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Residential Treatment Facility Pilot: Reducing Lengths of Stay RFP

Questions and Answers

1Q: In addition to length of stay, what other outcomes are considered most important?

1a. Outcome goals described in Section 5.7 are required. Section 5.7 directs the applicant to propose performance measures for the RTF program that will best assist in meeting the outcomes goals and monitoring progress along the way. Applicant outcome goals may vary by project and be tied specifically to the improvements/interventions being proposed.

2Q: Can project elements be modified during the three years of the contract, based on which elements prove to be most successful?

2a. The RTF Pilot: Reducing Lengths of Stay may be modified during the course of the contract. Any changes to the RTF Pilot: Reducing Lengths of Stay contract must be approved by OMH. Please also refer to Section 4.3.1.

3Q: The language in the RFP is unclear in terms of the annual amount of funding. On page 14, language provided includes: RTF Pilot Program: Reducing Lengths of Stay amounts are limited to a maximum of \$200,000 annually per project. OMH reserves the right to adjust or negotiate proposal awards as well as award funding to proposals in part. Which implies \$200,000 x 3 years= a total of \$600,000 per RTF over the course of the project. However, on page 16, language provided includes: The maximum proposal award will be \$200,000 per program. Please clarify if awardees will receive a total award of three years of \$600k, or \$200k.

3a. The maximum award amount is \$200,000.00 per a single OMH licensed RTF Program (Code 1080) per year for a maximum of three years (for a total of \$600,000) based on availability of funding. OMH reserves the right to adjust or negotiate proposal awards as well as award funding to proposals in part.

4Q: The RFP language: "Each application must identify a single, distinct project. Providers operating multiple RTF's may request funding for more than one RTF. However, a separate and distinct proposal must be submitted for each RTF." We have two separate and distinct RTF program locations, and the model we will propose will be similar if not identical at both locations. If this acceptable based on the RFP language?



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4a. Separate: any application submitted needs to pertain to one OMH Licensed RTF Program (Code 1080.). Distinct: any application submitted needs to be unique to the OMH Licensed RTF Program (Code 1080) to which it pertains. Although there may be some areas of similarity it is not expected that proposals will be identical. The RFP requires the applicant to justify in 5.3.1 the connection between the project proposed and the unique and individualized clinical and cultural/ linguistic needs of the youth and families served.

5Q: Should we/can we include letters of support from local government and other stakeholders to strengthen our application?

*5a. You may attach letters of support from local government units or relevant stakeholders. Please reference such attachments in your narrative responses. Letters of Support would supplement **not** replace a narrative response requested in Sections 5.3-5.8. Letters of Support are not required but may be reviewed.*

6Q: If we refer/connect clients to other agencies in our discharge process, should we include MOUs with those agencies in our application?

*6a. You may attach Memoranda of Understanding (MOU's) with agencies involved in your discharge planning process. Please reference such attachments in your narrative responses. MOU's would supplement **not** replace a narrative response requested in Sections 5.3-5.8. MOU's are not required but may be reviewed.*

7Q: How much differentiation must there be among proposals being submitted by the same agency for different RTF's?

7a. Please see question 4.

8Q: How is recidivism being defined for purposes of the RFP (e.g., returning to the RTF, to out of home care, other?)

8a. The word "Recidivism" was not used in this RFP.

9Q: On the RTF 'Program Specific Questions' it states to refer to the 'Pilot Core Guiding Principles as Appendix D', though it is listed as Appendix A on the Pre-Submissions Uploads and there is no Appendix D on that list. Is this an error or is there an Appendix D that will be added to the Pre-Submission Uploads?



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9a. The reference to Appendix “D” in the Grants Gateway Program Specific Questions Sections 5.3, 5.4, 5.5 and 5.6 was an error and should have been referenced as Appendix “A”.

10Q: Will there be any relief in the bed reservation days regulation, or ability to waive the regulation?

10a. There will be no changes to existing regulations in the context of this RTF Pilot: Reducing Lengths of Stay RFP.

11Q: Is there the ability to provide respite to previous youth using an RTF bed?

11a. Any youth who admits to a RTF bed must be found eligible via the Pre-Admission Certification Committee (PACC) process, as defined in 14 NYCRR Part 583. When a youth is discharged from a RTF, they have been determined to no longer meet that level of care. Any subsequent admission to a RTF bed by a youth must occur via the PACC process.

12Q: Is there the ability to provide respite to a previous RTF youth using a bed that was taken offline when the program downsized capacity?

12a. Please see question 11.

13Q: Does the 4000 character limit also apply to responses that are included as an attachment and not entered into the Gateway form fields?

13a. No, that is the maximum limitation for the Gateway form field.

14Q: Is the \$200,000/project available per RTF unit or an entire RTF site? For example, if we operate 3 units on a campus, and we are proposing to pilot a project in each, can we ask for a maximum of \$200,000 or \$600,000? Do those applications need to be individualized or can a single application speak to a project happening at 3 units?

14a. Please see Question 3. Please also see Question 4.

15Q: Are there any limitations on using tele-psychiatry? Do youth have to be in an OMH-certified facility?



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15a. Please see NYS Title 14 NYCRR.Part 596 Tele-Psychiatry. Please also see TelePsychiatry Guidance for Local Providers (<https://omh.ny.gov/omhweb/guidance/telepsychiatry-guidance.pdf>) Take note that Administrative Action through the MHPD system is required. Providers are encouraged to collaborate with their OMH Field Office(s.)

16Q: Will OMH be adjusting the minimum threshold for RTF?

16a. Please see Question 10.

17Q: Pre-submission uploads includes Appendix A - RTF Pilot Core Guiding Principles should applicants attach this document for upload? What is the expectation?

17a. Appendix A - RTF Pilot Core Guiding Principles does not need to be uploaded for submission. Appendix A RTF Pilot Core Guiding Principles is for the applicant's reference as they develop their proposal. Successful applicants will infuse their proposal with the principles delineated in Appendix A RTF Core Guiding Principles.

18Q: Pre-submission uploads also include Attachment E - a sample contract document for agencies awarded funding. Should applicants fill out this form and attach documents? Or is it only provided for reference?

18a. No. This is provided for reference only. This is a document that is a required contract document.