Office of Mental Health | Office of Addiction Services and Supports

KATHY HOCHUL
Governor

ANN MARIE T. SULLIVAN, M.D.
Commissioner

CHINAZO CUNNINGHAM, MD
Commissioner

Intensive Crisis Stabilization Center RFP
Re-issued for Select Regions

Official Questions and Answers

FISCAL AND BILLING

1. Will a provider that applies for and receives an SCSC or ICSC license under the regulations (outside of the solicitations) receive net deficit funding? Will only providers awarded under this solicitation (and previous SCSC and ICSC solicitations) be awarded ongoing net deficit funding?

   ANSWER: This question does not relate to this RFP, therefore no response can be provided.

2. Contracts resulting from this solicitation are for a five-year term. Will net deficit be guaranteed after this five-year term expires?

   ANSWER: Annual state-aid will be re-evaluated at the end of the five-year term.

3. Is a sign-on bonus an allowable start-up expense? If a sign-on bonus is allowable, is there a cap on that expense?

   ANSWER: Start-up expenses can include but are not limited to: costs associated with the recruitment and training of staff, staff salaries, purchase of computer equipment, phone systems, office supplies, furniture as needed for program, medical storage, utilities, insurance, etc. Allowable start-up expenses include reasonable sign-on bonuses, the state has not set a maximum to such an expense.

4. Is funding directed to the program or to the LGU?

   ANSWER: Funding will go directly from the state to the provider.

5. Does OMH/OASAS foresee the Medicaid rates to increase over the 5-year period? We are anticipating increased costs attributed to inflation, cost of living increases, etc., which we'll need to include in our 5-year operational projection (attachment B-2); can we assume increased revenue to balance these costs in the budget?

   ANSWER: Rates may change over time based on applicable cost of living adjustments in the budget and updates to model assumptions.

6. What are the assumptions for Medicaid revenue projections of ICSC Downstate of $3.2 million? What number of encounters did that represent?

   ANSWER: The reimbursement methodology is composed of provider cost modeling consistent with NYS Financial Reporting and the Bureau of Labor Statistics Wage data. When we create the provider cost model, we include staffing assumptions and staff wages, employee related expenses, program related expenses, provider overhead, and program billable units. We do not have specifics on that mix of those per-diem rates and volume.

7. Can any portion of the budget be allocated to build CBO capacity for bi-directional referral partnerships?

   ANSWER: Yes.

SERVICES

8. Would an ICSC refer a patient to an SCSC for a lower level of care if clinically indicated? Is it appropriate for an ICSC to provide crisis services at the ICSC if needs can be met through a lower level of care (and lower billing rates) at a SCSC?

   ANSWER: No because an ICSC contains the services of a SCSC.

9. Within what time period may an ICSC readmit a patient after their last discharge from an ICSC?

   ANSWER: An individual may be seen in a ICSC or SCSC multiple times during an individual crisis episode or across multiple crisis episodes if there is demonstrated client need. For specific restrictions and requirements for billable readmissions, billing guidance is forthcoming.

10. Within what time period may an ICSC readmit a patient after their last discharge from an SCSC?

    ANSWER: See response to question #9**.** This question seems to address the potential for a lack of discharge options. It is expected that CSCs have planned for and identified linkages for individuals across the treatment continuum. There is no prohibition for individuals receiving services at a CSC on consecutive days, but these circumstances should be examined based on access to services outside of the CSC. CSCs are not intended for longer term treatment. It is important for CSCs to have processes and linkages in place through community partnerships to provide streamlined referrals to local providers and higher levels of care.

11. Maximum/Minimum length of expected stay for patients?

    ANSWER: There is no expected length of stay. The minimum service requirement is an assessment and the maximum time an individual is able to be served is up to 23 hours and 59 minutes. Individuals who require services beyond 24 hours should be transferred to the appropriate level of care. Reimbursement is not available for recipients that remain admitted to a CSC for more than the allowable 23 hours and 59 minutes.

CRISIS CONTINUUM

12. Have the ICSCs awarded from the first solicitation opened? When are their anticipated opening dates?

    ANSWER: No. The ICSCs are expected to operate in 2023.

13. Should the ICSC expect referrals directly from 988? Does OMH/OASAS have a basis for projecting the number of annual referrals from 988?

    ANSWER: Yes, CSCs should expect referrals from 988. There is no projection of number of annual referrals. Centers could work with and develop relationships with call centers within their region to establish protocols.

LOCATION

14. Is OMH/OASAS seeking for the Intensive Crisis Stabilization Centers to be located geographically within a certain proximity to the awarded Supportive Crisis Stabilization Centers?

    ANSWER: We are looking for ICSCs to be located where there is both identified need and connections to other services in the community. The services provided by an ICSC include the services provided at a SCSC, therefore having both Centers in close proximity may be a duplication of services. If there is a need for both Centers to be in close proximity and/or in the same community, describe the need in your proposal and indicate how it will affect sustainability.

15. Does OMH/OASAS have any expectations around the geographical and/or programmatic synergy with the region's ICSC? That is, does OMH/OASAS expect both centers to be in the same geographic area? Does OMH/OASAS expect the centers to be in different geographic areas to promote more geographic coverage?

    ANSWER: The Offices expect that the providers demonstrate need in their service area, taking other local services and programs, including ISCs and SCSCs into consideration. See response to question #14.

GENERAL

16. Do questions and answers from the initial ISCS RFP remain valid for this solicitation?

    ANSWER: Yes, we recommend reviewing both Q&A documents from the Intensive and Supportive Crisis Stabilization Center RFPs. Please be aware of the updates made to these documents. Updates are located on the procurement websites alongside the links to the Q&As:
    Intensive Crisis Stabilization Centers (ny.gov)
    Supportive Crisis Stabilization Centers (ny.gov)

17. Would OMH be open to a mobile clinic set-up that can be deployed strategically in the case of a local crisis?

    ANSWER: ICSCs do not include a mobile component.

18. Since the Supportive Crisis Stabilization Center awards are delayed by more than two weeks (as of 11/15/2022), and an SCSC award/non award may impact a provider's decision to apply for ICSC funding, with OMH/OASAS extend the due date for proposals?

    ANSWER: No, the proposal due date for this procurement will not be extended.

19. For children under 18, would near-peers (young adult near patients age) satisfy expectations for peer support?

    ANSWER: No, near-peers (young adult near patients age) would not satisfy expectations for peer support. Certified and Credentialed peers must be 18 years or older. Certified or credentialed Youth Peer Advocates and Family Peer Advocates may be included on the multidisciplinary team to work with children, adolescents, and family members. Refer to Part 600 and Program Guidance for more information on staffing and peer credentials.