



## Office of Mental Health

### **Partial Hospitalization Programs for Children Round 2 RFP#MH253011 Questions & Answers**

**Q1. Regarding service catchment and geographic coverage: is there a minimum population base or projected referral volume required to justify a PHP in a given catchment area**

A1. No. A program needs evaluation should be completed to ensure program need, appropriateness, and fiscal viability.

**Q2. Are applicants required to have existing programming/referral relationships in the catchment area that they apply for?**

A2. No, MOUs are not required in order to apply. As part of the RFP process, a copy of an email/letter sent to the LGU notifying them of the organization's intent to apply must be included with the application.

However, it is recommended that programs create a plan as part of the application process, in alignment with Part 587.12(b) and Section 5.1 of the RFP, to establish relationships with local providers to enable appropriate linkages, referrals, and coordination of care.

**Q3. The prior round Q&A clarified that a .2 FTE psychiatrist is required, and a nurse practitioner may be part of the staffing plan, but the NP cannot be the final sign-off on treatment plans. Is this standard still the same, or would OMH consider expanded NP-led coverage to counter staffing challenges?**

A3. Per regulation, a .2 FTE psychiatrist is required to sign all treatment plans for this program type.

**Q4. The RFP states: "A full-time equivalent professional staff member shall be on call for crisis intervention services 24 hours per day, seven days per week." Can the on-call system be shared with other programs under one agency? Similarly, can the case management component be shared with other programs?**

A4. Per regulation, crisis intervention services may be provided by other providers of service or by other programs operated by the provider of service.

**Q5. There is required notification to the Local Governmental Unit for each county served and proof of that notification uploaded with the application. What constitutes acceptable "proof" of LGU notification? Does it need to be a signed letter of support, or will a dated email suffice?**

A5. A signed letter of support is not required. A copy of a sent email to the LGU notifying them of the organization's intent to apply is sufficient.

**Q6. The PHP requires “medically supervised intervention that would otherwise require hospitalization”. How does OMH define or expect “medically supervised intervention” in the PHP context for children? Does that mean daily nursing, availability of prescriber, medical monitoring protocols, etc.?**

A6. PHPs provide service recipients with comprehensive treatment tailored to their individual needs. PHPs programming account for supervision from a board-certified psychiatrist who oversees treatment protocols, maintains program quality care and ensures that treatment aligns with best practices and evidence-based guidelines.

**Q7. Are youth with co-occurring developmental disabilities eligible for the Children’s PHP as long as the intensity of services being offered address the mental health conditions that are identified?**

A7. Per regulation, individuals with a designated mental illness diagnosis and a diagnosis of alcohol or drug disorders, developmental disabilities, or organic brain syndrome are considered eligible for treatment in outpatient programs specifically for treatment of their designated mental illness with consideration of their associated clinical needs.

**Q8. I had a question about the reimbursement rates for PHP programs. The rate for service duration of 4 hours- \$140.20; is that per hour up to the 4 hours and per participant? Or is the \$140.20 for the 4 hours?**

A8. The Medicaid reimbursement rates for PHP are based on the duration of the visit, per recipient, per day. \$140.20 is the OMH Central Region reimbursement rate for PHP services lasting at least 4 hours in duration, but not more than 5 hours. This rate increases based on the hours of services provided, not exceeding 7 hours of service, per day.

**Q9. Can you include meals or school tutoring in the 6-hour day?**

A9. Yes, programming may account for educational services however, the services and supports provided by the PHP must meet a minimum of 4 hours, daily. The structure, frequency, and duration of PHP programming must align with population acuity and clinical need.

**Q10. Is there a minimum or maximum number of patients that the program should plan for?**

A10. No. This determination should be made by the provider of service based on community need, fiscal viability, physical space available, and in accordance with staffing requirements.

**Q11. Can you limit the ages of the children based on the needs of the county?**

A11. Yes, based on community need, the provider of service may choose to serve only children, only adolescents, or both.

**Q12. Are there any specific space requirements needed for the program?**

A12. Yes, the program must align with Premise requirements as outlined in Part 587.19. Additionally, the space should be able to ensure that services to children are separate from those provided to adults enrolled in the program, as applicable.