OMH contracts.

In recognition of the service and sacrifices made by service-disabled veterans and in recognition of their economic activity in doing business in New York State, applicants are expected to consider SDVOBs in the fulfillment of the requirements of the Contract. Such participation may be as subcontractors or suppliers, as proteges, or in other partnering or supporting roles.

OMH hereby establishes an overall goal of 0% for SDVOB participation, based on the current availability of qualified SDVOBs. For purposes of providing meaningful participation by SDVOBs, the Applicant/Contractor would reference the directory of New York State Certified SDVOBs found at <https://ogs.ny.gov/Veterans>. Additionally, following any resulting Contract execution, Contractor would be encouraged to contact the Office of General

Services' Division of Service-Disabled Veterans' Business Development to discuss additional methods of maximizing participation by SDVOBs on the Contract.

It would be required that "good faith efforts" to provide meaningful participation by SDVOBs as subcontractors or suppliers in the performance of a resulting awarded Contract as documented.

### **3.7. Equal Opportunity Employment**

By submission of a bid or proposal in response to this solicitation, the Applicant/Contractor agrees with all terms and conditions of Master Contract for Grants, Section IV(J) – Standard Clauses for All New York State Contracts including Clause 12 – Equal Employment Opportunities for Minorities and Women. The Contractor is required to ensure that it and any subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work"), except where the Work is for the beneficial use of the Contractor, undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

The Applicant will be required to submit a Minority and Women-Owned Business Enterprises and Equal Opportunity Policy Statement to the State Contracting Agency with their bid or proposal. To ensure compliance with this Section, the Applicant will be required to submit with the bid or proposal an Equal Opportunity Staffing Plan (Form # to be supplied during contracting process) identifying the anticipated work force to be utilized on the Contract. If awarded a Contract, Contractor shall submit a Workforce Utilization Report, in such format as shall be required by the Contracting State Agency on a monthly or quarterly basis during the term of the contract. Further, pursuant to Article 15 of the Executive Law (the "Human Rights Law"), all other State and Federal statutory and constitutional and non-discrimination provisions, the Contractor and sub-contractors will not discriminate against any employee or applicant for employment status because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status, or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest. Please Note: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.

### **3.8. Sexual Harassment Prevention Certification**

State Finance Law §139-I requires applicants on state procurements to certify that they have a written policy addressing sexual harassment prevention in the workplace and provide annual sexual harassment training (that meets the Department of Labor's model policy and training standards) to all its employees. Bids that do not contain the certification may not be considered for award; provided however, that if the applicant cannot make the certification, the applicant may provide a statement with their bid detailing the reasons why the certification cannot be made. A template certification document is being provided as part of this RFP. Applicants must complete and return the certification with their bid or provide a statement detailing why the certification cannot be made.

### **3.9. Bid Response**

Neither the State of New York or OMH shall be responsible for the costs or expenses incurred by the applicant in preparation or presentation of the bid proposal.

### **3.10. Acceptance of Terms and Conditions**

A bid, in order to be responsive to this solicitation, must satisfy the specifications set forth in this RFP. A detailed description of this format and content requirements is presented in Section 2.10 of this RFP.

### **3.11. Freedom of Information Requirements**

All proposals submitted for OMH's consideration will be held in confidence. However, the resulting contract is subject to New York State Freedom of Information Law (FOIL). Therefore, if an applicant believes that any information in its bid constitutes a trade secret or should otherwise be treated as confidential and wishes such information not be disclosed if requested, pursuant to FOIL (Article 6 of Public Officer's Law), the applicant must submit with its bid, a separate letter specifically identifying the page number(s), line(s), or other appropriate designation(s) containing such information explaining in detail why such information is a trade secret and formally requesting that such information be kept confidential. Failure by an applicant to submit such a letter with its bid identifying trade secrets will constitute a waiver by the applicant of any rights it may have under Section 89(5) of the Public Officers Law relating to the protection of trade secrets. The proprietary nature of the information designated confidential by the applicant may be subject to disclosure if ordered by a court of competent jurisdiction. A request that an entire bid be kept confidential is not advisable since a bid cannot reasonably consist of all data subject to a FOIL proprietary status.

### 3.12. NYS and OMH Policies

The applicant/contractor must agree to comply with all applicable New York State and OMH policies, procedures, regulations and directives throughout the Term of the contract.

## 4. Evaluation Factors and Awards

### 4.1. Evaluation Criteria

All proposals will be rated and ranked in order of highest score based on an evaluation of each applicant's written submission as well as OMH internal reviews.

The Evaluation will apply points in the following categories as defined in Section 6:

<b>Technical Evaluation</b>	<b>Points</b>
Population, Demonstration of Need, and LGU Collaboration	10
Implementation	24
Readiness	20
Capital Funding	10
Agency Performance	6
Diversity, Equity, Inclusion, and Recipient Input	10
Financial Assessment	20
<b>Total Proposal Points</b>	<b>100 Points</b>

For a detailed description of evaluation criteria for the Technical Evaluation and the Financial Assessment components, see Section 6 (Proposal Narrative).

### 4.2. Method for Evaluating Proposals

Designated staff will review each proposal for completeness and verify that all eligibility criteria are met. A complete proposal shall include all required components as described in Section 2.10. If a proposal is not complete or does not meet the basic eligibility and participation standards as outlined in Section 2.5, the proposal will be eliminated from further review. The agency will be notified of the rejection of its proposal within 10 working days of the proposal due date.

Proposals will be conducted in two parts: Technical Evaluation and Financial Assessment. The technical evaluation committee, consisting of at least three evaluators, will review the technical portion of each proposal and compute a technical score. A financial score will be computed separately based on the operating budget and budget narrative submitted.

Evaluators of the Technical Evaluation component may then meet to discuss the basis of those ratings. Following the discussion, evaluators may independently revise their original score in any section. Once completed, final Technical Evaluation scores will then be recalculated, averaged, and applied to the final Financial Assessment score to arrive at final scores.

Any proposal not receiving a minimum score of 70 will be eliminated from consideration.

In case of a tie in the scoring process, the proposal with the highest score on the Implementation (Section 6.2) of the Proposal Narrative will be ranked higher.

**4.3. Process for Awarding Contracts**

**4.3.1. Initial Awards and Allocations**

OMH will review and evaluate funding proposals submitted by an eligible Applicant per the criteria set forth in Section 6 of this RFP.

Applicants will be rated based on their final total score. Applicants that receive a final total score of less than 70 will be ineligible to receive capital funding. \$30 million in capital funding will be awarded through this RFP. Up to three (3) awards will be made of up to \$10 million each.

**Regional Award and Funding Amount Targets**

Awards will be made to applicants with passing scores in rank score order, subject to the following minimum award targets per region:

One (1) award will be dedicated to the OMH Hudson River Region

One (1) award will be dedicated to OMH New York City (NYC) Region

One (1) award will be dedicated to Long Island (LI) Region

<b>Region</b>	<b>Counties</b>
Hudson River	Albany, Columbia, Dutchess, Greene, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington, and Westchester
New York	Bronx, Kings, New York, Queens, Richmond
Long Island	Nassau, Suffolk

To support the timely development of new RTF programs for children and youth, awards will be issued:

1. First, to the highest scoring applicant in HR, LI, and NYC who has secured space via site control or a tentative long-term lease agreement site control of a facility with an affiliated private school-age (5-21) special education program pursuant to Article 89 of the Education Law (as specified in 6.4a.3 and 6.2a) on or adjacent to the campus where the proposed facility is located.
2. If there are no applicants in any region with a passing score who meet the criteria in (1), all applicants will be rated based on their final total score and the applicants with the passing scores will receive a conditional award. Applicants that receive a final total score of less than 70 will be ineligible to receive funding. Once a bidder receives a conditional award through this RFP process, it must begin to actively search for and identify a viable project. When a potentially viable site has been identified, OMH will fund an appraisal and feasibility study.

If there are no applications at all with a passing score in any region (HR, LI, or NYC) and more than 1 passing award in the other regions (HR, LI or NYC respectively) applications with passing scores will be awarded based on prioritization and **rank score** order until all three (3) awards are issued. If less than three passing applications are received, OMH may increase the award amount of the passing applications in order to fully expend the \$30 million available.

Conditional awardees will be able to reserve the award when OMH confirms the following:

- An appraisal (if necessary) and feasibility study has been completed
- The site identified can accommodate the proposed project.
- Acquisition and development costs are within an amount OMH capital can support.
- Capital funding above and beyond the OMH award has been identified with evidence of support from the funder.

Once OMH confirms the above, the award (including both Capital and Operating funding) will be reserved for the project. In the event that, in any region, no award is made under (1) above, and there are multiple applicants with a passing score of 70 or higher with conditional awards under (2) above, the final award will be made on a "first come/first served" basis, i.e., the earliest submission that meets the criteria above will be awarded.

To support the provision of care for specialized populations, an additional 3 points will be added to the applications of those proposals that propose one or more units to serve one of the following populations:

- Youth meeting RTF eligibility who are dually diagnosed with mental health condition and intellectual/developmental disability
- Youth meeting RTF eligibility who are dually diagnosed with mental health condition and substance use disorder
- Youth meeting RTF eligibility with fire-setting behavior
- Youth meeting RTF eligibility with problematic sexual behavior
- Youth meeting RTF eligibility with eating disorders
- Youth meeting RTF eligibility with significant and persistent suicidal ideations, suicide attempts and self-harming behavior

#### **4.3.2. Contract Termination and Reassignment**

There are a number of factors that may result in the contract being reassigned. These include, but are not limited to, an OMH determination that the agency has failed to adequately progress a project within 18 months of the award notification date; failure to obtain OMH licensure; an OMH determination that the project is not feasible; or an OMH determination that a lease for a site is not minimally commensurate with the bond amortization and said lease cannot be renegotiated. By submitting a response to this RFP, an agency acknowledges that any determination to rescind and/or reallocate funding is solely at the discretion of OMH. An agency will be provided notification if the awarded funding is to be rescinded and reallocated. By submitting this application, the applicant commits to complying with and obtaining licensure through the OMH Regulation 14 NYCRR Part 583 & 584, accreditation by an approved accrediting organization, Medicaid Provider enrollment as an institutional provider, compliance with Center for Medicaid and Medicare Services RTF conditions of participation, and certification as a RTF in New York according Department of Health (DOH) Division of Hospitals and Diagnostic & Treatment Centers, Bureau of CON, Licensure and Federal Certification policies and guidance.

A contractor will be provided notification if there is need for reassignment.

To reassign the contract, OMH will go to the next highest ranked proposal.

#### **4.4. Award Notification**

At the conclusion of the procurement, notification will be sent to successful and non-successful applicants. All awards are subject to approval by the NYS Attorney General and the Office of the State Comptroller before an operating contract can be finalized.

The award is further subject to the submission and approval of a Prior Application Review (PAR) application as necessary. The PAR process will require Applicants to provide proof that they have sufficient authorization and control to undertake the

capital project at the project site. In order to determine that the Applicant owns, leases, or otherwise has control over the site where the project will be located, Applicants must provide a copy of the deed or lease for the site as part of the PAR. Additionally, if the Applicant is leasing the project site, a Letter of Support from the site owner to conduct proposed work will be required as part of PAR process. If the site is not under the Applicant's control, proof that the lease for the site is minimally commensurate with the bond amortization will also be required.

OMH reserves the right to conduct a readiness review of the selected Applicant prior to the execution of the contract. The purpose of this review is to verify that the Applicant is able to comply with all participation standards and meets the conditions detailed in its proposal.

Once an Applicant is notified of an award through this RFP, they may also be required to submit an "Appraisal & Feasibility Request Form." The Bureau of Housing Development and Support staff will review this information and may contact the agency for further information regarding the planned capital improvements and/or to arrange a visit to the site. If the site is acceptable, OMH will order a feasibility study to further evaluate the proposed plan.

The Capital Budgets of awardees are subject to approval by the Bureau of Housing Development and Support after further analysis of each individual project before the Capital Budget is finalized.

Finally, should the cost of the capital project exceed the OMH award, applicants must demonstrate they have secured the full funding to complete the project before the OMH contract will be executed. Capital contracts will be finalized when the Division of the Budget (DOB,) the NYS Attorney General and the Office of State Comptroller approval is received. Neither OMH nor the State of New York is liable for any expenditure incurred or made by an Applicant until the applicable action(s) listed above occur.

This capital funding is made available as interest free construction financing and it must be repaid with a Dormitory Authority of the State of New York (DASNY) bond mortgage. OMH would in turn fund the annual debt service for this mortgage. The Applicant must agree to an Assignment Agreement allowing OMH to make payments directly to DASNY on behalf of the Applicant.

## **5. Scope of Work**

### **5.1. Introduction**

The Local Governmental Unit (LGU), Director of Community Service (DCS)/Mental Health Commissioner has a statutory authority and responsibility for oversight and cross-system management of the local mental hygiene system to meet the needs of individuals and families affected by mental illness, substance use disorder and/or intellectual/developmental disability in their communities. LGU collaboration is a vital

part of the work of RTF Programs. Applicants must notify the LGU(s) of their intent to apply.

This RFP is designed to support capital needs to develop new RTF programs that serves a co-ed RTF eligible population. The goal of this RFP is to fund selected agencies that will provide accessible and high quality RTF services.

Prospective awardees will need to complete all of the following activities in order to operate an RTF: obtain licensure through the OMH Regulation 14 NYCRR [Part 551](#) and [584](#), and execute an affiliation agreement with an approved NYS private special education program that has an approved New York State School-Age Approved Private School Modification request application OR establish a new private school-age (5-21) special education program pursuant to Article 89 of the Education Law on the same campus or in close proximity to the proposed RTF, obtain accreditation by an approved accrediting organization, enroll as a NYS Medicaid institutional provider of services, comply with [Center for Medicaid and Medicare Services PRTF conditions of participation](#), and obtain certification as a PRTF in New York according to Department of Health (DOH) Division of Hospitals and Diagnostic & Treatment Centers, Bureau of CON, Licensure and Federal Certification policies and guidance.

**These requirements do not need to be met prior to applying for this RFP.**

## **5.2. Objectives and Responsibilities**

RTFs are therapeutic programs that provide sub-acute inpatient psychiatric treatment to children and adolescents with complex mental health needs and support to their families. These programs are for children and adolescents who present with severe functional impairments and significant risks to their well-being across settings due to their mental health condition. The children and adolescents have challenges that need around-the-clock supervision, structure, and clinical treatment. The programs require voluntary participation. OMH Regulation [14 NYCRR Part 584](#) details background and intent of the program in addition to operational requirements. RTF programs are accessed by the public via a Children's Single Point of Access (C-SPOA) application. Information on the application process and a copy of the application are available on the OMH web page [Information for Children, Teens and their Families](#) under *Easy Access Forms* section. Information concerning existing RTFs is available on the OMH web page [Services for Children and Families](#) under the *Residential Treatment Facility* Section.

While all RTFs serve children and youth with Serious Emotional Disturbance, RTFs can also serve specialized populations that require specific programming, staff training, and in some cases, staffing patterns.

RTFs may operate programs with two different types of functional structures.

- RTFs may operate one or multiple units as one functional program, with one set of admission criteria. RTFs that operate as single functional program may designate units according to gender identity, developmental stage, or clinical criteria. While different units may offer slightly different programming according to needs, in general the program operates as a single entity. An example would be a 16 bed RTF that has 4 4 bed units, with one all-male unit, that shares general programming and admission criteria across all four units.
- RTFs may also operate two functional programs with discrete units. A discrete unit is defined as unit(s) with specific admission criteria. Discrete unit(s) operate as a subset of an RTF's licensed capacity by serving a specialized population and providing staffing, services, and programming to meet that population's needs. RTFs that operate multiple discrete units may serve multiple populations, e.g., a general RTF eligible population in one unit and a specialized population in the other unit. Please reference special populations identified in 4.3.1. An example would be an 18 bed RTF that has 3 6-bed units, where 2 units share admission criteria, and 1 unit has specific admission criteria for adolescents 16 and above with fire-setting behaviors.

Selected applicants will be expected to provide comprehensive behavioral health and medical services to those in their care. The proposed program must provide for robust clinical and direct care staffing 24 hours a day, seven days per week. The proposed RTF must aim to provide compassionate, trauma-informed, and patient-centered care to children or adolescents with mental health challenges and, as appropriate, their families. The RTF program should focus on comprehensive assessment, individualized treatment planning, and therapeutic interventions tailored to meet the unique needs of each child or adolescent. Detailed program information is found in Appendix C.

RTF programs are responsible for ensuring that children and youth admitted to the program receive education services. RTF programs either establish an affiliation agreement with an approved NYS private special education program that has an approved New York State School-Age Approved Private School Modification request application or establish a new private school-age (5-21) special education program pursuant to Article 89 of the Education Law. Detailed educational information, including criteria from the New York State Department of Education (NYSED) for the provision of educational services is found in Appendix C.

RTF physical plants must follow regulations and policies for inpatient psychiatric programs. Detailed physical plant information is found in Appendix E.

RTF programs are funded through Medicaid through a reimbursement methodology that is detailed [14 NYCCRR 578](#). RTF program services are Medicaid funded. Medicaid reimbursement standards are detailed in [14 NYCRR 576](#). Additional reimbursement information is found in Appendix F.

### 5.3. Reporting Requirements

Agencies must conform to all OMH fiscal reporting requirements as outlined in the “Consolidated Fiscal Reporting and Claiming Manual.” These guidelines are available at:

[http://www.oms.nysed.gov/rsu/Manuals\\_Forms/Manuals/CFRManual/documents/FINAL-MANUAL050218.pdf](http://www.oms.nysed.gov/rsu/Manuals_Forms/Manuals/CFRManual/documents/FINAL-MANUAL050218.pdf).

Programs will be required to maintain accurate reporting and case records according to Regulation and Program Guidance.

Program providers must have a quality, supervisory, and operational infrastructure to support submitting data to OMH regarding all enrolled clients, including client-identified data. OMH will provide programs with a template of the data items required for reporting. Information will also be submitted regarding performance indicators demonstrating that recipients’ continuity of care has been assured.

Program providers will have a systematic approach for self-monitoring and ensuring ongoing quality improvement of services, including analyzing utilization review findings and recommendations. Providers should ensure continuous quality improvement of services, including regular monitoring and evaluation of outcomes.

Agencies awarded these funds will be required to adhere to any reporting requirements OMH may subsequently develop.

### 5.4. Funding

Funding is available for the capital development costs associated with the acquisition of property, construction and/or rehabilitation of new or existing facilities. Capital development costs may include, but not limited to, cost of planning and consultants, construction, renovation, acquisition and equipment needed to complete capital project.

**Costs associated with the project that are incurred prior to the date of a capital contract execution may not be reimbursed from grant funds.**

Applicants are reminded that the funding for capital development is contingent upon the continued availability of State appropriations.

Awards will be capped at \$10 Million each. If project costs exceed the funded amount, applicants will need to secure the full funding needed for the project before OMH funds can be expended. The award will be commensurate with actual capital costs. Selected awardees will work with OMH to develop the capital budget and contract.

This RFP is exclusively for capital funding and does not provide operating funds. Applicants are expected to comply with all of the following activities: obtain licensure through OMH, execute an affiliation agreement with a currently approved NYS private special education program or establish a new private school-age (5-21) special education program pursuant to Article 89 of the Education Law on the same campus or in close proximity to the proposed RTF, gain accreditation by an approved accrediting organization, enroll as Medicaid Institutional Provider, comply with Center for Medicaid and Medicare Services PRTF conditions of participation, and become certified as a PRTF in New York according to the Department of Health (DOH) Division of Hospitals and Diagnostic & Treatment Centers, Bureau of CON, Licensure and Federal Certification policies and guidance in order to be eligible and receive reimbursement for services via the NYS Medicaid program.

## **6. Proposal Narrative**

When submitting proposals for funding under this RFP, the narrative must address all components listed below, in the following order:

### **6.1. Population, Demonstration of Need, and LGU Collaboration**

- 6.1.1** Describe the population to be served in the proposed RTF program. Identify whether the proposed co-ed RTF will operate as one or two functional programs. If one functional program, identify whether the functional program(s) will serve the general co-ed RTF eligible population or a specialized population that meets the criteria in Section 4.3.1. Describe in narrative form the characteristics of the co-ed RTF eligible population(s) to be served. Provide as much specific demographic information as possible, including, but not limited to, age group, specialized clinical needs, as well as cultural and linguistic needs for those you intend to serve. If two functional programs (where discrete units have separate admission criteria and programming), identify whether each unit will serve the general co-ed RTF eligible population or a specialized population that meets the criteria in Section 4.3.1. Describe in narrative form the characteristics of the co-ed RTF eligible population(s) to be served for each discrete unit. Provide as much specific demographic information as possible, including, but not limited to, age group, specialized clinical needs, as well as cultural and linguistic needs for those you intend to serve.
- 6.1.2** Describe how the proposed RTF will improve the accessibility and the quality of services available for RTF eligible youth statewide and in the region of location. Provide available quantitative data. Describe how the proposed RTF program will benefit the child serving systems of care in the state. Provide available quantitative data.
- 6.1.3** Describe your network, internally and externally, of behavioral health and other community providers including school districts, and how you plan to

utilize those networks to facilitate timely discharges and warm-handoffs. Describe how the proposed RTF fits into the continuum of care and how partnership with the community will minimize length of stay and maximize return home. Describe the network of emergency acute inpatient psychiatric services and how you plan to coordinate with providers for timely referral, evaluation and, as necessary, admission for RTF patients.

- 6.1.4** Describe your collaboration with the Local Government Unit (LGU) including previous collaboration as well as any collaboration on this proposal. Upload a copy of the letter with the notification of apply that was sent to the Local Governmental Unit (county director of community services) for the county that the RTF program will be located in, as defined in Section 41 of the New York State Mental Hygiene Law. A copy of this letter must be submitted with the RFP. An RFP received without a copy of this letter will be ineligible for award.

## **6.2. Implementation**

- 6.2.1** Provide a description of the proposed program including the number of units, rooms per unit, and total beds per program (provided that the total number of beds is not less than 14 or more than 40). The program description should include the program elements mentioned section in 5.1 and 5.2 and relevant appendices, but should not be a reiteration of these sections. State commitment to complying with and obtaining licensure through OMH, executing an affiliation agreement with a currently approved NYS private special education program on the same campus or in close proximity to the proposed RTF or establish a new private school-age (5-21) special education program pursuant to Article 89 of the Education Law on the same campus or in close proximity to the proposed RTF, gaining accreditation by an approved accrediting organization, enrolling as Medicaid Institutional Provider, complying with Center for Medicaid and Medicare Services PRTF conditions of participation, and certification as a PRTF in New York according to the Department of Health (DOH) Division of Hospitals and Diagnostic & Treatment Centers, Bureau of CON, Licensure and Federal Certification policies and guidance in order to be eligible and receive reimbursements for services via NYS Medicaid program. Identify either a currently approved New York State private special education program with whom the agency intends to enter into an affiliation agreement to ensure those admitted to the RTF are provided educational services or whether the agency intends to establish a new private school age special education program. Identify whether the educational program will be on campus or in close proximity.
- 6.2.2** Describe the clinical treatment model that the RTF will use as the foundation of the program. Describe the comprehensive diagnostic evaluation/assessment and case conceptualization process that will be used to create treatment plans. Describe the continuing assessment

process throughout the admission. Identify treatment modalities (including evidence-based practices) that will be offered to meet the clinical needs of the RTF eligible population(s) to be served as identified in 6.1a. If a specialized RTF eligible population was identified in 6.1a identify the specific treatment modalities (including evidence-based practices) that will be offered to meet the special population needs. Attach a copy of a sample treatment plan with identifying information redacted.

- 6.2.3** Describe how the program will ensure that youth voice and choice are centered in their care and treatment. Describe how the program will promote youth empowerment and positive youth development. Please provide examples of how youth will be centered, engaged and empowered. Describe how the program will ensure that families are meaningfully engaged to participate in the care and treatment of the children and adolescents. Provide example of how families will participate in the care and treatment of children and adolescents. Please provide examples of how families will be engaged during the youth's involvement with the RTF, including the mitigation of barriers to family engagement (scheduling conflicts, financial and economic challenges, lack of access to transportation, lack of access to childcare, etc.).
- 6.2.4** Identify the trauma informed residential care model that will be implemented across the program. Identify how the program will strive to maintain a restraint free environment adherent to OMH Regulation 14 NYCRR Part 524 and who will lead the ongoing work to maintain a restraint free environment. Describe how the RTF will assess, manage and mitigate patient risk to themselves and others (suicide, self-harm, physical aggression, problematic sexual behavior, fire setting, running away behavior, etc.) Attach a copy of any individual assessment tools that will be used to assess, manage and mitigate patient risk.
- 6.2.5** Provide a staffing plan compliant with the staffing requirements detailed in Appendix D for twenty-four hours per day, seven days per week staffing. Provide a brief description of the roles and responsibilities of each staff member – including specific skills and level of experience expected of each staff member. Describe any specialized staffing needed, including for any specialized population specified.
- 6.2.6** Describe discharge procedures, including the agency's approach to facilitate a child or adolescent's return to a stabilized level of functioning including connections to community services and supports identified by the individual receiving services. Describe how communication and coordination with the system of care partners will begin at the time of admission and foster continuity of care between the RTF and community providers. Describe how you will facilitate warm handoffs to ensure the continuity of care of the youth and family post-discharge. Describe how the RTF will achieve and maintain an average length of stay of nine (9) months. Attach completed sample discharge plan.

### **6.3. Readiness**

- 6.3.1** Describe in detail the applicant's experience providing inpatient psychiatric or residential services to children and youth with mental health conditions. Identify the goals and outcomes of those residential program(s) and how that experience positions you to provide RTF services for youth. If the applicant is not a current provider of RTF services, describe the ways in which RTF level of care differs from current residential services provided.
- 6.3.2** Describe the agency's experience (in any program) serving youth who have Serious Emotional Disturbance. Describe in detail the therapeutic and other programming provided to youth with SED. Describe clinical treatment models, including family models, that have been successful in working with these youth and families. Describe the agency's experience in providing crisis response to youth with SED. Provide any applicable outcome data. If the proposed RTF will serve a specialized population as identified in response to 6.1.a, describe the agency's experience (in any program) serving youth presenting with those specific clinical needs. Describe clinical treatment models, including family models, that have been successful in working with these youth and families. Describe the agency's experience in providing crisis response to youth with these specific clinical needs.
- 6.3.3** Due to the unique staffing complement required for RTF programs, please provide the following information:
- **Recruitment Strategy:** Describe the strategy and methods your organization will use for recruitment, including for physician and nursing staff. Describe the results of your current recruitment strategies for difficult to fill positions.
  - **Employee Retention:** Describe in detail your organization's experiences, methods, and resources to successfully retain staff in inpatient psychiatric or residential programs. Provide detailed information on staff turnover in your inpatient psychiatric or residential programs, broken out by staff type, as applicable.

### **6.4. Capital Funding**

- 6.4.1** Has the agency secured space via site control or a tentative long-term lease agreement of a facility with an affiliated private school-age (5-21) special education program pursuant to Article 89 of the Education Law (as specified in 6.4a.3 and 6.2a) on or adjacent to the campus where the proposed facility is located?
- 6.4.2** Provide brief overview of the capital project for which funding is being requested while incorporating information related to: A brief description of the project as it relates to obtaining or having site control, acquisition, construction and rehabilitation. Please provide the specific address/location of the project, if available. Provide the proposed county

where the site will be located. Confirm the program will serve as a statewide resource for RTF eligible youth that meet the OMH RTF's approved admission criteria. Describe the existing and/or proposed structure, square footage, physical space/layout that is compliant with requirements detailed in Appendix E. For existing structures, be as specific as possible and include information about when the space was built, when it was last updated, renovated, or otherwise improved... Include any other pertinent physical characteristics of the site. Attach/upload design drawings, if available.

- 6.4.3** If the Applicant were to receive Capital funding, please describe how the applicant plans to fully fund the capital project if this award is not sufficient to cover the entire cost of the proposal. What initial and ongoing marketing strategies would be used to inform the community and referral sources of the services provided within this program?

## **6.5. Agency Performance**

- 6.5.1** Describe the agency's organizational structure, administrative and supervisory support for services to be provided by RTF – include the governing body, and any advisory body that supports the organization and effective service provision.
- 6.5.2** Currently licensed NYS OMH RTF providers must note the following specific data points over the last two (2) year period: number of admissions, average length of stay, staffing fill-levels, substantiated mandated reporting incidents, youth and family satisfaction survey outcomes and number of discharges. Applicants that do not have an existing NYS OMH RTF service must attach a copy of recent monitoring reports for any inpatient psychiatric or residential program for children/youth that the agency operates that were issued by a city, state, or federal government agency. Applicants must also submit the following specific data points over the last two (2) year period for all applicable programs: number of admissions, average length of stay, youth and family satisfaction survey outcomes number of discharges and substantiated mandated reporting incidents.

## **6.6. Diversity, Equity Inclusion, Belonging, and Recipient Input**

This section describes the commitment of the entity to advancing equity. OMH is committed to the reduction of disparities in access, quality, and treatment outcomes for historically marginalized populations as well as centering and elevating the voice of individuals with lived experience throughout the system.

### **6.6.1 Commitment to Equity and the Reduction of Disparities in Access, Quality and Treatment Outcomes for Marginalized Populations**

- 6.6.1.1** Provide a mission statement for this project that includes information about the intent to serve individuals from marginalized/underserved populations in a culturally responsive trauma-informed way.
- 6.6.1.2** Identify the management-level person responsible for coordinating/leading efforts to reduce disparities in access, quality, and treatment outcomes for marginalized populations.
- 6.6.1.3** Identify the management-level person responsible for coordinating/leading efforts to ensure incorporation of feedback from participants in services in continuous agency improvement. Information provided should include the individual's title, organizational positioning and their planned activities for coordinating these efforts).
- 6.6.1.4** Provide the diversity, inclusion, equity, cultural and linguistic competence plan for this program (as outlined in the National CLAS Standards). Plan should include information in the following domains:
- Workforce diversity (data-informed recruitment);
  - Workforce inclusion;
  - Reducing disparities in access quality, and treatment outcomes in the patient population;
  - Soliciting input from diverse community stakeholders, organizations and persons with lived experience.
  - Efforts to adequately engage underserved foreign-born individuals and families in the project's catchment area as identified in 5.4.2.
  - How stakeholder input from service users and individuals from marginalized/underserved populations was used when creating the diversity, inclusion, equity, cultural and linguistic competence plan.

Discuss how the plan will be regularly reviewed and updated.

## **6.6.2 Equity Structure**

- 6.6.2.1** Describe the organization's committees/workgroups that focus on reducing disparities in access, quality, and treatment outcomes for marginalized populations (diversity, inclusion, equity, cultural/linguistic competence).
- 6.6.2.2** Describe the organization's committees/workgroups that focus on incorporating participants of services into the agency's governance. Note - it is important to describe how membership

of any such committee/workgroup includes people with lived experience and representatives from the most prevalent cultural groups to be served in this project.

### **6.6.3 Workforce Diversity and Inclusion**

**6.6.3.1** Describe program efforts to recruit, hire and retain a) staff from the most prevalent cultural group of service users and b) staff with lived experience with mental health and receiving mental health services.

### **6.6.4 Language Access**

**6.6.4.1** Describe efforts to meet the language access needs of the clients served by this project (limited English proficient, Deaf/ASL). This information should include the use of data to identify the most prevalent language access needs, availability of direct care staff who speak the most prevalent languages, the provision of best practice approaches to provide language access services (i.e., phone, video interpretation). Also, include information about efforts to ensure all staff with direct contact with clients are knowledgeable about using these resources. Additionally, provide information about the plan to provide documents and forms in the languages of the most prevalent cultural groups of its service users (consent forms, releases of information, medication information, rights, and grievances procedures). This section should also include information related to: addressing other language accessibility needs (Braille, limited reading skills); service descriptions and promotional material.

### **6.6.5 Recovery Values**

**6.6.5.1** Describe the agency or program's plan to espouse recovery and resilience-oriented values into practice.

### **6.6.6 Collaboration with Diverse Community-Based Stakeholders/Organizations**

**6.6.6.1** For this project, describe proposed efforts to partner, collaborate with and include diverse, culturally relevant community partners in service provision and in the gathering of stakeholder input.

This includes information about subcontracting entities (if applicable) and other efforts to ensure government resources reach organizations and populations that are historically economically marginalized, including those that are peer run.

## 6.7. Financial Assessment

- 6.7.1** The Applicant must complete the Capital Budget for the proposed capital acquisition, construction and/or rehabilitation project. **Applicant must upload all supporting documentation for cost estimates. Use the Budget imbedded in SFS for the Capital Budget.**
- 6.7.2** The Applicant must complete a Capital Budget Narrative (Appendix B1) which provides detailed explanation and justification for the cost estimates provided in the Capital Budget. The Applicant should upload and refer to supporting documentation for the cost estimates, where applicable. The Applicant must include in the narrative the calculation or logic that supports the budgeted value of each itemized entry. Include details in the narrative such as, any purchases that would need to be made, services that would need to be contracted, and permits, approvals or permission that would need to be secured or have already been secured. OMH Bureau of Housing Development and Support will work with selected providers as projects progress to refine what is supplied here. If the total cost of the project exceeds the amount of funding being requested, identify which costs the Applicant intends to cover with additional funding and describe how the agency has or will secure(d) additional funding to complete the project. If the Applicant has supporting documentation related to additional funding, it may be attached. Finally, the Applicant must include in the Capital Budget Narrative a description of how the Applicant will undertake and complete the project.
- 6.7.3** Using Appendix B, develop an Operating Budget in the identified column on the Budget template. Assume a full year of operating funds. Applicants should list staff by position, full-time equivalent (FTE), and salary. **Appendix B is located in the event attachments in SFS.**
- 6.7.4** Using the Operating Budget Narrative (Appendix B1), describe how your agency manages its operating budget. Applicants must complete a Budget Narrative which should include the following:
- detailed expense components that make up the total operating expenses;
  - the calculation or logic that supports the budgeted value of each category;
  - description of how salaries are adequate to attract and retain qualified employees; and
  - detailed description of the program's financial sustainability.

Use the Operating Budget (Appendix B) and the Budget Narrative (Appendix B1) to submit with your proposal. The Operating Budget (Appendix B) format is available in SFS and a sample can be viewed on the OMH website. Do **not** substitute your own budget format. **Failure to complete the Operating Budget using the correct form may be cause to reject your proposal for non-responsiveness.**

- 6.7.5** Describe the fiscal viability and health of the applicant agency. Include the history of successfully management of public grant funding.

## Appendix C: Prospective Residential Treatment Facility Program Requirements

### Program Description

Psychiatric Residential treatment facilities (RTFs) are therapeutic programs that provide sub-acute inpatient psychiatric treatment under the direction of a physician to youth with complex mental health needs and support to their families. These programs are for youth who present with severe functional impairments and significant risks to their well-being across settings due to their mental health condition. The youth have challenges that need around-the-clock supervision, structure, and clinical treatment. The programs require voluntary participation.

The purpose of RTF care is to reduce symptoms and improve management of emotional and behavioral challenges. RTF care is intended to support a youth's return to their home and community as early as possible, typically within 4-6 months. RTFs provide an array of medical and psychiatric services and coordinate with nearby school programs to meet the youth's needs. RTF programs operate 24 hours, seven days a week. Each existing RTF campus varies in size from 14 to 50 beds. There is a ratio of at least one staff to four youth at all times. Most RTFs are not locked secure facilities.

RTF programs reduce outside stressors a youth experiences so they can focus on getting better. Throughout a youth's admission they develop new strategies and skills to manage symptoms. Caregivers also learn new skills and strategies for supporting their youth. RTFs incorporate family therapy and time spent at home into treatment. This provides the space and support for youth and caregivers to practice the tools and skills learned during the youth's admission to the RTF. RTF staff are available to support a youth or family during this time at home.

RTFs deliver services in the facility as well as in the youth's home and community. RTF services must comprehensively address the treatment needs of the those admitted and must include mental health services, educational and vocational services, physical health services and dietetic services. RTFs that serve specialized populations offer specialized clinical services tailored to meet the needs of the specialized population. The proposed RTF will be expected to minimally offer access to the following intensive clinical services. Unless otherwise indicated services must be provided directly by the RTF.

<b>Required Services</b>	<b>Frequency</b>
Comprehensive diagnostic assessments	Upon admission and regular intervals throughout admission
Multidisciplinary treatment planning	Upon admission and monthly throughout admission
Psychiatric evaluation and medication management services	Upon admission and weekly throughout admission
Individual psychotherapy	Three times per week for at least 30 minutes per session.
Family therapy	Weekly
Group therapy	45 minutes at minimum five times per week
Expressive or holistic therapy	Weekly, either on an individual basis or in a group setting.
Rehabilitative services	Weekly

Preventative and routine physician services	<ul style="list-style-type: none"> <li>Physician on duty/on-call 24/7</li> <li>May be provided through a written agreement with another provider of services.</li> </ul>	<ul style="list-style-type: none"> <li>a physical examination upon admission, periodic assessment of physical condition, and treatment as needed;</li> <li>an assessment of immunization upon admission, and an ongoing immunization program;</li> </ul>
Preventative and routine dental services	<ul style="list-style-type: none"> <li>May be provided through a written agreement with another provider of services.</li> </ul>	<ul style="list-style-type: none"> <li>a dental examination within six months of admission, periodic assessment, and treatment as needed;</li> </ul>
Dietetic Services		Daily access
Preventative and routine nursing treatment services	<ul style="list-style-type: none"> <li>24/7 nursing services</li> </ul>	<ul style="list-style-type: none"> <li>health education and sex education; and</li> <li>emergency care on a 24-hour basis</li> </ul>
Recreational therapy		Weekly, either on an individual basis or in a group setting.
Family system/caregiver and sibling psychoeducation and support		Monthly
Specialty services as needed (e.g., substance use treatment)	<ul style="list-style-type: none"> <li>May be provided through a written agreement with another provider of services.</li> </ul>	According to treatment plan
Case Coordination and Transition coordination (active discharge planning and aftercare support)		Weekly
Home and community re-integration (therapeutic leave bed reservations)		According to treatment plan
Therapeutic milieu/supervision		Minimum 15-minute checks or line of sight observation of youth
Coordination and collaboration with local emergency and acute inpatient hospitals (hospital bed reservations)		As needed
Behavior management risk assessments and planning		Daily access
Crisis Prevention/Behavior Management Specialist services		Daily access
Permanency/Family Connections Specialist services		According to treatment plan
Room and board		Daily

RTF Eligibility Criteria

Eligibility for RTF programs is determined by OMH RTF Authorization Teams. The RTF Authorization teams review RTF referral applications for the following criteria:

- (1) be between the age of 5 years old and 20 years old;
- (2) have an intelligence quotient equal to or greater than 51;

(3) meet the criteria for voluntary admission in accordance with section 9.13 of the Mental Hygiene Law;

(4) have a current primary diagnosis of a designated mental illness;

(5) meet criteria for serious emotional disturbance; and

(6) meet all medical necessity criteria for residential treatment facility services.

(i) Medical necessity criteria determinations comply with the Code of Federal Regulations, title 42, section 441.153 as incorporated by reference in Part 502.2 of this Title. Medical necessity criteria also meet the CFR 42 section 441.152 Certification of Need requirements where the child or youth is an applicant or recipient of medical assistance pursuant to Social Services Law, title 11, article 5.

(ii) Medical Necessity criteria includes the following:

(a) Outpatient, community-based, and other out of home interventions available, do not meet the treatment needs of the child or youth;

(b) The Child or Youth is experiencing a severity of psychiatric need which requires proper care and treatment of the child or youth's psychiatric condition on a sub- acute inpatient basis in a RTF under the direction of a physician;

(c) Care and treatment provided by a RTF can reasonably be expected to improve the child or youth's condition or prevent further regression so that RTF services will no longer be needed. Poor prognosis shall not in itself constitute grounds for a denial of eligibility if treatment in a RTF offers can be expected to effect a change in prognosis.

Eligibility criteria to obtain authorization to access the OLV Intensive Treatment Program RTF developed in collaboration with the Office for People with Developmental Disabilities and designed to serve children or youth with a designated mental illness and an intellectual and/or development disability, are exempt from criteria (2) and (4) above.

#### Admission Criteria

Each RTF maintains their own OMH approved written admission, continued stay and discharge criteria. The admission criteria must, at a minimum, provide that the youth is eligible to access RTF services as determined by an OMH RTF Authorization Team.

#### Education Services

Each RTF is required to ensure the minimum requirements of the State Education Law are accessible to meet the educational needs of those admitted. This is accomplished either via an affiliation agreement with a New York State private special education program (e.g. 853 school) which has an approved New York State School-Age Approved Private School Modification request application or by establishing a new private school-age (5-21) special education program pursuant to Article 89 of the Education Law on the same campus or in close proximity to the proposed RTF.

For prospective awardees seeking initial approval to operate a private school-age (5-21) special education program pursuant to Article 89 of the Education Law a New York State Initial Application for Approval to Operate a Private School-Age Special Education In-state or Out-of-State Day/Residential Application will need to be submitted.

Regional Need will not be required for this RFP as the need for services has been established by OMH.

*Note:* Programs must provide instruction to a minimum of 16 NYS publicly placed students with disabilities.

Applicants should refer to the Regulations of the Commissioner of Education Part 200.7(a), (b) for information regarding the approval, operation, and administration of private schools for children with disabilities and 200.14 regarding day treatment programs certified by the Office of Mental Health.

The Initial Application for Approval to Operate a Private School-Age (5-21) Special Education In-state or Out-of-State Day/Residential Application can be found at:  
<https://www.nysed.gov/special-education/school-age-applications>

Applicants may wish to review the Evaluation Criteria for each section of the application to determine if responses meet NYSED's standard for acceptance:  
<http://www.nysed.gov/common/nysed/files/programs/special-education/school-age-initial-evaluation-criteria-july-2020.pdf>

## Appendix D: Prospective Residential Treatment Facility Staffing Requirements

RTF employ an adequate number of staff and an appropriate mix of staff to carry out the goals and objectives of their program on site and off site in the community or in the homes of children and adolescents. This includes sufficient number and array of staff to ensure the continuous provision of regular (line of sight) and emergency supervision (1 staff:1 youth) of all recipients 24 hours a day. Staff plans should consider peer support staff and specialized therapeutic staff persons integral to carrying out the goals and objectives of the program. Each proposed RTF's staffing plan should be based on the needs of the RTF eligible population to be served including specialized population needs.

<b>Minimum RTF Staff Requirements</b> Unless otherwise specified staff may count towards more than one requirement.	<b>Reference</b>
<p>At least 50% of the clinical staff hours must be provided by full time employees.</p> <ul style="list-style-type: none"> <li>• Clinical staff are all staff members who provide services directly to residents and their families or legal guardian. Clinical staff includes professional staff, paraprofessional staff and other nonprofessional staff.</li> </ul>	<p>14 NYCRR 584.4(a)5, 584.10(c)</p>
<p>Two different professional staff members must be employed full time (2 FTE each).</p> <ul style="list-style-type: none"> <li>• Professional staff are defined as individuals who are qualified by training and experience to provide direct treatment services under minimal supervision.</li> <li>• Professional staff include registered professional nurse; occupational therapist; physician; psychiatrist; psychologist; rehabilitation counselor; social worker (LMSW or LCSW); therapeutic recreation therapist; and speech pathologist.</li> </ul>	<p>14 NYCRR 584.10(e)1</p>
<p>The following professional categories must be employed at least 1/5 (.2 FTE) of the hours of a full-time employee:</p> <ul style="list-style-type: none"> <li>• Registered Professional Nurse</li> <li>• Psychiatrist</li> <li>• Psychologist</li> <li>• Social worker (LMSW or LCSW)</li> <li>• Therapeutic recreation therapist</li> </ul>	<p>14 NYCRR 584.10(e)2</p>
<p>The staffing ratio for employed professional staff must be 1:7 RTF licensed beds.</p>	<p>14 NYCRR 584.10(d)1</p>
<p>At least 25% of professional staff must meet the following requirements:</p> <ul style="list-style-type: none"> <li>• a nurse who has a bachelor's degree and at least three years' post-licensure experience in treating mentally ill children;</li> <li>• a physician who has at least one year of post-medical degree experience in treating mentally ill children;</li> <li>• a psychiatrist who has at least one year of post-medical degree experience in treating mentally ill children;</li> <li>• a psychologist who has specialized training in clinical psychology or counseling psychology and at least two years of post-licensure experience in treating mentally ill children;</li> <li>• a rehabilitation counselor who has a master's degree in rehabilitation counselling from a program approved by the New</li> </ul>	<p>14 NYCRR 584.10(f)</p>

<p>York State Education Department, current certification by the Commission on Rehabilitation Counselor Certification and three years of post-certification experience in treating mentally ill children;</p> <ul style="list-style-type: none"> <li>• a social worker who has specialized training in clinical practice and two years' post-graduate experience in treating mentally ill children; and/or</li> <li>• a therapeutic recreation therapist who has a master's degree in therapeutic recreation from a program approved by the New York State Education Department, current registration as a therapeutic recreation therapist by the National Therapeutic Recreation Society and three years of post-registration experience in treating mentally ill children.</li> </ul>	
Appropriate professional staff shall be available to assist in emergencies on at least an on-call basis at all times.	14 NYCRR 584.10(g)4
A registered professional nurse must be on site on duty 24 hours a day.	14 NYCRR 526.4(c)6(l)
A qualified nutritionist must be available on at least a consultation basis.	14 NYCRR 584.10(h)
Therapists are to be employed to meet a minimum of one therapist to every seven licensed beds for a ratio of 1:7.	<i>OMH Guidance</i>
Supervisors of therapists are to be employed to meet a minimum of 1 FTE supervisor per 4 FTE therapists (a maximum 1:4 ratio.)	<i>OMH Guidance</i>
Each RTF program must have 0.5 FTE of staff time solely dedicated to the RTF program's clinical direction.	<i>OMH Guidance</i>
Prescribers shall be employed to work in person with youth for at least 0.5 FTE per 14 licensed beds.	<i>OMH Guidance</i>
<p>Permanency/Family Connections Specialist shall be employed at 1 FTE.</p> <ul style="list-style-type: none"> <li>• The Permanency/Family Connections Specialist supports RTF youth to achieve both physical (a discharge resource) and emotional permanency. Through the use of Family Finding (or analogous) process this specialist finds and cultivate lifelong supports for youth who may have few or no family connections.</li> </ul>	<i>OMH Guidance</i>
<p>One full time Transition Coordinator (Masters Degree) is to be assigned for every 6 RTF beds.</p> <ul style="list-style-type: none"> <li>• The Transition Coordinator caseload also includes up to 3 youth in post discharge status. The TC caseload should be a total of 9 youth currently admitted and in post discharge status.</li> </ul>	<i>OMH Guidance</i>
<p>One full time Crisis Prevention Specialist position (Masters Degree) is to be employed.</p> <ul style="list-style-type: none"> <li>• The Crisis Prevention Specialist is responsible for the coordination of all aspects of training, mentoring and ongoing monitoring of crisis prevention activities. The Crisis Prevention Specialist is tasked with the maintaining a restraint free environment.</li> </ul>	<i>OMH Guidance</i>
A physician shall be available on at least an on-call basis at all times.	14 NYCRR 584.10(g)5

<p>A physician must be on call 24 hours a day and able to arrive on premise within 30 minutes for use of restraint response.</p>	<p><u>OMH Implementation Guidelines: 14 NYCRR §526.4 Restraint and Seclusion</u></p>
<p>A minimum of two clinical staff members are assigned to direct care responsibilities for each living unit during all awake hours when admitted youth are not in school</p>	<p>14 NYCRR 584.10(g)1</p>
<p>A minimum of one clinical staff member is assigned to direct care responsibilities for each living unit for every five admitted youth during all awake hours when youth are not in school</p> <ul style="list-style-type: none"> <li>➤ Best practice standard: 1 staff assigned to direct care responsibilities for every 3 youth on a unit with at least one 1 direct care floater for every 2 units. Sufficient staff to meet a variety of recipient observation needs for safety and security (15 minute checks, line of sight, and temporary/emergency 1:1 constant observation.)</li> </ul>	<p>14 NYCRR 584.10(g)2</p>
<p>A minimum of one clinical staff member is assigned direct care responsibility, be awake, and be continuously available for each living unit during all hours the admitted youth are asleep. One additional staff member for every 14 children must be immediately available on site for emergencies.</p> <ul style="list-style-type: none"> <li>➤ Best practice standard: minimum of 2 staff per unit during all hours the youth are asleep for safety and security.</li> </ul>	<p>14 NYCRR 584.10(g)3</p>
<p>Students or trainees may qualify as clinical staff under the following conditions:</p> <ul style="list-style-type: none"> <li>• The students and trainees are actively participating in a program leading to attainment of a recognized degree or certificate in a field related to mental health at an institution chartered or approved by the New York State Education Department. Limited permit physicians are considered students or trainees.</li> <li>• The students or trainees are supervised and trained by professional staff meeting the qualifications specified in subdivision (f) of this section and limited permit physicians are trained by physicians.</li> <li>• The students or trainees receive at least one hour of supervision for every five hours of treatment services provided. Limited permit physicians must work under the direct supervision of physicians.</li> <li>• The students or trainees use titles that clearly indicate their status.</li> <li>• Written policies and procedures pertaining to the integration of students and trainees within the overall operation of the residential treatment facility receive prior approval by the Office of Mental Health.</li> </ul>	<p>14 NYCRR 584.10(j)</p>
<p>Best practice standard: A Family Peer Advocate must be available on at least a consultation basis.</p>	
<p>Best practice standard for programs serving age range 14-21: A Youth Peer Advocate must be available on at least a consultation basis.</p>	

## Appendix E: Prospective Residential Treatment Facility Physical Plant Requirements

The proposed RTF physical plants must follow regulations and policies for inpatient psychiatric programs. The RTF physical plant will require compliance with the following NYS -Codes Rules and Regulations:

- 14 NYCRR [584.19](#);
- 14 NYCRR [77.3-8](#);
- National Fire Protection Association (NFPA) [Life Safety Code](#) Chapter 18;

New Health Care Occupancies or Chapter 19: Existing Health Care Occupancies;

- NY State Building Code-Institutional Group 1-2;
- As applicable New York City Building Code: Occupancy Group H -Institutional; and
- American Disabilities Act (ADA) standards for accessible design and implementing regulations found at 28 CFR [Parts 35](#) and [36](#) / Uniform Federal Accessibility Standards (UFAS.)

As all proposed programs must have a minimum of 14 beds and must comply with NYCRR Section 41.34 to comply with legal requirements for site selection if they are not located on the grounds of a residential facility licensed by a state agency.

In addition to the minimum requirements, a competitive capital project proposal will reflect:

- Use of time delay locks for egress doors
- One comfort/calming/sensory room per unit
- Single occupancy bedrooms
- Single occupancy shower/bathrooms
- Meeting room(s) large enough for family/stakeholder meetings
- Family visitation rooms
- Multi-purpose indoor space for physical activity, recreational therapy, art, dance, music, educational, occupational, and vocational services
- Secure outdoor space for physical activity and recreational therapy
- Appropriate space design allowing staff supervision of patients while maintaining appropriate privacy
- Capacity for accessibility modifications for those with mobility devices and wheelchairs

Prospective awardees may request to lock unit and/or egress doors as part of CPAR.

## **Appendix F: RTF Reimbursement Methodology and Payment Standards**

RTFs are Medicaid funded programs. RTF services are only covered by New York State Medicaid. Regardless of insurance coverage, when a youth is eligible and accepted for admission to an RTF, OMH assists a youth in applying for NYS Medicaid based on the youth's disability and the youth's income and assets.

The RTF Medicaid rate methodology for new and existing RTF providers is detailed in 14 NYCRR 578. RTF rate setting is overseen by the Department of Health (DOH.) The most up to date rates for existing RTF providers is available on the DOH webpage [Office of Mental Health Service Rates](#).

RTF rates of payment standards are detailed in 14 NYCRR 576. Additional information regarding reserved bed day billing is available in the RTF Bed Reservation Manual.

Transition Coordinator Service Dollars will be available to prospective awardees via a state aid contract for a set amount per licensed bed as determined by OMH to assist the youth and family/caregiver with home and community re-integration and successful discharge to less restrictive setting as soon as possible.