



## YOUNG ADULT NYC – Questions and Answers

### PLEASE MAKE NOTE OF QUESTION AND ANSWER NUMBER 29

1. Is there an EHR requirement?

ANSWER – An EHR helps support communication, the team-work approach, and data on outcomes. It is not required but is preferred.

2. Is there an expected staff exemption status? Essentially it's asking is there an expectation that staff be exempt or non-exempt employees, or is that for us to propose.

ANSWER – This is not specific to the RFP as guidelines do not speak to exempt and non-exempt staffing.

3. Do existing employees have their own cars or fleet cars?

ANSWER – Vehicles are agency policy, not required by OMH.

4. Is there an indirect cost cap?

ANSWER - Administrative costs cannot be more than 15 %. Any travel costs included in the Budget must conform to New York State rates for travel reimbursement.

5. Are providers who offer ACT in other states and are in the process of applying for licensure with OMH eligible to submit a proposal?

ANSWER - Eligible applicants are not-for-profit agencies with 501(c) (3) incorporation that have experience providing mental health services to persons with serious mental illness through programs that are licensed by OMH.

6. Can the space for the program be located in another borough from where services are being provided (i.e. Office in Queens but serving Brooklyn)?

ANSWER – The office must be in the borough where the ACT team is providing services.

7. Should the clinicians be bachelor's or master's level?

ANSWER – Please see the Young Adult ACT Program Guidelines for all staffing qualifications.

8. What is the Medicaid rate and how is it paid? Per visit, monthly, etc?

ANSWER – The Medicaid rate for a 48 Slot Adult ACT Team is Downstate \$2,015.96, which is paid monthly, based on meeting the requirement for full reimbursement. Partial billing for Adult ACT is three to five monthly contacts. An individual must be seen face-to-face at least two (2) times for partial billing and the remaining could be collateral contacts.

9. If we bill higher than anticipated in the RFP, does that reduce the state aid?

ANSWER – ACT is a bundled rate, so there can be no billing that is higher than anticipated.

10. If a youth is in the ACT program, can they also be enrolled in other services?

ANSWER – ACT staff shall have responsibility for treatment, rehabilitation, case management, and support services for ACT clients. In no instance shall an individual be admitted to an ACT program while concurrently enrolled in an intensive case management program, supportive case management program, blended intensive/supportive case management program, licensed outpatient clinic program, or licensed continuing day treatment program as defined in Parts 506, 587 and 599 of this Title. Please see Young Adult ACT Program Guidelines for more detail.

11. Is there a specific format for the letter of intent?

ANSWER – No

12. Can the psychiatric services as part of the core team be provided by a psychiatry nurse practitioner (APRN) or is having a psychiatrist (MD or DO) a requirement for this grant?

ANSWER – Young Adult ACT Guidelines: 0.48 FTE psychiatrist for a 48-individual team (may apply for a waiver to employ a Psychiatric Nurse Practitioner to offset some of the psychiatrist FTE, however, the psychiatrist must work a minimum of 10 hours/week with the Psychiatric Nurse Practitioner fulfilling the balance of the requirements).

13. We do not have an ACT program currently but as an Article 31 clinic that is part of a large hospital, we are regularly surveyed thoroughly by the joint commission. Our most recent review was conducted in July 2021 and the detailed findings are available. Would that be acceptable as a monitoring document?

ANSWER – Yes

14. On reviewing the operating funding section of RFP, our understanding is that for the first year, the grant will provide funding of \$425k for start-up and ramp-up costs. After that, we will receive annual funding of \$80,074 and service funding of \$22,378 (a total of \$102,452). Hence, the total operating expenses for this program cannot exceed \$850,785 (\$748,333 + \$102,452) and in future years the additional salary will not be covered through the grant. Please confirm that our understanding is correct on this.

ANSWER - Yes

15. We have a tele-mental health provider designation in accordance with Administrative Actions 7810, 7811. Are providers (including psychiatry) able to provide care via video-based telehealth visit as long as the technology is available to the patient and as long as an exam or injection administration is not required?

ANSWER – Currently ACT has limited telehealth service provision allowance please see part 596. ACT is an in-person service with 6 face-to-face visits per month required and the psychiatrist is required see the individual. Any changes to telehealth regulations moving forward will apply to new teams who have received approval from OMH to provide telehealth services. At the time of any change, the Agency would be required to submit updated Policy and Procedures to OMH.

16. Can cost for devices (e.g., iPad) equipped with telehealth applications be budgeted into the grant that we can share with our patients, to help with engagement, treatment adherence, and access?

ANSWER - Please see Service Dollar Guidelines for additional details and requirements. In this example, if the iPad pertained to something that was in an individual's service plan or is a part of supplies needed for educational/work related goals, then it would be an allowable use. If the iPad is being used to provide treatment to individuals on the team, then it would not be included for use of service dollars.

17. The Applicant will be required to submit a Minority and Women-Owned Business Enterprises and Equal Opportunity Policy Statement, to the State Contracting Agency

with their bid or proposal [emphasis added]. To ensure compliance with this Section, the Applicant will be required to submit with the bid or proposal an Equal Opportunity Staffing Plan (Form # to be supplied during contracting process) identifying the anticipated work force to be utilized on the Contract.

There are no forms or other relevant documents available in the Pre-Submission Uploads section. Do we need to submit anything re: MWBE and EO Policy with the proposal to be in compliance?

ANSWER – If awarded a contract, the Equal Opportunity Staffing plan will be due at that time.

18. Is 25 years old a cut-off point in terms of receiving Young Adult ACT services? In other words, will clients have to be transitioned to another kind of service when they turn 26?

ANSWER – Young Adult ACT is intended to be transitional with the goal providing clinical treatment and helping young adults gain the skills needed for independence in two to three years. As young adults approach age 25 there must be an assessment of their needs and whether they could be met with community-based services. If, after assessment, the individual continues to need ACT level services a referral should be made as soon as possible through DOHMH SPOA.

19. Will the Young Adult ACT team receive referrals only through SPOA or could other providers refer clients directly to the program without going through SPOA?

ANSWER - Young adults meeting the eligibility criteria and living in the catchment area may be referred to Young Adult ACT by a variety of sources, including, but not limited to: NYC Single Point of Access Program (SPOA) , Acute Care Psychiatric Hospitals, State Psychiatric Hospitals, Comprehensive Psychiatric Emergency Program (CPEP), Mental Health Outpatient Clinics, Federally Qualified Health Centers (FQHC), Residential Treatment Programs, Children’s Mental Health Services, Managed Care Organizations (MCO), OnTrackNY, or families.

20. Will the team be able to take referrals directly from staff at Rikers Island?

ANSWER – Yes

21. Do you expect that the Young Adult ACT program will be working with AOT clients?

ANSWER – Yes, if the individual is willing to participate

22. Does the client need to be age 18-25 at time of referral or at time of intake?

ANSWER – The individual must be 18 years of age at intake but could be referred shortly before their 18<sup>th</sup> birthday.

23. Will OMH consider letters of support/partner letters in their review of applications?

ANSWER - Letters of support/partner letters are not being requested as part of the RFP proposal.

24. The RFP states that a client's willingness to participate is a requirement for enrollment.

(a) Does OMH have a template consent to participate in ACT services? (b) Is a signed consent required to participate in ACT services or is a verbal consent sufficient?

ANSWER – Verbal consent is sufficient.

25. What happens when an ACT enrolled client turns 26? (a) Are they guaranteed admission to an alternate ACT Team that serves older adults if they still require/want the service? (b) Can the YA ACT team continue to serve them as long as they can benefit from the YA ACT services, or until transfer to an alternate ACT team is available?

ANSWER – Young Adult ACT is intended to be transitional with the goal providing clinical treatment and helping young adults gain the skills needed for independence in two to three years. As young adults approach age 25 there must be an assessment of their needs and whether they could be met with community-based services. If, after assessment, the individual continues to need ACT level services a referral should be made as soon as possible through DOHMH SPOA.

26. In the event client moves to another borough, could they be prioritized for transfer to another ACT team in the appropriate borough if they are still eligible for and want to participate in ACT services?

ANSWER - If a young adult moves to another borough and is both interested in continuing to receive ACT services and eligible for those services, after an assessment to determine continued eligibility, a referral should be made through DOHMH SPOA requesting transfer.

27. The RFP says, "*Eligible applicants are not-for-profit agencies with 501(c) (3) incorporation that have experience providing mental health services to persons with serious mental illness through programs that are licensed by OMH.*" Is a not for profit

501-c-3 agency that is licensed by OMH for residential services, including residential services for young adults, and is also one of the first fully designated agencies for Specialty Mental Health Care Management in NYS qualified to be an applicant for the Young Adult ACT Team?

ANSWER – Licensed by OMH for residential services, as long as would meet the minimum requirements for “licensed by OMH”.

28. The Program Guidelines call for 60% of the total clinical staff to be professional. (a) Is a Certified Peer Specialist counted as professional staff? (b) Does OMH calculate the 60% of total FTE staff on the ACT Team or 60% of the total of full and part-time individuals staffing the program?

ANSWER – Yes, based on the Young ACT Guidelines Certified Peer Specialists or Credentialed Youth Peer Advocates are included in the clinical staff for purposes of calculation of professional staff.

29. The budget model for download in the Gateway is titled "Upstate Annual budget-48 slot team". Even though this ACT Team is located in NYC, should we use this upstate budget model?

ANSWER - Please be advised that the incorrect budget template (Appendix B) and 48 Slot ACT Model & Rate document were provided/uploaded into the Grants Gateway for this RFP. Please do not use this template or reference document.

The correct budget template (Appendix B) and ACT Model document to be used are provided on OMH’s website where the RFP is posted.

<https://omh.ny.gov/omhweb/rfp/2021/ya-act/>

30. If we upload documents to answer narrative questions, are we still bound by the 4,000 character limit?

ANSWER – There is no character limit for the upload option. NOTE: the response must be concise, succinct and responsive to the question.