

Partnership Innovation for Older Adults Questions and Answers

- 1. Can a care management organization participate as a partner? They wouldn't be a lead applicant but would be a partner of another organization's lead application.**

Partnership is limited to mental health, substance use disorder, and aging services providers. However, the applicant could include a care management organization as a contractual or collaborative organization with an important role in carrying out the program.

- 2. Our agency provides general geriatric mental health services as well as specialized counseling for substance use disorders to older adults. We are unique in that we also provide homebound and satellite services. Is it possible to designate our agency as these two providers in the "triple partnership" -- in other words, can a single agency assume these two distinct roles as described in the RFP? We already have the third partnership in place via our work in multiple senior centers and our collaboration with the NYC Department for the Aging.**

No, it takes at least 3 providers – one from each of the three service provider groups – to make a "triple" partnership. Apart from this requirement, there is no specific limit to the number of additional mental health, substance use disorder, and aging services providers that may constitute an effective, working local partnership.

- 3. Are seniors living in nursing homes or long term care eligible to receive services through this RFP?**
- 4. Are seniors with intellectual or developmental disabilities living in group homes eligible to receive services through this RFP?**

No, the target population is a community-based population of older adults age 55 or older whose independence, tenure, or survival in the community is in jeopardy because of a behavioral health (mental health and/or substance use disorder) problem.

- 5. Can an agency submit an application as the lead on a project as well as be a partner on another organization's application?**

Yes.

- 6. Within the Program Requirements section, it says that a triple partnership of mental health, substance use disorder and aging service providers must be**

created and that “...at least one provider from each of the three service provider groups...” is required. It is clear that the local Office for the Aging must be a partner, but if an agency is a licensed OASAS and OMH provider of mental health and substance use services, can one agency provide each of the 3 services? Especially in smaller and/or more rural counties, there may not be more than one not-for-profit agency providing these services.

See the answer to Question #2. In addition, please note that the RFP does not require a local Office for the Aging to be a partner: “The local Office for the Aging must be included as either (1) an aging services provider in the “triple partnership” with partnership responsibilities noted above or (2) a contractual or collaborative organization with an important role in carrying out the program.” If you have a choice, the partnership option is clearly preferable.

- 7. Our agency provides general geriatric mental health services as well as specialized counseling for substance use disorder. Is it possible to designate our agency as these *two providers* in the “triple partnership” - - in other words, can a single agency assume these two distinct roles as described in the RFP?**

See the answer to Question #2.

- 8. For the telepsychiatry or teletherapy – is it allowable if the clinician is located at the mental health clinic and the client is located at a program which has a satellite license?**

Yes for telepsychiatry, for which OMH has regulations that make this possible, but no for teletherapy, for which OMH has no regulations and no current plans.

- 9. Older adults receive most of their behavioral health services through their PCP or health – is it okay for us to work within health care to make the linkage to aging services and other behavioral health services?**

The Partnership Innovation program is less about linkages from primary or physical health care settings – which can be made already – than the program requirements of the RFP. You would have to meet those requirements to begin with.

- 10. Can two counties, who work closely together and share many provider services, submit one application?**

Yes. The county submitting the proposal would be the “lead” county and – if awarded a contract – would be the recipient of grant funding and assume responsibilities for the contract and fiscal and program operations. Funding would be by contract, not state aid letter.

11. Should the narrative be single or double-spaced?

Either is fine, but because the Summary and the Project Narrative each have page limits, most applicants submit proposals that are single-spaced.

12. How is OMH defining “substance abuse provider”?

We use the term “substance use disorder” provider to describe a program certified by the Office of Alcoholism and Substance Abuse Services.

13. Is it required that there be three separate providers – one each in mental health, substance abuse, and aging services – be involved in the proposed project?

See the answer to Question #2.

14. Is there an ideal geographic scope for the project? Is one county a large enough region for consideration?

There is no ideal geographic size or area preference or requirement.

15. Older adults in the rural towns of our county frequently have no internet access. Our agency has extensive experience providing telephone crisis counseling support to people of all ages; will telephone outreach calls satisfy the call for technological innovations?

No, what you describe is fairly common practice in the field and would not be considered technological innovation.

16. This grant could serve as a back-bone for mobile crisis services for other populations in our community; is there restriction to using the same staff members working with younger adults if other funding is available?

Yes, there is restriction. Mobile Outreach and Off-Site Services (which are not the same as mobile crisis services) are limited to identifying at-risk older adults in the community who are not connected to the service delivery system or who encounter difficulties accessing needed services. Staying focused on the purpose of the grant – not modifying the intent or delivery of these services as you described – is the best way to obtain and keep grant funding.

17. Will grants be given for less than \$200,000 or will awards be made of that amount?

For a five-year grant period, OMH anticipates awarding successful applicants up to \$200,000 a year.

- 18. Our agency is primarily a community-based, peer specialist organization; our bid would include a licensed mental health professional (LMSW or LCSW) as project director, and we will work closely with the two major mental health clinics and substance abuse agency. However, the project will rely upon the resources of our crisis counselors. Is this acceptable?**

Based on the information provided, no. The RFP does not describe a program such as a behavioral health crisis program or after-hours hot line that can more clearly rely on the support of crisis counselors.

- 19. Under this contract, in addition to the \$200,000 per year, does a behavioral health provider have the ability to bill Medicaid or an MCO for services provided?**
- 20. Will agencies in the local triple partnership (who are worked into the budget) be able to bill Medicare and other insurances who are receiving services?**

Providers can bill within the current rules and regulations for billing Medicaid, Medicare, and managed care organizations. Revenue exceeding program costs will be recovered as part of the OMH post-grant reconciliation audit unless it was clearly used to expand or enhance the program.

- 21. Can you please clarify the statement on page 12 under “Access Aging Services?” *“The Partnership Innovation Program must also be able to access home and community based, non-medical, aging support services administered by the local Office for the Aging to meet the needs of older adults in behavioral health services programs who need them.”* Are you referring primarily to older adults who need services in behavioral health programs, or older adults in aging services programs such as senior centers and community centers?**

This refers to older adults age 55 or older in behavioral health services programs who also need aging services.

- 22. If an older adult is already receiving behavioral health treatment and wants to switch (or add) to the treatment, but not inform the current provider, would this individual be eligible for the program? Individuals may also refuse authorization and not allow the Partnership Innovation staff to contact the current provider.**

There may or may not be a Partnership Innovation program in your area when grantees begin putting them together in 2017. But with or without the possibility of involving a Partnership Innovation program, it would probably be a good idea to go over things with the current provider if there are concerns and discuss options.

- 23. Can you please clarify the first part of this statement on page 15 – second bullet point? *“How effective behavioral health screening instruments – such as PHQ-9, GAD-7, and AUDIT C – followed by a more comprehensive assessment for those***

who screen positive will be used to identify older adults in aging services programs who need behavioral health services...” Are you referring to the use of screening instruments only with older adults in aging services programs?

Yes, this refers to using the screening instruments with older adults age 55 or older in aging services programs.

24. Is a public benefit corporation, which is a NYS government entity, eligible to serve as the lead applicant for a proposal being submitted for this grant opportunity?

Yes, as long as it meets all eligible applicant criteria.

25. Can funds be used to subsidize MH and SA services?

Funds can be utilized to hire staff who are able to deliver services that are not currently reimbursable by most payors, such as Mobile Outreach and Off-Site Services.

26. Can agency provide both MH and SA services and partner with a senior services organization? Will this satisfy the “Triple Partnership” requirement?

See the answer to Question #2.

27. Do you have an estimate as to what percentage of the target population might be dual eligible (Medicare and Medicaid)?

No.

28. It is noted on the operating budget form that there is a line for ‘overhead and administration’. Please advise on the maximum overhead rate for this proposal.

29. It is assumed that the \$200K maximum per year included direct costs along with overhead and administration. Please confirm.

30. Are there any salary caps for personnel? Is there the option of including staff’s actual salary?

Any contract awarded is subject to the restrictions and related requirements of Executive Order #38, which applies to all three of these questions. The maximum overhead rate is fifteen percent (15%), and yes, what is included in the yearly amount of the contract up to \$200,000 includes direct costs, overhead, and administration – subject to the limitations of Executive Order #38; there are no salary caps other than what is outlined in Executive Order #38.

31. Are there any items not allowed for in this budget?

Yes, the Consolidated Fiscal Report (CFR) Manual, Appendix Z, defines non-allowable expenses.

32. If subcontracts/subawards are included, is there a need for separate operating budgets and budget narratives?

Yes, such information will be used to see the evaluation structure being proposed. The program requirement to create a local "triple partnership" stipulates that "applicants must also be a participating provider in their partnership and be responsible for its leadership." Additional program requirements include extensive work related to a Core Implementation Team, significant involvement with the programmatic and fiscal technical assistance of a Geriatric Technical Assistance Center, and collecting, managing, and reporting a set of program performance measures. For this RFP, subcontracting is not intended to serve as a means by which to simply "pass through" funding to others.

33. Are there any page limits to the budget narrative?

No.

34. In terms of the requirement regarding utilizing technological innovations such as mobile technologies can you provide examples for illustrative purposes that do not impact PHI?

35. Would mobile self-management or self-monitoring qualify for the requirement of using technological innovations?

As long as it does not involve protected health information, there are a number of health related applications that may be useful and qualify as utilizing one or more technological innovations, including mobile self-management or self-monitoring tools. Best advice is to check with your agency and its related state agency first.

36. Could we show patients how to use our patient portal on their smartphones or tablets, that is, connect to our EMR to fulfill the requirement to utilize technological innovations? Through our patient portal on their device, patients would be able to text their providers securely.

Possibly, but it sounds like this is already in place and not necessarily developed to better serve the target population and help staff address their unmet needs for behavioral health, aging, and other services.

37. In terms of eligibility, we are a not-for-profit agency licensed by OMH to operate an outpatient behavioral health program for adults, does the provision of services related to this RFP need to be provided in that facility or can they be provided in different locations that are not licensed?

Depending on how your “triple partnership” organizes the delivery of mental health services, possibly both. For example, a social worker in your OMH-licensed outpatient program might be assessing older adults in an aging services program who scored positive in a depression screen (non-licensed location) or providing outpatient mental health treatment services for an older adult identified as needing such services (licensed location).

38. In order to ensure access to services, can we request funds to transport patients?

Only to the extent that all other resources have been exhausted.

39. If we are awarded funds, what type of contract will be issued to our organization from NYS OMH?

A 5-year (multiyear) New York State Master Contract for Grants.

40. If the mental health provider and the substance abuse provider may be the same provider, provided applicant include three organizations in the partnership?

See the answer to Question #2.

41. Grantees are required to “utilize technological innovations such as telecare, telemedicine, telepsychiatry, and mobile technologies. The RFP provides and explanation for telecare, telemedicine and telepsychiatry, but none for mobile technologies. Could the Office of Mental Health provide clarity on what type of mobile technologies are in mind, which would constitute compliance with this grant?

See answer to Questions #34 and #35.

42. Are there any budgetary guidelines for the technology?

No, other than it should fit with whatever else you are doing and the resources needed to implement and operate the program.

43. What is the definition of “mobile outreach”?

Mobile Outreach and Off-Site Services is a major required service component of the Partnership Innovation program designed to identify (1) at risk older adults in the

community who are not connected to the service delivery system and (2) older adults in the community who encounter difficulties accessing needed services. See Section V, Section 5.2A, bullet 6 in the RFP for additional information.

44. Does the RFP call for the Local Office for the Aging to directly provide services to seniors or can the services be delivered through subcontracted programs (e.g. senior centers)?

Aging support services may be provided by a local Office for the Aging who is a provider (most of them are) and/or by other providers of aging support services. A local Office for the Aging also administers a wide range of home and community-based, non-medical aging support services (see Section V, Section 5.2A, bullet 5 in the RFP). While the local Office for the Aging must be included as part of the program, other providers of aging support services, such as providers of senior center programming, may also be included as a partner or as a contractual or collaborative organization with an important role in carrying out the program. It is up to the “triple partnership” to design how it wants to see this work.

45. Are there expectations for how widespread services are offered to seniors (geographic coverage)?

See the answer to Question #14.

46. Is there an expectation that all 3 types of services (addressing behavioral health, substance use disorder and aging) are to be made available at the project start, or can services be integrated in phases?

As noted in the RFP’s Project Narrative instructions for “Proposed Program/Approach” and “Implementation,” initial implementation of all three required components of service (Access Behavioral Health Services, Access Aging Services, and Access Mobile Outreach and Off-Site Services) is expected in year two of the five-year grant period.

47. What is meant by mobile outreach? Please clarify definition for us.

See the answer to Question #43.

48. The RFP calls for a “triple partnership” to provide services to seniors, but is it permissible to include one entity/organization that provides two of the three types of services? That is, two partners providing three services.

49. Re: the “triple partnership”, does each one have to be an external partner or can it be a program that already exists within the applicant organization?

See the answer to Question #2.

50. Our agency is not a licensed OASAS provider. However, we do provide abuse services to individuals with dual diagnosis. Are we eligible to apply for the RFP? If not, are we eligible to apply for the RFP if we have a licensed OASAS provider in our “triple partnership”?

See if you meet the Eligible Applicant criteria in Section II, 2.6 of the RFP.

51. We are a large, comprehensive human services agency, and we provide aging support services, operate and OMH-licensed mental health clinic and OASAS substance abuse services. Could we develop the partnership across our own departments, or do we need to bring in an outside partner?

See the answer to Question #2.

52. Can two proposals be submitted from the same community, and could the local Office for Aging support both?

Yes.

53. What types of services can this grant fund?

See the answer to Question #25 for an example. Also, see the answer to Question #31 regarding non-allowable expenses.

54. Does OMH have preferred or suggested opportunities for long-term sustainability, such as third party reimbursement? Others?

With the current changing landscape of health care financing, sustainability is not an immediate focus. However, sustainability is one of the stages of implementation in the RFP, and the Project Narrative instructions for “Implementation” identify a number of areas to consider.

55. Besides the required letters of commitment, will general letters of support be allowed?

No, they are not needed.

56. Does the LGU have to be a provider of services or can the LGU submit a proposal and if awarded, contract out the award to a local provider that meets the eligibility standards of the RFP?

Yes to being required to be a provider of services. The program requirement to create a local “triple partnership” stipulates that “applicants must also be a participating provider in their partnership and be responsible for its leadership.” Additional program

requirements include extensive work related to a Core Implementation Team, significant involvement with the programmatic and fiscal technical assistance of a Geriatric Technical Assistance Center, and collecting, managing, and reporting a set of program performance measures. For this RFP, subcontracting is not intended to serve as a means by which to simply “pass through” funding to others.

57. Can the LGU be either the County Department of Mental Health or the County Office for the Aging?

Yes. While the County Department of Mental Health would have familiarity with the CFR for budgeting and reporting purposes, which would be helpful, the decision as to who would be the lead is up to them. Funding would be by contract, not state aid letter.