



Adult Forensic ACT and Treatment Apartment Program

RFP#OMH140 Questions & Answers

Q1. RFP Section 5.3.1 (“Implementation of FACT”), pp22-23, shares specific staffing / FTE expectations for the FACT portion of this initiative. RFP Section 5.3.2 (“Implementation of TAP”) does not share any specific staffing expectations. Can OMH please confirm that applicants may use their discretion and experience to choose how to staff this part of the initiative? (i.e., Is it accurate that OMH has no specific required FTEs for TAP?)

A1. Applicants have discretion in how they staff the TAP program, provided staffing is sufficient to provide services required for the program.

Q2. Page 22 of the RFP, Section 5.3.1 indicates, “The FACT Provider will have office space that is appropriately located...” Would an office located outside the borough of this program’s service (i.e., nearby across the borough’s border but easily accessible to staff), fit within OMH’s definition of “appropriately located,” if the applicant is confident the mobile service model of the FACT portion of this joint service model is favorably situated to achieve the sought FACT (and joint FACT/TAP) outcomes? Regarding TAP: are there analogous related office-space requirements?

A2. The FACT Team’s location is considered appropriately located if it is easily accessible for all participants on the FACT team. The agency will create a physical space and provide equipment that supports the Forensic ACT team and its work.

There are not analogous requirements for the TAP program. Most services provided by TAP staff should occur in residents’ apartments or the community.

Q3. Page 25 of the RFP, Section 5.4.2 (Treatment Apartment Funding) indicates “Ongoing funding to support the operation of the treatment apartment units will be provided by combination of SSI and Medicaid funding... Site specific property costs for the new treatment apartment 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 this context, is the term “state-aid” synonymous with Net Deficit Funding?

A3. Yes

Q4. In a recent, earlier Q&A for a FACT Expansion grant (RFP #OMH128), an applicant asked (Q6, Page 2): “If actual Medicaid revenue falls short of assumption, does OMH net deficit funding make us whole, or is the difference on us?” OMH responded, “Funding a disparity between model and actual Medicaid revenue is not expected to be covered by

net deficit funding.” For this current Adult FACT and TAP program (OMH#140), can OMH please clarify, about both parts of the FACT and TAP budgeting expectations, under what circumstances ‘state-aid’ and/or net deficit funding will be available to fill identified gaps, including instances when Medicaid revenue does not occur at the projected levels?

A4. The FACT provider will receive ongoing net deficit funding of \$741,157 and ongoing service dollars of \$39,787. FACT teams can use the net deficit funding to cover non-Medicaid recipients, support additional staff on the FACT team, training, and other operating expenses. State aid funding is used to support mental health services for individuals on the FACT team, including those without Medicaid. State aid funding can be used to cover emergency purchases (such as food, utilities, respite) and clinical services (such as transportation and medical expenses).

Due to the nature of the Medicaid eligibility and billing processes, there may be instances where providers are unable to collect the level of Medicaid income budgeted for the contract year. The Office of Mental Health has established a contingency fund to provide non-recurring payments to address financial problems resulting from such shortfalls. Applications for contingency funding will be considered on a case-by-case basis. To access these funds, the provider must establish that all possible steps have been taken to maximize Medicaid income, and that the failure to realize the income expectation was due to circumstances beyond the provider's control. Requests will not be approved in instances where OMH review establishes that the provider has failed to maximize its Medicaid income potential. Contingency funding will in no way be used to increase gross program reimbursement; rather, it will replace Medicaid income that falls short of OMH Fiscal Model expectations.

Q5. Page 22-23 of the RFP, Section 5.3.1, indicates, “The FACT team can determine how best to fill the 2.5 FTE staff positions identified with asterisks above, based on needs of the program participants,” and “(See program guidelines for details)”

The asterisk above in the RFP pertains to the 1 FTE Criminal Justice Specialist, 1 FTE Housing Specialist, and 0.5 FTE Discretionary Staff. Are applicants interpreting the ACT Team Guidelines 2025, page 48, correctly in understanding that FACT applicants encouraged to discern and choose & budget a total of 2.5 discretionary FTE among the following roles indicated on page 48: a Wellness Specialist, a Housing Specialist, a second Peer Specialist, a second Vocational Specialist, a second Substance use Specialist, a second Family Specialist, and/or a second Criminal Justice Specialist?

A5. Only the following staff listed in the RFP have an asterisk, allowing the FACT team to determine how best to fill the position: 1 FTE clinician, 1 FTE Housing Specialist, and 0.5FTE discretionary staff. The 1 FTE Criminal Justice Specialist is a required position that must be filled and meet the requirements outlined in the Forensic ACT Program Guidelines Addendum.

Page 48 of the ACT Program Guidelines provide examples of staff that could be hired for the 2.5 FTE staff positions. The FACT team can determine how best to fill the 2.5 FTE staff positions identified with asterisks above, based on needs of the program participants. The team is required to comply with the staff competencies associated with these roles as outlined in the Forensic ACT Program Guidelines Addendum.

Q6. Are applicants advised, with this submission, to tentatively budget the discretionary staff roles they believe they will need... and later request permission to change these discretionary roles, post-award, if needed, to accommodate actual, particular client-roster needs?

A6. RFP applicants must describe what staff will be hired in lieu of the 1FTE Clinician and/or 1 FTE Housing Specialist. However, if these roles are being filled by other staff, the team is required to comply with the staff competencies associated with these roles as outlined in the Forensic ACT Program Guidelines Addendum. How teams utilize discretionary staff will be reviewed as part of the licensing and monitoring process of the FACT team.

Q7. ACT Team Guidelines 2025, page 23 (5.7.1 Staffing Requirements for ACT) indicates that for “Forensic ACT Teams, Older Adult ACT teams... Section 5.7.1 does not apply. See applicable ACT Addendums for all staffing requirements.” Where may applicants find such ACT addendum(s), expressly applicable to FACT (i.e., the addendum in which the 6:1 recipient to staff ratio and other such details are documented)?

A7. The Forensic ACT Program Guidelines Addendum can be found here:
<https://omh.ny.gov/omhweb/act/forensic-act-program-addendum.pdf>.
All ACT Program Guidelines Addendums can be found on the OMH ACT website:
<https://omh.ny.gov/omhweb/act/>.

Q8. Mathematically, how would OMH prefer applicants to calculate and present the single “Bid” figure in the SFS portal? (i.e., would OMH like applicants to cumulatively sum: 5-year total of Total Gross Costs for FACT (including Medicaid Assumption, Net Deficit Funding and Service Dollars) + FACT Start-Up allowance + FACT Transition/ramp-up allowance + Total 5-year anticipated cost of TAP (anticipated SSI + anticipated Medicaid funding + applicant-determined needed “state-aid” [referenced RFP p25 / Section 5.4.2])? Or is there a different way OMH prefers applicants calculate and present the single SFS “bid” number? Are applicants correct in thinking about this single figure from a 5-year view?

A8. The dollar value entered in the “Bid” figure in the SFS portal should be the 5 year total budgeted amount for both programs. This figure is a requirement of the SFS portal and is not necessarily applicable to grants so OMH does not penalize anyone for the number they enter in that required field.

Q9. RFP p30, section 6.4c indicates, “Current licensed NYS OMH ACT providers must provide and describe the following specific data points over the last two (2) year period: staffing fill-levels/turnover, team size and capacity levels, ...” Question: should applicants who administer a combination of FACT, Youth ACT, and ACT teams interpret this prompt to refer to data from all such programs within the ACT family (and not strictly standard “ACT”)?

A9. Question 6.4c asks licensed NYS OMH ACT providers to report data on all their licensed adult ACT teams, including specialty adult ACT teams. Data on Youth ACT does not need to be reported for this question.

Q10. Page 29 of the RFP, Section 6.1 “Population” indicates, “Please be clear and concise in your response, not all questions need to fill in the full character allowance.” Is this statement about “full character allowance” perhaps an error (legacy from older RFPs), since SFS OMH#140 provides a single Word Document “Proposal_Template_FACT_and_TAP” for submission of narrative content that indicates, “Please use this document to answer all questions in this Proposal Narrative. There are no character limits or word counts applicable in this document.” If the reference to “full

character allowance” is not an error, then please advise applicants on the most accurate way for applicants to find / understand the character allowance for each response in this RFP?

A10. There are no character limits in the word document, and this phrase should have been updated. It was meant more as a reminder to applicants to be as concise as possible while still answering the questions fully.

Q11. Page 5 of the RFP, Section 2.9 indicates, “Each proposal submission through SFS is required to contain: Operating Budget (Appendix B).

RFP page 33, Section 6.7 (“Financial Assessment”), 6.7.a (which “only applies to Forensic ACT team”) indicates, “The proposal must include a 5-year Budget (Appendix B).” At the same time, 6.7.c (which “only applies to Treatment Apartment Program”), indicates, “The Operating Budget (Appendix B) must be completed and include service expenses, and estimated property related expenses for the OMH-funded Treatment apartment units. Applicants should also identify other sources of revenue in addition to OMH funding, if applicable”. Question: Would OMH like applicants to submit two separate instances of “Appendix B,” one for FACT and one for TAP? If so, where within SFS would OMH prefer that applicants upload each of the two “Appendix B” files, (the “Proposal Template” instructions indicate, “Please upload your completed budget template [singular] in SFS as question 2 as an excel document”)?

A11. There are two budget templates (Appendix B) located in the attachments section of SFS. There are separate templates for each of the budget types. Use the correct template for each program type budget (they are labeled). The proposal template indicates that you should upload your Appendix B Operating Budget for FACT, Question 6.7a, to Question 2 and your Appendix B Operating Budget for TAP, Question 6.7c to Question 3.

Q12. Will SFS allow the upload of two individual files in response question 13?

A12. Yes, but the budgets should be uploaded separately to their respective questions in SFS (See A13 above).

Q13. What is the preferred file-naming protocol OMH would like applicants to use when uploading completed versions of each OMH-provided budget form. For example, should applicants upload one file called “Appendix B-Part1-FACT-5_yr_Budget”.xlsx and another called “Appendix B -Part 2-TAP Budget”.xlsx?

A13. OMH has no preferred naming conventions as long as its within the naming conventions that SFS allows as indicated in the SFS attachment guide. Naming them according to the program type seems reasonable.

Q14. The “Appendix B” budget template from OMH found on SFS that is also potentially known as “RFP_or_PAR_Budget_Template-Housing” offers distinct columns for “Start-Up,” “Year 1 Operating,” “Year 2 Operating,” and “Full Annual Value Operating,” on Tab 1 “Budget Template Update”. Question: Is it possible that for some (or all) applicants, the values in “Year 2 Operating” would be identical to the values in “Full Annual Value Operating”?

A14. Yes

Q15. If the response to question 15 is NO, what would be circumstances in which the values in those two columns might differ? (For example, might this occur if a grantee plans more than 12 months to enroll the 68 FACT / TAP program participants? i.e., closer to 4 new enrollees/month vs 6 new enrollees/month?)

A15. See Question 15

Q16. If the response to question 15 is YES, how many months, beyond Month 12, does OMH allow for applicants to utilize the Start-Up and Transition/Ramp-up funds for the most optimal launch and long-term success?

A16. Start-up, Ramp-up, and Phase-in funding is expected to be used within 12 months of the contract start date cited in section 2.2 of this RFP. Program Development Grant funding (PDG) will be allocated to a fixed term, 18 month contract, starting 3 months prior to the contract date cited in section 2.2 of this RFP.

Q17. In this spreadsheet, does OMH wish applicants to consider the column labeled “Start-Up” to encompass both the \$100,000 Start-Up allocation AND the \$350,000 “Transition/Ramp-up” funds discussed on RFP p25 as “a lump-sum” allocation.

A17. Yes.

Q18. For Tab 2 of this same spreadsheet template (tab entitled “Staffing Template”), is it possible and allowable that for some applicants, the values in Year 2 and the values in “Full Annual” will be identical (and for others, the values will be larger in “Full Annual” than in “Year 2”)? Under what circumstances would OMH expect that the values under “Year 2” and under “Full Annual” would differ / not be identical?

A18. Providers have some flexibility with how they deploy their staff. If a position is full time and funded at the annual amount the outyears should match the annual value. If positions are part time the annual value would be higher because the actual salary paid would be only a fraction of that annual value.

Q19. Does OMH require a Work Plan submission via SFS for this Adult FACT and TAP submission?

A19. No, a workplan will be developed during the contract development phase if awarded.