



Rest of State RFQ Expedited Application Questions

#	Section	Question	State Response
1.	Section 1.5.A.iv: Program Design	While the RFQ clearly states that managed care excludes reimbursement for inpatient care for persons 21-61 in state operated psychiatric inpatient hospitals, it further goes on to state that OMH and DOH will work with the MCOs to make the plans accountable financially and programmatically for continuing admissions/transfers of their members to the State facilities. Can you please clarify the intent of this requirement?	The objective of this provision is recognition that admission to OMH inpatient are short term. Therefore despite the fact that the Plans will not be financial responsible the state wants the Plans and Health Homes to understand the patient will be discharged back into the community and will generally be enrolled in the same MC plans/HARPs and Health Homes. NYS is developing strategies to link the Plans and Health homes to the plans while they are in OMH.
2.	RFQ Section: 1.12: Historical Utilization and Cost	The data book issued for the Rest of State is the same as the one used for NYC. Mercer and DOH have stated in the past that the data book includes costs for some BH services that are already part of existing services covered by the MCOs. We requested a breakout of estimates for the costs currently covered by the MCOs from Mercer and DOH during a few of the Monthly DOH/Plan meetings so we could isolate the marginal costs for the new benefit in the data book. During the meetings it was noted this information would be provided, however has not been released to our knowledge. Is it possible for this information to be released so MCOs can assess the marginal cost of providing services for the BHO carve-in?	Rest of State Behavioral Health Funding <ul style="list-style-type: none"> • \$646M in BH funding is being moved into the Mainstream Plans. • Of that \$646M, \$404M in BH funding is being moved into the HARPs. Please refer to the Mainstream and HARP Data book for more information. http://omh.ny.gov/omhweb/bho/data-book.pdf
3.	RFQ Section 1.11: Rates, 1.12: Historical	DOH has said that the rates for the NYC BHO carve-in will be released to plans sometime in late July. Will Mercer and DOH use a similar approach to rate development for the Rest of	Yes. A similar approach to NYC will be utilized for Rest of State rates. All rate assumptions and other information will be shared with plans via a rate briefing with Mercer.



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	Utilization and Cost	State rates as they did for the NYC rates? If Mercer intends to use different key rating assumptions (i.e., such as administration and retention elements, managed care savings, etc.) for the Rest of State than what they publish for NYC, can MCOs receive guidance or communication during the rate setting process so an accurate assessment of the expectations underlying the rate can be made?	
4.	RFQ Section 3.3.N.i: Contract Personnel	Please confirm that staffing positions dedicated solely to the performance of work "under the RFQ" means that the individuals need to be dedicated to the BH and HARP product lines in general rather than just to these product lines outside of NYC. Plans will need to hire incremental staff to support the products in the rest of the State (this RFQ); however, if plans can provide rationale showing that existing staff dedicated to BH/HARP in NYC can support the additional membership, they would not need to hire duplicative staff.	Plans can propose which lines would have responsibilities for both NYC and ROS. If such proposals indicate that an individual's NYC time will be reduced from the level approved by NYS during the NYC readiness reviews, the plan must propose a clear rationale for the change that explains how that the plan will ensure the individual can adequately meet responsibilities in both NYC and ROS.
5.	RFQ Section 3.5 Table 3: Network Service Requirements	Please indicate how regions are defined for rural county access standards. Are these the OMH/OASAS regions?	NYS public health law defines a rural county as any county having a population of less than 200,000. These regions are not coterminous with OMH/OASAS regions.
6.	RFQ Section 3.11.B: Cross System Collaboration	Can you please clarify the number of RPCs and the counties that each of the RPCs will cover.	There will be 10 RPCs covering the counties throughout NYS, plus an RPC for NYC. The Counties for each region are:



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			<table border="1"> <thead> <tr> <th colspan="2">RPC & PHIP Regions</th> </tr> </thead> <tbody> <tr> <td>Western NY</td> <td>Allegany, Cattaraugus, Chautauqua, Erie, Niagara, Orleans, Genesee, Wyoming</td> </tr> <tr> <td>Finger Lakes</td> <td>Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates</td> </tr> <tr> <td>Southern Tier</td> <td>Broome, Chenango, Delaware, Tioga, Tompkins</td> </tr> <tr> <td>Central NY</td> <td>Cayuga, Cortland, Madison, Oneida, Onondaga, Oswego</td> </tr> <tr> <td>Mohawk Valley</td> <td>Fulton, Herkimer, Montgomery, Otsego, Schoharie</td> </tr> <tr> <td>North Country</td> <td>Clinton, Essex, Franklin, Hamilton, Warren, Washington</td> </tr> <tr> <td>Tug Hill Seaway</td> <td>Jefferson, Lewis, St. Lawrence</td> </tr> <tr> <td>Capital Region</td> <td>Albany, Columbia, Greene, Saratoga, Schenectady, Rensselaer</td> </tr> <tr> <td>Mid-Hudson</td> <td>Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester</td> </tr> <tr> <td>Long Island</td> <td>Nassau, Suffolk</td> </tr> <tr> <td>NYC</td> <td>N/A</td> </tr> </tbody> </table>	RPC & PHIP Regions		Western NY	Allegany, Cattaraugus, Chautauqua, Erie, Niagara, Orleans, Genesee, Wyoming	Finger Lakes	Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates	Southern Tier	Broome, Chenango, Delaware, Tioga, Tompkins	Central NY	Cayuga, Cortland, Madison, Oneida, Onondaga, Oswego	Mohawk Valley	Fulton, Herkimer, Montgomery, Otsego, Schoharie	North Country	Clinton, Essex, Franklin, Hamilton, Warren, Washington	Tug Hill Seaway	Jefferson, Lewis, St. Lawrence	Capital Region	Albany, Columbia, Greene, Saratoga, Schenectady, Rensselaer	Mid-Hudson	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester	Long Island	Nassau, Suffolk	NYC	N/A
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7.	RFQ Section 4.0 Intro	The RFQ requests that "Proposal materials shall be organized into 4 3-ring binders with tab dividers corresponding to headings in Section 4.0." Is the Respondent expected to provide one complete response in no more than four 3-ring binders or four copies of a complete response, using only 3- ring binders?	Complete Expedited RFQ responses should be in 1 3-ring binder and there should be 4 sets of complete responses.																								
8.	RFQ Section 4.0 Intro	The RFQ released on 07/10 states that "Plans must complete all HARP questions in the Behavioral Health Managed Care RFQ released on 07/03." The 7/10 RFQ also contains HARP questions (some of which are duplicates of the 7/3 version). Should plans respond to the HARP questions from both RFQs or only the HARP questions from the 7/3 RFQ?	Plans that submitted a HARP application during the NYC designation process should only respond to the HARP questions in the Expedited RFQ. These instructions pertain to Plans that did apply for the HARP benefit in NYC.																								



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9.	RFQ Section 4.0 Intro	Does the 12pt font requirement apply to tables as well? We have found that tables and graphics are often much clearer when using 10pt font.	10 point font is acceptable for the tables.
10.	RFQ Section 4.0 Intro	For plans that have already qualified for HARP in NYC, are they required to answer the HARP only questions in the Behavioral Health Managed Care Request for Qualification Application released on 7/3/2015 or just Section 4.0 in the expedited RFQ?	Yes, NYC HARPs must complete the HARP questions in the Expedited Application.
11.	RFQ Section 4.0.A.3: Organization, Experience, and Performance	Please confirm that the option to submit "No change since NYC designation" indicates no change since materials were approved as part of the most recent readiness review to serve Adult Behavioral Health and as a HARP in NYC.	If response has been addressed through submissions from the NYC readiness review process Plans may respond "no changes since NYC readiness review process."
12.	RFQ Section 4.0.A.3: Organization, Experience, and Performance	<p>Section A.3 directs respondents to "Identify any change of entity, including a parent, subsidiary, or other related organization, with which the responder intends to delegate, through a partnership or subcontract, any administrative or management services required under the RFQ." If there is no change, Section A.3 gives respondents the opportunity to indicate "no change since NYC designation."</p> <p>Please confirm that the opportunity for "no change since NYC designation" applies to each subcontractor individually and not section A.3 in total, i.e. that if there has only been a change in one subcontractor/partner, the respondent would provide information requested by section A.3 for that one subcontractor/partner and</p>	This is correct. Please provide information requested in A.3 for each subcontractor that is new.



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		indicate “no change since NYC designation” for remaining subcontractors/partners.	
13.	RFQ Section 4.0.A.3: Organization, Experience, and Performance	For response to section A.3, on page 84, if there has been no “change of entity” but certain information about a partner/subcontractor has changed, i.e. its legal name, is the respondent required to provide a new response for partner/subcontractor, or should they only identify the new name (or other information that may have changed), but otherwise indicate “no change since NYC designation?”	Please provide information if there have been any changes to an existing subcontractor. For example if the name of the subcontractor changed since the NYC RFQ, please include the original name and the new name.
14.	RFQ Section 4.0.A.3: Organization, Experience, and Performance	If there has been no change in a subcontractor/partner, should respondents submit updated Business Continuity, Disaster Recovery, and Emergency Response Plans from the subcontractor/partner?	If there has been no change in the Business Continuity, disaster recovery, and emergency response plans no additional information is necessary and the Plan can indicate “no change”
15.	RFQ Section 4.0.C: Network Management	In the identification of the specific counties to be served, if Plans have applied to DOH to expand their service area should this be indicated?	Yes, Plans should indicate which counties are pending approval.
16.	RFQ Section 4.0.C.6: Network Management	Does the State have a list of existing crisis providers for each of the counties?	<p>A list of OMH crisis providers can be found at the following link: http://bi.omh.ny.gov/bridges/directory?region=&prog_selection=03</p> <p>A full searchable list of all OASAS programs types, including crisis services, by county may be found at the following link.:</p> <p>https://www.oasas.ny.gov/providerDirectory/index.cfm?search_type=2</p> <p>New York State has received demonstration authority from the federal government under Section 1115 of the Social Security Act for Crisis Intervention services. The CMS waiver approval authorizes the</p>



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			<p>State to require all MCOs to include Crisis Intervention services in their networks.</p> <p>These network requirements are expected to develop over time as a comprehensive local crisis intervention system is established throughout the State. To meet current standards for adequacy for Crisis Intervention, the network should be comprised of existing providers of the following crisis services: OMH Clinics, Comprehensive Psychiatric Emergency Programs (CPEPs), and designated BH HCBS Mobile Crisis providers.</p>