New York State | Office of Mental Health

Q&As

1. *We were a non-for-profit last year, however, we are now public. We have both technology and an entire Psychiatric group that provides Psychiatric Care for patients within a skilled nursing unit and we provide out-patient Psychiatric Care in the patient's home. Would OMH consider us to BID based on our experience with Tele-Mental Health Services for your patient population?*
A. As noted in Section 2.5 of the RFP, eligible applicants are not-for-profit agencies. Public entities are not eligible to apply.

2. *In Section 2.5 of "eligible agencies", if we are a C Corporation staffing firm, are we allowed to submit for this RFP? Can you please clarify?*
A. See question 1.

3. *What agencies do you currently use for these services?*
A. University of Rochester Medical Center.

4. *What rates do those agencies charge for ECHO, Telepsychiatry and Teletherapy services?*
A. They are not charged rates. There is a fixed cost based on the grant funds.

5. *Will this be a single or a multi-award?*
A. Per Section 4.3.1-Initial Awards and Allocations of the RFP, one award will be made.

6. *Our organization is looking to complete the proposal for the OMH Enhanced Telehealth Grant. I plan on completing the prequalification process first. To confirm, do we make an first submit our registration form (and accompanying materials) to grantsreform@its.ny.gov. in order to make an account on Grants Gateway to compete the Vendor Prequalification?*
A. Yes, the first step is to submit the registration form (and accompanying materials) to grantsreform@ny.gov , in order make an account on Grants Gateway and then complete the Vendor Prequalification process, in order for proposals to be evaluated and any resulting contracts executed.

7. *How many SNFs currently accept discharges from PCs, TLRs, and SOCRs?*
A. The numbers vary year to year, currently more than 60 SNFs regularly accepts OMH patients meeting criteria for placement in a SNF.

8. *Do all of these have a special agreement from OMH to accept discharges?*
A. All SNFs currently accepting patients from OMH PCs and programs are encouraged to establish a Memorandum of Agreement with the individual OMH PC. The majority of the current PCs have opted to establish these agreements.

9. *How many SNFs currently accept discharges from OMH forensic facilities?*
A. We do not discharge patients directly from OMH Forensic Facilities to SNFs.

10. *Is there a resource where we can see the list of SNFs that currently have these arrangements?*
A. While there is currently not a resource or link, we have approximately 60 SNFs that are accepting patients. The following 29 SNFs are credentialed to received services: Absolut Center for Nursing & Rehabilitation at Aurora Park, LLC, Absolut Center for Nursing & Rehabilitation at Three Rivers, LLC, Alpine Rehabilitation & Nursing Center, Archcare at Ferncliff Nursing Home & Rehabilitation Center, Brighton Manor, Cayuga Nursing & Rehabilitation Center, Chemung County Health Center-Nursing Facility, Delhi Rehabilitation & Nursing Center, Elcor Nursing & Rehabilitation Center, Foltsbrook Center for Nursing & Rehabilitation, Highland Nursing Home & Rehabilitation Center, Hudson Valley Rehabilitation & Extended Care Center, Humboldt House Rehabilitation & Nursing, Ira Davenport Memorial Hospital SNF, Laconia Nursing Home, Inc., Newfane Rehabilitation & Health Care Center, Niagara Rehabilitation & Nursing Center, Oneida Center for Rehabilitation & Nursing, Safire Rehabilitation of Northtowns, LLC, Saratoga Center, Seneca Nursing & Rehabilitation Center, Shaker Place Rehabilitation & Nursing Center, St. Johnsville Rehabilitation & Nursing Center, The Grand Rehabilitation & Nursing at Utica, The Homestead at Soldiers and Sailors, The Shore Winds, LLC, Waterville Residential Care Center, Wesley Gardens, Wesley Health Care Center.

11. *Is there a projected number of SNFs which would be expected to participate in this project to develop telehealth capability?*

A. 60

12. *Is there a goal to have a certain number in each region of the State or proximal to each discharging facility?*

A. The goal is to provide the services for approximately 60 SNFs accepting patients from OMH PCs.

13. *What incentives are there for the SNFs to develop telehealth capability to care for this population?*
A. They get the benefit of having these services free of cost to them to meet the psychiatric needs of their patients and transfer of knowledge from psychiatric experts to their staff to increase their capacity and competence to meet the psychiatric needs of all indicated patients in their care.

14. *Approximately how many individuals per year are discharged from PCs, TLRs and SOCRs that need skilled nursing care?*

A. Approximately 100.

15. *Can you provide information on the number of discharges per county?*
A. No.

16. *How many of the patients would be under age 18, if any?*
A. None.

17. *Is there a projected number of patients expected to receive telepsychiatry or teletherapy services?*
A. It depends upon the identified need at each SNF.

18. *Projected number of visits?*
A. It depends on the number of referrals and the indicated service and frequency needed to meet the identified need of each patient.

19. *What is the role of the Community Mental Health Nurses?*
- Facilitates ongoing nursing consultations including specific interventions for individuals referred from the PC to the SNF as requested by the nursing staff at the SNF.
- Facilitates enhanced nursing supports as requested by the SNF related to specific individuals discharged from OMH PCs to SNF. Enhanced supports could include patient education, family support, and arrangement for a Mental Health Therapy Aide familiar with the individual to provide onsite support during the transition period.
- Arranges for trainings and/or supports from the MIT and other available OMH resources for SNF staff on topics identified by the SNF, as needed, to increase the knowledge, skills, and competencies of the SNF nursing staff.
- Provides targeted onsite staff trainings on evidenced based and best practices on the management of each individual referred and accepted from a PC to the SNF.
- Provides ongoing nursing consultations including specific interventions for individuals referred from the PC to the SNF as requested by the nursing staff at the SNF.
- Assists SNF staff to access OMH psychiatric consultation services.

20. *Do they work for the Psychiatric Center or the SNF?*
A. They work for the Psychiatric Center.

21. *Is there a CMHN for every PC and what is the expectation for how the CMHN would interact with the awardee?*
A. There is 1-2 CMHNs for each PC and they would collaborate with the awardee around connecting with SNFs accepting patients from OMH PCs and working with the SNFs on identifying cases for the ECHO clinics and psychiatry consultation.

22. *Who arranges for the discharge of appropriate patients from the PC to the SNF and what criteria are used?*

A. The PC Clinical Director and members of the Discharge Planning Team. PRI, Screen I, PASRR level II and the PC.

23. *Does the contractor have any patient responsibility prior to admission to the SNF?*
A. No.

24. *What is the clinical profile of the psychiatric needs of patients expected to be eligible for discharge to a SNF? Serious Mental Illness that is stabilized; Non-Serious Mental Illness?*
A. Individuals meeting criteria for placements as indicated by assessment findings from the completion of the Patient Review Instrument PRI), and Readmission Screening and Resident Review (PASRR) Level I and Level II evaluations. Serious Mental Illness that is stabilized.

25. *Can SNFs choose to only accept sub-acute patients rather than long-term patients?*
A. This would be a decision for the SNF.

26. *For telepsych visits, which provider is responsible for prescribing and monitoring medications?*
A. The SNF provider would be responsible for prescribing and monitoring medications.

27. *How soon after the start date of the contract does the State expect telemedicine services to be delivered and to how many SNFs?*
A. As soon as the credentialing process is completed.

28. *Can a successful bidder propose using an approach that involves a phased-in by region?*
A. We currently have the services in place in several SNFs and would like a seamless transition.

29. *Prior to this initiative, how did the state secure placement in SNFs for patients with need for both nursing care needs and behavioral health services?*
A. By following the established guidelines of CMS PASRR Process, NYS DOH and that of the individual SNF.

30. *Does DOH expect that Medicare (and Medicaid, when available) will be sufficient reimbursement for the telehealth services? If not, can the contract budget supplement the reimbursement?*
A. These questions pertain to Medicare and Medicaid, specifically DOH. Program staff can not answer these specific questions as they pertain to billing and this is a grant program. There could be rules that bar an applicant from enhancing payments, etc. It is the responsibility of the awardee to know the billing rules for Medicaid and Medicare to avoid any liability or take back that they could occur.

31. Will telehealth services by specialists other than behavioral health clinicians be billable to Medicare (and Medicaid, when available)?
A. Again, these questions pertain to Medicare and Medicaid, specifically DOH. Program staff can not answer these specific questions as they pertain to billing and this is a grant program. There could be rules that bar an applicant from enhancing payments, etc. It is the responsibility of the

awardee to know the billing rules for Medicaid and Medicare to avoid any liability or take back that they could occur.

32. *Can the contract budget support purchase of telehealth equipment for the SNFs?*
A. No.

33. *Can grant funds be used for fee enhancements and incentives for participating clinicians?*
A. No.