Youth Assertive Community Treatment (ACT) Teams
Questions and Answers

Q1. It is noted that on the RFP there are counties for which there is already an existing team. Do existing providers need to reapply in order to maintain their services?

No, existing providers do not need to reapply in order to continue providing Youth ACT services in their catchment areas.

Q2. It is noted that on the RFP there are counties for which there is already an existing team. If existing teams do not need to reapply, is there a plan for how the two teams would each function effectively in one county?

Existing providers do not need to reapply to continue providing Youth ACT services. When another Youth ACT team is awarded, there will be ongoing communication and coordination between teams facilitated by OMH and including local governments as applicable to ensure effective collaboration and referral workflows.

Q3. If we currently operate a Youth ACT team, can we use the same office space for a second Youth ACT team in the same county?

Yes, if approved through submission of an EZPAR to your Field Office Licensing Team.

Q4. Can we offer Youth ACT services out of several locations throughout a county? For example, we have several licensed clinics and satellites throughout the county so we would like to offer clients the ability to come to whichever clinic is easiest for them.

It is expected that Youth ACT services are delivered in in the home or other community-based settings as much as possible, and at least for 80% of contacts. Youth ACT is not delivered from a clinic. However, providers should have dedicated Youth ACT space in one or more of their offices for youth and families to come to for a session should they request it.

Q5. Can you please confirm the youth ACT codes? RFP indicates use of codes 4508 (full), 4509
(partial) and 4511 (inpatient) but per OMH website these codes are the ACT Adult Codes with the Youth ACT codes listed as 4513, 4514 and 4515. Can the Youth rate codes please be confirmed as we prepare our response to the RFP?

Youth ACT codes 4513, 4515 and 4515 have been approved and should be used when completing your response for this RFP.

Q6. The staffing model indicated on p13 in the Youth ACT Program and Billing Guidance document specifies an 8.67 FTE team that includes, among others, “0.5 FTE Team Leader
(Support): (Licensed professional)” and “0.5 FTE Team Leader” (clinical). Can these roles be embodied / combined in one 1.00 FTE Team Leader who splits their time 50% / 50% between these two functions?

Yes, the Team Leader should be considered 1.00 FTE and will split their time equally between supporting team YACT multi-disciplinary Team and providing

clinical services.

Q7. On page 22 of the RFP (and as related also to the “Projected Medicaid Revenue” row of the “Starting Month” table within the Youth ACT Team Staffing Form/document: Can OMH please indicate the revenue-related assumptions that were used to arrive at the “The annual expected Medicaid revenue per team [e.g., $706,230 for a 36-slot team downstate]? For example, can you please share, in arriving at the aggregate dollar figures published on p22: (a) the number (or percentage) of the 36/full roster of Youth ACT clients (service recipients) assumed to qualify, on average, over 12 months for the full rate [i.e., Rate code 4508]; (b) the number (or percentage) of the full roster of Youth ACT service recipients assumed to qualify, on average, over 12 months for the partial step/down rate [i.e., Rate code 4509]; (c) the number (or percentage) of the full roster of Youth ACT service recipients assumed to qualify, on average, over a designated number of months for the Inpatient Reimbursement rate [i.e., Rate code 4511]; and/or (d) the number (or percentage) of the full roster of Youth ACT service recipients assumed to NOT QUALIFY, on average, over 12 months for Medicaid (for example, the many youth who are on their parents’
[minimal] insurance and so, their Youth ACT services would need to be covered by funds other than Medicaid, including most likely Net Deficit Funding)?

Various assumptions are made in the Youth ACT rate development model. This includes Medicaid enrollment rate, the number of enrollees with claims, team vacancy and the split in full and partial (partial for model purposes is inclusive of stepdown and inpatient) claiming. The specific rate model assumptions for each of the above varies depending on team size and region, though the Medicaid enrollment rate set in the current Youth ACT rate model is 60% for all teams. When taking all above assumptions into account, the 28 slot Youth ACT rate model anticipates a range from 31 to 42 annual partial rate Medicaid claims and a range from 123 to 141 full rate Medicaid claims; the 36 slot Youth ACT rate model anticipates a range from 40 to 54 annual partial Medicaid claims and a range from 158 to 181 annual full rate Medicaid claims. Services delivered to non-Medicaid enrolled recipients are covered by net deficit funding as outlined in the Operating Funding section of the RFP.

Q8. Instructions on (and for) the multi-tab Budget Excel sheet indicate the following:

“Start Up funds for personal service should be entered on the Section C tab.

The total will be carried over to the summary document.” - and -

“Start Up funds for non-personal (OTPS) service should be entered in Section E.

The total OTPS automatically links to Section A - Summary.”

However, Section C (Start-Up) and Section E (Start-Up) each have columns allocated for

Years 1, 2, 3, 4, and 5 (a total of five years)

-- Are we correct in understanding that OMH’s intent is that applicants complete ONLY the column for Year 1 or Years 1 and 2, if applicable related to Start-Up, on the Excel tabs for Section C and Section E? (Is the term “Start-Up” intended to include the broad range of gradually increasing activities that OMH has previously referred to in ACT team grants sometimes as
“ramp-up”?)
-- Likewise, for Tabs / Sections B and D (both “Operating”), are we correct in understanding that OMH’s intent is that applicants NOT leave all cells in Year 1 blank… but instead that applicants use Year 1 to tally the portion of costs for that first year of the grant that exceed the $450,000 Start-Up allocation? (Or does OMH have another preferred way for applicants to use the Year 1, Year 2, Year 3, Year 4, and Year 5 columns found on each of the tabs / sections B through E?)

Ramp up should be considered “Start-Up” for the budget template exercise. Yes, ideally it should only be in year 1. Yes, for year one in tabs B and D you would tally the expenses that start-up will not or can not cover. Then on the summary tab the spreadsheet will add them both together for a total year 1.

Q9. On Budget Tab “Section A – Summary,” which revenue category should applicants use to record the $450,000 in Start-Up funding? (Would this be added into an aggregate total, [joining Net Deficit Funding and Service Dollars], presented in the single “State” entry input into the cell[s] in row 47?)

Can Start-Up dollars be utilized across all five years at the discretion of the grantee,

or should such dollars only be used in Years 1-2 during the Start-Up/ramp-up period?

Start-up is considered ‘State Aid’ and should be entered in tabs C or E. The spreadsheet will calculate it the proper areas on the Summary (tab A). Start up is ideally used in year 1 and should be spent before and Operational or Medicaid funds. You will need to file an extension request to use start-up beyond year 1.

Q10. For Year 1, on Tab “Section A – Summary":

- When entering data in the annual expected Medicaid Revenue (row 44) on Tab A , should applicants prorate the annual expected Medicaid amount shown on RFP p22?... to account for the ramp-up period… or can/should applicants use the full annual expected Medicaid revenue amount in the Year 1 budget?
- Should the Net Deficit Funding (NDF) and Service Dollars amounts be prorated in Year 1 to reflect the ramp-up period, or can/should applicants use the full amounts for the Year 1 budget?
- Is OMH looking for a summation of Net Deficit Funding plus Service Dollars (plus Start-Up funds, in year[s] applicable) to populate the single available, undifferentiated “State” revenue cell for each year that appears in row 47 (columns B through F, reflecting Years 1-5, respectively)?

It would be appropriate to prorate. Start-up/Ramp up should be recorded in Tabs C and E. Net Deficit and Service dollars should not be Pro-rated and are paid out quarterly starting on the effective date of the contract. Yes, OMH is looking for a summation of Net Deficit Funding plus Service Dollars.

Q11. For Sections B and C in Years 1 and 2, during the Start-Up (Ramp-Up) period when an employee joins the program at 100%, but this team member does not start until Month 7, in order to reflect the 6 months of salary, does OMH prefer that applicants adjust the Employee Annual Salary level and maintain the Effort at 100%

(Column B), OR should applicants adjust the FTE % (Percentage of Time Worked in a Year) in Column C to 50% and present the actual Employee Annual(ized) Salary level?

For example: If the second MH Professional starts in Month 7, works at 100% effort, and has an annual(ized) salary of $60,000, should we:

1. Enter $30,000 in Column B at 100% FTE to reflect half a year of salary, workingat

a fulltime pace... -- or --

2. Enter $60,000 in Column B and adjust Column C to 50% FTE (calculated as 100% / 12 * 6) to account for working 6 months at 100% effort?

A. Option 2 would be preferred, as it shows that the employee salary is consistent, and time worked for the year is responsible for the change from year 1 to 2.

Q12. Can OMH please re-issue the Budget Excel worksheet template after adjusting / correcting the formatting parameters of the key tabs labeled “Section B – PS Operating” and “Section C – PS Startup,” such that the revised columns B, H, J, K, M, N, and P have either unlocked widths or substantially wider widths so that the following problems, shown below in our sample-budget-input do not prevent applicants and reviewers from seeing (and being able to verify content and accuracy of) many numerical figures (where the symbol “##########” is automatically presented by Excel instead of the figures that are typed in):

This problem shown in the screen capture above becomes especially prevalent for any positions (such as prescribers, senior clinicians, or Directors, where an Annual Salary level at 100% may be a 6-figure salary. But the problem also occurs in other instances, for example in Column M. Unlocking the column width for Column ’A’ also would allow for the entry of unabbreviated
“Position/Title” data (without requiring applicants to force a line-break within the cell).

This issue has been corrected on the new template. The screenshot is using sample data of how locked column-width makes entries un-readable.

Q13. In Section A – Summary / Budget Overview, we note the following concern and have questions about whether OMH would like applicants to manually adjust/overwrite the current OMH formulas that appear in row 41 (Total A&OH) in order to assure that expenses in categories that are not typically supposed to be included in overhead calculations (such as Rent and Equipment) are in fact, properly NOT included in the Total A&OH tallies that appear on the finalized Budget file submitted with our applications. This meta-question is best supported by the examples that you see, highlighted with circles and arrows, in the related series of screen captures below, all of which use sample data entry, for illustration purposes. This screen capture is from the Section A – Summary sheet:

Please note that as the OMH formulas are currently written across the multi-tab spreadsheet, the Rent and Equipment allocations shown on the Section A – Summary tab pictured above are
(properly) excluded from the Total A&OH calculation for Year 2 (and Years 3-5), because the formula for every cell across row 41 for (Total A&OH) includes equation terms that properly subtract out the dollar values that appear in row 31 (Rent) and row 32 (Equipment). However, please note that for Year 1, the costs for relevant "Equipment" and "Rent" may appear invisibly buried within part of B38 (rather than showing up in B31 and B32). Note that despite pulldown menus on Tab E (Start-Up OTPS) that require applicants to indicate specifically which Start-Up costs are "Equipment" and which are "Rent", those distinctions (tagging categories that are not typically calculated into Total A&OH) are lost on Tab A, where the entire "Start Up OTPS (Section E) aggregation of costs [including Rent and Equipment] is rendered in the single cell (B38) as one uniform, undifferentiated (overhead-eligible) figure, regardless of whether Rent and Equipment costs on the Section E Start-Up Cost tab are non-zero. See screenshot of our sample Tab E below for greater understanding:

Thank you for bringing this up we will be issuing a new template shortly to address these issues. These screenshots show examples of formula's being buried and lost on the first tab of the budget template.

Q14. Please note that the $74,323 total figure above that appears in cell C25 on Tab E is the same aggregate figure that appears in cell B38 on Summary Tab A and flows directly into the calculation in cell B41 on Tab A -- resulting in the Equipment and Rent costs from the Start-Up year being subject to being included in (rather than properly excluded from) the total A&OH calculation. How would OMH prefer that applicants address this?

Thank you for bringing this up we will be issuing a new template shortly to address these issues.

Q15. Likewise, since, across Years 1-5, Service Dollars-related expenses (for example, in the amount of $26,523, as shown in the screen-capture above, for a Youth ACT team of 36 slots downstate) are typically input as part of the “Other” category of costs, these expenses—as the OMH formulas are presently written across row 41 on Tab A—are going to be included in (rather than properly excluded from) the total A&OH calculation. How would OMH prefer that applicants address this?

While a program can not take the admin dollars from service dollars they can use the totals including the service dollars for admin and overhead calculations.

Q16. Regarding the Notice on page 3 under 1.1 "Notification of intent to apply should be made to the Local Governmental Unit (county director of community services) for each county to be served under the program application, as defined in Section 41 of the New York State Mental Hygiene Law.":

By what date do we need to notify the Local Governmental Unit in each county of our intent to apply?

Proposals are due on 2/19/25 so notification should be made to the Local Governmental Unit in each county that an agency intends to apply to by 2/14/25. If is important that the Local Government Unit realizes the intention of the agency looking to apply.

Q17. Are there specific best practices or theoretical orientations that the OMH has identified as needed for the Youth ACT program? Our focus already is to include Adolescent DBT skills and other holistic approaches to emotional regulation. We would appreciate any additional recommendations regarding gold standard evidence-based models.

Staff must have experience and capability to effectively treat children/youth with SED and severe mental, emotional and behavioral impairments commensurate with Residential Treatment Facility (RTF) or Community Residence (CR) level of care or histories of hospitalization, and families with complex, multi-system needs. A Youth ACT team is one that functions in an integrated manner, utilizing a multi-disciplinary approach to care that supports the needs of the "whole person" and family.

Staff must complete all required Youth ACT training as directed by the NYS OMH.

Q18. Are there specific trainings the ACT Team staff should be required to have to provide services?

Youth ACT staff members should have knowledge of assessment and child-centered service planning. Staff must complete all required Youth ACT training as directed by the NYS OMH.

Agencies that are awarded a Youth ACT team will engage in training with the Youth ACT Technical Assessment Center (Y-TAC) and participate in learning collaboratives that connect Youth ACT agencies throughout the state.

Q19. Are rent expenses considered part of administrative costs?

Rent for the ACT team to have a place to administer services is not considered Administrative but should be in the OTPS under Rent, however you can't claim additional A&OH on rent. The rent for provider staff unrelated to the ACT team should come out of the A&OH.

Q20. In the Staffing Document's section "Youth ACT Team Staffing & Recipient Phase-In Plan" what are the definitions of "Existing Staff" and "Staff Hiring"? We're unclear whether "Existing Staff" should represent the cumulative number of staff that are onboarded for each Phase-In Month and "Staff Hiring" would be the number of

candidates that are currently being vetted for hire. Or do they reflect something else?

Existing staff would be considered those already employed by the agency that will work towards getting a potential Youth ACT team up and running. Staff Hiring would be the staff members that are hired specifically for a role on and onboarded for the Youth ACT team.

Q21. In the Staffing Document's "Youth ACT Team Staffing & Recipient Phase-In Plan" what is expected in the column Staffing Needs and Planned Date to Hire? Are you looking for the number and title of staff that will be hired after the time of licensing, and the planned hire dates for them?

A. This document is a projected plan to illustrate understanding of the Youth ACT staffing model, the proposed enrollments per month, when staffed, and captures the timeline with which staff members can expect to be competent in core Youth ACT models.

Please provide a projection of the title and role of staff hired, the youth planned to be enrolled during that time frame, and dates of anticipated hire. It is a projection as OMH understands workforce challenges may arise.

Q22. In the Staffing Document's "Youth ACT Team Staffing & Recipient Phase-In Plan" what is meant by "Date Planned to Achieve Competencies" and the three categories, S/A, Employment, and Family?

A. Youth ACT staff should be selected consistent with the Youth ACT guiding principles and should have demonstrated competencies in screening and assessment, clinical approaches/treatment (that may include evidence-based practices), family therapy/family system approaches, and clinical documentation.

The "date planned to achieve competencies" is a projection and could change over time but should be completed within specified time frames. The S/A represents knowledge in and achieved competency in screening and assessment, employment represents any and all planned agency wide onboarding, and Family illustrates a competency in youth guided, family driven care and with the use of family therapy/family systems approaches.