Adult ACT Rockland Questions and Answers

1. Can OMH provide the current hourly bill rates being paid for each staffing category outlined in the solicitation?

   Answer: We cannot. We use Dept of Labor Statistics to create average salaries to plug into a model to determine total funding. Bidding agencies can pay their employees as they see fit.

2. How should pricing be structured for this procurement—does OMH prefer percentage-based markups only, or will proposals that include fixed hourly rates, tiered markups, or volume-based discounts also be considered?

   Answer: We cannot offer guidance on this. We ask that all bidders submit a budget that fits within the given yearly amount on the attached budget template.

3. Will OMH consider proposals that include a combination of W-2 employees and 1099 independent contractors as part of the staffing solution under this RFP?

   Answer: Yes, W-2 Employees would be put under the Personal Service categories while 1099 Employees would be considered OTPS.

4. Will awarded agencies bill New York State directly for services rendered, or will billing be submitted to OMH or another designated contracting entity?

   Answer: ACT teams should bill Medicaid or Private Insurance when possible. Your State Aid will be paid in quarterly amounts and reconciled through our end of year reporting.

5. If agencies bill New York State directly, can OMH confirm the applicable billing mechanism (e.g., Medicaid, OMH-approved rate codes) and whether staffing agencies will be required to enroll as Medicaid providers?
Answer: Providers use Medicaid's e-medNY system to bill for Medicaid covered patients.

6. Are there any anticipated limitations or restrictions on reimbursable services or staffing categories when billing New York State directly?
Answer: It follows NYS Medicaid guidelines surrounding ACT rates. See part 508 regulations for Medicaid billing reimbursement requirements.

7. For ACT team staffing requirements, will OMH allow equivalent staffing models that meet required FTE totals and staffing ratios but vary in role composition (e.g., shared Psychiatrist and NPP coverage as outlined in the RFP)?
Answer: OMH requires proposals to meet the minimum required FTE's and follow sections 5.7.1- 5.7.3 of the ACT Program Guidelines and in section 5.3 of the RFP. Provider time can be split/combined so long as there is appropriate FTE allotted for provider time based on team size. The ACT "discretionary staff" or "other ACT staff" may also be allowed to shift time so long as there is the appropriate allotted FTE in the ACT Participant to staff ratio (10:1) for direct service and clinical staff (does not include administrative staff or directors overseeing ACT teams).
An example of this is as follows: for a 68 capacity team, included in requirements are 1.64 FTE discretionary staff and 1.36 FTE of nursing time (minimum nursing time required for 69); agencies are allowed to re-allocate to 1FTE discretionary and 2FTE of nursing time or 1.5FTE discretionary staff and 1.5FTE nursing time.

8. Is there flexibility in meeting discretionary ACT Staff FTE requirements based on demonstrated experience, population needs, and performance outcomes?**Answer:** Yes, the agency and team can use flexibility in hiring for the discretionary ACT staff based on the needs of the program participants and needs of the

community. The staff ratio must be maintained at 10:1 for ACT staff. 60% of ACT staff are required to be professional with 40% allowable as paraprofessional staff.

9. Can OMH confirm whether access to an approved Learning Management System (LMS) for required ACT Core Curriculum and CPI ACT Institute trainings will be provided, or if providers are expected to supply and manage their own LMS?

   Answer: The CPI ACT Institute LMS will be available to all ACT program staff at no cost, each of whom are required to complete a series of core ACT Trainings as well as specific trainings related to their role on the team.

   Agencies are expected to provide additional training as needed per the competencies listed in the program guidelines.

10. Are in-person and web-based trainings, role-support calls, consultations, and additional technical assistance for the ACT model considered reimbursable, or should these costs be incorporated into proposed rates?

    Answer: Trainings, role-support calls, consultations, and additional technical assistance for the ACT model provided by CPI: ACT Institute and NYS OMH are free to ACT staff.

    Costs for training outside of the required training facilitated by ACT Institute should be considered in the budget for additional training, conference/symposium attendance, etc.

11. Can OMH provide additional guidance regarding data submission frequency, format, and reporting systems, including requirements for client-identified data, quality metrics, and program performance data?

    Answer: OMH Collects regular and on-going data through the CAIRS system, which is standardized for ACT participants. Reporting is outlined in section 5.12.1 of the ACT program guidelines. Baseline CAIRS data entered into the CAIRS system within 30 days of admission to ACT and follow up data must be entered in six-month intervals from the date of admission.

Ad Hoc data reporting may be required per request by OMH.

12. Are there specific utilization review standards, benchmarks, or performance indicators that will be used to assess ongoing quality improvement and contract compliance?

    Answer: Utilization review should be followed as outlined in the ACT Program Guidance in pt 5.12.4, which includes reference to the NYS Utilization Management Guidelines for Managed Care Organizations and Health Recovery Plans regarding ACT.

13. Please confirm the anticipated program start date and whether a phase-in period will be permitted to achieve full staffing, licensing, and training requirements.

    Answer: The anticipated contract start date is July 1, 2026. Teams are allowed 4-6 referrals per month and are expected to ramp up staffing and census over the first year of operation. ACT Teams are required to have the Team Leader, Prescriber, RN and Program Assistant onboarded prior to the issuance of the operating certificate.