



Office of Mental Health

Aging in Place Pilot RFP#MH253015 Questions & Answers

Q1. If we have two programs within 30minutes driving but they are in two separate regions (i.e. Long Island and NYC), could we apply under one application with one program designated as the lead site/region?

A1. No, as this would lessen the units available in the lead region.

Q2. Can these funds be used with a LIHTC project?

A2. Yes

Q3. Do you have to take the capital if not needed?

A3. Awarded applicants are not required to accept capital funding.

Q4. Would beds utilized in this pilot be designated for this population permanently?

A4. These units could be permanently designated for this population once OMH evaluates the data and outcomes of this pilot.

Q5. Could you please clarify the eligibility requirements regarding the applicant's relationship to the CR-SRO program? Specifically:

- **Must the applicant organization currently operate an OMH-licensed CR-SRO with 48 or more units to be eligible to apply?**
- **Or, can an eligible organization that does not currently operate a CR-SRO apply and subsequently partner with an existing CR-SRO operator to implement the pilot program?**

A5. As noted in section 2.4 Eligible Agencies, the applicant organization must currently operate an OMH licensed CR-SRO with 48 or more units. Therefore, there is not an opportunity to partner with an existing CR-SRO operator for this pilot.

Q6. If partnerships are permitted, what documentation or agreements would be required at the time of application submission? We want to ensure we understand whether this RFP is exclusively for existing CR-SRO operators or if collaborative partnerships with CR-SRO operators are permissible.

A6. See the response to Question 5.

Q7. Please provide more details around scope of work allowed under Capital Funding. RFP states, “capital funding is intended for minor renovations and environmental modifications needed to meet the needs of the aging population within the existing CR-SRO”.

- **Can you detail the scope of work you will permit – what constitutes “*minor renovations and environmental modifications*” for this project?**

A7. Minor renovations and environmental modifications pertaining to this project include adjustments that enhance the functionality and/or safety of the existing space without significant structural changes. As stated in section 1.1 this work is expected to eliminate physical barriers impeding aging and medically complex residents and allow them to remain in their current setting.

Q8. Stated: *Modifications can include, but are not limited to, accessibility upgrades, strobe lights, grab bars, low thresholds, etc. Work that will “improve the physical environment and provide accessible and safe housing for aging individuals at the existing CR-SRO.”*

- **Is work expected to be “room specific” or can modifications be executed building-wide?**

A8. Modifications can be room specific and/or building wide.

Q9. Can Capital funds be used to purchase a vehicle (van) that is wheelchair accessible and able to accommodate aging CR-SRO residents with mobility challenges?

A9. Vehicle purchase is not an eligible capital cost.

Q10. Can existing CR-SRO residents who meet the age and acuity criteria be enrolled in the Aging in Place pilot, or must all pilot slots be filled through new referrals from SPOA?

A10. Both existing CR-SRO residents and new referrals who meet the age and acuity criteria can be enrolled/admitted to the Aging in Place pilot.

Q11. Are applicants permitted to propose fewer than 25 aging-in-place units if justified by the size, layout, or acuity mix of the CR-SRO, or is the 20–25 unit range strictly required?

A11. OMH’s expectation is for 20 to 25 existing units within the CR-SRO to be set aside for this pilot.

Q12. The RFP notes that awardees must complete an OMH Prior Approval Review (PAR) before beginning capital construction. Can OMH clarify how the PAR process is expected to align with any required local or municipal approvals, and whether such approvals should be obtained prior to, concurrent with, or following PAR approval?

A12. OMH will confer with awardees post-award to determine appropriate timing for the PAR application.

Q13. Who is responsible for conducting the assessment to determine participant eligibility for the Aging in Place pilot—the provider or the referring entity (e.g., SPOA/LGU)—and how does OMH envision this responsibility being coordinated in practice?

A13. Depending on the participants current living situation either the provider or the referring entity can assess the individual's appropriateness for the pilot. OMH will establish a collaborative with awardees to develop a consistent process for determining/documenting eligibility and enrollment in this pilot.

Q14. Can capital funds be used for technology-related environmental modifications that support aging in place (e.g., nurse call systems, medication management technology, or personal emergency response systems), or must capital costs be limited to physical building modifications only?

A14. Capital funds can be used for technology-related environmental modifications such as, but not limited to emergency warning systems, voice activated assistance, smart lighting, and medication management systems.

Q15. Is it acceptable for capital work to be phased over time if it aligns with resident safety and minimizes disruption, and how should phased timelines be presented in the proposal?

A15. Phased work to account for both resident and staff safety and reduce program disruptions is acceptable. Work to be performed under the key stages of construction should be discussed.

Q16. In section 2.4 Eligible Agencies, it states that eligible applicants must operate an OMH licensed CR-SRO with 48 beds or more. Could you please explain the reasoning behind this requirement and why an agency with a smaller CR-SRO would not be eligible?

A16. This is a pilot of existing, fully occupied (or mostly full) programs. Turnover in smaller programs would take too long to fully implement this pilot.