



**Office of
Mental Health**

**MH253030 – Collaborative Care For Perinatal Mental
Health In Obstetrics and Gynecology and Family
Medicine Practices**

Request for Applications

Grant Procurements

(On-Line Submission Required)

June 2026

TABLE OF CONTENTS

SECTION 1. Programmatic Information	1
A. Introduction and Background	1
B. Target Population/Eligibility Criteria	2
C. Key Events/Timeline	2
D. Eligible Applicants	2
E. Program Requirements	3
F. Operating Funding	6
G. Method for Evaluating Applications	6
H. Disqualification Factors	6
I. Process for Awarding Contracts, Initial Awards and Allocations	6
SECTION 2. Administrative Information	9
A. Designated Contact/Issuing Officer	9
B. RFA Questions and Clarifications	9
C. Addenda to Requests for Application	10
D. SFS Prequalification Requirement	10
E. Vendor Registration, Prequalification and Training Resources for Not-for-Profits	10
F. Registering as an SFS Vendor	10
G. Prequalifying in SFS	11
H. On Demand Grantee Training Material	11
I. Reserved Rights	12
J. Debriefing	12
K. Protests Related to the Solicitation Process	13
L. Minority and Women Owned Business Enterprises	13
M. Equal Opportunity Employment	14
N. Participation Opportunities for New York State Certified Service-Disabled Veteran Owned Businesses 15	
O. Bid Response	16
P. Acceptance of Terms and Conditions	16
Q. Freedom of Information Requirements	16
R. Sexual Harassment Prevention Certification	16
S. Gender-Based Violence and the Workplace Certification	16
T. NYS and OMH Policies	16
U. Contract Term	17
V. Contract Termination and Reassignment	17
References	17

SECTION 1. Programmatic Information

A. Introduction and Background

The New York State (NYS) Office of Mental Health (OMH) announces the availability of funds to support the expanded implementation of the Psychiatric Collaborative Care Model (CoCM) in obstetrics and gynecology (OBGYN) and family medicine practices across New York State.

CoCM is the most evidence-based model for integrating behavioral health into physical health care with over 100 randomized control trials from the last two (2) decades of implementation.¹ CoCM builds behavioral health capacity in primary care by enhancing the team with support from a Psychiatric Consultant and a Behavioral Health Care Manager (BHCM). With specialized behavioral health training, the BHCM provides brief evidence-based behavioral health treatment and supports medication management. The BHCM is the lead contact for the patient and provides treatment-to-target care with regular use of symptom monitoring tools. Patient status is communicated to the physical health provider and reviewed with the psychiatric consultant regularly to inform changes to treatment. CoCM leads to significantly better clinical outcomes, greater patient and provider satisfaction and improved functioning for patients with behavioral health needs.

In the perinatal population, implementation of CoCM is associated with increased perinatal depression screening and treatment from obstetric clinicians, and reduced depression in this population.² Implementation of CoCM is also associated with reduction in racial disparities in perinatal depression care, with significant differences by race in antenatal depression screen and treatment recommendations after CoCM.³

NYS OMH currently provides comprehensive training and technical assistance to practices implementing CoCM. In 2015, NYS became the first state to provide Medicaid reimbursement for CoCM. In 2018, CMS began paying for the service and Commercial plans followed, making it reimbursable across payers in NYS. To date, comprehensive behavioral health services have been provided to tens of thousands of NYS Medicaid patients. There are now more than 430 physical health practices providing CoCM, eligible for Medicaid reimbursement. Data from these practices is congruent with the RCT outcomes, with a consistent programmatic average of about 50 percent of patients achieving clinical improvement in PHQ/GAD score after 70 days in treatment.

Real-time data from OBGYN practices in NYS that provide CoCM report an average of 78 percent of patients received an annual depression screen with a standardized tool. This is significantly more consistent than the usual care data. The Medicaid Perinatal Care study that showed while 63 percent of birthing persons were assessed for depression at an initial visit, just seven (7) percent of those were documented using a standardized screening tool.

Mental health conditions are attributed to 23 percent of maternal deaths nationally, and there is a growing body of evidence that demonstrates increased risk for developing psychiatric disorders during the peripartum period.⁵ This demands that OBGYN and family practices supporting perinatal birthing persons prioritize behavioral health screening and treatment. CoCM provides the infrastructure needed to provide this care in the physical healthcare space. This Request for Applications (RFA) will provide the opportunity to expand CoCM reach to perinatal birthing persons in NYS as the state continues to prioritize access for birthing persons and infants in at-risk communities.

Applicants must identify a primary care or OBGYN practice providing services to perinatal patients that will commit to implement CoCM and participate in the comprehensive training and technical assistance OMH provides, designed to support implementation and sustainability of the model. This model must

New York State Office of Mental Health (OMH)

be implemented in an outpatient setting serving the perinatal population. Inpatient hospital and emergency room locations are not eligible.

It is anticipated that OMH will make up to 17 awards across the state, contingent upon funding availability. This funding is specifically designated for sites that are not yet providing CoCM, with the goal to expand the capacity of OBGYN and family medicine practices to support perinatal birthing persons with behavioral health needs. Priority will be given to applicants in counties with no current CoCM presence, as well as at-risk areas, determined by counties with higher-than-average maternal mortality rates and higher percentage of births covered by Medicaid or self-pay. Applicants should not be receiving duplicative financial support for the initial COCM implementation and start up from other sources, including public or private funding. Applicants are expected to support the ongoing program with revenue received from claims. The combined total of these awards will be up to \$850,000 distributed to awardees in three payments. (See Section 1.F Operating Funds).

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.

Collaboration is a vital component of the Collaborative Care Model for Maternal Mental Health. Applicants should notify their Local Government Unit (LGU) of their intent to apply. An email would be sufficient. LGU approval is not needed. A list of LGUs is available [here](#).

B. Target Population/Eligibility Criteria

It is OMH's commitment to provide universal access to prevention opportunities while ensuring equity and the reduction of disparities in access, quality and treatment outcomes for marginalized and underserved populations.

The target population of the program is perinatal birthing persons with mild to moderate behavioral health needs.

C. Key Events/Timeline

Activity	Date
Release RFA	6/11/26
Practices submit questions due date	7/7/26
Post Q&A	7/23/26
Application Submission Deadline – 2:00 PM EST	8/20/26
Anticipated Notification of Awards	9/17/26
Anticipated earliest contract start date	1/1/27

D. Eligible Applicants

Eligible applicants are OBGYN or family medical practices located in New York State that treat birthing individuals. Applicants may be affiliated with a hospital or healthcare system or a private practice location. Healthcare system applicants must designate one OBGYN or family medical practice to participate. **Only one practice per healthcare system per year can receive an award.** For the purposes of this RFA, a healthcare system is defined as a healthcare entity that operates multiple practices or sites and/or a medical institution with different physical addresses/practices under one legal name.

New York State Office of Mental Health (OMH)

Each applicant must be applying to become a **new** Collaborative Care Medicaid program site, not a site that is already approved to bill Medicaid for CoCM under the Collaborative Care Medicaid Program (CCMP). However, organizations with a current CoCM Medicaid site **are** eligible to apply to establish a new site/s at different and/or additional locations under this RFA.

Eligibility includes but is not limited to: Federally Qualified Health Centers, American Indian Health Programs, Rural Health Centers, and Community Health Centers.

E. Program Requirements

As noted in the introduction, the purpose of these funds is to support the expanded implementation of the CoCM Medicaid program. As part of this funding, each applicant will be required to select a practice location to launch CoCM, and attest to complying with each of the following 13 program requirements at that location, hereafter referred to as “site” or “sites”. The Attestation process will be facilitated/completed in the New York Statewide Financial System (SFS). If you are unable to attest to any component of the program requirements, please note that your application will be automatically disqualified.

1. The application must include a letter of interest that includes a description of the current behavioral health services available for birthing people at the practice location, and plan for how CoCM will be integrated into the current workflow. The letter must provide a description of the practice and the population it serves and explain how CoCM will benefit their population.
2. **Introduction to CoCM Training Completion:** Applicants must have an understanding of the essential elements of the Collaborative Care Model. At a minimum the lead application contact must attest to viewing the introduction training video found [here](#).
3. **Behavioral Health Care Manager (BHCM):** Sites will be required to hire and maintain a [BHCM](#) position at a minimum of .6 FTE throughout the duration of the funding. The BHCM oversees and provides mental health treatment - screening, patient engagement and follow-up, ongoing patient contact, monitoring of adherence with psychotropic medications, mental health and substance use referrals, brief evidence-based interventions appropriate for primary care settings, and related activities. [CMS](#) requires that the BHCM has formal education or specialized training in behavioral health. Recommended credentials for this role are: LCSW, LMSW, LMHC, LMFT, MSW with appropriate supervision, or RN with behavioral health training. See sample BHCM sample job description [here](#).

Sites must hire a BHCM or partner with an organization to provide the BHCM staffing. The BHCM must be hired and onboarded into the role no later than six (6) months from the contract start date.

CoCM is often delivered virtually or telephonically, so the BHCM position can be remote/hybrid. Applicants may want to consider that the BHCM has availability to work evenings/weekends to accommodate patient schedules.

The BHCM is a required, integrated member of the clinic team. Therefore, this position must be maintained for the duration of this contract. In the event of a BHCM vacancy, the site is solely responsible for the recruitment, orientation, and training of a qualified candidate to fulfill the BHCM role. All staff vacancies and fills must be reported to the OMH within 30 days of status change.

4. **Psychiatric Consultant:** Sites must identify a [Psychiatric Consultant](#) to provide caseload-focused consultation at least weekly with the BHCM or primary care providers. The Psychiatric Consultant works with BHCM to oversee the status and health of the caseload and recommend treatment

New York State Office of Mental Health (OMH)

adjustments including medication recommendations or other interventions, and advise on treatment for patients who may need a different level of care. The Psychiatrist (MD or DO) or Psychiatric Nurse Practitioner can provide caseload supervision remotely by phone or video but must have access to the patient care registry.

The Psychiatric Consultant must dedicate one hour weekly for systematic caseload review of patients with each one (1) FTE BHCM. On average, Psychiatric Consultants dedicate six to eight (6-8) hours per month per one (1) FTE BHCM, to complete weekly caseload reviews and provide ad-hoc consultation with primary care providers.

5. **Clinician Champion:** A key element of successful implementation is having a clinician in a leadership role be the 'champion' of the program and integrating the Collaborative Care Model program into the medical practice. The CoCM Clinician Champion must be a physical health provider (MD, DO, NP) that practices at the site and will bring the Provider perspective to the planning, implementation and sustainment phases of CoCM. CoCM often requires practice transformation, and the treating medical provider must be willing, knowledgeable and able to prescribe medications for common mental health disorders in perinatal populations, and be comfortable conducting informed consent discussion regarding medication use during pregnancy and breastfeeding. The champion must commit to learning CoCM, helping to educate colleagues and practice with fidelity. The champion supports uptake among the physical health team and support late adopters. This person must have the authority to implement change and modify procedures within the practice.
6. **Clinic Implementation Team:** The site must establish a Clinic Implementation Team (CIT) that includes a Health System Lead, a Site Lead, a Billing Lead and a Data Lead, in addition to the Clinical Champion, Psychiatric Consultant and BHCM.

The CIT will participate in training activities and complete required activities outlined below.

7. **Caseload Management Registry:** An essential piece of the CoCM workflow is to manage caseload and track patient outcomes using a registry tool. Each site must establish and maintain a registry. There are multiple registry tool options, and NYS OMH is not prescriptive for which tool sites choose to use. The [CoCM Registry](#) must:
 - Track clinical outcomes and progress at the patient and target population caseload levels.
 - Support treatment by summarizing patient progress in an actionable way.
 - Enable efficient Psychiatric Consultation, allowing BHCMs to easily prioritize patients for systematic caseload review.
 - Supply reports to program managers and clinical leadership to monitor progress toward goals, including processes of care, quality of care and patient outcomes metrics.
 - Supply de-identified reports to outside auditors to demonstrate regulatory compliance, intensity of service, staffing ratios, process measures (screening diagnose and enrollment rates and clinical outcomes)

NYS OMH provides access to the University of Washington's (UW) Care Management Tracking System (CMTS) registry. NYS providers may use CMTS to meet the CoCM registry requirement if they choose. If so, the provider will need to complete a license agreement with UW. NYS OMH subsidizes the cost for the first year, but providers will be responsible for future fees in the amount of \$1,500 per year for 2026. Fees may be subject to change in future years, but providers have no

New York State Office of Mental Health (OMH)

obligation to renew the user agreement.

- 8. Training and Technical Assistance:** Each applicant must attest that their CIT will commit to full participation in technical assistance and learning collaborative activities over the course of this award.

To support the implementation of CoCM into OBGYN and family medicine practices, the Clinician Champion, BHCM, and Psychiatric Consultant must take the role-specific online modules.

Following the completion of self-paced online training, members of the CIT will participate in regular coaching calls, at least monthly, for the duration of the project. They will also be asked to participate in regular group training calls and quality improvement activities with OMH.

- 9. Fidelity:** The site must commit to implementing all five (5) core principles of CoCM with fidelity within one (1) year from the date of award, as outlined below:

- Patient-Centered Care Team
- Population-Based Care
- Measurement-Based Treatment to Target (routinely measured by evidence-based symptom monitoring tools)
- Evidence-Based Care
- Accountable Care

- 10. Workflow:** The CIT must develop a CoCM workflow that includes (but is not limited to):

- Universal screening with relevant, evidence based Behavioral Health (BH) screening tools and target rates for universal screen.
- Criteria for CoCM enrollment.
- Protocol for a live, warm handoff from PCP to BHCM and plan for when this is not possible.
- Demonstrated knowledge of treatment choices.
- Criteria for clinical improvement and criteria for systematic caseload review with Psychiatric Consultant.
- Criteria for relapse prevention and/or graduation and discharge to different level of care.

- 11. NYS Provider Certification Application:** The site must commit to submitting a NYS Provider Certification Application to the OMH program team within six (6) months of the award. The application attests that all elements of the model are in place, the team is staffed and includes all relevant billing information required to load the rates to bill Medicaid accordingly.

- 12. Data Collection:** Each site is required to track and report data and participate in program evaluation. Process and outcomes data will be reported quarterly to OMH. Failure to report timely information could result in funding delay and/or discontinuation of the contract.

Aggregate quarterly data reports will be submitted via secure REDCap survey links, distributed by OMH.

Data elements to be reported include but are not limited to: Total enrollment, Medicaid enrollment, Newly enrolled each month, Average duration of treatment, Rates of patients with clinical contact, Patients that meet clinical improvement and remission criteria, and Patients whose case was

New York State Office of Mental Health (OMH)

reviewed by the Psychiatric Consultant. Practices will also report universal depression screening rate and depression yield rate.

13. Commitment to Sustainability: Sites will be responsible for working with OMH and practice coaches to develop a billing workflow for CoCM claims. Claims must be submitted within 90 days of the first date of service to avoid claims denied for timely filing.

Sites must complete a Pro-Forma in advance of implementation. Pro-forma completion requires information regarding payer mix, anticipated salaries for the BHCM and Psychiatric Consultant including fringe and overhead, and knowledge of current CoCM Commercial rates. Practices must develop a data-driven sustainability plan and submit to OMH for review at the end of the first year of implementation.

Sites should be able to support a minimum CoCM panel size (i.e., caseload) of 65 patients per one (1) full-time equivalent (FTE) BHCM to ensure sustainability.

F. Operating Funding

Up to 17 awards will be distributed with total funding of up to \$850,000 to be awarded.

Each successful applicant will receive \$50,000 disbursed in three payments (\$30,000/\$10,000/\$10,000) over the course of the yearlong project to cover startup costs. When CoCM is implemented with fidelity, providers are expected to be able to fully offset the cost with revenue received from claims. CoCM is reimbursable under all payers in New York. NYS OMH will provide technical assistance to sites, helping them complete a pro forma and develop a financial sustainability plan and billing workflow so that they know what level of revenue they can expect, and ensure claims are paid successfully.

G. Method for Evaluating Applications

Designated OMH staff will review each application for completeness and verify that all eligibility criteria and program requirements are met. The attestation process must be completed in the Statewide Financial System. If an application is not complete or does not meet the basic eligibility and participation standards and program requirements as outlined in Sections 1.D and 1.E, it will be disqualified. All fields must be completed entirely. Failure to do so will result in disqualification.

H. Disqualification Factors

Designated OMH staff will review each application for completeness and verify that all eligibility criteria are met. If an application is not complete or does not meet the basic eligibility standards, it will be eliminated from further review.

Additionally, during the application evaluation process, evaluators will also be reviewing eligibility criteria and confirming that they have been met. During either of these review processes, applications that do not meet basic participation standards will be disqualified, specifically:

- Applications that do not meet the eligible applicant criteria and program requirements as outlined in Sections 1.D and E. above.

I. Process for Awarding Contracts, Initial Awards and Allocations

OMH will make up to 17 awards. Completed applications meeting all required eligibility components and program requirements will be prioritized according to the three (3) criteria below, each earning up to one point. Awards will be made in order of highest total priority score.

New York State Office of Mental Health (OMH)

If more than one application has the same total priority score, awards within that priority score group will be determined in order of the maternal mortality rate per 100,000 live births for the county where the practice is located (highest rates will be awarded first).

If more than one application has the same total priority score and the same county maternal mortality rate, the award will be determined on a first-come, first-serve basis based on application submission date and time stamp.

1. Existing CoCM sites

- Applicants from one of the 20 counties with no current sites approved to bill Medicaid for CoCM as listed in Table 1: County Reference Data will be given a priority point.

2. Maternal Mortality Rates

- Applicants will be evaluated based on the rate of Maternal Mortality rate per 100,000 live births in the county where the site is physically located as listed in Table 1: County Reference Data.
- Applicants from a county with maternal mortality rate higher than the state average of 22 per 100,000 live births will be given a priority point.

3. Rate of Births Medicaid or Self-Pay

- Applicants will be evaluated based on the Percent of Births Medicaid or Self-Pay in the county where the site is physically located as listed in Table 1: County Reference Data.
- Births Medicaid or Self-pay is defined as births to mothers whose primary financial coverage was Medicaid, PCAP, MOMS, Child Health Plus A, Medicaid Managed Care, or Family Health Plus OR births to mothers without health insurance.
- Applicants from a county with rate higher than the state average of 47.7 percent will be given a priority point.

Applications must be submitted no later than 2:00pm EST on the due date in Section 1.C and will be time stamped. Distribution of awards will continue as described until all available funds are utilized or by the RFA closing date, whichever comes first.

Table 1. County Reference Data

Region	County	Number of Sites with CoCM	Reference Data	
			Maternal Mortality Rate per 100,000 live births	Total Percent of Births Medicaid or Self-pay
Capital Region (8)	Albany	2	46.4	37.6
	Columbia	8	0.0	42.8
	Greene	8	0.0	45
	Rensselaer	1	44	35.5
	Saratoga	10	0.0	14.8
	Schenectady	0	0.0	31.3
	Warren	1	0.0	15.8

New York State Office of Mental Health (OMH)

Region	County	Number of Sites with CoCM	Reference Data	
			Maternal Mortality Rate per 100,000 live births	Total Percent of Births Medicaid or Self-pay
	Washington	0	0.0	22.9
Central New York (5)	Cayuga	0	0.0	52.5
	Cortland	1	0.0	50
	Madison	9	0.0	42.6
	Onondaga	0	20.9	44.4
	Oswego	0	29.3	49.8
Finger Lakes (9)	Genesee	3	61	33.1
	Livingston	3	0.0	38.3
	Monroe	38	26.5	45.6
	Ontario	4	34	47.8
	Orleans	1	85.8	44.2
	Seneca	0	0.0	67.5
	Wayne	2	38.2	39.3
	Wyoming	3	0.0	36.6
	Yates	0	102.6	75.2
Long Island (2)	Nassau	22	12.1	31.6
	Suffolk	24	19.3	35.5
Mid-Hudson (7)	Dutchess	16	25.6	33.7
	Orange	4	12.3	55.9
	Putnam	3	37.7	24.6
	Rockland	4	32.5	62.4
	Sullivan	1	0.0	66.8
	Westchester	22	20.3	32
	Ulster	8	0.0	42.7
Mohawk Valley (6)	Fulton	0	0.0	55
	Hamilton	0	0.0	29.6
	Herkimer	0	0.0	56
	Montgomery	1	0.0	62
	Oneida	3	42.9	54.5
	Schoharie	0	0.0	40.7
New York City (5)	Bronx	44	29.4	77.4
	Kings	46	16.9	61.8
	New York	52	24.4	30
	Queens	25	16.7	58.5
	Richmond	2	20.3	45.9
North Country (6)	Clinton	0	0.0	44.7
	Essex	0	0.0	33.4
	Franklin	0	74.8	44
	Jefferson	0	18.7	30.6
	Lewis	0	0.0	52.8

Region	County	Number of Sites with CoCM	Reference Data	
			Maternal Mortality Rate per 100,000 live births	Total Percent of Births Medicaid or Self-pay
	St. Lawrence	0	0.0	46.6
Southern Tier (9)	Broome	10	0.0	49.7
	Chemung	1	41.2	51.4
	Chenango	0	0.0	54.4
	Delaware	1	0.0	46.2
	Otsego	0	70.1	46.7
	Schuyler	0	211	51.6
	Steuben	3	34.5	49.4
	Tioga	1	0.0	37.5
	Tompkins	4	50	39
Western New York (5)	Allegany	3	0.0	53.8
	Cattaraugus	2	0.0	46
	Chautauqua	2	54.7	45.4
	Erie	16	35.7	21.8
	Niagara	4	33.7	30

SECTION 2. Administrative Information

A. Designated Contact/Issuing Officer

OMH has assigned an Issuing Officer for this project. The Issuing Officer or designee shall be the sole point of contact regarding the RFA from the date of issuance of this RFA 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 this RFA. Certain findings of non-responsibility can result in rejection for a contract award. The Issuing Officer for this RFA is:

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

B. RFA Questions and Clarifications

All questions or requests for clarifications concerning the RFA shall be submitted in writing to the Issuing Officer by email to OMHLocalProcurement@omh.ny.gov by the “Questions Due” date indicated in Section 1.C. 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.

You must put “Collaborative Care for Maternal Health RFA 2026” in the Subject Line.

The questions and official answers will be posted on the OMH website by the date indicated in Section 1.C.

New York State Office of Mental Health (OMH)

C. Addenda to Requests for Application

In the event it becomes necessary to revise any part of the RFA 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 website and the NYS Contract Reporter to learn of revisions or addendums to this RFA. No other notification will be given.

D. 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 the proposal due date indicated in Section 1.C will not be able to 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 five (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.

E. Vendor Registration, Prequalification and Training Resources for Not-for-Profits

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 in 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 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.

F. 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 five (5) to ten (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 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.

G. 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 five (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 may result in a grant application being disqualified.

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

H. 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.

New York State Office of Mental Health (OMH)

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

I. Reserved Rights

OMH reserves the right to:

- Reject any or all applications received in response to the RFA 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 RFA at any time, at the agency's sole discretion;
- Make an award under the RFA 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 as determined solely by OMH and/or application fails to conform to the requirements of this RFA;
- Seek clarifications and revisions of applications for the purposes of assuring a full understanding of the responsiveness to this solicitation's requirements;
- Use application 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 RFA;
- Prior to the bid opening, direct applicants to submit application modifications addressing subsequent RFA amendments;
- Prior to the bid opening, amend the RFA 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 and the New York State 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 application 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 application and/or to determine an applicant's compliance with the requirements of the solicitation; and,
- 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.

J. Debriefing

OMH will issue award and non-award notifications to all applicants. Non-awarded applicants may

New York State Office of Mental Health (OMH)

request a debriefing in writing requesting feedback on their own application, 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 applications until after the NYS Office of the State Comptroller has approved all awards under this RFA. Written debriefing requests may be sent to the Designated Contact/Issuing Officer as defined in Section 2A.

K. 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 RFA, must be filed prior to the deadline of 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 RFA to be posted on the OMH website in the RFA/RFP section. Protests of an award decision must be filed within 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 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 RFA 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 Avenue
Albany, NY 12229

L. 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. In accordance with New York State Executive Law Article 15-A, OMH expects that all contactors 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 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.

New York State Office of Mental Health (OMH)

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:

- i. 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.

- ii. 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 application.

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:

- a. If an award recipient fails to submit a MWBE Utilization Plan;
- b. If an award recipient fails to submit a written remedy to a notice of deficiency;
- c. If an award recipient fails to submit a request for waiver; or,
- d. 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 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.

M. 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 discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the

New York State Office of Mental Health (OMH)

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.

N. Participation Opportunities for New York State Certified Service-Disabled Veteran Owned Businesses

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 zero percent 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 be documented.

New York State Office of Mental Health (OMH)

O. 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.

P. 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.

Q. 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.

R. Sexual Harassment Prevention Certification

State Finance Law Section 139-I 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 RFA. Applicants must complete and return the certification with their application or provide a statement detailing why the certification cannot be made.

S. 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; 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.

T. 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.

New York State Office of Mental Health (OMH)

U. Contract Term

The contracts awarded in response to this RFA will be for a one (1) year term. Selected applicants awarded a contract under this RFA will be required to adhere to all terms and conditions in OMH's Contract for Grants.

V. Contract Termination and Reassignment

There are a number of factors that may result in the contract being terminated and/or reassigned. This includes, but is not limited to, failure to maintain eligibility requirements throughout the contract period; failure to maintain staffing and/or program model; failure to meet and maintain program components; failure to meet required reporting requirements; failure to meet fidelity requirements within three years from implementation. A contractor will be provided notification if there is need for reassignment.

To reassign the contract, OMH will go to the next highest ranked application for that county. If there are no agencies left with a passing score, OMH will go to the top of the list and work its way down the list to reassign the contract.

References

1. Evidence-Base for Collaborative Care. <https://aims.uw.edu/evidence-base-for-cocm/>
2. Miller ES, Grobman WA, Ciolino JD, Zumpf K, Sakowicz A, Gollan J, Wisner KL. Increased Depression Screening and Treatment Recommendations After Implementation of a Perinatal Collaborative Care Program. *Psychiatr Serv*. 2021 Nov 1;72(11):1268-1275. doi: 10.1176/appi.ps.202000563. Epub 2021 May 21. PMID: 34015950.
3. Snowber K, Ciolino JD, Clark CT, Grobman WA, Miller ES. Associations Between Implementation of the Collaborative Care Model and Disparities in Perinatal Depression Care. *Obstet Gynecol*. 2022 Aug 1;140(2):204-211. doi: 10.1097/AOG.0000000000004859. Epub 2022 Jul 6. PMID: 35852270; PMCID: PMC9307131.F
4. Screening for Maternal Depression. https://www.health.ny.gov/community/pregnancy/health_care/perinatal/maternal_depression/providers/screening.htm#:~:text=New%20York%20State%20specific%20data,documented%20using%20standardized%20screening%20tools
5. Wisner KL, Murphy C, Thomas MM. Prioritizing Maternal Mental Health in Addressing Morbidity and Mortality. *JAMA Psychiatry*. 2024;81(5):521–526. doi:10.1001/jamapsychiatry.2023.5648