



Enhanced Housing for Young Adults with Serious Mental Illness RFP

Questions and Answers

1. Can you specify any certification, training, education, or years of experience required for the Psychiatric Rehabilitation Specialist?

ANSWER: A CPRP, a CRC, and OT, or an individual with 2+ years of full-time experience delivering psychosocial rehabilitation services through PROS, CORE, or CCBHC.

2. Regarding the clinical component noted for the Program Manager, will a LMHC qualify?

ANSWER: Yes

3. Are you seeking specific timeframes staffed outside of the traditional M-F 9-5, or is this solely determined by the applicant?

ANSWER: Staff should be available to meet the needs of the residents, including those who are working. There must be 24/7 accessibility for crisis.

4. RFP states: enhanced services will not be provided for residents after they turn 26 and they are expected to transition to other internal or external SH.
 - a. Will they be priority for a SPA application due to this deadline, since technically, they're already housed? In the same vein, could they transfer to another SH agency without going through SPA?
 - b. What criteria would they fulfill in SH? For example, since they're technically already housed, but can't stay there, would they fit into TCS, High Needs, MRT, RCE, etc. etc.?
 - c. What if they do not progress and require a higher level of care and/or a different modality (ex: substance use treatment).

ANSWER(S):

- a. It is an expectation that awarded applicants work collaboratively with the SPA/SPOA prior to an individual's 26th birthday to plan for transition to appropriate programs.
- b. At the time referral the local SPA/SPOA will determine, through the established process, the most appropriate SH option available.
- c. Housing referrals should be made on an individualized basis to best meet the needs of the participant.

5. We anticipate that some young adults may have children and want to confirm that this program intends to serve single individuals only without dependents.

ANSWER: Individuals referred to this program with dependents are eligible for this housing.

6. Are we allowed to apply for operating the supportive housing OR the apartment treatment programs or do we have to apply to operate both?

ANSWER: This RFP is for the operation of a program with both Supportive and apartment treatment units.

7. Can the Eligible Applicant agency headquarters be located in a county not included in the RFP, with the intention of providing housing that will be sited in one of the counties listed?

ANSWER: Yes, provided the housing is developed in the county(ies) in Section 1.1 Purpose of the Request for Proposal and service provision can meet the expectations set forth in the RFP.

8. Why is Dutchess County not included?

ANSWER: Through data analysis OMH determined the county(ies) in Section 1.1

9. In a program covering two counties, can all of the sites be located in only one of the two counties? Or must there be supportive units and TAP units in each county? Or can there be TAP units in one county and Supportive units in both counties?

ANSWER: Both unit types awarded through this RFP must be sited in the county(ies) the applicant is applying for.

10. Is there the assumption that there will be shared staff between the supportive housing units and apartment treatment?

ANSWER: Yes.

11. Please define Psych-Rehab specialist and what credentials, experience are you looking for.

ANSWER: See the answer to question 1.

12. Please explain the reimbursement for the apartment treatment units and what is the expected annual reimbursement.

ANSWER: Apartment treatment units are reimbursed with a combination of SSI and Medicaid funding, consistent with the OMH fiscal model for the Apartment Treatment

residential program. Each agency's current programmatic structure will determine specific funding amounts. Site specific property costs for the new apartment treatment beds will also be incorporated into the successful applicant's Gross, Income, and Net (GIN) fiscal model and paid for with SSI revenue and state-aid in the event the GIN model's anticipated SSI revenue is not adequate to cover 100% of the expense. In addition, Program Development Grant (PDG) funds are available to assist with establishing these Apartment Treatment units. PDG funding will be based on the most current rate at the time of opening, which is currently \$9,410 per bed. All reasonable costs to develop the beds should be included in the PDG budget.

On average statewide, the expected annual Apartment treatment reimbursement per bed is \$54K. For Upstate providers, the expected average is \$51K per bed. For Downstate providers, the expected average is \$57K per.

13. What is the maximum length of stay for the apartment treatment program?

ANSWER: The targeted length of stay for this model is 18-24 months. However, the actual length of stay in an apartment treatment unit in this program should be based on the participant's support needs and level of independence, and could be shorter or longer than the targeted length of stay.

14. Does the PAR application need to be submitted at the same time as the response for the 20 supportive units?

ANSWER: A PAR application should not be submitted until after awards are made.

15. Please define 24/7 emergency crisis availability

ANSWER: The housing program must operate a continuous and direct after-hours on-call system, with staff members who are experienced in behavioral health crisis intervention procedures. The program shall have the capacity to respond rapidly to emergencies, both in person and by telephone. The program will respond in a trauma-informed, recovery-based approach and will resolve the crisis in the shortest amount of time possible and in the least restrictive environment.

16. The model includes a Program Manager with Clinical Experience. Is there a licensing requirement for this manager? If so, which licenses may be considered valid for "clinical experience?"

ANSWER: Licensed Practitioner of the Healing Arts is preferred

17. Will the award decision give preference to agencies which apply for both Supportive Units and TAP units?

ANSWER: This RFP is for the operation a program with both Supportive and TAP units. Applications that are not applying for both will be considered non-responsive to the RFP.

18. Are we allowed to apply for operating the supportive housing OR the apartment treatment programs or do we have to apply to operate both?

ANSWER: See the answer to question 6.

19. The RFP lists Nassau/Suffolk together, which are two distinct counties on Long Island. Can agencies choose one county in their proposal, e.g., only Suffolk County or only Nassau County. Alternatively, can agencies choose to span units across both counties in their proposal – specific to Nassau/Suffolk?

ANSWER: Units must span both Nassau and Suffolk counties. See the answer to question 9.

20. The RFP outlines a 1:20 caseload for Enhanced Case Managers. Is the Psych-Rehab Specialist, Peer, and any other specialty position included in this ratio or are they considered separate? As an example, if an agency is proposing to operate 20 units of Supportive Housing, the staffing would be: 1 Program Manager, 1 Enhanced Case Manager, 1 Psych-Rehab Specialist, and 1 Peer.

ANSWER: Other specialty positions are considered separate from the Enhanced Case Managers.

21. Are there any differences in staffing structure between Apartment Treatment units and scattered-site supportive housing units seeing that the Apartment Treatment programs are transitional compared to supportive housing which are permanent housing.

ANSWER: The Apartment Treatment model is a higher level of care than supportive housing. Services in the Apartment Treatment unit should be delivered consistent with NY CRR 595. Individuals must receive at least 4 services a month to bill for a full month. In contrast, the minimum service delivery in supportive housing is one visit per month.

22. Is there a grace period for clients who age out of the scattered-site supportive housing units to transition to other supportive housing or another level of care?

ANSWER: OMH will allow clients to remain in the Transition-Aged Youth program until arrangements for appropriate alternative housing can be made. However, it is the expectation that awarded agencies begin planning well in advance of an individual's 26th birthday to transition individuals in a timely manner.

23. May an applicant propose to use funds for rent in excess of Fair Market Rent?

ANSWER: Per the OMH Supportive Housing guidelines, providers should use Fair Market Rent (FMR) as a guide. There is no requirement for supportive housing units to adhere strictly to FMR. However, the enhanced funding provided through this initiative is for the enhanced staffing outlined in the RFP. Agencies should not use this funding for rent in lieu of hiring the required staff.

24. In a region with multiple counties, is an applicant required to allocate within its application its proposed allocation of supportive units and TAP units?

ANSWER: See Question 9

25. In a region with multiple counties, if an applicant identifies a greater need in one county over another, may an applicant propose to allocate more units to one county over another?

ANSWER: It is expected that selected applicants allocate units based on need as identified by referrals. It is expected that this need will fluctuate over time, and as a result so to will the distribution of units amongst identified counties.

26. In a region with multiple counties, if an applicant identifies a greater need in one county over another, may an applicant propose to exclude a county that it identifies with limited need or referrals from its proposal altogether?

ANSWER: Applicants may not exclude identified counties. See Question 25 for information on unit distribution.

27. Will OMH permit formal partnerships between two agencies via subcontract and/or sub-agreement?

ANSWER: Yes. Applicants should speak to those partnerships in their application.

28. If an agency is applying as a partnership with another agency, should the budget form be completed as one combined budget or two separate budgets? If one budget, should the subcontractor/subrecipient be categorized as OTPS and described as a subcontractor/subrecipient in the budget narrative (B-1)?

ANSWER: A single budget should be provided for the application. It is at the applicants discretion how they characterize expenses but it should be clear either in the budget template or the narrative that the proposal is meeting the staffing requirements of the program and what the anticipated staffing costs are.

29. Are there other staffing requirements besides the Psych-Rehab Specialist, peer advisor, and manager?

ANSWER: The staffing identified above are the only required titles. The program must employ Housing Case Managers (or equivalent title) in sufficient numbers to provide required services.

30. Are there specific salary and FTE expectations for the required positions? For example, can we distribute staff costs across other supportive housing programs?

ANSWER: There are no specific salary expectations. There is not a specific FTE number expected. Staffing should include required staff and be sufficient to provide services as identified in the RFP. Staffing costs are specific to this program and should not be spread across other supportive housing programs.

31. In the event of a unit becoming vacant, what are the restrictions, if any, for invoicing the state?

ANSWER: There is no invoicing of the state. OMH is a quarterly advance agencies, which requires agencies to complete an annual consolidated fiscal report and return any unspent funds.

32. How should the program handle potential client income, such as SSI or any type of housing subsidy?

ANSWER: For the supportive housing units, individuals should pay no more than 30% of their income towards rent. For the Treatment Apartment unit, the program fee should be the SSI Congregate Care Level II rate minus the Personal Needs Allowance (PNA). Individuals in the Treatment Apartment units should also receive a food/living allowance as outlined in the RFP.

33. Can you confirm that 25 units means 25 slots (rather than 25 apartment units)?

ANSWER: Confirmed.

34. What federal and state revenues streams are associated with the Supportive Housing Units?

ANSWER: The revenue for this program is identified in Section 5.3 of the RFP.

35. Can you confirm that tenants can share apartments?

ANSWER: Tenants can share apartments, up to two in a two-bedroom apartment, if necessary.