



Geriatric Demo RFP Round 5 – Questions and Answers

1. Agency has a number of affiliated entities and a wide range of housing for seniors including HUD 202, tax credit and mixed market. Must the applicant be OMH-licensed? Or can a collaborator/affiliate be?

Answer: Yes, the primary applicant must be either a not-for-profit agency with 501c(3) incorporation that is funded or licensed by OMH to operate outpatient programs for adults OR a local government unit in New York State.

2. As the OMH licensed provider applying for the grant could we partner with a for-profit OASAS provider? Does the OASAS provider have to be a non-profit like we are?

Answer: Doing so is not precluded, but please note reference to Letters of Commitment requirements in Section 2.5 of the RFP. The Substance use services provider must be licensed by NYS OASAS to provide outpatient treatment.

3. Our agency is licensed and funded to provide outpatient mental health services via PROS/ACT but does not currently have an article 31 license. Would we be eligible to apply?

Answer: Yes, as long as you are a not-for-profit agency with 501c(3) incorporation funded or licensed by OMH to operate outpatient programs for adults, you are eligible.

4. Please clarify whether the applicant must be a nonprofit OMH licensed provider or whether the LGU is allowed to apply?

Answer: Either is an eligible applicant. See response to Question 1.

5. The primary applicant must be licensed by OMH to provide outpatient mental health services, and will be a participating provider in this partnership and be responsible for its leadership. Do you currently have a list of these licensed outpatient providers so that we can connect with them for the RFP?

Answer: Please see “Find a Mental Health Program” on the OMH website, where you can even search for programs by County. <https://omh.ny.gov/>

6. Do you have a link to the licensing requirements to provide outpatient services?

Answer: Please refer to the OMH website at <https://omh.ny.gov/> for specifics on licensing requirements.

7. We are a AAA (Area Agency on Aging). We currently have an OMH grant and have taken over administrative lead, for now. We run geriatric mental health services, embedded within our senior centers.

It is unclear whether we could take the lead on this grant or would need to be relegated to a partner on the grant.

Answer: Yes, the RFP defines the primary applicant as either a not-for-profit agency with 501(c)(3) incorporation that is funded or licensed by OMH to operate outpatient programs for adults OR a local government unit in New York State. A local Area Agency on Aging (AAA) under the LGU could be a primary applicant.

8. Our agency is a NFP licensed by OMH. Is the development of formal partnerships with a NYS Office of Addiction Services and Supports (OASAS) provider and the NYS Office for Aging (NYSOFA) local Area Agency on Aging (AAA) a pre-condition for application, or is this expected to take place as part of the implementation of the grant?

Answer: The Letters of Commitment required by each partner as part of the application will outline the commitments and responsibilities of each partner in the project. The letters must identify partnership responsibilities, which include significant collaborative commitment to and involvement in planning, implementation, and oversight of the program during the five-year grant period.

9. I see proposals are accepted only from not-for-profit organizations. I also notice the request states organizations that aren't eligible can partner up with eligible organizations.

I own an organization that can provide the medical portion of the request and was wondering if there was a list of not-for-profit organizations, I can access to request partnership.

Answer: Please see "Find a Mental Health Program" on the OMH website, where you can even search for programs by County. <https://omh.ny.gov/>

10. Is an agency which operates a non-clinical PROS program eligible to apply for funding as a (1) not-for-profit agencies with 501(c)(3) incorporation that are funded or licensed by OMH and operate outpatient programs for adults?

Answer: Yes, if your agency is a not-for-profit agency with 501(c)(3) incorporation funded or licensed by OMH to operate outpatient programs for adults, you are eligible.

11. Our agency is licensed to operate an ACT Team. Do we meet the eligible applicant criteria?

Answer: Yes, if your agency is a not-for-profit agency with 501(c)(3) incorporation funded or licensed by OMH to operate outpatient programs for adults, you are eligible

12. Is there an expectation that physical health and behavioral health providers engage in off-site services?

Answer: Yes, The RFP calls for the development and provision of substantial mobile outreach and off-site services to engage and assess, and identify unmet needs for behavioral health, physical health, and aging services, in addition to assessment for social needs. Initial outreach and screening will be provided in the community directly through "The Partnership" and this includes behavioral health services. See RFP Section 5.2A.3 and 4.

13. Is it possible to offer training for staff in the field as part of “community outreach, education, and engagement activities” in the project?

Answer: No, the RFP defines “Community outreach, education and engagement activities” as described in Section 1.1 of the RFP are activities intended to promote identification and referral of at-risk individuals and linkage to project services. These activities may include outreach to community service providers, education activities to promote the project and the development referral pathways.

14. Are home visits and HCBS-type services considered “mobile and community-based” services? Please define mobile services in greater detail.

Answer: Yes, Mobile outreach and off-site services are services provided in the community that will be used to engage the target population, assess their unmet needs for behavioral health, physical health, and aging services, as well as other unmet needs. See RFP Section 5.2A.3.

15. Can the lead organization partner with CBOs within the OASAS and AAA Aging services network rather than with the entities themselves, i.e., could a New York City-based organization partner with a DFTA-funded entity such as a Senior Center or Case Management provider?

Answer: The primary applicant must be a OMH licensed provider of outpatient MH services to adults. The Substance Use Partner must be a OASAS licensed provider of outpatient SUD services. The Aging Services partner must be the local Area Agency on Aging.

16. Will the lead partner determine the allocation of funding or is there a requirement to that it be allocated equally among the three project partners?

Answer: Yes, The RFP requires that Letters of Commitment submitted by project partners will identify partnership responsibilities and must outline any financial arrangements or considerations negotiated between the partners. The RFP does not stipulate that funding be allocated equally among the three project partners. See Section 2.5 of the RFP.

17. Can a project focus on an urban population of community-dwelling older adults who reside in individual residences (rental apartments, affordable housing, public housing, rent-regulated units, senior housing, co-ops, etc.)?

Answer: Yes, the target populations are identified in Section 1.1.2 of the RFP. Applicants must choose one of three identified target populations as a focus of the demonstration project. Please review the paragraph describing Group 2 to see if that is the population you seek to serve.

18. Is there a suggested target number of individuals to be served in the project?

Answer: The RFP does not identify a specific number of individuals to be served by the project.

19. Can you provide more information about the thoroughness and depth of the analysis of community need and community-based resources expected?
Answer: The needs assessment should clearly support your program proposal and will be evaluated as part of the review. There are no specific criteria regarding the thoroughness and depth of the needs assessment. Please see RFP Section 5.2A.2.
20. Would an organization be eligible if they operate a residential OMH program and an outpatient OASAS program?
Answer: Yes, if your agency is a not-for-profit agency with 501c(3) incorporation funded or licensed by OMH to operate outpatient programs for adults, you are eligible.
21. Can one agency be both the primary applicant as an OMH licensed mental health provider and the OASAS provider if it also has an outpatient OASAS license?
Answer: Yes, the requirement for providing the array of behavioral health services required by the RFP can be met through partnership with an OASAS licensed provider or by a NYS licensed provider of Integrated Outpatient Services. If licensed by NY State to do so, a single agency can provide both MH and SUD outpatient services in the community and meet the requirements of the RFP. The integration between the two programs will be evaluated as part of the proposal review. Please see Section 5.2A.4.
22. Do the services provided under this RFP apply to licensed and non-licensed supportive housing?
Answer: Yes, The RFP identifies three target groups of individuals to be served based upon type of residence. See Section 1.1.2 for specifics of housing type.
23. Must the local area aging services partnership be with a government agency or can it be a not-for-profit agency that is in contract with the “NYSOFA local Area Agency on Aging”, i.e., an agency that is in contract with the New York City Department for the Aging (DFTA)?
Answer: The RFP directs that the partnership must include the local Area Agency on Aging, and Aging Services will be administered by the local Office for the Aging (AAA). Although these aging services may be provided by contract, “The Partnership” will access aging services through a formal partnership with the AAA.
24. Our agency has a large population of supportive housing residents who meet the eligibility criteria for services under the grant. Does the population served have to expand beyond eligible clients living in our agency’s supportive housing?
Answer: No. Please see RFP Section 1.1.2 for specific information on the target population to be served. Applicants must choose from one of three identified groups.
25. Will there be a designated, specific source for referrals, or will it be up to the “partnership” to do outreach and establish a referral network?
Answer: “The Partnership” will develop community outreach, education, and engagement activities to promote identification and referral pathways of at-risk individuals and linkage to the grant project services.

26. Are agencies permitted to bill Medicaid and Medicare for eligible clinical services provided under this grant (assuming they have proper credentialing and licensing)?

Answer: Yes, billing Medicaid, Medicare and any commercial plans will be key to sustaining the services post grant support. Any anticipated Medicaid revenue should be incorporated into the Budget.

27. Are staff who are hired with grant funds permitted to bill Medicaid and Medicare for eligible services provided under this grant (assuming they have proper credentialing and licensing)?

Answer: See response to Question 26.

28. The time frame between OMH posting responses to questions and the due date for submitting proposals is very brief considering the complexity of negotiating partnership agreements and the impact that OMH's responses might have on the specifics of the agreements. Would OMH consider extending the deadline for submission?

Answer: OMH has extended the deadline for submission of proposals and the extension was posted to the OMH website on 5/07/21. The new submission date is June 30, 2021.

29. Is OMH expecting the "Provider Contact Form" to be completed and submitted with the application, or is this form to be completed and submitted only after award?

Answer: Yes, the "Provider Contact Form" is to be submitted with the application.

30. In Grants Gateway, on the "Program-Specific Questions" screen, there is an instruction immediately beneath the "Project Title" text box that is cut off mid-word at the end of the sentence. It begins, "With the exception of the Operating Budget / Budget Narrative questions (for which provided templates must be completed and uploaded) please note that the response" Can you please let us know the remainder of such sentence(s) of instruction/guidance?

Answer: With the exception of the Operating Budget/Budget Narrative questions (for which provided templates must be completed and uploaded) please note that the responses for the following can be provided either through the 4,000 character limit response box or by providing an upload.

If you choose to use the upload option to answer questions, enter "See Attached" in narrative box.

Please note that Questions 5.3C.2 (j), (Unduplicated Individuals Served chart), 5.3C.2 (k), (Unit Cost chart), and 5.3.a (Organizational Chart) require mandatory uploads.

Please note that all questions in the Grants Gateway will only allow one document to be uploaded per question. The Reports/Multiple documents should be combined into ONE SINGLE FILE no larger than 10MB in size. DO NOT UPLOAD PASSWORD PROTECTED OR SECURED DOCUMENTS. ENSURE ALL PASSWORDS ARE REMOVED PRIOR TO UPLOADING IN THE GRANTS GATEWAY."

31. In the **RFA, page 26**, question/prompt **5.3C.2(j)** indicates, “Complete the chart attached in the Pre-Submission upload section by providing a realistic estimate of the unduplicated number of individuals to be served by the program and the number of their face-to-face contacts and/or telemental health services encounters with program staff during *each* year of the five-year grant period for *each of the six* required components of service (bold and italic, per OMH). The following questions pertain to this above instruction:

- Section 5.2A on pp20-23 of the RFA indicate **8** numbered required components. Can OMH please clarify which 6 components specifically question/prompt 5.3C.2(j) refers to? Would it be those numbered 3-8 only?

Answer: Section 5.2A outlines the program model requirements, numbered 1-8. Section 5.3C.2(j) refers to the following required components of service: 1) Mobile Outreach and Off site services, 2) Access Behavioral Health Services, 3) Access Aging Services, 4) Use of Peer Services, 5) Use of Technology, and 6) Use of Wrap Around Funding.

- Is OMH requesting/expecting that this chart (Excel table) be *replicated* and filled in six times (e.g., create one such separate chart for EACH of the six required components of service, with all 20 cells in the 5-year by 4-category matrix filled in, using separate Excel sheets, six times, respectively reflecting only *one* element of service at a time)? OR, is OMH requesting/expecting that only 20 total cells be completed within the **single** provided Excel sheet, with figures that reflect an **aggregation** across the six required components of service?

Answer: Please provide a single uploaded document with figures that reflect an aggregate across the six required components of service, which are outlined in the response above.

- If OMH is requesting/expecting six such completed tables, but Grants Gateway allows only one upload per question, is it acceptable/expected for applicants to combine all six completed tables into a single PDF and upload the single PDF?

Answer: No, we are not expecting six completed charts. In other areas of the RFP, if multiple documents need to be provided in any response, they must be scanned together and uploaded as a single PDF.

- In the question/prompt that immediately follows this 5.3C.2(j) question [e.g., **5.3C.2(k)**], the instruction in the **RFA on page 26** indicates, “Additionally, provide an estimate of projected costs per person served by completing the **chart** attached in the Pre-Submission upload section.” To which “chart” does 5.3C.2(k) refer? Is this the *same* chart or a *different* chart than the one referenced in the prior question/prompt 5.3C.2(j)? If a different chart, we are not finding it anywhere in the Pre-Submission upload section of Grants Gateway (per screen-capture below). If the same chart, does OMH want applicants to upload the identically completed chart(s) in the file upload to prompt **5.3C.2(k)** as for prompt **5.3C.2(j)**? Or *only* upload the chart(s) in **5.3C.2(j)**?

- In Grants Gateway, question **5.3C.2(j)** offers a text box allowing **250 characters**, while **5.3C.2(k)** offers a text box of **4,000 characters**. Can OMH clarify what type of content it is expecting to receive in the 250-character box (e.g., would “See attached chart” be adequate)? Can OMH clarify what type of content it would like in the 4,000 character-box for 5.3C.2(k), particularly as it relates to the “chart” referenced on page 26 of the RFA for

this sub-question 5.3C.2(k) (and why is this text-box indicating so many more characters than the preceding sub-question)?

Answer: In response to the two bulleted sections above:

In the original build of the RFP in the Grants Gateway, errors were made in the upload of worksheets to be provided in response to Question 5.3C.2(j) and Question 5.3C.2(k).

The appropriate Excel worksheets are now posted on the OMH RFP website: <https://omh.ny.gov/omhweb/rfp/2021/geri/>

Applicants will access the Excel worksheets from OMH's website and upload them in response to Question 5.3C.2(j) and Question 5.3C.2(k) in the Gateway. The response to 5.3C.2(j) requires a mandatory upload in order to move forward in the application.

PLEASE NOTE: the response for 5.3C.2(k) does not indicate it is a mandatory upload in the Gateway. However, this is a required response. Please make sure to upload the chart you accessed on the OMH website in your response before moving on to the next question. As an alternative, applicants can upload worksheets in the Grantee Document folder, but it is recommended that the response be provided directly to the question itself. Neither question requires a narrative response other than "see attached worksheet".

32. Section 5.2A (page 20) of the RFA indicates, "Each Partnership is required to: (1) Create a partnership from three core service areas... Core service areas are defined as Mental Health services, Substance use Services and Supports and Aging services..." Can such partnership comprise only two partners if the applicant agency is **both** a state-licensed mental health treatment provider and a state-licensed substance use treatment provider (via an Integrated license and also a CCBHC designation)? Or is OMH requiring three separate partners, one for mental health, one for substance use treatment, one for aging services?

Answer: Yes, the primary applicant must be licensed by OMH to provide outpatient MH services. If this applicant is licensed by NY State as a provider of Integrated Outpatient services (IOS), and the required array of behavioral health services (MH and SUD) can be met by that provider, the requirement is met. If licensed by NY State to do so, a single agency can provide both MH and SUD outpatient services in the community and meet the requirements of the RFP. This provider would then need to contract with the AAA to provide the aging services component and complete the partnership requirement.

- If an applicant / partnership is applying for funds primarily to continue a very successful 5-year program, adding only the newly prompted wrap-around services and peer services, do such modifications qualify the program to answer "Yes" to the question on the Agency Transmittal Form asking "Will you be enhancing or expanding services already in place?"

Answer: Yes, the applicant will continue to provide and expand the complete array of MH, SUD, and aging services, with the addition of wrap around and peer services. The funding is not meant to provide continued support to an already existing program without expansion or enhancement.

- RFA P26 says “Programs that plan to submit a proposal to enhance or expand existing services will be expected to continue to provide those services as part of the demonstration in year one... and expand or enhance them by the second year.” Are we correctly interpreting -- when we respond to questions 5.3C.2(j) and 5.3C.2(k) -- that our organization/partnership would be expected by OMH to deliver 4 of the 6 required services starting immediately in year 1, while allowed/encouraged to add the peer services and wrap-around services starting in year 2?

Answer: Already existing services should be continued and expanded in Year 1, and Peer Services and Wrap around services are expected to begin in Year 2.

33. The RFP page 6, section 2.5 Eligible Applicants, states "Eligible applicants are either (1) not-for-profit agencies with 501(c)3 incorporation that are funded or licensed by OMH and operate outpatient programs for adults or, (2) local government units in NYS. State Operated programs are not eligible to respond to this RFP. Agencies that do not meet eligible applicant criteria may partner with an eligible applicant, but they themselves would not be able to respond to this RFP. The eligible applicant must submit the proposal and – if awarded a contract – will be the recipient of the grant funding and assume responsibilities for the contract and fiscal and program operations." In an instance where the applicant is itself **both** a not-for-profit agency licensed by NYS OMH operating outpatient programs for adults **AND** a NYS OASAS licensed provider (per RFP page 21, section 4 Provide Behavioral Health Services), can the applicant fulfill a dual role as applicant **AND** partner in the application?

Answer: Yes, if licensed by NY State to do so, a single agency can provide both MH and SUD outpatient services in the community and meet the requirements of the RFP. The integration between the two programs will be evaluated as part of the proposal review.

34. The RFP page 4, final bullet states "The use of program budgeted funding to provide wraparound funds to support aging in place as needed. Examples may include, but are not limited to, home modifications to improve safety and security, payments for home care services not eligible under current coverage, improving access to technology (equipment, Wi/fi/internet access, technology literacy training)." Can you please define the meaning of home modifications? Does this include minor A/R? or installing bath rails to improve safety?

Answer: We are unfamiliar with the term “A/R”. The wrap around funding allocated by “The Partnership” is intended to support aging in place. This may include minor home modifications to improve safety and security.

35. To clarify - there must be three separate providers for the three core service areas, even if the submitting organization provides services in two or more of the core service areas?

Answer: Yes, if licensed by NY State to do so, a single agency can provide both MH and SUD outpatient services in the community and meet the requirements of the RFP. The integration between the two programs will be evaluated as part of the proposal review.

36. Are substance use partners required to have OASAS licensure?

Answer: Yes, the substance use partner is required to be an OASAS licensed provider.

37. Can more details be shared on the desired format and contents of the Letter of Intent?

Answer: There are no expectations as to content/format for the Letter of Intent. This is a non-binding letter that is respectful to a potential applicant's intent to bid on the opportunity.

38. Can this be an "interagency partnership" of a large, multi-dimensional CBO or if its required that the project spans multiple different organizations from Mental Health services, Substance use Services and Supports and Aging services? What if the provider already offers these services in different divisions. Can it be used to merge and integrate these services without an external partnership?

Answer: Yes, if licensed by NY State to do so, a single agency can provide both MH and SUD outpatient services in the community and meet the requirements of the RFP. The Aging Support services will be provided through the local AAA.

39. With regard to the three partners, does the Office for Aging partner need to be the county Office for Aging or can it be a contracted CBO provider of senior services?

Answer: The RFP directs that the partnership must include the local Area Agency on Aging, and Aging Services will be administered by the local Office for the Aging (AAA). Although these aging services may be provided by contract, "The Partnership" will access aging services through a formal partnership with the AAA.

40. With regard to the three partners, can the OASAS and OMH Partners be within one agency that is certified and contracted to do both services?

Answer: If licensed by NY State to do so, a single agency can provide both MH and SUD outpatient services in the community and meet the requirements of the RFP.

41. Can the same client receive payments/services from a LHCSA and a CHAA?

Answer: Yes, but when billing for Medicaid reimbursement, each agency must be sure there is no overlap or duplication of services. In particular, the services provided by home health aides (health-related tasks and personal care services) must be clearly delineated and assigned, as both LHCSAs and CHHAs provide home health aide services.

The geriatric service demonstration grant funding offers greater flexibility in how services can be reimbursed using grant funds. An applicant using grant funds to pay for LHCSA and CHHA services for the same client would need to describe the processes to be put into place to ensure efficient coordination and communication for optimal care.

42. How extensive can home modifications be?

Answer: The RFP identifies that wrap around funding will be used to support aging in place, and one possible use would be minor home modifications to improve safety and security. "The Partnership" will determine the allocation of this funding.

43. Could you please expand on the scope and role of the AAA in the partnership?

Answer: The AAA will be an equal partner in “The Partnership”, and will be the primary provider of the aging services, need assessments and the provision of home and community-based, non-medical aging support services. See Section 5.2.A.5

44. If our agency has both an OMH and an OASAS outpatient clinic license, do we qualify as the “both” for the requirements of partnering agencies, or do we need to have an Integrated License to qualify?

Answer: An IOS license is not required. If licensed by NY State to do so, a single agency can provide both MH and SUD outpatient services in the community and meet the requirements of the RFP.

45. Can you elaborate on the Senior Peer specialist role? Is there a specific training program or certification?

Answer: Currently NY State does not have an Older Adult Peer Specialist certification. The peer services can be provided by either an OASAS Certified Recovery Peer Advocate or an OMH Certified Peer specialist as appropriate.