Forensic ACT Bronx – Questions and Answers

1. Please clarify if this opportunity excludes for-profit companies and you MUST be a not-for-profit to bid?

   A1. Only applicants that are not-for-profit agencies with 501(c) (3) incorporation are eligible to apply for this RFP.

2. Please clarify if for-profit companies are eligible to submit a bid and are considered an eligible agency?

   A2. See response to question #1.

3. What is the correct funding and breakdown total for Operating Funding? The total gross cost per the RFP is listed as $1,893,039, however, the total funding amount for Medicaid Assumption, Net Deficit and Service Dollars are adding up to $1,879,993.

   A3. The total gross cost of $1,893,039 is correct. There is an additional State Aid funded training that was not individually noted that makes up the difference of $13,046.

4. Reading the RFP, on page 21, it states the 68-capacity FACT staffing, but on page 22, it also states the 68-capacity FACT staffing. Please provide clarification as to what is the correct staffing model.

   A4. The correct staffing for a size 68-capacity Forensic ACT Team is listed on page 21 of the RFP and includes the following staff:

   i. 1 FTE Team Leader

   ii. 0.68 FTE Psychiatrist or 1 FTE NPP

   iii. 1 FTE Licensed Registered Nurse

iv. 0.5 FTE RN or LPN

v. 1 FTE Substance Use Specialist

vi. 1 FTE Family Specialist

vii. 1 FTE Vocational Specialist

viii. 1 FTE Peer Specialist

ix. 1 FTE Criminal Justice Specialist (LPHA1)

x. 1 FTE Criminal Justice Specialist

xi. 1 FTE Clinician (LPHA1)

xii. 1 FTE Housing Specialist

xiii. 1 FTE Program Assistant

xiv. 0.5 FTE Discretionary Staff (see page 47 of the ACT Program Guidelines for details)

5. Some of the questions in this RFP relating to harm reduction and DEI practices contradict the guidance we are receiving from the Federal government. Do you have any suggestions for how to navigate our responses so that they satisfy OMH's requirements without creating compliance issues with our Federal grants?

   A5. It is important to recognize that this RFP is funded by New York State Office of Mental Health (OMH) and therefore its requirements and scoring criteria are established by the State. While Federal grants may have their own distinct guidelines and compliance obligations, the responses to this RFP must primarily align with the specific objectives and evaluation framework set forth by OMH for this particular funding opportunity.

6. The 68 capacity FACT team's total annual funding is specified on RFP pg. 23 as $1,893,039. The three sources of funding listed right below the total (Medicaid assumption, net deficit funding and service dollars), however, equals $1,879,993. Can you clarify why there is a $13,046 discrepancy?

   A6. See response to question #3.

7. Can you provide additional detail about the methodology used to support the Medicaid revenue assumption of $1,091,656 in the RFP? Specifically, we are interested in the assumptions about the percentage of full, partial and inpatient rates that OMH assumed for the purposes of the Medicaid revenue assumption in the RFP. What percentage of participants are expected to be on Medicaid? Are there any assumptions for uncollectible revenues from managed care organizations?

   A7. The ACT model contains region and team size specific assumptions for Medicaid enrollment rate, the rate the billing threshold is met for enrollees, general occupancy, the anticipated split between full and partial claims (partial includes step-down and inpatient), and regional salary assumptions.

   Specific details for each team variant are only utilized in calculating an economic and efficient rate that meets Federal requirements for Federal Financial Participation for the particular program variant while also deriving the Net Deficit funding. It is up to service providers to determine whether the calculated Medicaid rate and State Aid funding is sufficient to maintain the program. All model assumptions in the methodology are subject to change with periodic statewide and/or regional review with proper public notice and necessary Federal and State approvals.

8. Given the recent federal changes to Medicaid eligibility and the work requirements being implemented shortly, will NYS adjust the Medicaid revenue assumption for ACT if community agencies encounter a significant drop-off of participants with active Medicaid? Given the expected changes, Medicaid coverage may be lost after ACT enrollment due to new income requirements or may lapse for a period of time due to failure to adhere to work requirements once individuals despite everyone's best efforts. We wonder how OMH plans to support its contract agencies to ensure these programs are fiscally sustainable if federal Medicaid changes significantly impact billing.

   A8. OMH monitors the payor mix for ACT teams consistently and supplementally state aid funds the model to support individuals who may lapse in coverage or are not Medicaid eligible. Additionally, OMH is closely monitoring the federal Medicaid changes in HR1 and consulting with the NYS DOH as the State's Medicaid agency. OMH is committed to working with providers to ensure Medicaid recipients and providers are educated about the upcoming changes to prevent lapses in Medicaid coverage. OMH is also working closely with DOH to determine which individuals

with SMI and Medicaid may be exempt from federal work requirements as well as which vocational or educational support services may count toward the requirements. More information will be shared as it becomes available.

9. We just want to clarify that the bid amount we enter in SFS includes start-up ad transition/ramp-up funds, net deficit funding and service dollars, but not the assumed Medicaid revenue. Is that correct?

   A9. Yes. That entry should be for the funding you will be awarded and equal the OMH contract.

10. In the RFP on pg. 21-22, there are two different staffing patterns listed and both reference a 68-capacity Forensic ACT Team. Can you clarify which one is appropriate to the 68-capacity team that is the subject of this RFP.

    A10. See response to Question #4.

11. We want to clarify whether there are any minimum requirements for education, work, experience, training, and/or required roles for the discretionary staffer. Is the applicant permitted to add the discretionary staff member to the minimum FTE for specific required staff (i.e. propose 1.5 rather than 1 FTE Clinicians) or add a staff member with a different role than those specified in the RFP staffing pattern (i.e. .5 FTE Benefit Specialist). The RFP says there is additional guidance for this staff role on page 47 of the ACT Program Guidelines, but the guidelines end on page 43.

    A11. Examples of discretionary staff can be found under "Other roles or specialties" on page 43 of the Adult *Assertive Community Treatment (ACT) Program Guidelines*". The 0.5 FTE discretionary staff may be an additional specialty role such as Wellness Specialist, added capacity to an existing role (hiring an additional 0.5 FTE Clinician), or increasing a staff person's FTE (e.g., hiring the LPN as 1 FTE instead of 0.5 FTE). The 0.5 FTE discretionary staff counts towards the 10:1 ratio, and therefore the FACT team's staffing still needs to meet the 60% professional, 40% paraprofessional requirement.