YOUTH ACT RFP Questions and Answers

1. Please clarify whether the areas identified under each region in Section 1.1, page 2 are already selected as awardees?

   ANSWER: The Counites identified in Section 1.1 page 2 have been determined to be the Counties that will be awarded a Youth ACT team.

2. Will the identified counties serve as a regional resource? If not, how was it determined which counties could apply?

   ANSWER: No, the Counites will not serve as a regional resource. Each Youth ACT team will only serve their identified location. Counties were chosen based on areas of high need and/or dense population.

3. Section 5.1 details requirements for agencies to partner with the OMH regional field office and LGU. How should we document this work, and will the LGU be required to submit a letter of support or engagement? Also, for projects serving multiple counties, will a single consultation meet the requirements?

   ANSWER: Section 5.1 details requirements for agencies that are selected as a result of the RFP. A letter or support from the LGU is not required to be submitted with the RFP.

4. Section 5.3 states that Youth ACT providers will provide an adequate level of professional staffing. Should the staffing requirements, licensures, and titles follow the 2007 ACT Program Guidelines?

   ANSWER: No, the staffing requirements for Youth ACT must follow the Youth Assertive Community Treatment Program Guidance Document July 2021 that can be found in the Grants Gateway uploads submission.

5. What is the definition of the “direct care staff,” as referenced in 14NYCR 508.5 section 3?

   ANSWER: Direct care staff provide treatment, rehabilitation, and support services directly to the youth and/or family.

6. Section 3.5 Minority and Women-Owned Business Enterprises, the MWBE goal percentage is 0%. Will a utilization plan be required with zero entry, or is it not applicable?

ANSWER: As the goal percentage is 0%, it is not necessary to submit the Utilization Plan document.

7. Section 5.3 Implementation states under licensure, agencies will be required to adhere to all relevant regulations directing the ACT Model. The 14CRR-NY-508 does not indicate any office space requirements. Are there any specific office space requirements in terms of square footage, location in comparison to service delivery area, or office staffing?

   ANSWER: No

8. Section 5.5 Operating Funding of the RFP:

   What is the Medicaid Reimbursement rate per month given the assumptions laid out? It is unclear what utilization rate is being assumed.

   ANSWER: Upstate 36& 48 Slot Teams- $1,737
   Downstate 36&48 Slot teams- $2,015

   Funds will be allocated as a lump sum at the beginning of the contract for Start-Up ($100,000) and transition/ramp-up ($325,000). How are these costs allocated? Given that the funds are advanced, is it to cover all 5 years with that one sum, or are there other ramp-up funds available if referrals are not provided timely or clients are not properly enrolled in Medicaid insurance products?

   ANSWER: $425,000 will be allocated as a lump sum at contract start date and must be expended by end of February 2023.

9. Section 6.6 Financial Assessment of the RFP states administrative costs canot be more than 15%. Can you please define what costs will be considered administrative?

   ANSWER: Refer to the OMH CFR Manual, Appendix I for acceptable Administrative and Overhead costs.

10. Section 5.1 of the RFP states that agencies are expected to contract with edicaid Managed Care Organizations. How will non-Medicaid Youth be supported? Will they use the family of 1 standard to enroll children who are non-Medicaid?

    ANSWER- No, youth ACT does not have Family of One. The Net Deficit funding in the Youth ACT fiscal model will be utilized to support children without Medicaid.

11. Section 5.2 Objectives and Responsibilities of the RFP indicate that providers will receive referrals from C-SPOA and have timely admission. Will C-SPOA be the sole referral source? And will the program be able to make the final clinical determination of the appropriateness for admission?

ANSWER; Yes, C-SPOA is the sole referral source. A referral is made to C-SPOA who, in collaboration with the referral source ensures all relevant information is obtained, contacts the Managed Care Organization to request a Youth ACT Level of Service Determination (LOSD).

12. Section 5.2 Billing- Will we be able to bill for ½ or partial month similar to the Adult ACT program, minimal number of contacts for partial month billing? (move with Billing questions)

    ANSWER: Yes, partial billing is allowed for those recipients who are seen less than 6 but more than 2 times per month.

13. We understand that we can employ a psychiatric nurse practitioner to offset the psychiatrist FTE. If a Psychiatric Nurse Practitioner is employed at 20 hours, what will be the requirement of a psychiatrist?

    ANSWER: If time is split between a psychiatrist and a PNP the combined total must meet the scheduled psychiatric coverage , .50 FTE for the 36 slot model or .67 for the 48 slot model.

14. We assume that active treatment plan billing will require a physician's signature based on CMS billing guidelines for Medicaid. Is that assumption correct?

    ANSWER: Correct.

15. We understand that we must adhere to the team protocols as outlined in the ACT program guidelines. Will any telehealth contacts with the client or collateral be included in the number of required visits?

    ANSWER: The use of Telehealth in ACT is regulated under Part 596. OMH intends to develop program specific guidance for Youth ACT related to telehealth.

16. The 508 regulations define eligibility for children <21; however, 18<21 may be either child or adult. Who has the right to make the determination which ACT program they are admitted to?

    ANSWER: There are special referral considerations for transition age youth (TAY ages 18-21), as both Youth and Adult ACT teams can serve TAY individuals. For individuals on Assisted Outpatient Treatment (AOT) C-SPOA must make a referral to an adult ACT team as they have the expertise to serve these individuals. However, for those individuals not on AOT C-SPOA should take into consideration individual choice and the developmental and clinical needs of the individual.

17. The amended 14 NYCC 508.5 c states that ACT treatment services will be reimbursed for full, partial step-down, and inpatient. Could you please confirm how reimbursement is determined for partial step down versus full month? Will any partial month billing reimbursement be considered in non-step-down situations?

    ANSWER: Full month payment rate is for services provided to active clients who receive a minimum of six face-to-face contacts in a month, up to three of which may be collateral contacts.

    Partial step-down payment rate is for services provided to active clients who receive a minimum of two, but fewer than six, face-to-face contacts in a month.

Yes, partial month billing is allowable, if the required program contact have been met, in non-step-down situations.

18. Can we confirm staffing requirements for the grant match what is written in the Program Guidelines, section 4.7.1
    https://omh.ny.gov/omhweb/act/act_program_guidelines_2007_collateral.pdf

    a. The program guidelines indicate that there are only two models of ACT, a 60-68 model unit and a 40-48 model unit. One of the two models that is proposed as part of this RFP is a 36 unit model. How does this impact staffing ratios?
    b. The program guidance on the OMH website is Revised 2019 – is there a more current document that accounts for the different RFP?
    https://omh.ny.gov/omhweb/act/

    ANSWER- Please see response to question #4

19. Can we confirm the filling mechanisms

    a. The Billing Guidelines seem to indicate that visits are billed per member per month. Is there any FFS billing through the program beyond 6 visits per member?

    ANSWER: No. There is not FFS billing beyond 6 visits.

    b. What is the total contract award amount Annually?
        i. i.e. Section 5.5 of RFP indicates **estimated** billing of $497,044 for 48 slot Downstate team and $372,778 for 36 slot Downstate team. Is this the actual contract amount?
        ii. What does the Net Deficit funding look like? How is that accounted for?

    ANSWER: Recurring annual allocation would be:
    - 36 Slot Upstate – Net Deficit $397,915; Service Dollars $22,378
    - 48 Slot Upstate – Net Deficit $464,176; Service Dollars $22,378
    - 36 Slot Downstate – Net Deficit $423,096; Service Dollars $22,378
    - 48 Slot Downstate – Net Deficit $491,701; Service Dollars $22,378

    c. Are there any current TeleHealth options given the on-going pandemic?

    ANSWER- Please see response to question #15

20. Given the Care Management component of Youth ACT, are Health Home, HCBS and CFTSS Services also excluded to youth in the program?

    ANSWER: Ongoing co-current enrollment is not allowed. However, a child/family that has been determined ready for transition from Youth ACT to a lower level of care may be both an active Youth ACT client and enrolled in CFTSS and/or HCBS 30 days prior to discharge from Youth ACT

21. Is there an EHR requirement?

ANSWER: No

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

ANSWER: That is to be decided by the provider.

23. Is there an indirect cost cap?

ANSWER: Refer to Section 6.6 of the RFP. Administrative costs cannot be more than 15 %.

24. How are services reimbursed?

ANSWER: Services are reimbursed through Medicaid billing, for those individuals enrolled in MA. Net Deficit Funding is utilized to support individuals without Medicaid.

25. Are there any data or expectations regarding the ages of the youth? Is it anticipated that the majority of youth will be 18-21, 10-13, etc?

ANSWER: We do not have any expectations regarding the age of the youth.

26. Can you provide clarification on the expectations around crisis response?

ANSWER: Youth ACT teams have the primary responsibility for crisis response and are the first contact for after-hours crisis calls. The Youth ACT team must operate a continuous and direct after-hours on-call system with staff that are experienced in the program and skilled in crisis intervention procedures. The Youth ACT team must have the capacity to respond rapidly to emergencies, both in person and by telephone. To ensure direct access to the Youth ACT program, children/families must be given a phone list with the responsible Youth ACT staff to contact after hours.

27. On page 22 of the RFP, it states that service dollars are in the amount of $22,378 for both 48 and 36 slot teams. Why are the service dollar amounts the same regardless of the proposed number served?

ANSWER: This is the current Youth ACT fiscal model.

28. Will youth in an OCFS regulated congregate care placement be eligible for Youth ACT?

ANSWER: Co-enrollment in congregate care and Youth ACT is not allowed.

29. Will contracts be between providers and NYS OMH, or between providers and the counties?

ANSWER – Contracts will be between providers and NYS OMH

30. What is the intended delineation of roles between Clinical Staff and Mental Health Professional?

ANSWER: The mental health professional (licensed professional) is part of the Clinical staff and is responsible for providing treatment to the child and their family/caregivers

31. Will telehealth, where appropriate, be allowable as a face-to-face contact?

ANSWER: Please reference the response to #15

32. Does "the team" count as one contact, or does each member of the team count as a separate contact?

ANSWER: No more than one client or collateral contact per day shall be allowed as a billable service, except that two contacts per day shall be allowed as a billable service if one contact is face-to-face with the client and the other contact is face-to-face with a collateral. The two contacts must occur separately.

33. Is Care Coordination intended as a function or as a position? I.e., would each participant have a care coordinator and a clinician, or a clinician who conducts care coordination?

ANSWER: Care coordination is a function. Each member of the Youth ACT team contributes to the generalist practice of ACT, in addition to provision of direct service in their respective specialty and training/coaching to the rest of their team.

34. While no prescribed length of stay has been specified, is there an intended length of service engagement?

ANSWER: Youth ACT is an intensive program with the goal of achieving stability and transition to less intensive services. The length of service engagement will be driven by the needs of the youth and/or family.

35. Are the $425,000 in funds for Start-Up and Transition/Ramp Up *(RFP, Sec. 5.5)* the amount per program team, or an amount shared across providers?

ANSWER: Per team.

36. What is the intended use of funds for Start-Up versus Transition/Ramp Up *(RFP, Sec. 5.5)*? Are these funds intended for one-time implementation expenses (e.g., equipment, training), for cash flow, or for both?

ANSWER: Intent is for Start-Up to be for implementation expenses and ramp-up for delay in receipt of Medicaid revenue.

37. In the Program-Specific Questions, using various browsers, two instructions appear to be cut-off mid-sentence (per screen capture below). These sentences are: (1) “With the exception of the Operating Budget/Budget Narrative questions (for which provided templates must be completed and uploaded in response to Questions 6.6a… [sentence cuts off here]”; and (2) “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 [sentence cuts off here”.
Can OMH please provide the remaining parts of those instructive sentences that are missing?

ANSWER: With the exception of the Operating Budget/Budget Narrative questions (for which provided templates must be completed and uploaded in response to Question 6.6a and 6.6b), 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.

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

b. 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.

38. RFA page 26 section **6.5a** asks applicants to provide a “diversity, inclusion, equity, cultural/linguistic competence plan” (emphasis added), and section **6.5b** asks applicants indicate how various activities and procedures inform their “equity and inclusion plan”(emphasis added). Question: are these two plans the same item? If not, how does OMH define/differentiate each type of plan?

ANSWER: Yes, the two plans are the same item.

39. In Grants Gateway, if an Upload button appears near a question-prompt that does not *require* an uploaded document:

` Do applicants have the option of choosing to upload their response to such a prompt?

ANSWER – Refer to the response given to Question #37.

If the applicant chooses to use the “Upload” button, can the applicant’s uploaded response-file exceed 4,000 characters (modestly) and/or include *graphs/tables*, if such substance is helpful to fully answer the question?

ANSWER – For an upload response, there is no character limit. With this said, the answer given must be comprehensive, succinct and responsive to the question.

40. On page 2 of the required Youth ACT Staffing Document / Form (associated with question 6.4b), a double asterisk appears next to the phrase, "Date Planned to Achieve Competencies**" in the right-most column. Can OMH clarify what this double asterisk refers to?

ANSWER: That is an error. The double asterisk should be ignored.

41. Field 6 on page 2 of the Physical Plant Document/Form (associated with question 6.4a) indicates: "Readiness Review - complete a site visit by OMH Field Office staff prior to issuance of an operating certificate." Are applicants expected/required to have had such a site visit completed prior to submission of the grant application? (What if the applicant is already legally occupying other parts of the same building/overall space that will be allocated to the proposed Youth ACT program?)

ANSWER: No. It is not expected that applicants will have a site visit prior to the submission of the RFP.

42. On Page 1 of the required Youth ACT Staffing Document / Form (associated with question 6.4b), the second column directs: "Check if Professional Staff".

1. In this case, please confirm what OMH's preferred definition of "Professional Staff" is.

ANSWER: For Youth ACT "professional staff" is: is licensed by the New York State Education Department and operate within the practitioner's scope of practice as defined in NYS law. These include, but are not limited to: Licensed Psychologists, Licensed Clinical/Masters Social Workers, Licensed Marriage and Family Therapists, Licensed Mental Health Counselors, or Licensed Creative Arts Therapist.

2. Is a certified family peer specialist considered a "professional staff"?

ANSWER: No, for youth ACT a certified peer advocates (family and/or youth) are considered peer advocates/clinical support staff.

3. Can a staff working with a Limited Permit under a licensed mental health professional be considered "professional staff" - for example, MHC-LP, MFT-LP, CASAC-T under the clinical supervision of the team leader?

ANSWER: Due to the high needs of the Youth/Families served by the Youth ACT program OMH expects the Mental Health Professional (Licensed Professional) to be fully licensed.

43. The Staffing Document requests each position by title. Should applicants include the title that the applicant will ultimately use to describe the position? (For example, should we write "Clinical Support--Case Manager" or just write "Case Manager" and assume that OMH will know that is a clinical support role?)

ANSWER: You must use the titles as identified in the Staffing Document in Grants Gateway uploads submission.

44. In our experience, the *adult* ACT model requires certain specialty roles as the titles for the therapists on the team. For this Youth ACT model, regarding the *Youth ACT Program Guidance Document* (pp14-15), must the required 3 Mental Health licensed professionals for the 48-slot Youth ACT team have specialty role designations? (For example: Substance Use Specialist, Vocational Specialist, Family Specialist, etc.)

ANSWER: No, as outlined in the referenced guidance Youth ACT does not have designated specialty roles for the Licensed Mental Health Professional.

45. Question 6.6a - in Grants Gateway, begins with the direction, "The proposal must include a 5-year budget (Appendix B)." In addition to an "Upload" button, there is a text-box with a limit of 250 characters. What, if anything, would OMH expect applicants to type in that box (beyond "See Attached")?

ANSWER: No narrative response is required for this question. It is indicated as "Not Required". The completion and upload of the Budget is the required response.

Question 6.6b - in Grants Gateway, asks applicants to "Describe how your agency manages its operating budget," and also to complete a Budget Narrative (Appendix B1) to address three bulleted/enumerated points. Are applicants allowed to type "See Attached" and include the response to "Describe how your agency manages its operating budget" in the Budget Narrative (Appendix B1)? Or does OMH prefer applicants to use the 4,000-character textbox to answer that one part of question 6.6b.

ANSWER: No narrative response is required for this question. It is indicated as "Not Required". The completion and upload of the Budget Narrative (responsive to the question in full) is the required response.

46. Regarding the required Work Plan –

RFP, section 2.11 on page 9 indicates, "Performance measures are also grantee-defined and should reflect some measurable benchmarks within the 18 months [sic] of the award date as required by the RFP." (emphasis added)

Question: We find no other mention of such 18 months in the RFP, so which benchmarks are required to be measured and reached by 18 months for the Youth ACT grant?

ANSWER: This is a typo in the RFP and the 18 months is not relevant. As the performance measures are Grantee defined, it is up to the Grantee to determine measurable benchmarks that are relevant to the project.

Question: Are applicants allowed to set goals for *other* time periods such as 12 months, 24 months, 36 months, 48 months, and/or 60 months, since this would be a 5-year-funding-stream?

ANSWER: As the 18 months was a typo, an applicant can enter any goals as applicant feels necessary.

Question: After re-stating the Objective in the "Performance Measure" field in Grants Gateway, per RFP instructions on page 9, is an applicant allowed to add several clarifying words into the "Performance Measure" textbox (if character-limits allow), or must the applicant type ONLY an exact duplication of the Objective, with no additional characters allowed, into the "Performance Measure" textbox field?

ANSWER: Applicants can respond up to the character limit provided in the box providing any detail they feel necessary.

47. Does OMH expect (or recommend) that applicants us the Grantee Document Folder for any part of this submission?

ANSWER – No

48. In Grants Gateway, Gateway for the "Project/Site Addresses", since the Youth ACT program is mobile and serving youth across a variety of community-based settings, are applicants expected/allowed to list the one physical office location where the staff will be anchored?

ANSWER – Yes

49. Regarding the required Work Plan:

RFP, section 2.11 on page 9 indicates, "The Objectives and Tasks section should identify grantee-identified objectives and tasks that are relevant to the completion of the proposed project."

Question: Are there any *pre-filled* or OMH-*required* objectives or tasks?

ANSWER: No. As stated, they are grantee-identified

Question: Is there a *maximum* or *minimum* # of objectives or tasks?

ANSWER: No minimum, maximum of 30 Objectives and 60 Tasks

50. In the Grants Gateway Work Plan Overview form, the Project Summary field allows 50,000 characters. Does this large character-count suggest an expectation for applicants to write a multiple-page "Summary" (and, if not, is there another reason we should be aware of regarding why this character-count allowance is so much higher than the usual 4,000 characters allowed elsewhere)?

ANSWER – The expectation is that on the Project Summary field, applicants are in fact providing a summary of their proposed project. Generally speaking, applicants would need more room/characters to provide a Project Summary. There is no requirement to use the fully 50.000 characters.

51. For some grants, OMH has encouraged applicants to *duplicate* information presented in other responses (e.g., from the Program-Specific Questions fields) to create the Work Plan Overview Project Summary and the Work Plan Organizational Capacity responses. Does OMH allow that same efficiency in this Youth ACT submission?

ANSWER: It is strongly recommended that applicants provide comprehensive Work Plan Overview Project Summary and Workplan Organizational Capacity responses. There is no set format or expectation as to how these are responded to. These sections are not scored.

52. The Presubmission Uploads Page includes instructions to upload certain filled-in document templates for certain Program-Specific questions, such as 6.6a, 6.4a, and 6.4b. This Pre-Submission Upload page also includes a "Choose File" button just above each document template. (Please see screen capture below.)

Should applicants upload such completed documents in *both* locations (i.e., at the appropriate spot on the Program-Specific Question page AND on the Pre-Submission Uploads page?)

ANSWER: The Description box for each applicable Upload gives instruction on how/where the upload is to be provided. The only clarification to be made is that the Sexual Harassment Certification is a mandatory/required upload in this Section, but in error, it was not set up as required. Please make sure to provide the appropriate Certification or Attestation (as referenced in Section 3.8 of the RFP).

53. Section 5.5/Operating Funding:

Funds will be allocated as a lump sum at beginning of contract for Start-Up ($100,000) and transition/ramp us costs ($325,000) for a total of $425,000.
Youth ACT providers will be funded though Medicaid and net deficit funding.

The annual expected Medicaid revenue per team is a follows:
48 Slot Team: Downstate $497,044; Upstate $465,061
36 Slot Team: Downstate $372,778; Upstate $348,808

Available annual net deficit funding per team is as follows:
48 Slot Team: Downstate $491,701; Upstate $464,176. Both also receive service dollars in the amount of $22,378. Appropriate uses of these funds are outlined in Service Dollar Guidance

36 Slot Team: Downstate $423,096; Upstate $397,915. Both also receive service dollars in the amount of $22,378. Appropriate uses of these funds are outlined in Service Dollar Guidance

Does this mean that in Yr 1, a provider will get $425,000 in Start-up and ramp up costs, $423,069 in deficit funding & $22,378 in service dollars; a total of $870,447 or just $425,000? Yr 2-5 $423,096 in deficit funding + $22,378 In service dollars + expected revenue of $372,778; total of $818,252?

ANSWER: Allocations in Year One of the contract would be the One-time Start/Ramp-Up and the recurring Net Deficit and Service Dollars. Beginning in Year 2, contract allocations would be the Net Deficit and Service Dollars. Medicaid revenue is received through provider direct billing.

54. May we make a change to the physical plant plan/location at the time of an award?

ANSWER: Yes. However, the location must remain in the identified County.

55. Must we have the core staff hired and onboarded by the contract start date?

ANSWER: No

56. Is it a requirement that youth served by this program are Medicaid eligible?

ANSWER: No