



Office of Mental Health

CTST Questions and Answers

2-24-2021

1. Please define the age range of the population this grant is intended to serve? If adults only can you define age of adults. If only over 21 would OMH approve serving emancipated minors and adolescents?

Answer: 18 years and older. At this time, OMH does not intend for the CTST program to serve emancipated minors or adolescents.

2. Please confirm the number of CTST teams and provide detail/explanation for areas named teams are meant to cover.

Answer: There are eight total teams.

Team 1: Manhattan and Rockland Team that works with both Manhattan Psychiatric Center and Rockland Psychiatric Center

Team 2: Bronx Team that works with Bronx Psychiatric Center

Team 3: Queens Team that works with Creedmoor Psychiatric Center

Team 4: Brooklyn/Kings County and Staten Island – Works with South Beach Psychiatric Center and with inpatient psychiatric hospitals (Article 28's) in Brooklyn

Team 5: CPL 730.40 team that works with Health + Hospitals/Metropolitan Hospital Center

Team 6: Kingsboro Recovery Hub Team that works with Kingsboro Psychiatric Center

Team 7: Homeless Team focused on recipients who frequent the subways and terminal stations

Team 8: Homeless Team focused on recipients who are on the streets

The highlighted teams (2,5, and 6) are hospital-based engagement teams, meaning that they are embedded with the facility/unit staff, involved in aftercare planning, and the needs assessment of community transition supports essential to stabilizing the recipient post community placement.

3. Please confirm the five-year funding amount for this initiative. Please clarify the intent/meaning of revenue expectations under Health Home Plus program offsetting costs.

Answer: The annual OMH contract funding is \$5,993,413. It is OMH's intent to fund the full five years but as with all OMH grant-funded programs, the 5-year total is subject to yearly budget approval. OMH does not have fixed revenue assumptions. In their budget submission, applicants should state what they think is a reasonable first year HH+ revenue target.

4. If a potential applicant is a 501 (c)(3) and the controlling entity of an IPA, are they eligible to apply?

Answer: Yes.

5. Is an IPA that doesn't itself bill for Health Home plus, but has members that do, eligible to apply for this opportunity?

Answer: Yes.

6. Would you consider awarding this to more than one organization? Perhaps to work together collaboratively?

Answer: No.

7. What are the expected hours of operation for the program? Is the provider expected to maintain only telephonic capacity 24/7, or is 24/7 response capacity also expected?

Answer: Regular hours may vary to best meet the needs of the recipient population, but the assumption is that it is a 40-hour work week. In terms of crisis coverage, the expectation is 24/7 phone coverage, plus capacity to respond in person 7 days a week, based upon the crisis and the individual needs of the recipient.

8. What are the emergency coverage requirements?

Answer: 24/7 phone coverage, plus capacity to respond in person 7 days a week, based upon the crisis and the individual needs of the recipient.

9. What is the expectation around in person vs. telehealth services? And how will these expectations differ during the COVID-19 pandemic vs. for the program's ongoing

operation? These expectations will have budgetary impacts related to physical space and technology needs.

Answer: Primarily in-person both during the pandemic and post-pandemic.

10. The staffing plan calls for 2.0 FTE senior mental health clinicians on each CTST Team. What credentials or experience are required for this position?

Answer: Senior means licensed mental health staff with 3-5 years of work experience post licensure serving recipients with behavioral health conditions. This includes licensed clinical social workers, licensed mental health counselors and RNs.

11. What is the expected and/or allowed start-up and phase-in timeline for the program to become fully operational after the contract start date?

Answer: 3-4 months.

12. Is start-up funding available for this contract? If so, how much?

Answer: No, there are no start-up funds.

13. Who will be responsible for providing training for the evidence-based practice, CTI? Will additional funds and resources be provided by OMH, or will training resources and funding need to be included in the provider's proposed program budget?

Answer: Vendor is responsible. Part of the scoring criteria will be the applicant's knowledge and experience with critical time intervention.

14. Are we allowed to subcontract?

Answer: Yes, but the proposal must delineate roles clearly.

15. The RFP requests information regarding revenue expectations under the Health Home Plus (HH+) program that will offset costs. Does OMH have a minimum assumption with respect to the percentage of the budget supported by HH+ revenue?

Answer: At this point, OMH does not have fixed revenue assumptions. In their budget submission, applicants should state what they think is a reasonable first year HH+ revenue target.

16. A number of CTST clients may likely be enrolled with another lead Health Home (HH) and care management agency (CMA). How does OMH envision helping the CTSI agency

arrange a timely transfer from the current CMA and lead HH so the CTSI agency can generate HH+ billing immediately upon enrollment with the CTSI Team?

Answer: If the recipient is already in HH where the CTST is a sponsor agency, the agency can help with the movement. If the recipient is working with a CMA that is not part of the CTST sponsor agency, OMH will work with the recipient to request the move since this is a voluntary program. It is our expectation that eventually when the recipient transitions from CTST that the individual would remain with the same HH+ team for continuity purposes.

17. Can the CTST agency enroll Medicaid beneficiaries for CTST services who are not HH eligible and/or enrolled? If yes, does each team have a percentage or number limitation for enrolling individuals not eligible for and/or enrolled in a Health Home?

Answer: All Medicaid recipients eligible for CTST would be eligible for HH+. In some cases, a team would serve a small number of individuals who are not Medicaid eligible. As stated above, OMH does not have fixed revenue assumptions. In their budget submission, applicants should state what they think is a reasonable first year HH+ revenue target.