



**Office of
Mental Health**

Specialization of Children's Community Residence for Transition Age Youth with or at Risk of Child Welfare Involvement Round 2

Request for Proposals

Grant Procurements

(On-Line Submission Required)

Statewide Financial System (SFS) Identifier- MH253008

October 2025

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**Specialization of Children's Community Residence for Transition Age Youth with or at Risk of
Child Welfare Involvement Round 2 #MH253008
Applicant Checklist**

Frequent Issues/Questions:

-Please begin working on your application in SFS **no later than 5 business days before the application due date** and **submit no later than 48 hours before the due date**. This will allow you time to troubleshoot any issues that arise that may prevent you from submitting. Exceptions will not be considered or made for an applicant who cannot complete their proposal/application by the due date and time of the RFP.

-All required forms/templates are available in the "Event Comments and Attachments" section of SFS. Please note that there are restrictions to the type, size and naming conventions of the files and attachments uploaded in SFS. For more information, please review the SFS Attachment Guide [here](#). Failure to comply with these guidelines may result in attachments not being viewable to reviewers.

-No workplan is required at this time, if awarded, a workplan will be developed during the contract development phase.

-The "Bid Amount" box is required to be filled out in SFS. Please enter the total amount of funding your organization is requesting from NYS OMH in this box.

-New York State reserves 5-10 business days from the receipt of complete Prequalification Applications to conduct its review. If supplementary information or updates are required, review times will be longer. Due to the length of time this process could take to complete, it is advised that nonprofits prequalify as soon as possible. Failure to successfully complete the prequalification process early enough will prohibit the submission of the application in SFS.

Please complete the following checklist prior to submission of your proposal. This checklist **SHOULD NOT** be submitted, it is for your use only.

Confirm the following:

- ☐ Your organization has met the eligibility requirements outlined in **Section 2.4 Eligible Agencies**
- ☐ Your organization is prequalified in SFS. SFS will prevent submission if your organization is a not-for-profit and not prequalified (see **Section 2.8 and 2.9 of the RFP document** for more information on Registration, Prequalification and Training Resources for SFS)
- ☐ Updates to the RFP can happen at any time, per **Section 2.6**, check the OMH website for any updates to the RFP posted by OMH.
- ☐ Notification of intent to apply was sent to local government unit and proof has been uploaded in SFS. A list of County Local Mental Hygiene Directors can be found [here](#).
- ☐ Provider Contact form completed and uploaded in SFS
- ☐ Sexual Harassment Prevention Certification Completed and uploaded in SFS
- ☐ Gender Based Violence and the Workplace Certification completed and uploaded in SFS.
- ☐ Proposal Template completed and any applicable attachments labeled with question numbers (example: question 6.2a calls for a sample assessment tool, the assessment tool should be labeled as 6.2a and added at the end of the Proposal Template)
- ☐ Proposal Template and attachments (except budget, see next checkbox) combined into one PDF and uploaded in SFS under Q1
- ☐ Budget Template Completed (left in Excel) and uploaded in SFS under Q2
- ☐ Application submitted in SFS prior to the due date and time listed in **Section 2.2 Key Events/Timeline** (OMH strongly advises that applicants do not wait until the last day/last few hours to complete and submit applications/proposals to Grant RFPs. Exceptions will not be considered or made for an applicant who cannot complete their proposal/application by the due date and time of the RFP.)

1. Introduction And Background

1.1 Purpose of the Request for Proposal

Transition age youth with or at risk of child welfare involvement and on an independent living trajectory often have longer lengths of stay in restrictive settings. When young people are inadequately prepared with knowledge, resources, and skills, they may not meet eligibility criteria for adult programs or be successful in an adult program. Transition age youth with child welfare involvement, including those with co-occurring mental health and confirmed or suspected autism and/or intellectual disability diagnoses, are at particular risk for challenges in the transition to adulthood.

Children's Community Residences (CCRs) are 8 bed short term (4-6 months) home-like therapeutic programs for youth with serious emotional disturbance (SED) due to a mental health diagnosis. CCRs offer a rehabilitative treatment setting which provides 24/7 supervision, structure, care coordination, skill building, and behavior support. The intent of a CCR is to assist youth in achieving optimal level of functioning so that they can successfully transition to less restrictive settings to continue their recovery journey.

CCRs that serve transition age youth can benefit from resources to provide the specialized supports and services necessary to a young person's successful transition from the child-serving systems of care to the adult systems of care. The goal of this initiative is to strengthen the CCR's staffing, training, and service delivery expectations to serve transition age youth, particularly those at risk of or with child welfare involvement.

OMH is seeking to award up to \$275,000 to existing CCR programs to specialize in transition age youth with or at risk of child welfare involvement to those providers currently operating OMH licensed CCRs statewide. Using awarded funds, these CCRs will enhance their ability to provide the rehabilitative services to help transition age youth acquire and demonstrate the skills and supports they need to thrive in an independent living setting and in the adult service system. Each program must have a plan to promote their ability to serve youth involved or at risk of involvement with child welfare (although participants do not need to meet these criteria to be eligible for service provision in an awarded CCR). Programs may choose to further specialize their program to serve CCR eligible transition age youth with a primary designated mental health diagnosis and confirmed or suspected co-occurring autism spectrum disorder (ASD) and/or intellectual disability diagnosis.

This project will fund additional staffing and/or specialized staff positions, services, staff training, and recipient service dollars.

Notice: 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.

1.2 Target Population/Eligibility Criteria

CCRs are not permanent housing. Eligibility for admission will require authorization for rehabilitative services. Recipients must meet eligibility criteria for continued treatment in the CCR. If a young person does not require 24/7 supervision, they will not meet continued eligibility requirements. Young people will not be able to remain a recipient past the age of 21. A youth

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will not be discharged from the CCR for periods of temporary hospitalization or home time. However, admission to the program does require voluntary consent and active participation in the rehabilitative program. CCR recipients do not have tenant rights.

CCRs specializing in transition age youth provide rehabilitative treatment, 24/7 supervision, and support to transition age youth not yet ready to live in a supportive housing setting or independently. CCRs provide and recipients engage in daily programming and rehabilitative services.

As stated in Section 1.1, the referral sources for this program include but are not limited to: Article 28 hospitals; homeless shelters, runaway/homeless youth programs, or drop-in centers; OMH psychiatric centers; the Foster Care system, including Qualified Residential Treatment Programs (QRTPs); Residential Treatment Facilities (RTF); Residential Treatment Centers (RTC); Children's Community Residences; and providers in the community.

The target population for these specialized CCRs are transition age youth ages 16-21 who are on an independent living trajectory. The target population may have or be at risk of child welfare involvement; however, transition age youth without child welfare involvement should not be excluded. Some individuals may have a co-occurring substance use disorder (SUD) and be at various stages of recovery.

All CCRs, specialized or not, may serve youth suspected to have or with a co-occurring mental health and autism and/or intellectual disability diagnosis and must be prepared to meet their needs. There are times, however, when youth confirmed or suspected to have a co-occurring mental health and autism and/or intellectual disabilities are best served in an environment where they have a peer group with similar needs and can receive specialized services by specialty trained staff given the marked nature of the symptoms/presentation of their confirmed or suspected autism and/or intellectual disability diagnosis.

Eligible youth must meet CCR eligibility criteria as follows:

- Meet criteria for SED, or serious mental illness for those 18+.
- The legal guardian or youth voluntarily consents to treatment at a Children's Community Residence.
- Given the transition nature of this service, it is important that discharge plans and discharge planning partners are identified upon admission with the recognition that these preliminary plans may need to be adjusted or changed based on individual circumstances and responses to treatment.
- There is a significant (2 or more settings, OR 1 setting for 2 or more years) history of care in out-of-home, restrictive settings (e.g., children's community residences, Residential Treatment Centers/Qualified Residential Treatment Programs, group homes, Residential Rehabilitation for Youth facility, state hospitals, Residential Treatment Facilities).
- There are serious emotional regulation problems (2 or more), inconsistent with developmental expectations, that are frequent, have been sustained over the past 12 months, are present across two or more settings, and are impacting two or more types of

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relationships.

- There are serious social functioning problems (e.g., inappropriate attention seeking, inability to establish or maintain friendships, poor social skills, off track developmentally with activities of daily living, non-compliance with reasonable social expectations) which have been sustained over the past 12 months, are present across two or more settings, and are impacting two or more types of relationships.
- The youth's emotional regulation and social functioning problems require 24/7 supervision and daily rehabilitative treatment in a therapeutic living environment.
- The youth's home environment, family resources, and community-based support network are not adequate to provide the level of support and supervision needed to address current (within the past six months to one year) concerns; and all of the following criteria are met:
 - With staff to youth supervision ratio of 1:3 while awake, as well as daily rehabilitative treatment and support, the youth would be able to attend school, engage in outpatient treatment and community activities.
 - The youth needs community integration services and resource development to allow for multifaceted assessment, intervention, involvement, and collaboration between the youth's living environment, family, outpatient treatment providers, school, and systems to improve continuity of care and treatment outcomes.
- An applicant may not be denied admission to the specialized CCR program based on any of the following:
 - Protected class (race, color, creed, disability, sex, gender identity, marital status, age, national origin, sexual orientation, military status, domestic violence victim status, disability, pregnancy-related condition, predisposing genetic characteristics, prior arrest or conviction record or familial status.)
 - The youth or their family's historical participation and engagement in treatment
 - Distance of the program from the applicant's home community
 - Solely on the basis of substance use disorder diagnosis or substance use history
- Programs may choose to further specialize their services to serve transition age youth with or suspected to have co-occurring diagnoses, specifically mental health *and* confirmed or suspected autism and/or intellectual disability diagnoses.

2. Proposal Submissions

2.1 Designated Contact/Issuing Officer

OMH has assigned an Issuing Officer for this project. The Issuing Officer or a designee shall be the sole point of contact regarding the RFP from the date of issuance of the RFP until the issuance of the Notice of Conditional Award. To avoid being deemed non-responsive, an applicant is restricted from making contact with any other personnel of OMH regarding the RFP. Certain findings of non-responsibility can result in rejection for

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a contract award. The Issuing Officer for this RFP is:

Amanda Szczepkowski
New York State Office of Mental Health
Contracts and Claims
44 Holland Avenue, 7th Floor
Albany, NY 12229
OMHLocalProcurement@omh.ny.gov

2.2 Key Events/Timeline

RFP Release Date	10/21/25
Questions Due	11/12/25
Questions and Answers Posted on Website	12/03/25
Proposals Due by 2:00 PM EST*	01/06/26
Anticipated Award Notification	02/24/26
Anticipated Contract Start Date	01/01/27

*OMH strongly advises that applicants do not wait until the last day/last few hours to complete and submit applications/proposals to Grant RFPs. Exceptions will not be considered or made for an applicant who cannot complete their proposal/application by the due date and time of the RFP. **Please note that there are restrictions to the type, size and naming conventions of the files and attachments uploaded in SFS. For more information, please review the SFS Attachment Guide [here](#). Failure to comply with these guidelines may result in attachments not being viewable to reviewers.**

2.3 Disposition of Proposals

All proposals submitted by the due date and time become the property of OMH. Any proposals not received by the due date and time do not get reviewed and are excluded from consideration.

2.4 Eligible Agencies

Prequalification is required for all not-for-profit organizations seeking grant funding from New York State. Please see Section 2.8 and Section 2.9 for additional Prequalification Information.

Eligible applicants are listed below. Eligible applicants are not-for-profit agencies with 501(c) (3) incorporation that as of the release date of this RFP hold a Licensed Housing Program for Children and Adolescents with Serious Emotional Disturbances (also known as Children's Community Residence) operating certificate with current OMH approved admission criteria that includes youth aged 16 years old and older and have not been notified that they are on OMH Enhanced Provider Monitoring status.

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Eligible Applicants

CCR Region	Agency Name	CCR Name	County	Gender	Ages
Western New York	Cattaraugus Rehab Center, Inc. Db Intandem	North Union Street Ext. Community Resident	Cattaraugus	Co-ed	12-17y
Western New York	Community Missions, Inc	Aurora House	Niagara	Co-ed	13-17y
Western New York	Glove House, Inc.	Glove House Children and Youth Residence	Chemung	Co-ed	13-17y
Western New York	Pathways, Inc.	Lake Breeze Community Residence	Ontario	Co-ed	12-17y
Western New York	Villa of Hope	Tuckahoe Road Children's Community Residence	Wayne	Co-ed	13-18y
Central New York	Catholic Charities of Broome County - Diocese	Boys of Courage Community Residence	Broome	Male	12-18y
Central New York	Citizen Advocates, Inc. dba North Star Industries	Adirondack Youth Lodge	Franklin	Co-ed	12-18y
Central New York	MHA of Fulton and Montgomery Counties	Highland Road Community Residence	Montgomery	Co-ed	12-18y
Central New York	THRIVE Wellness and Recovery Inc.	Washington Street Community Residence	Jefferson	Male	12-17y
Hudson River	Family Services of Westchester, Inc.	Summit Avenue Community Residence	Westchester	Male	13-18y

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Hudson River	Parsons Child and Family Center	Miriam House Community Residence	Albany	Co-ed	12-18y
Hudson River	Rehabilitative Support Services, Inc.	Hamptonburgh Community Residence	Orange	Female	12-18y
New York City	St. Vincent's Services, Inc. dba HeartShare St. Vincent's	Brownsville Community Residence	Kings	Co-ed	13-17y
New York City	Jewish Board of Family & Children's Services	Bruner Avenue Community Residence	Bronx	Co-ed	13-16y
New York City	St. Vincent's Services, Inc. dba HeartShare St. Vincent's	Springfield Gardens Community Residence	Queens	Co-ed	13-17y
New York City	St. Vincent's Services, Inc. dba HeartShare St. Vincent's	REFOCUS Community Residence	Queens	Co-ed	14-20y
New York City	St. Vincent's Services, Inc. dba HeartShare St. Vincent's	St. Albans Community Residences	Queens	Co-ed	13-17y
Long Island	Family and Children's Association	Lakeview House Community Residence	Nassau	Co-ed	13-17y
Long Island	Welllife Network Inc.	Dix Hills Community Residence	Suffolk	Co-ed	12-18y
Long Island	Welllife Network Inc.	Manorville Community Residence	Suffolk	Co-ed	12-18y

Please be advised that all questions regarding Eligibility will be responded to through the official posting of the Questions and Answers. No questions about Eligibility will be

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responded to either individually or prior to the posting of the Q&As.

2.5 RFP Questions and Clarifications

All questions or requests for clarification concerning the RFP shall be submitted in writing to the Issuing Officer by e-mail to OMHLocalProcurement@omh.ny.gov by the “Questions Due” date indicated in section 2.2 and will be limited to addressing only those questions submitted by the deadline. No questions can be submitted or will be answered after this date. No questions will be answered by telephone or in person. Please enter “Children and Youth Community Residence Opportunity for Specialization in Transition Age Youth” in the subject line of the email.

The questions and official answers will be posted on the OMH website by the date listed in the timeline section 2.2.

2.6 Addenda to Request for Proposals

In the event that it becomes necessary to revise any part of the RFP during the application submission period, an addendum will be posted on the OMH website and the NYS Contract Reporter.

It is the applicant’s responsibility to periodically review the [OMH Procurement website](#) and the [NYS Contract Reporter](#) to learn of revisions or addendums to this RFP. No other notification will be given.

2.7 Disqualification Factors

Following the opening of bids, a preliminary review of all proposals will be conducted by the Issuing Officer or a designee to review each proposal’s submission for completeness and verify that all eligibility criteria have been met. Additionally, during the proposal evaluation process, evaluators will also be reviewing eligibility criteria and confirming that they have been met. During the course of either of these review processes, proposals that do not meet basic participation standards will be disqualified, specifically:

- Proposals from applicants that do not meet the eligibility criteria as outlined in 2.4; or
- Proposals that do not comply with bid submission and/or required format instructions as specified in 2.9 or
- Proposals from eligible not-for-profit applicants who have not completed Vendor Prequalification, as described in 2.9, by the proposal due date of 2:00 PM EST on the Proposal Due date posted in section 2.2.

2.8 SFS Prequalification Requirement

Pursuant to the New York State Division of Budget Bulletin H-1032, dated June 7, 2013, New York State has instituted key reform initiatives to the grant contract process which require not-for-profits to be Prequalified in order for proposals to be evaluated and any resulting contracts executed.

Proposals received from eligible not-for-profit applicants who have not been Prequalified by 2:00 PM EST on the Proposal Due date posted in section 2.2 will not be able to

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submit their bid response through SFS.

Please do not delay in beginning and completing the prequalification process. The State reserves five (5) days to review submitted prequalification applications. Prequalification applications submitted to the State for review less than 5 days prior to the RFP due date and time may not be considered. Applicants should not assume their prequalification information will be reviewed if they do not adhere to this timeframe.

2.9 Vendor Registration, Prequalification and Training Resources for Not-for-Profits

NOTE: All applications must be submitted through the Statewide Financial System (SFS). No applications will be accepted electronically, US Postal Service, express mail delivery service or hand delivered.

For any application that does not contain all the required documentation and/or “See Attached” responses that were to be uploaded, please be advised that the application will be reviewed and scored as submitted. For any incomplete response or missing and/or inappropriately submitted documentation, points will be deducted. It is the responsibility of the applicant to ensure, prior to submission, that the application is appropriate and complete. A workplan is not required for this RFP.

Each proposal submission through SFS is required to contain:

- Operating Budget (Appendix B)

All applicants must be registered with the New York State Statewide Financial System (SFS) and all Not-for-Profit agencies must be prequalified prior to proposal submission.

Not-for-profit organizations must Register as a vendor with the Statewide Financial System and successfully Prequalify to be considered for an award.

This grant opportunity is being conducted as an SFS bid event. Not-for-profit vendors that are not prequalified can initiate and complete bid responses. However, not-for-profit vendors that are not prequalified will NOT be allowed to submit their bid response for consideration.

Information on [Registration](#) and [Prequalification](#) are available on the Grants Management Website. A high-level synopsis is provided below.

Registering as an SFS Vendor

To register an organization, send a complete [Grants Management Registration Form for Statewide Financial System \(SFS\) Vendors](#) and accompanying documentation where required by email to grantsmanagement@its.ny.gov. You will be provided with a Username and Password allowing you to access SFS.

Note: New York State Grants Management reserves 5-10 business days from the receipt of complete materials to process a registration request. Due to the length of time this process could take to complete, it is advised that new registrants send in their

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registration form as soon as possible. Failure to register early enough may prevent potential applicants from being able to complete a grant application on time.

If you have previously registered and do not know your Username, please contact the SFS Help Desk at (855) 233-8363 or at Helpdesk@sfs.ny.gov. If you do not know your Password, please click the [SFS Vendor Forgot Password](#) link from the main log in page and follow the prompts.

Prequalifying in SFS

- Log into the SFS Vendor Portal.
- Click on the Grants Management tile.
- Click on the Prequalification Application tile. The Prequalification Welcome Page is displayed. Review the instructions and basic information provided onscreen. Note - If either of the above referenced tiles are not viewable, you may be experiencing a role issue. Contact your organization's Delegated Administrator and request the Prequalification Processor role.
- Select the Initiate a Prequalification Application radio button and click the Next button to begin the process. Starting with Organization Information, move through the steps listed on the left side of the screen to upload Required Documents, provide Contacts and Submit your Prequalification Application. Note - If the Initiate a Prequalification Application radio button is not available, your organization may have already started a prequalification application and could even be prequalified. Click on the Version History Link to review your organization's prequalification status. If you are not currently prequalified, or your prequalification expires prior to the due date of this RFA, you will need to choose Collaborate on or Update your application.
- System generated email notifications will be sent to the contact(s) listed in the Contacts section when the prequalification application is Submitted, Approved, or returned by the State for more information. If additional information is requested, be certain to respond timely and resubmit your application accordingly. Note: New York State reserves 5 business days from the receipt of complete Prequalification applications to conduct its review. If supplementary information or updates are required, review times will be longer. Due to the length of time this process could take to complete, it is advised that nonprofits Prequalify as soon as possible. Failure to successfully complete the Prequalification process early enough will prohibit the submission of the application in SFS.

Final Submission Format

Please note that all responses/applications/submissions to this RFP **must** be submitted through the Statewide Financial System (SFS). No mailed, delivered or emailed submissions will be accepted. OMH strongly recommends that applicants plan accordingly and allow themselves enough time to appropriately complete and submit by the due date and time of this RFP.

When providing uploads in response to any of the questions posed (other than the

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Fiscal/Budget component), please upload only PDF versions of those documents. When saving these files before uploading, with the exception of an underscore, please do not use any special characters in the file name, letters only should be used. All attachments required with the proposal must be combined into the proposal template PDF and clearly labeled. Uploading documents that are not in PDF form (other than the budget, which must be uploaded as an excel document) will result in the disqualification of the application.

Specific questions about SFS should be referred to the SFS Help Desk at helpdesk@sfs.ny.gov.

On Demand Grantee Training Material

A recorded session with information about the transition to SFS is available for Grantees on the Grants Management website - <https://grantsmanagement.ny.gov/> and in SFS Coach.

The following training material focused on grants management functionality is currently available in SFS Coach:

- An SFS Vendor Portal Reference Guide (https://upk.sfs.ny.gov/UPK/VEN101/FILES/SFS_Vendor_Portal_Access_Reference_Guide.pdf) to help Grantees understand which Grants Management roles they need in the SFS Vendor Portal based on the work they are currently involved in.
- A Grantee Handbook (upk.sfs.ny.gov/UPK/VEN101/FILES/Grantee_User_Manual.pdf), which provides screenshots and step-by-step guidance on how to complete Grants Management-related tasks in SFS
- On-demand recorded training videos focused on each aspect of the Grants Management business process

Agencies can view vendor training material in SFS Coach by selecting **SFS Training for Vendors** from the Topic drop-down list.

3. Administrative Information

3.1 Reserved Rights

OMH reserves the right to:

- Reject any or all proposals received in response to the RFP that are deemed non-responsive or do not meet the minimum requirements or are determined to be otherwise unacceptable, in the agency's sole discretion;
- Withdraw the RFP at any time, at the agency's sole discretion
- Make an award under the RFP in whole or in part;
- Disqualify any applicant and rescind any conditional award or contract made to such applicant whose conduct as a provider does not meet applicable standards

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as determined solely by OMH and/or proposal fails to conform to the requirements of the RFP;

- Seek clarifications and revisions of proposals for the purposes of assuring a full understanding of the responsiveness to this solicitation's requirements;
- Use proposal information obtained through the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFP;
- Prior to the bid opening, direct applicants to submit proposal modifications addressing subsequent RFP amendments;
- Prior to the bid opening, amend the RFP specifications to correct errors or oversight, supply additional information, or extend any of the scheduled dates or requirements and provide notification to potential bidders via the OMH website, SFS and the New York State (NYS) Contract Reporter;
- Eliminate any non-material specifications that cannot be complied with by all of the prospective applicants;
- Waive any requirements that are not material;
- Negotiate any aspect of the proposal with the successful applicant in order to ensure that the final agreement meets OMH objectives and is in the best interests of the State;
- Conduct contract negotiations with the next responsible applicant, should the agency be unsuccessful in negotiating with the selected applicant;
- Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an applicant's proposal and/or to determine an applicant's compliance with the requirements of the solicitation;
- Cancel or modify contracts due to insufficiency of appropriations, cause, convenience, mutual consent, non-responsibility, or a "force majeure";
- Change any of the scheduled dates stated in the RFP.

3.2 Debriefing

OMH will issue award and non-award notifications to all applicants. Non-awarded applicants may request a debriefing in writing requesting feedback on their own proposal, within 15 calendar days of the OMH dated letter. OMH will not offer debriefing to providers who receive an award. OMH will not offer ranking, statistical, or cost information of other proposals until after the NYS Office of the State Comptroller has approved all awards under this RFP. Written debriefing requests may be sent to the Designated Contact, as defined in Section 2.1.

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3.3 Protests Related to the Solicitation Process

Protests based on errors or omissions in the solicitation process, which are or should have been apparent prior to the deadline for receipt of all written questions for this RFP, must be filed prior to the deadline for questions. In the event an applicant files a timely protest based on error or omission in the solicitation process, the Commissioner of OMH or their designee will review such protest and may, as appropriate, issue a written response or addendum to the RFP to be posted on the OMH website in the RFP section. Protests of an award decision must be filed within fifteen (15) business days after the notice of conditional award or five (5) business days from the date of the debriefing. The Commissioner or their designee will review the matter and issue a written decision within twenty (20) business days of receipt of protest.

All protests must be in writing and must clearly and fully state the legal and factual grounds for the protest and include all relevant documentation. The written documentation should clearly state reference to the RFP title and due date. Such protests must be submitted to:

New York State Office of Mental Health
Commissioner Ann Marie T. Sullivan, M.D.
44 Holland Ave
Albany, NY 12229

3.4 Term of Contracts

The contracts awarded in response to this RFP will be for a five-year term. OMH reserves the right to modify the first period of the contract to coincide with the applicable fiscal period. For New York City contracts, the fiscal period is July 1 through June 30 of each year. Selected applicants awarded a contract under this RFP will be required to adhere to all terms and conditions in OMH's Contract for Grants.

3.5 Minority and Women Owned Business Enterprises

OMH recognizes its obligation to promote opportunities for maximum feasible participation of certified minority and women-owned business enterprises (MWBES) and the employment of minority group members and women in the performance of OMH contracts. OMH expects that all contractors make a good-faith effort to utilize Minority and/or Women Owned Business Enterprises (M/WBE), on any award resulting from this solicitation in excess of \$25,000 for commodities and services or \$100,000 for construction.

With respect to MWBEs, each award recipient must document its good faith efforts to provide meaningful opportunities for participation by MWBEs as subcontractors and suppliers in the performance of the project to be described in each grant disbursement agreement and must agree that OMH may withhold payment pending receipt of the required MWBE documentation. The directory of MWBEs can be viewed at <https://ny.newnycontracts.com>. For guidance on how OMH will determine a contractor's "good faith efforts", refer to 5 NYCRR §142.8.

In accordance with 5 NYCRR § 142.13, each award recipient acknowledges that if it is

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found to have willfully and intentionally failed to comply with the MWBE participation goals set forth herein and in its grant disbursement agreements, such finding constitutes a breach of contract and OMH may withhold payment from the award recipient as liquidated damages.

Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to MWBEs had the award recipient achieved the contractual MWBE goals; and (2) all sums paid to MWBEs for work performed or material supplied under the grant disbursement agreement.

By applying, an Applicant agrees to demonstrate its good faith efforts to achieve its goals for the utilization of MWBEs by submitting evidence thereof in such form as OMH shall require. Additionally, an Applicant may be required to submit the following documents and information as evidence of compliance with the foregoing:

- A. An MWBE Utilization Plan, which shall be submitted in conjunction with the execution of the grant disbursement agreement except as otherwise authorized by OMH. Any modifications or changes to the MWBE Utilization Plan after the execution of the grant disbursement agreement must be reported on a revised MWBE Utilization Plan and submitted to OMH.

OMH will review the submitted MWBE Utilization Plan and advise the award recipient of OMH acceptance or issue a notice of deficiency within 30 days of receipt.

- B. If a notice of deficiency is issued, the award recipient will be required to respond to the notice of deficiency within seven (7) business days of receipt by submitting to OMH, a written remedy in response to the notice of deficiency. If the written remedy that is submitted is not timely or is found by OMH to be inadequate, OMH shall notify the award recipient and direct the award recipient to submit within five (5) business days, a request for a partial or total waiver of MWBE participation goals. Failure to file the waiver form in a timely manner may be grounds for disqualification of the bid or proposal.

OMH may refuse to enter into a grant disbursement agreement, or terminate an existing grant disbursement agreement resulting from this solicitation, under the following circumstances:

- i. If an award recipient fails to submit a MWBE Utilization Plan;
- ii. If an award recipient fails to submit a written remedy to a notice of deficiency;
- iii. If an award recipient fails to submit a request for waiver; or,
- iv. If OMH determines that the award recipient has failed to document good faith efforts

The award recipient will be required to attempt to utilize, in good faith, any MBE or WBE identified within its MWBE Utilization Plan, during the performance of the project. Requests for a partial or total waiver of established goal requirements

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may be made at any time during the term of the project but must be made no later than prior to the submission of a request for final payment under the grant disbursement agreement.

Each award recipient will be required to submit a Quarterly MWBE Contractor Compliance & Payment Report to OMH over the term of the project, in such form and at such time as OMH shall require, documenting the progress made toward achievement of the MWBE goals established for the project.

3.6 Participation Opportunities for New York State Certified Service-Disabled Veteran Owned Business

Article 17-B of the New York State Executive Law provides for more meaningful participation in public procurement by certified Service-Disabled Veteran-Owned Business (SDVOB), thereby further integrating such businesses into New York State's economy. OMH recognizes the need to promote the employment of service-disabled veterans and to ensure that certified service-disabled veteran-owned businesses have opportunities for maximum feasible participation in the performance of OMH contracts.

In recognition of the service and sacrifices made by service-disabled veterans and in recognition of their economic activity in doing business in New York State, applicants are expected to consider SDVOBs in the fulfillment of the requirements of the Contract. Such participation may be as subcontractors or suppliers, as proteges, or in other partnering or supporting roles.

OMH hereby establishes an overall goal of 0% for SDVOB participation, based on the current availability of qualified SDVOBs. For purposes of providing meaningful participation by SDVOBs, the Applicant/Contractor would reference the directory of New York State Certified SDVOBs found at <https://ogs.ny.gov/Veterans>. Additionally, following any resulting Contract execution, Contractor would be encouraged to contact the Office of General Services' Division of Service-Disabled Veterans' Business Development to discuss additional methods of maximizing participation by SDVOBs on the Contract.

It would be required that "good faith efforts" to provide meaningful participation by SDVOBs as subcontractors or suppliers in the performance of a resulting awarded Contract as documented.

3.7 Equal Opportunity Employment

By submission of a bid or proposal in response to this solicitation, the Applicant/Contractor agrees with all terms and conditions of Contract for Grants, Section IV(J) – Standard Clauses for All New York State Contracts including Clause 12 – Equal Employment Opportunities for Minorities and Women. The Contractor is required to ensure that it and any subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work"), except where the Work is for the beneficial use of the Contractor, undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without

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discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

The Applicant will be required to submit a Minority and Women-Owned Business Enterprises and Equal Opportunity Policy Statement, to the State Contracting Agency with their bid or proposal. To ensure compliance with this Section, the Applicant will be required to submit with the bid or proposal an Equal Opportunity Staffing Plan (Form # to be supplied during contracting process) identifying the anticipated work force to be utilized on the Contract. If awarded a Contract, Contractor shall submit a Workforce Utilization Report, in such format as shall be required by the Contracting State Agency on a monthly or quarterly basis during the term of the contract. Further, pursuant to Article 15 of the Executive Law (the "Human Rights Law"), all other State and Federal statutory and constitutional and non-discrimination provisions, the Contractor and sub-contractors will not discriminate against any employee or applicant for employment status because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status, or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest. Please Note: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.

3.8 Sexual Harassment Prevention Certification

State Finance Law §139-l requires applicants on state procurements to certify that they have a written policy addressing sexual harassment prevention in the workplace and provide annual sexual harassment training (that meets the Department of Labor's model policy and training standards) to all its employees. Bids that do not contain the certification may not be considered for award; provided however, that if the applicant cannot make the certification, the applicant may provide a statement with their bid detailing the reasons why the certification cannot be made. A template certification document is being provided as part of this RFP. Applicants must complete and return the certification with their bid or provide a statement detailing why the certification cannot be made.

3.9 Gender-Based Violence and the Workplace Certification

State Finance Law §139-m requires all vendors bidding on state contracts to implement and attest to a Gender-Based Violence and the Workplace policy. Applicants on state procurements must certify that they have a written policy addressing gender-based violence and the workplace that meets the minimum requirements of State Finance Law §139-m. Bids that do not contain the certification may not be considered for award;

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provided however, that if the applicant cannot make the certification, the applicant may provide a statement with their bid detailing the reasons why the certification cannot be made. A template certification document is being provided as part of this RFP.

Applicants must complete and return the certification with their bid or provide a statement detailing why the certification cannot be made.

3.10 Bid Response

Neither the State of New York or OMH shall be responsible for the costs or expenses incurred by the applicant in preparation or presentation of the bid proposal.

3.11 Acceptance of Terms and Conditions

A bid, in order to be responsive to this solicitation, must satisfy the specifications set forth in this RFP. A detailed description of this format and content requirements is presented in Section 2.9 of this RFP.

3.12 Freedom of Information Requirements

All proposals submitted for OMH's consideration will be held in confidence. However, the resulting contract is subject to New York State Freedom of Information Law (FOIL). Therefore, if an applicant believes that any information in its bid constitutes a trade secret or should otherwise be treated as confidential and wishes such information not be disclosed if requested, pursuant to FOIL (Article 6 of Public Officer's Law), the applicant must submit with its bid, a separate letter specifically identifying the page number(s), line(s), or other appropriate designation(s) containing such information explaining in detail why such information is a trade secret and formally requesting that such information be kept confidential. Failure by an applicant to submit such a letter with its bid identifying trade secrets will constitute a waiver by the applicant of any rights it may have under Section 89(5) of the Public Officers Law relating to the protection of trade secrets. The proprietary nature of the information designated confidential by the applicant may be subject to disclosure if ordered by a court of competent jurisdiction. A request that an entire bid be kept confidential is not advisable since a bid cannot reasonably consist of all data subject to a FOIL proprietary status.

3.13 NYS and OMH Policies

The applicant/contractor must agree to comply with all applicable New York State and OMH policies, procedures, regulations and directives throughout the Term of the contract.

4. Evaluation Factors and Awards

4.1 Evaluation Criteria

All proposals will be rated and ranked in order of highest score based on an evaluation of each applicant's written submission. **Please note that there are restrictions to the type, size and naming conventions of the files and attachments uploaded in SFS. For more information, please review the SFS Attachment Guide [here](#). Failure to comply with these guidelines may result in attachments not being viewable to reviewers.** The Evaluation will apply points in the following categories as defined in

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Section 6:

Technical Evaluation	Points
6.1 Notification of LGUs	1
6.2 Population	22
6.3 Description of Program	25
6.4 Implementation	13
6.5 Utilization Review, Reporting, and Quality Improvement	9
6.6 Diversity, Equity and Inclusion and Peer Support Language	10
6.7 Financial Assessment	20
Total Proposal Points	100 Points

For a detailed description of evaluation criteria for the Technical Evaluation and the Financial Assessment components, see Section 6 (Proposal Narrative).

4.2 Method for Evaluating Proposals

Designated staff will review each proposal for completeness and verify that all eligibility criteria are met. A complete proposal shall include all required components as described in Section 2.9. If a proposal is not complete or does not meet the basic eligibility and participation standards as outlined in Section 2.4, the proposal will be eliminated from further review. The agency will be notified of the rejection of its proposal within 10 working days of the proposal due date.

Proposals will be conducted in two parts: Technical Evaluation and Financial Assessment. The technical evaluation committee, consisting of at least three evaluators, will review the technical portion of each proposal and compute a technical score. A financial score will be computed separately based on the operating budget and budget narrative submitted.

Evaluators of the Technical Evaluation component may then meet to discuss the basis of those ratings. Following the discussion, evaluators may independently revise their original score in any section. Once completed, final Technical Evaluation scores will then be recalculated, averaged, and applied to the final Financial Assessment score to arrive at final scores.

Any proposal not receiving a minimum score of 70 will be eliminated from consideration.

In case of a tie in the scoring process, the proposal with the highest score on the Description of Program (Section 6.3) of the Proposal Narrative will be ranked higher.

4.3 Process for Awarding Contracts

4.3.1. Initial Awards and Allocations

Awardees may apply for one of two options: Option A Traditional TAY (\$225,000) or

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Option B Co-occurring MH/DD TAY (\$275,000). Option A is to specialize in transition age youth with or at risk of child welfare involvement and Option B is to serve transition age youth with or at risk of child welfare involvement with co-occurring diagnoses, specifically mental health *and* confirmed or suspected autism and/or intellectual disability diagnoses.

Awards will be made to assume the development and operation of specialized CCRs.

If agencies are applying to specialize more than one CCR site, applicants must submit a separate unique proposal for each CCR site. Each CCR site is only eligible to apply for one award of either Option A or Option B. To be eligible to apply for this funding opportunity, the agency must meet the eligibility criteria as outlines accordance with Section 2.4.

Proposals will be reviewed, scored and ranked. It is the intent of this RFP to award one Option B in each of the five OMH regions, for a total of five, and one additional Option A in either the Hudson River or Western New York OMH region. In the event that awarding a program would result in less than two CCR sites that have the capacity to serve ages less than age 16 within the region or there would be greater than three specialized CCR sites in that region, the award will be re-allocated to the next ranked highest passing score in a region that would maintain at least two CCR sites able to serve ages less than age 16 or would have no more than three specialized programs. In the event that there are no Option B awardees, there will be 7 Option A awards available.

For each OMH region, the ranked highest passing score for Option B will be awarded. There will be no more than one Option B awarded per OMH region, for a maximum of five total. In the event there is not a passing score for Option B applicants in an OMH region, the award will be re-allocated to the next highest ranked passing score Option A applicant for that region. In the event there is no passing score applicant for Option A in an OMH region, the award will be re-allocated to the next highest ranked passing score Option A applicant statewide, where the region retains at least two CCR sites able to serve ages less than 16 and would have no more than three specialized programs.

Given that there were no awarded specialized CCRs in either the Hudson River or Western New York OMH regions from Round 1 of this RFP, the Option A award available will be awarded to the ranked highest passing score out of applicants from the Western New York or Hudson River OMH region. In the event there is not a passing score for Option A applicants in either the Western New York or Hudson River OMH regions, the award will be re-allocated to the next ranked highest passing score Option A applicant statewide where the region of site location maintains *at least* two CCR sites that have the capacity to serve ages less than age 16 and there would be no greater than three specialized CCR sites in that region (meaning no more than 3 of any Option A or Option B programs).

In the event of award re-allocation, an OMH region may have more than one Option A awardee, as long as the region of location maintains *at least* two CCR sites that have the capacity to serve ages less than age 16 and there would be no greater than three specialized CCR sites in that region.

4.4 Contract Termination and Reassignment

There are a number of factors that may result in the contract being reassigned. This includes, but is not limited to unsuccessful cost reporting, expenditures which do not align requirements outlined in this RFP, non-participation in CAIRS reporting or technical assistance/training, or other OMH reporting or meeting requirements. A contractor will be provided notification if there is need for reassignment.

To reassign the contract, OMH will go to the next highest ranked proposal, as long as the region of the proposal would maintain at least two CCR sites that have the capacity to serve ages less than age 16. If the next highest ranked proposal cannot be reassigned the contract because there would not be at least two CCRs in the region with the capacity to serve ages less than 16, OMH will continue down the list of next highest ranked proposals to reassign the contract.

4.5 Award Notification

At the conclusion of the procurement, notification will be sent to successful and non-successful applicants. All awards are subject to approval by the NYS Attorney General and the Office of the State Comptroller before an operating contract can be finalized.

5. Scope of Work

5.1 Introduction

The Local Governmental Unit (LGU), Director of Community Service (DCS)/Mental Health Commissioner has a statutory authority and responsibility for oversight and cross-system management of the local mental hygiene system to meet the needs of individuals and families affected by mental illness, substance use disorder and/or intellectual/developmental disability in their communities. LGU collaboration is a vital part of the work of CCRs. Applicants should notify the LGU(s) of their intent to apply.

5.2 Program Model

As stated in Section 1.1, this funding opportunity is for the development and operation of specialized CCRs to serve transition age youth population ages 16 and up with or at risk of child welfare involvement. Young people served by these specialized CCR program are expected to have significant support needs, reflecting complex backgrounds that include institutional living, hospitalizations, out-of-home treatment, foster care, and homelessness that have disrupted acquirement of developmentally appropriate pro-social skills, self-care skills, and independent living skills. Transition age youth with or at risk of child welfare involvement may be at increased risk for traumatic experiences, suicidality, sexual or human exploitation and trafficking. These youth may be struggling with gender identity and or sexual orientation. To meet these needs and to support lifelong wellbeing and recovery, specialized services will be provided to increase external resources, improve access to behavioral health and community resources, support vocational/educational goals, and develop their skill capacity, including real-world skills that will support the individuals on the path forward as independent adults.

It is anticipated that provider admission criteria will need to be updated to reflect the new population specialization. All updated admission criteria must minimally be

commensurate with the *OMH Children's Community Residence Level of Care Criteria* located in appendix A.

While transition age youth in the specialized programs may have independent living as a discharge goal upon admission and may or may not have families or families of choice, the CCR will be expected to work with the youth toward relational permanency and to build a family of choice, where possible.

The young adults served by this program will require supervision that is in line with the eligibility criteria for the rehabilitative treatment authorization. The target population for this program has significant assessment, supervision, monitoring, and support needs due to complex histories with out of home settings and treatment providers. The specialized CCR model must provide the supervision and supports the youth require to manage psychiatric and behavioral risks while preparing them for independent living. Supervision of a transition age youth allows for teaching, modeling, and practice of independent skills with support to develop a readiness and capability to navigate the community independently. As youth develop and practice skills to demonstrably good effect, in the absence of immediate psychiatric or behavioral safety concerns, and as youth self-identify goals, service plans may permit goal-oriented time in the community unsupervised. Continuous assessment of appropriateness of unsupervised community time must be made with consideration of any historical risks, emergent risks (suicidality, substance abuse, medical concerns, impulsivity, etc.), current safety plans, and the youth's own self-identified needs.

The specialized programs will be required to develop and disseminate marketing materials to referral providers including LGUs, OPWDD regional offices, school districts. Marketing materials development must involve youth and families. Marketing material includes printed and electronic brochures, video tours, etc.

In addition to the services required to be provided by all CCRs, the model for CCRs specializing in transition age youth with or at risk of child welfare involvement must include the following, at a minimum:

Specialized Staffing

- A .5 FTE staff dedicated to public housing and entitlements. Transition age youth, especially those with or at risk of child welfare involvement, need help planning for the next step as they enter the adult service system and seek living arrangements beyond the CCR. This staff person will be responsible for exploring and assisting the youth in applying for appropriate housing programs and benefits that will support the population's transition from the children's service system to the adult service system. This staff person must have experience dealing with social service agencies or aiding individuals in solving housing, social, financial or health problems as a community organization representative.
- A 1 FTE staff dedicated to Family and Consumer Sciences. Often youth transitioning from child-serving programs do not have skills or have not been able to practice skills at the level necessary to ensure success once in an adult or

independent setting. The gap between a traditional CCR and an adult supportive housing program creates hardship for transition age youth, as the level of independence is much greater. This staff person will be dedicated to assisting youth with daily living and independent living skills building related to meal planning and cooking, household management, personal finance, time management, social awareness, hygiene, and educational or vocational areas. Skill building areas will have a specialized focus on preparing the youth for transition and independence and will be a critical part of the service plan. A dedicated staff person will ensure learning and practicing of skills is happening consistently each day and will enable opportunities for youth to practice such skills out in the community with supervision.

- For programs serving transition age youth with child welfare involvement and a primary designated mental health diagnosis with a confirmed or suspected co-occurring autism spectrum and/or intellectual disability diagnosis who meet CCR eligibility:
 - A behavior specialist 0.5 FTE – Transition age youth who have a designated mental health diagnosis and confirmed or suspected co-occurring autism spectrum and/or intellectual disability diagnosis require further specialized care to navigate both systems, create individualized behavior plans, and develop the life skills they need to transition into adulthood. Qualification- Board Certified Behavior Analyst (BCBA) or an individual with ongoing supervision by a BCBA.
- While not required, programs may also add additional counselor or senior counselor staff full time equivalents (FTEs) for a higher staff to youth supervision ratio. A higher youth to staff ratio (greater than 1:3 staff per youth assigned to direct care on peak shifts) enables staff to accompany and supervise youth out in the community at a higher frequency to aid in the development and practicing of skills, and to support transportation needs to outpatient services, school, work, or recreation/social events.

Specialized Staff Training

- Specialized training on cultivating and integrating youth voice into programming.
- Specialized training specific to engaging (including motivating) transition age youth and their families in treatment.
- Specialized training in emerging and evidence-based practices relevant to promoting relational and discharge permanency.
- Specialized training on curriculum for developing self-agency, as well as independent living skill building (see below) for transition age youth.
- Specialized training on curriculum for developing mental health rehabilitation skill building for of transition age youth.

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- Specialized training on signs and symptoms of designated mental illness and substance use/substance use disorders.
- Specialized training on signs and symptoms of human trafficking and commercial sexual exploitation.
- Specialized and specific training on youth with a confirmed or suspected co-occurring autism spectrum and/or intellectual disability diagnosis and the I/DD service system and resources, evidence-based practices relevant to developmentally appropriate skill building of transition age youth.
- Specialized and specific training on youth with child welfare involvement and the child welfare system and resources.
- Training specific to new staff roles/responsibilities.

Specialized Services

- Comprehensive assessment for transition age youth
 - Adaptive or Functional behavioral assessments
 - Trauma assessments
 - Substance use and co-occurring disorder assessments
 - Commercial sexual exploitation and human trafficking risk assessment
 - Social determinants of health needs assessment
 - Vocational assessment
 - Natural support resource identification and connection (includes family search and engagement, as appropriate)
- Specialized care coordination, including transitioning and linking youth to adult serving mental health licensed professional(s) authorized to designate serious mental illness (SMI), if appropriate, to initiate or maintain entitlements or to meet eligibility criteria for adult mental health services
- Daily independent living skills
 - Health and wellness education and skills (e.g. how to schedule appointments, simple first aid, allergy awareness)
 - Medication management, including self-medication administration (e.g. how to refill a prescription)
 - Skills related to the economic, social, and ecological aspects of everyday living (e.g. seeking entitlements)
 - Financial literacy and independence including budgeting, banking, taxes
 - Transit and navigation skills

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- Executive functioning skills
- Decision making skills
- Self-advocacy skills
- Household management skills, including maintaining an apartment and food shopping/preparation
- Employment skills (e.g. interview skills, resume writing, conflict resolution in the workplace, complying with uniform requirements)
- Transition age social/relationship Skills (i.e. development of relational permanency, peer group development)
- Educational and vocational supports (including connection with Employment 101 through OMH)

Service Dollars

Service dollars for home and community activities that further the objectives of the youth's service plan, the program's objective, as well as funding for rehabilitative training and recreational supplies. Awardees must develop policies and procedures as well as a quality assurance plan to ensure service dollar use complies with the most up to date version of the OMH *Recipient Service Dollar Spending Plan Guidelines*, Appendix C.

Service dollar usage will be subject to OMH programmatic and fiscal audit. If OMH audit finds service dollars usage is not consistent with this RFP and the OMH *Recipient Service Dollar Spending Plan Guidelines*, Appendix C the awardee will be required to complete a corrective action plan. If the awardee does not comply with the corrective action plan, the service dollar funding amount may be reduced or eliminated at the discretion of OMH via contract amendment. Awardees shall not propose a service dollars allocation per licensed bed that exceeds \$5,500.00.

	OMH CCR serving 16 and up	OMH Specialized CCR for TAY with or at risk of CW involvement	OMH Specialized CCR for TAY with or at risk of CW involvement
		Option A	Option B
Admission Criteria	Standard	Must include 16 and up	Must include 16 and up and must include confirmed or suspected co- occurring Autism/IDD dx
Regulation	14 NYCRR 594	14 NYCRR 594	14 NYCRR 594

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Staffing	Standard	+Additional direct care staffing, 1FTE Family Services Specialist, 0.5FTE entitlements specialist	+Additional direct care staffing, 1FTE Family Services Specialist, 0.5FTE entitlements specialist, +0.5 Behavior specialist
Training	Standard	+All noted above	+All noted above + specialized IDD training
Service Dollars	N/A	Yes	Yes

There is no capital funding associated with this initiative.

5.3 Objectives and Responsibilities

- A. Programs will be required to maintain accurate reporting and case records according to Regulation and Program Guidance. This includes up to date data entry in CAIRS. For a program to be considered up to date in CAIRS, all admissions and discharges must be entered within a week of occurrence, and follow-up records are required to be completed every 6-months that a youth continues to remain admitted to the program.
- B. OMH providers are expected to ensure continuous quality improvement of services, including regular monitoring and evaluation of outcomes and be prepared to report to OMH on quality improvement. To support these efforts, it is expected that providers have a quality, supervisory, operational and IT / data infrastructure to routinely self-monitor and ensure ongoing quality improvement of services, including analyzing utilization review findings and recommendations.

Areas for quality improvement and OMH reporting for this Award include but are not limited to:

- Increasing the number of SSI applications (if appropriate) and rate of successful benefit authorization and enrollment
- Increasing the number of youth referred and connected with Youth Peer Advocates
- Increasing referral and connection with the youth's adult SPOA for those age 18+
- Increasing the number of referrals to young adult and adult supportive housing programs (where clinically indicated) and increasing rate of admissions
- Increasing the number of discharges home to an identified family when family was not a discharge resource identified at time of admission
- Maintaining a "zero discharge to homeless shelters" policy

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- Increasing the number of identified meaningful support people (familial or otherwise) the young person is connected with upon discharge from time of admission
 - Increasing the number of youth who gain and maintain employment experience (if appropriate) upon discharge from time of admission
 - Increasing the number of youth who graduate from high school or complete GED upon discharge from time of admission
 - Increasing the number of youth who pursue trade school or college
 - Minimizing justice system involvement from time of admission
- C. It is also expected that providers will routinely submit data to OMH, including CAIRS and other client-identified data, quality and program data. Data submission requirements and guidance will be provided by OMH. Awarded entities should expect to submit quarterly reports.
- D. Providers should ensure continuous quality improvement of services, including regular monitoring and evaluation of outcomes.

5.4 Operating Funding

One award will be made to each of up to 6 awardees for a five-year total amount each of \$1,125,000 for Option A or \$1,375,000 for Option B.

Annual funding for each of the 5 year(s) is \$ 225,000 for Option A awardees and \$275,000 for Option B awardees.

6. Proposal Narrative

Please note that there are restrictions to the type, size and naming conventions of the files and attachments uploaded in SFS. For more information, please review the SFS Attachment Guide [here](#). Failure to comply with these guidelines may result in attachments not being viewable to reviewers.

A proposal template is provided in the “Event Comments and Attachments” section of SFS and MUST be used to answer the following questions. Any supporting attachments MUST be included in the upload of the proposal template as one continuous PDF document AND be labeled specific to the question number it is associated with. **Proposals/applications not submitted as described (other than the budget which must be uploaded in excel format) will result in disqualification of the application.**

When submitting proposals for funding under this RFP, the narrative must address all components listed below, in the following order:

6.1 Notification of LGUs

- a. To receive the point for LGU notification, identified in section 4.1 Evaluation Criteria, please provide proof that LGU(s) were notified of your agency’s Intent to Apply to this RFP (e.g., sent email, certified letter, etc.). A list of County Local Mental Hygiene Directors can be found [here](#).

6.2 Population

- a. Identify whether the agency is applying for enhancement funding to serve a general population of transition age youth with a mental health diagnosis and child welfare involvement or the more specialized population of transition age youth with child welfare involvement as well as co-occurring mental health and confirmed or suspected Autism and/or Intellectual Disability Diagnoses (Option A or Option B).
 - i. Describe how the proposed specialization of the CCR fits into both the statewide and regional continuum of care for transition age youth.
 - ii. What are the new proposed admission criteria for the CCR given the new population to be served? Admission criteria must permit admission of youth from any OMH region. The age range served must be the transition age youth age range of age 16-21. Any additional admission criteria must relate to factors of psychopathology, activities of daily living skills, age, gender, sex, and intelligence quotient. Admission criteria must comply with any standards and procedures established by the Office, and section 1.2. If awarded, admission criteria proposed may be revised at OMH's direction via the Administrative Action Process.
- b. Describe the agency's understanding of the opportunities and challenges of working with the population of transition age youth, identified in question 6.2.a, in a residential rehabilitation treatment setting. Be sure to address approaches to navigating issues such as obtaining consent, managing risk factors, promoting youth and family engagement in services and supports that meet the youth's goals, obtaining public benefits, obtaining driver's license, and navigating family court orders or restraining orders impacting family visitation. In addition, for agencies applying for Option B, please specify any additional considerations for the population.
- c. Describe the agency's experience in delivering services that are youth driven, family guided, trauma informed and sensitive, diverse and inclusive, strength-based and developmentally appropriate based on the population specialization the agency indicated in question.
 - i. Outline how the agency operationally integrates these principles into practice when providing services with youth and their families including families of choice.
- d. Option A applicants: Describe the agency's experience in providing services to children, youth, or young adults with severe emotional disturbance due to mental health diagnosis and child welfare involvement. Option B applicants: Describe the agency's experience in providing services to children, youth or young adults with co-occurring severe emotional disturbance due to mental health diagnosis and confirmed or suspected Autism and/or Intellectual Disability Diagnoses specialization with child welfare involvement.

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- e. Describe the agency's experience with the child welfare system(s), and departments of social services or Administration for Children's Services.
 - i. Describe how this experience will be integrated into the policies, procedures, and practices of the CCR given the expanded population. What percentage of youth served by the Agency since January 1st of 2024, if any, were at risk of child welfare involvement?
 - ii. For Option B, in addition to experience with child welfare systems, describe the agency's experience working with the Office for People with Developmental Disabilities (OPWDD) and any related services. Identify any experience collaborating with OPWDD Developmental Disability Regional Offices. Describe the agency's experience applying for OPWDD eligibility when appropriate.

6.3 Description of Program

- a. Describe how the agency will change their network, internally and externally, of behavioral health and other providers to facilitate connection of transition age youth to behavioral health treatments and supports during admission.
- b. Describe how the agency will deliver the traditional and specialized CCR services that comprehensively address the service, support, and supervision needs of the identified specialized population across multiple life domains, including within family, school, vocation, medical, behavioral, psychosocial, and community domains. Specify what services and supports will be delivered in the CCR and which will be delivered in relevant community spaces, including home settings. Identify which services will be new or specialized offerings specific to the specialized population identified. Identify clinical approaches and/or best practices in treatment and care for the services, support, and supervision needs identified. Additionally, for Option B applicants, specify strategies related to positive behavior supports for the specialized population.
- c. Describe the approaches or tools that will be used by the CCR team to conduct individual and comprehensive assessments of strengths and needs.
 - i. Specifically identify the approaches and tools that will evaluate needs and risks factors especially relevant to the population.
 - ii. Attach assessment tools that will be used upon admission and at regular interval during admission. Identify intervals at which these will be utilized.
- d. Describe the process of integrating information from initial referral to the CCR and assessments at time of admission in the development of a person-centered service plan and safety plan. This must include the process of identifying an individual's behavioral strengths, assessing risk factors, identifying protective factors, identifying barriers to achieving goals, assessing service needs, determining services to be provided directly by the CCR and external to the program, and describe how identified CCR service interventions are directly tied to needs.

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- i. Attach example of a completed person-centered service plan. Note: Redact PHI as needed.
 - ii. Attach example of a completed safety plan. Note: Redact PHI as needed.
- e. Describe the agency's experience to date, if any, with discharging transition age youth to living and treatment settings and services. Describe the approach that will be used to ensure the successful transition of the transition age youth from the CCR to other settings and community-based services, including adult system settings and services. Provide discharge criteria and describe policies, and procedures that ensure active and successful collaboration with community-based providers and processes for maintaining continuity of care upon discharge for up to 90 days. For Option B, additionally describe any considerations for the specialized population's transition into other services and settings.

6.4 Implementation

- a. Describe how the agency will use funds to specialize operations and programming (e.g. changes to policies, procedures, protocols, program expectations, service dollars, marketing, engagement practices, and daily schedule of activities) at the CCR and change the way the CCR program operates based on responses to 6.2b and 6.3b to meet the needs of the identified special population. If the agency is proposing to implement recipient service dollars, identify the proposed maximum service dollars funds per licensed beds (not to exceed \$5,500 a licensed bed.) NOTE: Response should include programmatic enhancements and operational changes *other than* additional staffing, new services, or new staff training.
- b. Provide the proposed specialized CCR staffing plan. Include a description of the roles and responsibilities of each new staff member for the specialized population proposed. NOTE: If adding staff types already included in the CCR GIN model, such as counselors or senior counselors, ensure the enhanced staff plan is proposing an FTE level that *exceeds* what the GIN supports. The staff plan submitted must include all staff FTEs and specifically note which are planned as an addition to specialize the program. For development of the specialized staff plan, please reference requirements in section 5.2. Additionally, for Option B applicants, describe how the proposed behavior support specialist will be integrated into the team. Describe the proposal for appropriate supervision of the behavior support specialist in accordance with expectations.
- c. Identify and describe the new trainings which will be offered to CCR staff to enhance staff competencies to work with the identified special population. Propose a comprehensive training plan for staff which integrates new trainings for the specialized population with those already offered and describes how staff competency will be assessed and continuously supported. Note: Training plan should identify which staff will receive trainings. The proposed training plan should be minimally commensurate with the training requirements listed in 14

NYCRR 594.13 and section 5.2. For Option B, identify any additional specialized trainings.

6.5 Utilization Review, Reporting, and Quality Improvement

- a. Describe the agency's approach to data informed utilization review to inform youth centered service provision, including determining if youth are receiving services to meet needs identified in initial and ongoing assessments and emergent needs related to significant incidents, hospitalizations, crisis, or emergency service episodes. Include the frequency of utilization reviews for CCR recipients, which should minimally be in line with requirements in Part 594.14. Identify who will be responsible for conducting the CCR utilization reviews, reviewing findings, implementing recommendations and measure recipient changes.
- b. Outline the agency's proposed quality assurance activities which will monitor the effectiveness of the specialized CCR program and services. Describe how the agency will incorporate key community partners, recipients, and their families in evaluating approaches to ensure they reflect considerations for cultural competence and language access. The quality assurance activities will be required to minimally monitor quality improvement outcomes identified in section 5.3. Identify who will be responsible for the specialized CCR's quality assurance activities.
- c. Attach or describe the proposed policy and procedure for recipient service dollars use, authorization, and internal auditing. The proposed policy and procedure must be consistent with the *OMH Recipient Service Dollar Spending Plan Guidelines*, appendix C.

6.6 Diversity, Equity Inclusion and Recipient Input

This section describes the commitment of the entity to advancing equity. OMH is committed to the reduction of disparities in access, quality, and treatment outcomes for historically marginalized populations as well as centering and elevating the voice of individuals with lived experience throughout the system.

Commitment to Equity and the Reduction of Disparities in Access, Quality and Treatment Outcomes for Marginalized Populations

- a. Provide a mission statement for this project that includes information about the intent to serve individuals from marginalized/underserved populations in a culturally responsive trauma-informed way.
- b. Identify the management-level person responsible for coordinating/leading efforts to reduce disparities in access, quality, and treatment outcomes for marginalized populations.
- c. Identify the management-level person responsible for coordinating/leading efforts to ensure incorporation of feedback from participants in services in continuous agency improvement. Information provided should include the

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individual's title, organizational positioning and their planned activities for coordinating these efforts).

- d. Provide the diversity, inclusion, equity, cultural and linguistic competence plan for this program (as outlined in the National CLAS Standards). The plan should include information in the following domains:
 - Workforce diversity (data-informed recruitment)
 - Workforce inclusion
 - Reducing disparities in access quality, and treatment outcomes in the patient population
 - Soliciting input from diverse community stakeholders, organizations and persons with lived experience
 - Efforts to adequately engage underserved foreign-born individuals and families in the project's catchment area.
 - How stakeholder input from service users and individuals from marginalized/underserved populations was used when creating the diversity, inclusion, equity, cultural and linguistic competence plan
 - Discuss how the plan will be regularly reviewed and updated.

Equity Structure

- e. Describe the organization's committees/workgroups that focus on reducing disparities in access, quality, and treatment outcomes for marginalized populations (diversity, inclusion, equity, cultural/linguistic competence).
- f. Describe the organization's committees/workgroups that focus on incorporating participants of services into the agency's governance. Note - it is important to describe how membership of any such committee/workgroup includes people with lived experience and representatives from the most prevalent cultural groups to be served in this project.

Workforce Diversity and Inclusion

- g. Describe program efforts to recruit, hire and retain a) staff from the most prevalent cultural group of service users and b) staff with lived experience with mental health and receiving mental health services.

Language Access

- h. Describe efforts to meet the language access needs of the clients served by this project (limited English proficient, Deaf/ASL). This information should include the use of data to identify the most prevalent language access needs, availability of direct care staff who speak the most prevalent languages, the provision of best practice approaches to provide language access services (i.e., phone, video interpretation). Also, include information about efforts to ensure all staff with direct contact with clients are knowledgeable about using

these resources. Additionally, provide information about the plan to provide documents and forms in the languages of the most prevalent cultural groups of its service users (consent forms, releases of information, medication information, rights, and grievances procedures). This section should also include information related to: addressing other language accessibility needs (Braille, limited reading skills); service descriptions and promotional material.

Recovery Values

- i. Describe the agency or program's plan to espouse recovery and resilience-oriented values into practice.

Collaboration with Diverse Community-Based Stakeholders/Organizations

- j. For this project, describe proposed efforts to partner, collaborate with and include diverse, culturally relevant community partners in service provision and in the gathering of stakeholder input. This includes information about subcontracting entities (if applicable) and other efforts to ensure government resources reach organizations and populations that are historically economically marginalized, including those that are peer run.

Financial Assessment

- a. The proposal must include a completed (Appendix B) budget. Start-up is not applicable to this grant opportunity, please skip that section in the (appendix B) budget. \$225,000 is available for Option A awardees annually. \$275,000 is available for Option B awardees annually. The indirect cost/administrative overhead rate is capped at 15%. Recipient service dollars is capped at \$5,500 per licensed bed, which is included in the operating amounts above. Marketing materials are capped at \$1,000.00. The proposed budget and awarded funds shall not include staff, Other Than Personnel Services or administrative costs covered by the CCR Medicaid rate. The proposed budget and awarded funds shall not include room and board costs expected to be covered by SSI. Providers must follow Consolidated Fiscal Report (CFR) Ratio-Value guidance which excludes equipment/property from the direct cost base. Federal Negotiated Indirect Cost Rate Agreements (NICRA) are not allowable. Any travel costs included in the Budget must conform to New York State rates for travel reimbursement. Applicants should list staff by position, full-time equivalent (FTE), and salary.
- b. Describe how your agency manages its operating budget which should include the following:
 - detailed expense components that make up the total operating expenses;
 - the calculation or logic that supports the budgeted value of each category; and,
 - description of how salaries are adequate to attract and retain qualified employees.

Appendix A

Children's Community Residence (CCR) Program Type: Level of Care Recommendation Guide

Instructions: This document is intended to support C-SPOA in confirming eligibility and recommending the appropriateness of an applicant to access Children's Community Residences (CCR). Use the information from the C-SPOA Application Part 1 and Part 2 to make the CCR level of care recommendation.

CCR eligibility criteria:

An applicant must meet the following:

- ☐ Between the ages of 5 and 17.11 at the time of admission. * **Specialized CCRs for Transition Age Youth are exempt from this age criteria. See below.**
- ☐ Meet criteria for SED as indicated in a referral evaluation or via the *Attestation of Meeting Serious Emotional Disturbance Criteria for OMH Residential Services*.
- ☐ The legal custodian voluntarily consents to pursue treatment at a Community Residence.
- ☐ **Tentative** discharge plan and discharge planning partners are identified. NOTE: Discharge plans may need to be adjusted or changed based on individual circumstances and responses to treatment.

In addition, for Specialized CCRs for Transition Age Youth only:

Applicant must meet the following:

- ☐ Between the ages of 16 and 20.11* at the time of admission.
- ☐ There is a significant (2 or more settings, **OR** 1 setting for 2 or more years) history of care in out-of-home treatment, restrictive settings (e.g., children's community residences, residential treatment centers, group homes, acute or state hospitals, residential treatment facilities.)

Severity of need is demonstrated by all of the following:

- ☐ There are emotional regulation problems (2 or more), inconsistent with developmentalexpectations, which may include:
 - ☐ Inappropriate and/or inadequate expressing of emotions
 - ☐ Persistent anxiety, agitation, hyper-vigilance
 - ☐ Reactive behaviors in response to stress and triggering events
 - ☐ Distorted and/or amplified reactions to stressors
 - ☐ Problem-solving deficits
 - ☐ Lacking awareness of the relationship between feelings, thoughts, and behaviors
 - ☐ Inadequate and/or dysfunctional coping skills

The emotional regulation problems indicated above are serious:

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- ☐ have been frequent (minimum weekly evidence); and
 - ☐ have been sustained over the past 12 months; and
 - ☐ are present across 2 or more settings (e.g., home, school, community); and
 - ☐ are impacting 2 or more types of relationships (family, peers, adults.)
- ☐ There are social functioning problems (2 or more), which may include:
- ☐ Inappropriate attention seeking
 - ☐ Inability to establish and/or maintain friendships
 - ☐ Negative interpersonal interactions with peers, family, neighbors, and other adults
 - ☐ Poor social skills
 - ☐ Off-track with developmentally appropriate activities of daily living
 - ☐ Non-compliance with reasonable social expectations
 - ☐ Inappropriate use of leisure time

The social functioning problems indicated above are serious:

- ☐ have been frequent (minimum weekly evidence); and
 - ☐ have been sustained over the past 12 months; and
 - ☐ are present across 2 or more settings (e.g., home, school, community); and
 - ☐ are impacting 2 or more types of relationships (family, peers, adults.)
- ☐ The applicant's emotional regulation and social functioning problems require 24/7 supervision and daily rehabilitative treatment in a therapeutic living environment.

In addition, for Specialized CCRs for Transition Age Youth only:

- ☐ There are problems (2 or more) in completing developmentally appropriate self-sufficiency behaviors, and generalizing independent living skills necessary for a successful transition to adulthood which may include:
- ☐ Setting up and managing a household (e.g., healthy eating, meal planning, managing medication, budgeting);
 - ☐ Seeking and/or maintaining an education placement or job;
 - ☐ Identifying and accessing positive supports and community resources; or
 - ☐ Informed safety, health, and financial decision-making in the community.

Intensity of service is demonstrated by all of the following:

- ☐ The applicant's home environment, family resources, and community-based support network are not adequate to provide the level of support and supervision needed to address current (within the past six months to one year) concerns; and all of the following criteria are met:
- ☐ With staff to child/youth supervision ratio of 1:3, as well as daily rehabilitative treatment and support, the applicant would be able to attend school, engage in

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outpatient treatment and community activities.

Outcome of Eligibility Review:

- ☐ The applicant needs community integration services and resource development to allow for multifaceted assessment, intervention, involvement, and collaboration between the applicant's living environment, family, outpatient treatment providers, school, and systems to improve continuity of care and treatment outcomes

Does the applicant meet CCR eligibility criteria?

☐ Yes ☐ No

Does the applicant meet Specialized CCR for Transition Age Youth eligibility criteria?

☐ Yes ☐ No

Name of Reviewer:

Signature of Reviewer:

Date of Review:

Appendix C

OMH Recipient Service Dollar Spending Plan Guidelines



Recipient Service Dollars 2023-24 NYC

2024 Upstate

Many Office of Mental Health (OMH) programs are intended to assist the recipient in developing and maintaining situations for living, working and socializing in the community, which enhances their potential for growth and independence. The use of the service dollars should include participation of the recipient of services, who should play a significant role in the planning for and the utilization of service dollars; however, Recipient Service Dollars should never be interpreted as a recipient entitlement.

Many services are available through the local Department of Social Services (DSS), Medicaid or community agencies. Therefore, all efforts should be made to access these alternate resources first, and/or attempt to secure reimbursement from other agencies for expenditures made with Recipient Service Dollars. Recipient Service Dollar funds are to be used as payment of last resort.

Authorizations of Recipient Service Dollars funds must be noted in and be consistent with the recipient's individual service plan (ISP). Except in emergency cases, authorization and ISP notation should be made before expending these funds. All receipts, sales slips, etc., should be maintained for submission to the local government unit (LGU). This data will be needed to ensure an audit trail for subsequent programmatic review and fiscal audits. The use of personal bank accounts by Case Managers for management of Flexible Service Dollars is not allowed.

Recipient Service Dollar Programs and Codes 1230 Flexible

Recipient Service Dollars (use for Non-Medicaid Programs)

Flexible Recipient Service Dollars are not based on a particular fiscal model and are available to provide for a recipient's emergency and non-emergency needs. This program code cannot be allocated for recipients enrolled in Assertive Community Treatment (ACT), Health Home Care Management (HHCM), or Residential Treatment Facilities (RTF) Transition Coordinators, **Agency administrative expenses cannot be allocated to this program code.**

2980 RTF Coordinator/

(Use for Medicaid RTF Program)

RTF/ Service Dollars may be used only on recipients receiving RTF Transition Coordinator

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Services (please refer to the Case Management Services packet)) and cannot be used for any other modeled or non-modeled case management program or purpose. **Agency administrative expenses cannot be allocated to this program code.**

8810 Assertive Community Treatment Service Dollars

2740 Health Home Care Management (HHCM) Service Dollars

ACT and HHCM Service Dollars may be used only on recipients receiving ACT, or HHCM Services. Health Home Care Management (HHCM) Service dollars may be used only on Medicaid enrolled and non-Medicaid eligible individuals with serious mental illness or serious emotional disturbance who receive Health Home Care Management Services. Please refer to Assertive Community Treatment/Health Home Care Management Services packet for information. Agency administrative expenses cannot be allocated to this program code.

Guidelines for Use of Recipient Service Dollars

Examples of Service Categories

1. **Emergency Purchases:** Emergency Purchases are intended to address the immediate needs of the individuals served. These needs are generally brief in duration and are not anticipated. Since some of these same needs may continue for an extended period, they would need to be addressed under recipient-specific services. Some types of emergency services are:
 - **Food/Meals:** When faced with loss/reduction of benefits, Service Dollars can be used to cover the cost of food-related expenses. This may include meals, groceries, or other necessary food items. This cannot be used for any alcoholic beverages.
 - **Lodging/Respite/Hotel:** Money to secure emergency shelter when the individual is faced with homelessness.
 - **Clothing:** Purchases related to seasonal clothing, clothing repair or cleaning.
 - **Utilities:** When an individual receives a service termination notice, Service Dollars can be used when services are shut off or threatened to be terminated. This may include utilities related to electricity and heat. All efforts should be made to schedule repayment plan first with the utility company prior to Service Dollars.
 - **Medical Care:** Costs related to medical expenses not otherwise covered by insurance. Examples could include pill organizers, co-pays, medical equipment, gym memberships, counseling (i.e. anger management, sex offender treatment not traditionally covered by insurance), and nutritional services.
 - **Transportation:** The costs associated with securing transportation to non-medical appointment. This may include bus passes, gas cards, car repairs, and taxi vouchers.

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2. **Client-Specific Services:** Recipient-Specific Service Needs are characterized as those needs which can be anticipated. Therefore, they must be associated with the individual service plan for the recipient in order for payment to be approved. Recipient-specific services may include all of those listed under emergency services, i.e., food, lodging, clothing, utilities, crisis specialist, medical care and transportation, as well as those that follow below. What distinguishes them from emergency services is the ability to plan for them. Some additional services that might fall into this category are:
 - **Housing:** Expenses related to securing or maintaining the individual's housing. This may include security deposit, first month's rent, and moving expenses.
 - **Furnishings:** Costs of any home furnishings such as furniture, appliances, linen, dishes, bedding, and air conditioners.
 - **Hygiene Supports:** Costs related to maintaining hygiene. This would include haircuts and personal care products.
 - **Educational:** Assistance with the costs towards educational/training programs and supplies associated with the individual's educational needs.
 - **Vocational:** Purchases related to the individual's vocational needs. This may include training programs, uniforms, and alarm clocks.
 - **Socialization:** Costs related to the promotion of the individual's socialization goals as outlined in Plan of Care. Some examples would include activities to support community integration, building relationships, culturally based community services, and resources used to pursue hobbies/interests.

The use of recipient- service dollars should be clearly documented in the individual's record. The documentation should reflect the need of the individual along with the amount of Service Dollars expended.

Mechanisms for Funding and Payment

Following are two examples of basic mechanisms for funding and payment:

1. **Automatic Teller Machines (ATMs):** ATMs would be used to obtain cash to make emergency purchases that otherwise could not be paid with a voucher.

The money for such emergency situations will be available to an authorized service agency worker via automatic teller machine (ATM) or from the banking institution.

Once the emergency service need is determined, the service agency worker should estimate the amount of funding necessary to acquire the service, get supervisory approval and make the withdrawal as appropriate. Receipts, sales slips, etc., must be obtained by the authorized agent and signed by the recipient accessing the emergency service.

Individual transactions in excess of \$100 will require the approval of two supervisors. The authorized service agency worker must maintain a weekly report of expenditures clearly detailing the service(s) accessed by the recipient. Once the emergency service has been acquired and paid for, all excess funds must be returned to the applicable supervisor with

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the weekly report. Each emergency authorization of recipient service dollars should be noted in the recipient's ISP as soon as possible after the emergency.

On a weekly basis, the service agency worker will meet with his/her supervisor for account reconciliation. The service agency worker should bring all receipts as well as the weekly report for reconciliation of expenditures on behalf of the recipient.

The supervisor will review the receipts and the cash expenditure weekly report for appropriateness and conformity to the recipient's service plan. All receipts, sales slips, etc., should reconcile to the weekly report. Additionally, the supervisor should ensure that the recipient receiving the service signs all documentation supporting any cash expenditure. If the recipient is unable to sign such documentation, then a notation in the ISP should be made, along with follow-up attempts to get the recipient's signature.

All receipts, sales slips, etc., as well as a copy of the expenditure weekly report, should be sent to the agency. The agency financial officer will be responsible for maintaining all financial reports and compiling reports for submission to the LGU. On a timely basis, personnel monitoring cash expenditures will review bank statements ensuring the appropriateness of all withdrawals by the service agency worker. Weekly reports and receipts should be notated as being reviewed, audited and filed. This data will be needed to ensure an audit trail for subsequent programmatic review and fiscal audits.

If an apparent defalcation or misappropriation of funds is discovered, the agency fiscal administrator must be notified immediately. The agency fiscal administration will then commence with a full-scale investigation.

Responsibilities at a Glance

When a service agency worker is contacted that a recipient is in crisis, they will be able to use the "crisis cash" mechanism.

Each service agency worker will have an individual Automatic Teller Machine (ATM) card which will allow them to go to a prescribed bank and withdraw funds to meet the crisis needs for the recipients. During this emergency time, the service agency worker will be pursuing the services needed by the recipient for a longer duration of time through the voucher system established by his/her host agency.

- The *service agency worker* must use the ATM card to purchase needed emergency services.
- The *service agency worker* must produce receipts for all services purchases.
- The sign-off of *two (2) service agency workers* must be obtained if more than \$100 per day, per recipient is required.
- Each week, the *service agency worker* must prepare and submit to the supervisor a weekly report on ATM transactions.
- A *supervisor* will review and summarize the weekly reports and forward them to the fiscal agent for review.

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- A *fiscal agent* will be responsible for all funds expended through the “Crisis Cash” method. The fiscal agent will be required to redeposit any cash returned by the service agency worker to the wraparound services funds account.
 - The *fiscal agent* will prepare a monthly statement by recipient and by service agency worker accounting for the cash and voucher expenditures made during the month.
 - The *fiscal agent* will prepare a quarterly statement by recipient, and by service agency worker, accounting for the funds expended and submitted to the county and OMH Division of Community Care.
2. **Voucher System:** Through arrangements with vendors or other service providers, payment would be made for services rendered utilizing a voucher. Vouchers could be used for emergency services and recipient-specific services (if documented in the service plan).

Various expenditures for recipients will be funded via the vouchering system. Examples of such are non-emergency expenditures for transportation, medical and dental care, housing, clothing, utilities, job-related costs, education and vocational services. The authorized agent should secure the appropriate service for the recipient ensuring that the provider will accept payment via the voucher system. All expenditures to be paid through the voucher system must be preapproved by the agent’s supervisor.

The supervisor will review the proposal for consistency with the recipient’s service plan. No proposed service will be approved if it appears to be inconsistent with the recipient service plan. All proposed services should be costed out, i.e., estimated expenditures must be determined prior to any commitment of funds. The supervisor also must review the recipient service weekly reports for funding availability and determine the appropriate "slot" from which the services will be funded.

Once the services have been approved, the service agency worker should complete the voucher. All supporting documentation attesting to the receipt of the service provided must be attached. The recipient also must sign the voucher and supporting documentation verifying to the receipt of the service.

The completed voucher and all supporting documentation will be submitted to the appropriate supervisor for review and approval. No voucher should be approved for payment without the proper supporting documentation and signatures verifying the actual receipt of or contract for the service.

The fiscal agent shall ensure that the supervisor has verified and performed the appropriate reviews. Additionally, the fiscal agent should ensure that all supporting documentation, as well as the voucher, has the appropriate signatures and initials prior to processing for payment. Payment should then be affected and the voucher and supporting documentation should be notated and filed for future programmatic review and audit.

Responsibilities at a Glance

This voucher system payment mechanism will be used for obtaining both emergency and non-emergency services.

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- The *service agency worker* should begin the process to purchase services for a longer duration through submission of vouchers for these non-payment services.
- The *supervisor* will be required to approve the vouchers submitted for processing to the fiscal agent once they have been determined to meet the goals of the recipient's treatment plan.
- The *fiscal agent* will be responsible for reviewing the purchase of services to ensure that adequate documentation and the proper accounting procedures have been followed.
- The *fiscal agent* will be responsible for the preparation of monthly and quarterly financial reports detailing how much funds were expended for each recipient service and forward to the agency director.