



CCBHC RFP Q&A's

1. Page 27 of the RFP states, "Based on your Community Needs Assessment, complete the provided staffing template, that will reflect the needs of the individuals in your service area. The plan includes staff, either contracted or directly employed, consistent with the requirements in the NYS Provider Manual" There is no staffing template provided in the RFP and it is not available in SFS under list of attachments (see below for screenshot of the 8 attachments provided in SFS). Will the template be released at a later date? Will it be posted to the OMH procurement website?

Answer: We will make an announcement regarding the staffing template and it will be uploaded to the RFP page.

2. I'm writing out of confusion regarding Niagara County. There is not currently a CCBHC in Niagara County, yet it's not listed in the RFP as a county that doesn't have a CCBHC location. Why is Niagara County being left out?

Answer: Niagara County is located within an operational CCBHC's service area, receiving CCBHC services from CCBHC Demonstration Providers located in neighboring counties. This does not preclude an agency from Niagara County to apply for this RFP.

3. I am reaching out as I came across an opportunity for a certified community mental health clinic on your website. I am wondering if all clinic locations will require staff to be onsite or if there will be any opportunity to provide services virtually as well.

Answer: All CCBHC services must be accessible to the service area(s) noted in the CCBHC's Community Needs Assessment. NYS defines reasonably accessible as in-person services that are either within 30 miles or 30 minutes (or lesser of the two) to the communities outlined in the Community Needs Assessment service area.

For locations and services provided outside of these parameters, they must be approved by NYS OMH and OASAS Central Office and Field/Regional Offices to review current resources in the geographic area, accessibility for all nine required CCBHC services and to ensure it meets SAMHSA's crisis response timeframe. Telehealth only cannot be the solution for determining reasonably accessible services, as some individuals will require or prefer in person services.

4. On Page 24 of the RFP it states the following:
Proposal Narrative When submitting proposals under this RFP, the narrative must address all components listed below, in the following order. Narrative responses for Sections 6.1-6.5 should not exceed 100 pages, not including supporting documentation. It seems strange that Section 6.6 is not included in this page count limit, is that correct? Also, how will the 100 pages be counted? For example, if we upload a document that is 3 pages in length when printed but contains only 2.2 pages worth of content is this counted as 3 pages or 2.2 pages? We want to follow the guidance but we need more information to be sure we are using the right methodology.

Answer: The page limit is in reference to narrative responses only and does not apply to supporting documentation. Section 6.6 is the Fiscal section and should be completed in the templates provided. The page limit referenced is nonpunitive, if additional pages are needed to adequately respond to the questions, applicants should include the additional pages.

5. If we are awarded the CCBHC, do all of the satellites the clinic has have to participate?

Answer: No – the site identified in this proposal is the only CCBHC site for the purposes of award. Additional sites may be discussed after award, as long as they are indicated in the submitted community needs assessment.

6. Our organization has three separate clinics that has the appropriate licenses. When we apply, is it for all three clinics or just one of them? And if for just one clinic, can the organization submit multiple applications (one for each clinic)?

Answer: The site identified in this proposal is the only CCBHC site for the purposes of award. Additional sites may be discussed after award, as long as they are indicated in the submitted community needs assessment. One award will be made per EDR in the Rest of State, or borough/county for Downstate. In the event that all 13 CCBHCs are not awarded using the Downstate and Upstate process methodology, the Offices reserve the right to issue the remaining awards based on the highest scoring proposals across either NYC or the 9 EDRs outside of NYC until all 13 CCBHC are awarded, following the same process as indicated in Section 4.3 of the RFP.

7. On page 6, under “Eligible Agencies,” you indicate that an agency must have “an Article 31 Part 599 Mental Health Outpatient Treatment and Rehabilitation (MHOTRS) clinic license OR Article 32 Part 822 Substance Use Disorder Outpatient Programs clinic certification in good standing with both of the Offices AND have a licensing or certification application for the other program under way as of the date this RFP is issued.” (emphasis added) If an agency holds an Article 31 Part 599 MHOTRS license and is working on a Article 32 Part 822 Substance Use Disorder Outpatient Program license application, but has not yet submitted the application to OASAS (they have had consultations with the local government unit and the field office before the RFP was issued, but haven’t submitted their application to OASAS yet), are they eligible to apply?

Does the application have to have been submitted to OASAS prior to the date the RFP was issued, to be considered “under way,” or does consultation with the LGU and field office count as an application that is “under way”?

Answer: The outstanding licensing application must be reviewed by the Behavioral Health Services Advisory Council, with recommendation, by July 1, 2024 to qualify.

8. It appears Niagara County has been miscategorized. In the previous round of applications (2023), Niagara County was identified as a high needs county. No CCBHC award was made in Niagara County. No CCBHC added Niagara County to its catchment area. Yet, Niagara County is now classified among the counties in which there is a CCBHC location...even though there is no CCBHC location in Niagara County. Please correct the classification of Niagara County.

Answer: The criterion for this RFP includes high needs and access to CCBHC services. Niagara County receives CCBHC services from existing CCBHC Demonstration Providers located in neighboring counties. This does not preclude an agency from Niagara County to apply for this RFP.

9. Our organization’s Queens-based clinic location has an OMH Article 31 license and has applied for an OASAS Article 32 license. Our organization also already has an article 32 license through our Brooklyn-based clinic, and we have been advised by OASAS that we are allowed to provide SUD services at our Queens site under the license of our Brooklyn site while we wait for the Queens license to process. Would our Queens clinic be eligible to apply for this opportunity? If this is not sufficient, then what would be needed to enable us to qualify to apply for this opportunity for our Queens site?

Answer: The CCBHC agency must hold an Article 31 Part 599 Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) license AND Article 32 Part 822 Substance Use Disorder Outpatient Programs clinic certification. The Article 31 and 32 sites do not need to be in the same location. The CCBHC proposed main site must hold EITHER licensure for an Article 31 Part 599 MHOTRS program that serves the lifespan OR an Article 32 Part 822 Substance Use Disorder Outpatient Programs clinic certification. Based on the information provider it appears this Queens-based clinic would meet this criteria.

10. In defining a service area for a CCBHC application, can an applicant define a service area that includes counties from more than one Economic Development Region?

Answer: Yes, however, the application must identify which Economic Development Region in which the proposed CCBHC site will be located.

11. Our agency is a 598 (Integrated Services clinic) with OMH as our host. We are applying for the CCBHC grant to become a CCBHC provider. We currently have an Outreach and Engagement program (previously COTI) and a Low Threshold Buprenorphine program. Would these programs become part of our CCBHC receiving PPS payments or would they remain separate and billed as they currently are under either our 598 or 32 licenses?

- **Answer: If a Low Threshold Buprenorphine program (OTP Program) is part of the CCBHC the billing for medication and administration of the medication would be done outside of the CCBHC PPS rate, using the same billing protocols as are currently in place. The counseling provided, as required by the program, could be part of the CCBHC, and billed at the PPS rate. With regards to cost reporting for this program, only the costs and daily visits associated with the counseling would be reported in the CCBHC Cost Report. The services provided by the Outreach and Engagement Program (previously COTI) are permitted within the scope of the CCBHC, and therefore would be billable under the PPS rate, as long as the program has been identified as part of the CCBHC.**

12. Our organization has an Article 28 and Article 31 License and has extensive activity in the treatment of Substance Use Disorder. We are interested in applying as a CCBHC. The question is about the timeline for getting an Article 32 license. Will we need to have that in place by the proposal date of 7/1/24 or by the contract start date of 10/1/24 or is it sufficient to have the application being submitted and reviewed by those dates if all the other requirements are met.

Answer: The outstanding licensing application must be reviewed by the Behavioral Health Services Advisory Council, with recommendation, by July 1, 2024 to qualify.

13. There will only be 5 CCBHCs developed Downstate (defined as NYC and Long Island). We are located in NYC. Can a CCBHC that applied but was not awarded in Round 1 (fall 2023) apply for this RFP (OMH 112 CCBHC Round 2)?

Answer: Yes, you can apply if you meet all other criteria. Applying for previous RFPs does not preclude you from applying to this RFP.

14. The OMH 112 CCBHC RFP page 17 provides the Process for Awarding Contracts. We are located in a borough in NYC and a CCBHC in our borough was already awarded in the Round 1 RFP. Are there any provisions to preclude NYS OMH from making a second award in the same borough (where we are located, and the Round 1 awardee is located) in this Round 2 RFP? In other words, does the State intend to spread awards around NYC in Round 2 taking into consideration the location of awardees in Round 1.

Answer: CCBHCs for Downstate will be selected as described in the RFP: For the five CCBHCs awarded in NYC and Long Island, one award will be made in Richmond County and one award will be made in Suffolk County. The next CCBHCs awarded will be made to the three highest scoring applications in any of the five NYC boroughs, Nassau or Suffolk County, one per county or borough. If the remaining CCBHCs are not assigned after the state awards one CCBHC to the next highest scoring application from any of the five boroughs, Nassau or Suffolk, a second CCBHC will be awarded based on the next highest scoring applicant within these NYC boroughs and counties, one per county or borough. This process will continue until the remaining CCBHCs are awarded within one borough or county at a time.

15. In the Round 1 RFP reviewer comments, there was emphasis on serving children, adolescents, and older adults. Per the OMH 112 CCBHC RFP page 5 "CCBHCs are designed to serve all New Yorkers experiencing mental health disorders, substance use disorders, or both, in their service area regardless of age, ability to pay, or location of residence. This includes the lifespan: children, adolescents, adults, older adults, and families". The RFP gives equal emphasis to serving all persons across the lifespan. However, per the Round 1 RFP reviewer comments, it seems that the state sees children, adolescents, and older adults as priority populations for NYC CCBHCs that should be emphasized in the application. Please explain.

Answer: This RFP is separate and distinct from previous RFPs. Serving the lifespan is a requirement for CCBHC Demonstrations.

16. The OMH 112 CCBHC RFP page 18 states "Three (3) additional points will be awarded to the Population (High Needs County Identification) score for an applicant who will include in their service area the following county(ties) who have been identified as having high needs and no in-county CCBHC Demonstration site: Alleghany, Cayuga, Columbia, Greene, Lewis, Rensselaer, Schenectady, Sullivan, Tompkins". We are located Downstate. Is there a provision to provide three (3) additional points to High Needs Counties Downstate as well?

Answer: The allocation method for Upstate and Downstate are distinct. In Downstate, for the five CCBHCs awarded in NYC and Long Island, one award will be made in Richmond County and one award will be made in Suffolk County. The next CCBHCs awarded will be made to the three highest scoring applications in any of the five NYC boroughs, Nassau or Suffolk County, one per county or borough.

17. The OMH 112 CCBHC RFP pages 19-20 states "CCBHCs must complete a Community Needs Assessment which is a systematic approach to identifying community needs and informs program capacity to address the needs of the population served. As such, proposals must include a completed Community Needs Assessment. Agencies will collaborate with community stakeholders to complete their assessment, including input from the entities that are listed in the federal CCBHC Certified Criteria. The assessment should identify current conditions and desired services or outcomes in the community, based on data and input from key community stakeholders".

a. First, should applicants include a completed overall Community Needs Assessment or a specific Mental Health/Behavioral Health Community Needs Assessment?

b. Second, SAMHSA requires the routine completion of a Mental Health/Behavioral Health Community Needs Assessment as a criterion of our federal CCBHC award. Will NYS OMH accept the completed Mental Health/Behavioral Health Community Needs Assessment submitted to SAMHSA as a criterion of the NYS OMH award?

Answer: In Section 6.2.d, applicants must complete a Community Needs Assessment as outlined in the SAMHSA CCBHC Certification Criteria, addressing

each area in its entirety. If the Mental Health/Behavioral Health Community Needs Assessment meets this requirement, it will be accepted.

18. We understand that as part of our application we need to identify a main CCBHC Site location. In addition to our identified main site, within the same county, we also operate three additional licensed outpatient treatment clinics, which we believe also serve as critical access points to our treatment and support services. Can we include these three clinics (in addition to our identified main site) as additional sites within our CCBHC Demonstration application, provided they can all meet the CCBHC criteria, as they are also all within our proposed catchment area?

Answer: Each awardee will be authorized to implement the full CCBHC model (i.e. providing all nine (9) required services) at an existing clinic site located within the proposed borough for NYC or the proposed EDR Upstate. Upon award, agencies will have the opportunity to evaluate locations in the community where additional CCBHC services may be provided if it is within their identified Community Needs Assessment.

19. Could you provide guidance on whether individuals enrolled in D-SNP plans are included or excluded under the CCBHC Demonstration program's billing mechanisms (i.e., for CCBHC services provided D-SNP enrollees, do certified CCBHCs bill the PPS rate)? We have a large proportion of D-SNP enrollees receiving services at our clinic today, so this clarification is important to inform our program planning.

Answer: Medicare claims for Medicare eligible CCBHC services for D-SNP plan members would first be submitted to the member's D-SNP Plan. After the remittance information is received from the D-SNP plan a claim may be submitted to Medicaid using the PPS rate, with the D-SNP plan payment identified in the claim so that proper calculation of any remaining balance due could be calculated.

20. On page 32, the RFP states that "Startup funds may only be used up until 6/30/25." Can you confirm this is an error, and this statement should read "Startup funds may only be used up until 6/30/26"?

Answer: Correct, the Start Up funds must be expended by 6/30/2026.

21. On page 31, the RFP states that "The CCBHC Cost Report template may be found in in Grants Gateway." Can you confirm that all attachments, responses, etc. for this RFP are all within SFS, and there is nothing in Grants Gateway that we need to reference?

Answer: Correct, this RFP will be conducted solely within SFS. The reference to the CCBHC Cost Report being in grants gateway is in error.

22. The way that the awards are being made upstate seems to lack acknowledgement of CCBHC 'saturation,' beyond whether or not there is a single CCBHC or any CCBHC coverage in the county. This inadvertently excludes upstate providers who are located in counties with high population density that have a single CCBHC already awarded (e.g., Westchester County), to which it is extremely unlikely based on the state's current award

methodology that one of the eight upstate awards will be awarded. Does the state have any plans to more fully consider CCBHC service saturation using data (e.g., the population density as compared to CCBHC service capacity in a County) in future certification opportunities or otherwise, in order to better assure equity in access to CCBHC services in all counties across the state?

Answer: Yes, NYS continues evaluating data to understand access to CCBHC services.

23. We have a question about how the new commercial payment law that recently passed in this year's budget (Health and Mental Hygiene Bill S8307-C, Part AA, Section 1) impacts CCBHC-D providers, particularly for the purposes of the cost report that needs to be submitted with the current application and ensuring that we are reporting uncompensated care correctly. Will commercial payers (specifically those to which this new rule applies, which we understand to be Article 32 and Article 43 licensed insurers) be required to pay at least the PPS rate for CCBHC-D providers?

Answer: OMH is still reviewing the statute but considers it to be applicable to CCBHCs participating in the demonstration. Guidance is being developed to describe how the requirements of the statute will be implemented. However, the provisions of the statute should not impact on any of the fiscal documents that are required to be submitted as part of an application. The CCBHC Cost Report should reflect the full cost of the CCBHC and well as all Daily Visits which are expected to be provided, regardless of the payer. The source of any payment associated with billing for such services would have no impact on the completion of the Cost Report. Information to be reported in the Uncompensated Care Survey is detailed by payer. This information should be reported based on your current projections and can be modified after programs are selected from the proposals received as we work through the Technical Assistance process.

24. What Consolidated Fiscal Report (CFR) should form the cost basis for the "historical base costs" that would be reported in the CCBHC Cost Report?

Answer: The applicant should use the most recent CFR information which is available. This will minimize the effort of determining the changes in "Anticipated Costs" and daily visits during the period between the end of the last CFR and the start date of the CCBHC Program.

25. What interrelationships exist between the fiscal documents that must be submitted as part of the application?

Answer: The following information must match between the fiscal documents submitted:

- **Total Daily Visits report on the Uncompensated Care Survey must equal to Total Daily Visits reported in the Daily Visits tab of the CCBHC Cost Report.**
- **The detail reported in the Detail of Anticipated Cost workbook must match to the information reported in the Anticipated Costs Tab of the CCBHC Cost Report.**

- The information reported in the Anticipated Costs Tab of the CCBHC Cost Report must match the information reported in Column 8 of the Trial Balance Tab of the CCBHC Cost Report.
- The total FTEs by job title in the Services Provided Tab of the CCBHC Cost Report must equal the number of FTEs for the title in the base costs from the CFR PLUS the Anticipated FTEs identified by title in the Anticipated Cost tab of the CCBHC Cost Report.
- The CCBHC Cost Report is to reflect the total CCBHC costs and total daily visits, regardless of payer. This report is not completed only related to costs and visits for Medicaid eligible consumers receiving services in the CCBHC.
- Applicants should use outside sources such as information from the Bureau of Labor statistics when developing compensation amounts for staff.

26. If we submit application in May 2024 and have audited 2023 statements but most recent filed cfr is 2022, should we submit with 2022 cfr data and attach 2022 financials?

Answer: The applicant should use the most recently completed and audited CFR information which is available for the “base costs” of the proposed CCBHC. This will minimize the effort of determining the changes in “Anticipated Costs” and daily visits during the period between the end of the last CFR and the start date of the CCBHC Program. Also, financials are not required to be submitted, the applicant should have them as back up if needed.

27. Can you clarify what cost report should be used – 2022 or 2023. Some CFR reports are not submitted until almost the end of this procurement period.

Answer: The applicant should use the most recently completed and audited CFR information which is available for the “base costs” of the proposed CCBHC. This will minimize the effort of determining the changes in “Anticipated Costs” and daily visits during the period between the end of the last CFR and the start date of the CCBHC Program. Also, financials are not required to be submitted, the applicant should have them as back up if needed.