



**Teams to Promote Aging in Place in OMH Supportive Housing
RFP#MH263034
Questions & Answers**

Please Note: Due to the volume of questions received, OMH is extending the RFP timeline as indicated below.

Questions and Answers Posted on Website: 10/20/2026

Proposals Due by 2:00 PM EST: 12/01/2026

Anticipated Award Notification: 01/14/2027

Anticipated Contract Start Date: 07/01/2027

Q1. May an application propose to serve multiple counties under this program?

A1. An agency may serve multiple counties provided that they are the same rural or non-rural designation. Each application award will be capped at the \$300,000 annual funding.

Q2. May an applicant propose to serve both urban and rural counties under this program?

A2. An agency may serve both an urban and rural county and must submit a separate application for each county served.

Q3. Section 5.1 of the RFP states: Applicants should notify the LGU(s) of their intent to apply. Proof of this notification is required to be uploaded to SFS and should not be sent directly to the procurement unit. Question: To be responsive, must applicants notify the LGU from each County for which they seek to operate the TPAP program in?

A3. Yes

Q4. Section 5.2.2 (page 17) of the RFP states: that an interdisciplinary team consisting of the following positions must be proposed:

- An OMH supportive housing case manager;
- A local office for aging case manager;
- A homecare professional; and
- At least one peer professional: (Certified or Provisional) mental health Peer Specialist and/or (Certified or Provisional) substance use and/or gambling Recovery Peer Advocate.

Question 6.3 (Page 22) asks to include Letters of Commitment from the Local Office for the Aging and a Homecare Organization which are being proposed to be included in the interdisciplinary team.

What should the Letter of Commitment include? Are there any requirements for the Letter of Commitment?

A4. Requirements and information about what must be included in Letters of Commitment are described in the RFP sections 2.4, 5.2.2, and 6.3a.

Q5. Is OMH requiring that the Local Office for the Aging and the selected Homecare Organization commit and hire staff for the proposed interdisciplinary team if awarded?

A5. No. This grant does not require the Local Office for Aging and the selected Homecare Organization to hire staff. The lead applicant, the OMH Supportive Housing provider must partner with the local office for aging and homecare agencies to hire staff for the interdisciplinary team serving its OMH supportive housing program's eligible residents. Additional information about partnerships and staffing the interdisciplinary team is in A142.

Q6. If Local Office for the Aging and Homecare Organization staff is required, is a small FTE of supervisory staff from each agency an allowable expense?

A6. Yes. See A142.

Q7. Are ESSHI providers eligible to apply?

A7. Yes, provided that the OMH supportive housing program is the lead agency and that TPAP won't duplicate services already provided by ESSHI. TPAP can build upon ESSHI, ensuring all TPAP services are provided to individuals in ESSHI.

Q8. A lot of coordination and facilitation is expected for this program, especially with external partners. Is the OMH Supportive Housing Case Manager within the required staffing plan permitted to be a supervisory position such as a Coordinator or Program Manager?

A8. Yes.

Q9. If a program is proposing to operate in more than one county, is a Letter of Commitment required from each Local Office for the Aging for which the program is proposed to operate in?

A9. Yes.

Q10. If the Local Office for the Aging and Homecare Organization staff are required, will the awardee be the prime awardee and be expected to develop subcontracts or subrecipient agreements with the Local Office for the Aging and Homecare Organization?

A10. Yes. The lead applicant, an OMH supportive housing provider, will receive the grant funds and must provide Letters of Commitment that describe financial arrangements with the Office for Aging and Homecare Organization.

Q11. If subcontracts or subrecipient agreements with the Local Office for the Aging and Homecare Organization are required, will OMH provide sample, required, or suggested subrecipient/subcontract formats?

A11. No. Suggested formats will not be provided.

Q12. May all staff within the interdisciplinary team be the applicant organization's staff?

A12. No, all staff on the interdisciplinary team cannot be on the OMH supportive housing provider's staff. The lead applicant must submit Letters of Commitment from at least one homecare agency and the local office for aging that describe their roles and responsibilities related to the interdisciplinary team (see RFP Section 6.3). For additional information about subcontracting see A10 and A91.

Q13. Are Treatment Apartment Programs eligible for inclusion within this program?

A13. No. This grant is only for OMH supportive housing.

Q14. For OMH supportive housing individuals being served under this grant, would the tenant now have two OMH supportive housing case managers, one who specifically is part of the interdisciplinary team working on TPAP plus their "regular" one that they already have, or who it be appropriate that these individuals would have one OMH supportive housing case manager from the OMH Supportive Housing agency, that they would just be specialists in the field of aging and participate in this task force, and do the enhanced coordination with local office case manager, homecare professional and peer?

A14. The applicant must decide what staffing arrangement will best meet the requirements of the interdisciplinary team, including the team's provision of a person-centered assessment and care planning process that best meets the needs and preferences of residents aging in place in OMH supportive housing.

Q15. Does OMH have a target on numbers of individuals to be served under this grant annually for each award?

A15. No. There is no set number of individuals to be served under this grant.

Q16. Would it be appropriate for a provider in this grant to hire someone with the provisional CPS or CRPA certification while they work on obtaining full certification, or must they be fully certified at the time of hire?

A16. Yes. It would be appropriate to hire a CPS or CRPA with a provisional certification at the time of hire.

Q17. Could an agency be awarded both the OMH Teams to Promote Aging in Place in OMH Supportive Housing (TPAP) grant and the Older Adult Technical Assistance Center (OATAC) grant?

A17. Eligible agencies can submit a separate application for each grant.

Q18. Are federally recognized tribes eligible to apply for the Teams to Promote Aging in Place OMH Supportive Housing RFP?

A18. No, federally recognized tribes are not eligible to apply as the lead applicant. Many Indigenous Nations have housing programs on territory, but for the purpose of this RFP the housing program must operate OMH supportive Housing single site or scattered programs.

Q19. Can these funds be used to support formerly unhoused older adults, who are living in a building that receive ESSHI funding? Does an ESSHI-funded building count as OMH Supportive Housing?

A19. See A7.

Q20. Can home care agencies directly apply for this RFP?

A20. CHHAs (certified home health agencies), LHCSAs (license home care service agencies), and LTHHCPs (long term home health care programs) cannot directly apply to this RFP. The primary applicant is an OMH supportive housing provider who must partner and include Letters of Commitment with CHHAs and LHCSAs in their submission. OMH supportive housing provider(s) can choose to coordinate with home care and long-term care provider associations to help secure home care partnerships. However, Letters of Commitment from specific home care providers are still required in submissions.

Q21. Please define “home care professional” and “home care agency.”

A21. See A20 and A165.

Q22. Is a Licensed Home Care Services Agency eligible to be a partner?

A22. Yes. See A20.

Q23. Which of the required interdisciplinary team member roles named in the RFP are required to be grant-funded (vs allowed to be in the TPAP grant budget vs. excluded/prohibited from TPAP funds)? Specifically, we are referring to: (1) the OMH-supportive housing case manager; (2) the Office for Aging (OFA) aging-case-manager; (3) the homecare professional; and (4) the peer professional?

A23. TPAP grant funds must be used to support the expertise and time required for staffing and running the interdisciplinary team. For additional information about budgeting and FTE see A25, A26,

Q24. Are there any required FTE levels for any of the four interdisciplinary roles?

A24. Yes. 1.0 FTE is required for the peer professional that can be divided between no more than two part-time positions.

Q25. Is it allowable for an applicant’s current staff member who is funded by an existing OMH Supportive Housing program to fulfill the role of OMH-supportive housing case manager for this TPAP team, as long as the aging-in-place-related case-management work-activities for clients ages 55+ overlap & fall within the scope of this person’s current mandate and their work on the OMH Supportive Housing contract? (In such a case, may applicants simply indicate in the TPAP budget a fractional FTE, like 0.30 (reflecting the portion of their work that is aging-in-place-specific), which will support this TPAP program ‘in-kind’)?

A25. Yes. Roles and responsibilities must be clearly articulated for this grant.

Q26. RFP p18 indicates, “The grant will offer funding for an enhanced homecare rate to support residents with homecare service needs... [assuming named factors]” Our questions:

- **Can OMH please define “enhanced homecare rate” in this context?**
- **Does this refer to an OMH-established specific dollar-amount (for example, per hour), or does this aim to authorize the grantee to use wrap-around funds to pay a mutually arrived-at hourly rate with/to the partnering homecare agency after the applicant/grantee and homecare agency negotiate such a rate?**
- **Does OMH intend/require that the homecare agency provide a dedicated individual (or a certain FTE) to this program, and if so, mathematically, how does that FTE relate to the “enhanced homecare rate” referenced on RFP p18?**

A26. The enhanced homecare rate is TPAP grant funds used to provide direct homecare hours not reimbursable through Medicaid, Medicare, the Office for Aging’s Expanded In-Home Services for the Elderly (EISEP), and other existing funding channels. The TPAP enhanced homecare rate also includes required time needed to run and maintain a dedicated interdisciplinary team for the OMH supportive housing provider’s eligible residents, such as case conferencing, care coordination, person-centered care planning, training, and other time that is not billable through or denied by available reimbursement sources. For wrap-around funding, see A.38 and A39.

Q27. Are applicants correct in understanding that the only source of “Wrap-around funding” referenced on RFP pp1, 19, 23, and 25 is the portion of this TPAP grant’s \$300,000 annual award that may remain after the applicant and contracted partner(s) cover(s) required costs (e.g., staff/team members of the multi-disciplinary team; travel for 3-6 staff to annual in-person learning collaboratives; indirect costs (≤15%), etc.)? And/Or should applicants plan for any other NY State grant source(s) that will cover the referenced Wrap-around funding?

A27. The wraparound funding is included in the \$300,00 annual operating budget.

Q28. If the local Office of the Aging refuses or does not require payment from this grant for supplying the required local Aging Case Manager involvement in this program, is such non-grant-payment acceptable, and how / where would OMH prefer to receive documentation that the commitment of this required resource by the local OFA is provided in-kind? (If this is mentioned in the OFA’s Letter of Commitment, is that one reference sufficient?)

A28. The Office for Aging (OFA) must carefully consider what is required as serving on an interdisciplinary team is a large time commitment, likely to go beyond what could truly be provided “in kind” or through time allotted for typical OFA services. In the case where the OFA has evaluated the commitment to the TPAP grant and does not want grant payment for their participation, describe all the partnership responsibilities in the Letter of Commitment and document it in the budget. In previous grant rounds, “in kind” has not been enough to cover the true amount of time that needs to be invested.

Q29. If two counties are involved in the project, is one OFA aging case manager sufficient to meet the requirements of the interdisciplinary team’s composition? For example, if both counties’ OFAs commit to being involved in the project’s planning and implementation, is there any minimum dedicated FTE requirement that must be in the budget (i.e., directly or in-kind) for each county’s OFA?

A29. With the exception of requiring 1.0 FTE for at least one peer that can be split over no more than 2 positions, TPAP does not establish a minimum dedicated FTE requirement that must be in the budget. If two counties are involved in the project, a Letter of Commitment must be submitted by both counties' OFAs. The applicant must describe its interdisciplinary staffing plan and how it meets the TPAP grant requirements for both counties.

Q30. Are residents of ESSHI supportive housing eligible to participate / receive services from the TPAP program in cases where OMH is the administering agency of the ESSHI funds?

A30. See A7.

Q32. For the RFP instruction on p19 re: budgeting for travel for 3-6 staff to attend annual in-person learning collaboratives in Albany:

Does "staff" refer to that of the applicant only, or are the 3-6 staff attending expected to be spread across the partnering team members / collaborators (i.e., the Housing Case Manager [supplied by applicant]; the local OFA Aging Case Manager; the homecare agency/professional; and the peer professional [supplied by applicant])?

A32. All members of the partnering interdisciplinary team organizations *should* be represented.

Q33. If such travel is to be budgeted for any staff outside of the applicant, does OMH prefer such travel costs be separated into an "Other" or "Contracts" category of the budget template, or should applicants keep all learning-collaborative-related travel together under the Travel category?

A33. The applicant must use their best judgment given their plan to handle the expenses. Applicants should use the budget narrative section to explain their choice.

Q34. Who / what criteria determine(s) how many staff between 3 and 6 should attend? (Is such decision at the discretion of the applicant)?

A34. See A32.

Q35. In the Budget Template supplied on SFS (in the Event Comments and Attachments section), there are two tabs: "Budget Submission" tab and "Bid". The Bid tab appears empty. What would OMH like applicants to supply here?

A35. Nothing is required on the "Bid" tab.

Q36. On the Budget Submission tab, Does OMH prefer that applicants use the "Other (List)" category as the place to enumerate proposed financial arrangements with partnering organizations (such as with a homecare agency)?

A36. Subcontracting can be listed as one of the "Other Categories" or lumped into a general "Contracts" line.

Q37. On the On the Budget Submission tab, where within this tab would OMH prefer applicants indicate any Wrap-around funding dollars if such are being budgeted from this grant?

A37. Applicants can add categories in the blank spaces under “Other.”

Q38. On the Budget Submission tab, for the Wrap-around funding dollar-allocation, what/how much (guessed) detail – if any – is needed for such a lump-sum wrap-around-dollar budget-line-item? Would indicating an average per-resident anticipated spend across the total number of clients suffice, citing several examples of categories of items these dollars are likely to buy? Our understanding is that these dollars will be tailored (e.g., toward items/services the \$ will buy) per each client’s needs. Correct?

A38. The applicant must decide how much of the total operating budget to allocate for wrap-around funds. Spending wrap-around funds must be tailored to the individual clients’ needs.

Q39. If a grantee anticipates allocating dollars toward a homecare professional (only) to clients who need some such care as a priority, based on collaborative needs assessments conducted with each client, would OMH prefer that such dollars-per-hour paid to the homecare agency be included in the “wrap-around” funding lump-sum allocation, or would OMH prefer that such dollars be locked into a fixed allocation, labeled as a separate subcategory under “Other” that is different/separate from the “Wrap-around funding”/support subcategory?

A39. Wrap-around funds must be used to support OMH supportive housing residents in aging in place based on their needs and preferences; these funds should not be used for homecare services. The funds needed for homecare must be used to support a homecare staff person’s participation in the interdisciplinary team and provision of direct homecare services to OMH supportive housing residents being served by the TPAP grant. Additional information about budgeting and homecare is available in A26.

Q40. On the Budget Submission Tab, in the Notes (in rows 51 to 55), are applicants correct in understanding that the following adjustments are intended:

- Re: Fringe, the percentage should be entered in cell B10 (vs. B9)
- Re: A&OH, the percentage should be entered in cell B27 (vs. B26)
- Does “Regular PS” mean personal service / staffing?

A40. Yes. The Fringe percentage must be entered in cell B10 and A&OH percentage should be entered in cell B27. Regular PS is personal services/staffing.

Q41. Would OMH like applicants to provide the budget narrative exclusively in the main narrative PDF document; i.e., in response to 6.9b? (Is any budget-narrative content expected within the Excel spreadsheet)?

A41. The budget narrative is not expected in the Excel spreadsheet, only in the narrative document.

Q 42. For the instruction on RFP page iii, in which OMH indicates, “The ‘Bid Amount’ box is required to be filled out in SFS. Please enter the total amount of funding your organization is requesting from OMH in this box,” would OMH like the 5-YEAR total?

A42. Applicants must put the 5-Year total requested funds in the bid amount box in SFS.

Q43. Is this current opportunity seen by OMH as a successor to the “Geriatric Services Demonstration Project – Partnership to Support Aging in Place [in Communities Severely Impacted by COVID-19]” opportunity that was announced and funded for five years starting in 2021; or is this opportunity separate, and applicants can anticipate another geriatric-services-related grant to be announced by OMH that might be more of a direct successor to that 2021-2026 grant?

A43. This grant is round six of the geriatric service demonstration grants. There will not be a successor to the round five Partnership to Support Aging in Place grants.

Q44. Multiple Applications by the Same Applicant

May the same eligible OMH supportive housing provider submit two separate applications under RFP MH263034 - one for a non-rural county and one for a rural county - provided each application independently meets all eligibility, program, partnership, staffing, and budget requirements?

A44. See A2.

Q45. Eligibility for More Than One Award

If the same eligible applicant is permitted to submit two separate county-specific applications, may that applicant also receive two separate awards under this RFP if both applications score high enough to be selected?

A45. See A2.

Q46. Separate Budgets and SFS Financial Submissions

If an eligible applicant submits separate applications for a non-rural county and a rural county, must each application include its own five-year Operating Budget (Appendix B), Budget Narrative, and SFS Bid Amount, each independently based on the \$300,000 annual / \$1.5 million five-year award, with no consolidated financial submission?

A46. Yes. Each application must include its own five-year Operating Budget.

Q47. Alternative Multi-County Structure and Geographic Classification

If two separate applications by the same applicant are not permitted, may one application serve both a non-rural county and a rural county? If so, how would OMH classify that application for scoring and the rural award set-aside?

A47. Separate applications must be submitted for rural and non-rural designated counties.

Q48. Contract and Budget Periods

For an anticipated July 1, 2027 start date, should the five annual \$300,000 budgets each cover a full twelve-month period from July 1 through June 30, or will OMH modify the first contract/budget period to align with another fiscal period for non-New York City providers?

A48. Applicants should budget for the full 5 years with the full annual value each year. For non-New York City providers, the contracts will end up with a 6-month first period, 4 full-year periods, and a 6-month final period to still equal 5 years.

Q49. Employment Relationship of Required Team Members

Must all four required interdisciplinary team members - (1) OMH supportive housing case manager, (2) local Office for Aging case manager, (3) homecare professional, and (4) at least one 1.0 FTE paid Peer Professional - be employees of the lead applicant, or may required team members be supplied through the mandated partner organizations as applicable?

A49. The four required interdisciplinary team members do not need to be employees of the OMH supportive housing provider that is the lead applicant. The lead applicant must submit Letters of Commitment from the local office for aging and at least one homecare agency, describing roles and responsibilities, including financial arrangements, that pertain to staffing the interdisciplinary team. Additional information is available in A28.

Q50. May the lead applicant satisfy the OMH supportive housing case manager requirement by allocating a portion of an existing qualified case manager's time to TPAP? If yes, is there a minimum FTE or minimum time commitment required for this role?

A50. See A24 and A25

Q51. Office for Aging Case Manager - Time Commitment and Budget Treatment
Is there a minimum FTE, number of hours, or other required level of participation for the Office for Aging case manager? May the Office for Aging provide this case manager at no cost/in-kind to the grantee, or must a payment or reimbursement amount be included in the TPAP budget?

A51. There is no minimum FTE or required level of participation for the Aging case manager. For additional considerations see A28.

Q52. Homecare Professional - Time Commitment, Employment, and Reimbursement
Is there a minimum FTE, number of hours, or other required level of participation for the homecare professional? May the professional remain employed by the partnering homecare agency, with TPAP paying only the negotiated enhanced and/or otherwise unreimbursed homecare costs? Please confirm how anticipated Medicaid/Medicare reimbursement should be reflected in the proposed budget.
Reason: The RFP contemplates homecare through a partner and third-party reimbursement where available.

A52. There is no minimum FTE established for the homecare professional for the TPAP grant. Yes, the homecare professional may remain employed by the partnering homecare agency. The budget narrative should describe the basis for FTE allocation for the home care professional(s), including the anticipated homecare costs reimbursable through existing funding sources (including Medicare and Medicaid). See A26 and A145 for additional information.

Q53. Peer Professional - Employer and Separate 1.0 FTE Requirement
Must the required 1.0 FTE paid certified or provisionally certified Peer Professional be employed directly by the lead applicant, or may the Peer be employed through a qualified partner arrangement? If an eligible applicant receives separate awards for a non-rural county and a rural county, is a separate 1.0 FTE paid Peer Professional required for each award?

A53. A Peer Professional may be employed through a partner arrangement with a peer run agency that provides services in the same county that is indicated on your application.

Q54. Shared Staffing and Cost Allocation Across Two Awards

If an eligible applicant receives separate awards for a non-rural county and a rural county, may supervisory, administrative, data/reporting, or other non-Peer staff be shared across the two awards using reasonable, documented cost allocation, provided each award independently meets all program requirements?

A54. Applicants would need to submit a workplan to OMH for review prior to any shared staff arrangement.

Q55. Letters of Commitment - Required Financial Specificity

At the proposal stage, must the Office for Aging and homecare Letters of Commitment state final fixed dollar amounts/rates for all financial arrangements, or may they describe the agreed methodology, estimated amount, or no-cost/in-kind arrangement with final contract terms negotiated after award?

A55. The financial arrangements described in the Letters for Commitment from the homecare agency and Office for Aging can be estimated with final contract terms negotiated afterwards. See A156.

Q56. Indirect Cost Base - 15% Cap

Please confirm the allowable direct-cost base for calculating the maximum 15% indirect/administrative rate under CFR Ratio-Value guidance. In addition to equipment/property, should partner/subcontractor costs, enhanced homecare payments, wrap-around resident supports, travel, or any other categories be excluded from the indirect-cost base?

A56. The budget template will automatically remove Rent and Furniture/Equipment from the A&OH calculation as those are the excluded categories for A&OH.

Q57. Wrap-Around Funding - Required Allocation

Does OMH require a minimum dollar amount, minimum percentage, maximum amount, or expected range of the \$300,000 annual award to be reserved for wrap-around resident supports, or may the applicant determine the amount based on documented program need?

A57. No. There is no pre-determined amount for wraparound funds. The applicant determines based on program design.

Q58. Enhanced Homecare Funding - Required Set-Aside

Does OMH require applicants to reserve a minimum amount or percentage of the annual award for enhanced/unreimbursed homecare services, or may the proposed amount be based on anticipated utilization and the expected availability of Medicaid/Medicare reimbursement?

A58. OMH does not require applicants to reserve a minimum amount or specific percentage of the annual award for homecare services not reimbursable through or denied by existing reimbursement channels. The proposed amount should reflect anticipated utilization and

expected availability of existing reimbursement sources. Additional information is provided in A26, A52 and A145.

Q59. MWBE Participation Requirement

Does RFP MH263034 establish a specific numerical MWBE utilization goal that applicants should incorporate into procurement and budget planning, or is compliance based on documented good-faith participation and the reporting requirements described in the RFP?

A59. There is no specific MWBE utilization goal that needs to be incorporated, a good-faith effort is expected as described in the RFP.

Q60. Wrap-Around Funding for Home Modifications

May a portion of wrap-around funding be used for accessibility-related home modifications, such as ramps, grab bars, handrails, or other modifications that directly support an eligible resident's ability to age in place in OMH supportive housing? If allowable, are there per-resident limits, property-ownership restrictions, landlord approval requirements, or other conditions that apply?

A60. Yes, wrap-around funds can be used for the examples above. There are no per-resident limits, but the agency needs to be aware of spreading out funds and assistance to as many clients as possible. Yes, landlords/property owners must approve anything that alters the structure.

Q61. Supportive Housing Classification

How should an applicant classify an OMH-funded, non-licensed supportive housing program when all program beds are located within one residence, but the applicable contract schedule identifies Community Services and Rental components rather than expressly identifying the program as single-site or scattered-site supportive housing?

A61. An applicant should classify an OMH-funded, non-licensed supportive housing program based on the program name and code they use to report for CBR/CFR.

Q62. Eligibility of Residents Age 55 and Older

May a resident age 55 or older participate when the primary identified needs are enhanced cross-system care coordination, social determinants of health, loneliness, or social isolation, even if the resident does not currently require hands-on homecare services?

A62. Yes. An OMH supportive housing resident aged 55 years or older that has been assessed as having unmet needs for enhanced cross-system care coordination, social determinant of health, or is experiencing loneliness or social isolation, but does not require homecare services can be served in the TPAP grant.

Q63. Minimum Program Size or Participant Caseload

Does OMH require a minimum number of supportive housing beds, enrolled residents, or active participants for a TPAP program, either at implementation or annually during the five-year contract period?

A63. See A15.

Q64. Eligible Homecare Partner Types

What types of homecare organizations are eligible to serve as the required homecare partner and provide the Letter of Commitment? For example, may the partner be a Certified Home Health Agency, Licensed Home Care Services Agency, consumer-directed personal assistance program, or another qualified homecare provider?

A64. Any qualified homecare provider is eligible. Additional information is in A20 and A165.

Q65. Documentation of Applicant Supportive Housing Eligibility

Must an applicant upload documentation establishing that it currently provides eligible OMH supportive housing, such as an OMH or county contract schedule, operating agreement, funding authorization, or program listing? If so, what documentation should be included and where should it be placed in the SFS submission?

A65. No. Proof is not required. Your answer to question 6.3a should include specific information about your current OMH supportive housing programs and that information will be verified by the eligibility reviewer.

Q66. County Offices for the Aging - Awareness of Required Commitment

Are the NYS County Offices for the Aging aware that the RFP calls for an applicant to secure a Letter of Commitment from them relative to applicants locale to fulfill RFP requirements?

A66. OMH provided the TPAP RFP announcement to the New York State Office for Aging (SOFA) and SOFA sent the announcement out through its mailing listserv to local offices for aging across New York State.

Q67. Does the allowable 15% indirect cost/administrative overhead rate (RFP p25) apply to a base of all direct costs incurred? (Or, for example, are subcontracts and/or wrap-around funds excluded?)

A67. See A56.

Q68. If a program participant requires support from a Licensed Practical Nurse (for example, to perform a health assessment; administer a PRI—Patient Review Instrument (for determining whether nursing home care is needed); review hospital discharge papers after an incident, etc.), *can this grant's wrap-around funds* – and/or other budget category – be used to support periodic use of an LPN for this program's clients (in instances when another payor such as Medicare or Medicaid will not reimburse)?

A68. Yes, if an OMH supportive housing resident participating in the TPAP-funded program is determined by the interdisciplinary team to require the services of an Licensed Practical Nurse that are not funded and/or denied through existing reimbursement channels, TPAP funds allocated to homecare services can be used. Please note wrap-around funds must be used to help maintain an OMH supportive housing resident's independence and tenure in the community. Additional information is available in A38 and A39.

Q69. This question pertains to RFP Section 3.5 (pp10-12) regarding Minority and Women-Owned Business Enterprises (MWBE):

- **At this stage, are there any State-named MWBE percentages (in aggregate and/or separately) for the minority and women portion(s) of this guidance?**
- **Are applicants correct in understanding that for *this* grant, submission of MWBE forms is *not* required at the time of grant-application submission, but ONLY “in conjunction with the execution of the grant disbursement agreement [except as otherwise authorized by OMH]”?**
- **If any MWBE forms are required to be submitted in SFS at this time, where would OMH prefer they be attached?**

A69. See A59. MWBE forms are not required to be submitted with the grant application.

Q70. Bulleted instructions within RFP Section 6.9 on page 26 cross-reference RFP sections “6.2f” and “6.3f”, among others, but those sections of the RFP may not exist. Should such be entirely removed from the sections that applicants are asked to review or should they be replaced with other section reference(s)?

A70. Disregard the references to 6.2f and 6.3f.

Q71. Must the peer professional be a staff member of the applicant agency, or is it acceptable to contract with an agency that provides licensed/credentialed MH peer professionals?

A71. See A53.

Q72. What is the caseload you anticipate for a single interdisciplinary team, and if that number is small, may we apply to fund more than one team?

A72. OMH does not have a pre-determined caseload anticipated. The caseload must be based on the applicant’s program design.

Q73. Please confirm that our responsibility would be to serve people just within our agency (rather than the larger community)

A73. Yes. The applicant’s responsibility is to serve the people that meet the eligibility requirements as described in section 1.2 of the RFP, living in its OMH supportive housing program.

Q74. Would the lead agency have to pay the salary for the DFTA case manager?

A74. The lead agency, the OMH supportive housing provider, must use TPAP grant funds to reimburse for the services of aging case manager on the interdisciplinary team, including time and resources use for assessment, care planning, and connection to services to combat social isolation and loneliness. See A.4, A28, and A91.

Q75. The “OMH Case Manager” - is that a new hire? Current staff member reassigned to this project? Employed by OMH?

A75. TPAP does not require an OMH case member, it requires an OMH supportive housing case manager to serve on the interdisciplinary team. See A8 and A25 for additional information.

Q76. Which staff are hired by the lead agency?

A76. See A4, A8, A25, A28, A75 and A91.

Q77. Can the homecare agency be a consultant?

A77. No, the homecare agency cannot be only a consultant. The lead applicant must provide a Letter of Commitment from the homecare agency that will be providing a homecare professional(s) to serve on the interdisciplinary team that provides direct homecare services, as well as consulting and participating in assessment, care planning, and coordination. See A145.

Q78. Our initial understanding was that the "local Office for Aging case manager" would need to be provided directly by the AAA—either through AAA-employed staff or through an AAA-managed contract with a case management agency. Alternatively, could a supportive housing applicant contract directly with a CBO case management agency to supply the aging-services case manager, with NYC Aging serving in more of a referral and consultation role?

To ensure we are interpreting the requirement correctly: can you please confirm whether TPAP allows the OMH-funded supportive housing applicant to contract directly with a CBO to employ the aging case manager, rather than the AAA providing or supervising that staff? We want to make sure our role is aligned with the model as intended.

A78. Yes, the OMH supportive housing applicant has the option to contract directly with a CBO case management agency, rather than the supervising AAA provider, to use TPAP funds for the aging services case manager, with NYC Aging, and/or the local office for aging/AAA serving in a referral and consultation role. A Letter of Commitment is still required from the county office for aging, or in NYC boroughs, NYC Aging. See RFP section 2.4. For additional information about aging case manager requirements, see A161.

Q79. As the financial arrangement of the interdisciplinary team required under this RFP is unique, can a sample program operating budget be shared?

A79. No.

Q80. Are ESSHI programs eligible to apply for this funding?

A80. See A7.

Q81. Required number of participants: Is there a minimum or expected number of TPAP residents that each \$300,000 annual award must serve? If not, how will OMH evaluate whether a proposed caseload is reasonable?

A81. See A15. The caseload is determined by the applicant based on its program design.

Q82. Definition for residents under 55: What documentation is required to establish that a person under age 55 has "complex co-occurring medical conditions that necessitate homecare"?

A82. Documentation of OMH supportive housing residents under age 55 with complex co-occurring medical conditions that necessitate homecare is not required at the time of this application. Applicants should provide a description estimating the number of these OMH

supportive housing residents that will be served by TPAP in their specific program. See RFP section 6.

Q83. Peer FTE requirement: May the required 1.0 FTE Peer Professional position be divided between two or more part-time certified/provisionally certified peers, or must it be one individual occupying a full-time position?

A83. The required 1.0 FTE peer professional position may be divided between no more than two part-time positions.

Q84. Existing employees: Can an existing supportive-housing case manager, peer, or other employee be assigned partially or fully to TPAP and have the appropriate portion of their salary charged to the grant?

A84. Yes. Additional information is available in A25 and A53.

Q85. Case manager staffing: Is there a minimum FTE or expected caseload for the OMH supportive-housing case manager assigned to the interdisciplinary team?

A85. See A15 and A24

Q86. Office for Aging staffing: Is the Office for Aging expected to dedicate a specific FTE/caseload to TPAP, or can an existing Office for Aging case manager participate as part of their regular responsibilities?

A86. There is no FTE requirement for the aging case manager. An existing aging case manager can participate in the interdisciplinary team as part of their aging service system role. See A28 for specific considerations.

Q87. Homecare professional: What type of professional satisfies the "homecare professional" requirement—HHA, PCA, nurse, social worker, care manager, therapist, or another discipline? Is there a minimum staffing commitment?

A87. Yes, homecare professionals can be HHA, PCA, Nurse, etc. There is no minimum staffing commitment. See A14, A20, and A165.

Q88. Multiple counties: If one TPAP team serves supportive-housing programs in multiple counties/boroughs, is a separate Letter of Commitment required from the Office for Aging in every county being served?

A88. Yes.

Q89. LGU notification: Similarly, must the applicant submit separate proof of notification for every LGU covering each proposed county or borough?

A89. Yes. The LGU for each county proposed must be notified and proof of notification must be submitted. NYC has one LGU so separate boroughs would all be covered by the same person.

Q90. Letters of Commitment: How detailed must the financial arrangements in the Office for Aging and homecare Letters of Commitment be at application? Are estimated financial terms acceptable, or must rates and payment amounts already be finalized?

A90. Estimated financial terms are acceptable.

Q91. Partners receiving grant funds: May Office for Aging agencies, homecare providers, and community organizations receive subcontracted TPAP funds directly from the lead applicant?

A91. Yes.

Q92. Enhanced homecare rate: How will the “enhanced homecare rate” be calculated? Is there a maximum hourly rate, maximum number of hours per participant, annual limit, or approved rate methodology?

A92. There is not maximum hourly rate, maximum number of hours per participant, annual limit or approved rate methodology established for TPAP. For information about the estimated enhanced home care costs, see A26, A52, and A145.

Q93. NYIAP waiting period: Is there a maximum amount of time TPAP funds may pay for homecare while Medicaid/NYIAP eligibility is pending?

A93. No, there is no maximum amount of time established that TPAP funds may pay for homecare while Medicaid/NYIAP eligibility is pending. Applicants must consider the total amount of funds available each year, the amount they have allocated to cover homecare services not reimbursable through existing funding sources, and how many estimated OMH supportive housing residents will be served in their TPAP budget.

Q94. Residents found ineligible for Medicaid services: If NYIAP finds someone ineligible, can TPAP continue funding homecare for that resident throughout their participation in the program, or is TPAP intended only as temporary bridge funding?

A94. TPAP funding can be used for homecare services provided to OMH supportive housing residents that is not reimbursable through existing payment sources. The applicant must decide whether the allocation for homecare services would be best used as temporary bridge funding and/or ongoing funding of homecare throughout residents' participation in the program. See A93.

Q95. Payer of last resort: What documentation must grantees maintain to demonstrate that Medicaid, Medicare, insurance, or another reimbursement source was pursued before TPAP funding is used?

A95. Documentation required to show that existing reimbursement sources were pursued is not required at the time of this application.

Q96. Wrap-around funding limits: Are there per-person, per-item, or annual dollar limits on wrap-around expenditures?

A96. See A57.

Q97. Allowable wrap-around expenses: Are items such as furniture, air conditioners, accessibility modifications, utility arrears, cellphones, food, household supplies, or emergency expenses allowable when directly related to maintaining community tenure?

A97. Yes.

Q98. Approval process: Does OMH need to approve individual wrap-around purchases, or may the interdisciplinary team approve them under agency procedures?

A98. No. OMH does not need to approve individual wrap-around purchases. The interdisciplinary team may approve wrap-around purchases to support aging in place. See section 5.2.5 in the RFP.

Q99. Financial scoring: How exactly will the 20 Financial Assessment points be calculated? Is there a specific rubric for reasonableness, cost effectiveness, allocation among services, or cost per resident?

A99. OMH uses a scoring tool/rubric to review and score all sections of the applications.

Q100. Annual award amount: Is \$300,000 a fixed annual contract amount, or may an applicant request less than \$300,000? If less may be requested, does doing so affect scoring?

A100. The annual award amount is \$300,000. Requesting less does not benefit or detract from your score.

Q101. Data reporting frequency: The RFP states that client-level data will be reported at "regular intervals." Will reporting be monthly, quarterly, semiannually, or on another schedule?

A101. Reporting frequency has not been finalized at the time of this application. This decision will be made in consultation with the OMH TPAP evaluation team.

Q102. Required assessment frequency: How frequently must the SDOH Inventory, De Jong Gierveld Loneliness Scale, behavioral-health screenings, quality-of-life measures, and other assessments be repeated?

A102. See A101.

Q103. Reporting system: Will OMH provide a web-based system/template for performance reporting, or will grantees need to develop their own electronic reporting interface?

A103. OMH provides an web-based system for performance reporting and the OMH evaluation team will provide training on the platform and consult with grantees on data requirements.

Q104. Performance benchmarks: What enrollment, service-delivery, aging-in-place, hospitalization, housing-retention, or other outcome thresholds will OMH use to determine satisfactory performance?

A104. Performance benchmarks have not been established for TPAP and outcomes will be discussed in collaboration with grantees, the OMH Aging & Geriatrics Unit, and the OMH TPAP evaluation team.

Q105. Start-up milestones: Section 4.4 states that failure to meet start-up milestones could result in contract reassignment. What specific milestones and deadlines does OMH expect after July 1, 2027?

A105. Start-up milestones have not been established at the time of this application and will be determined by OMH Aging & Geriatrics Unit in consultation with the OMH TPAP evaluation team.

Q106. Proposal limits: Are there page, word, or character limits within the Proposal Template that are not stated in the RFP itself?

A106. No there are no page, word, or character limits within the proposal template, however the template itself must be used.

Q107. Language-access staffing: Does OMH expect applicants to employ staff directly fluent in the primary languages of the population, or can qualified telephone/video interpretation satisfy the language-access expectation?

A107. Applicants should indicate how they will meet language access needs in their answer to 6.8f. OMH only expects that language access needs will be met. Telephone/video interpretation is acceptable.

Q108. Peer certification expenses: Can grant funds pay for certification, training, supervision, and professional-development expenses needed for provisionally certified peers to achieve full certification?

A108. No.

Q109. OATAC travel: Should applicants' budget for travel for 3–6 staff every year for all five years, and are lodging, meals, and transportation all reimbursable within NYS travel limits?

A109. Yes, applicants must budget for travel for 3-6 staff every year for all five years. Any travel costs included in the Budget must conform to [New York State rates for travel reimbursement](#). Applicants must list staff by position, full-time equivalent (FTE), and salary.

Q130. Unused funding: If homecare or wrap-around funding budgeted for a year is not fully used, may funds be reallocated among approved TPAP budget categories or carried into the following contract year?

A130. Wraparound or service dollars are not allowed to be transitioned back to operating dollars. All wraparound funds must be used per year as included in the program budget. Providers should not plan on rolling over funds year to year.

Q131. We provide case management services to an 108 unit SRO with 39 set aside as OMH units. Under this grant would we be able to provide additional support the entire tenancy as needed or just the OMH units?

A131. TPAP grants funds must be used to support aging in place of OMH supportive housing residents – scattered site or single site.

Q132. Under this grant, are we supporting enhanced services to the OMH residential units under our auspices or are we responsible for all the OMH residential units in the county, even those currently supported by other agencies?

A132. Grantees will be responsible for supporting TPAP enhanced services to the OMH supportive housing residents described in the OMH supportive housing provider's TPAP application.

Q133. If we have candidates for enhanced home health care but they use different home health care agencies than the one we have partnered with, how does that work?

A133. Specific roles and responsibilities of each homecare agency would need to be reviewed by the TPAP interdisciplinary team in consultation with the OMH supportive housing resident to decide upon the most integrated, person-centered approach that aligns with the resident's needs and preferences.

Q134. May an eligible OMH supportive-housing provider that also operates a CCBHC utilize its CCBHC as a community/clinical partner for TPAP participants. This might include the delivery of CCBHC services to TPAP residents, as long as TPAP funds are not used to duplicate Medicaid-reimbursable or otherwise funded CCBHC services? If this is permissible, do you have any guidance on which CCBHC services would or would not be allowable, in order to compliment the TPAP services?

A134. Yes, an OMH supportive housing provider that also operates a CCBHC can utilize its CCBHC as a community and clinical partner for TPAP residents with the provision that TPAP services are not duplicative of CCBHC-funded services. The best combination of non-duplicative CCBHC and TPAP services would need to be reviewed by the TPAP interdisciplinary team in consultation with the OMH supportive housing resident to decide upon the most integrated, complimentary, and person-centered approach that aligns with the resident's needs and preferences.

Q135. Would the ESSHI programs qualify as appropriate OMH supportive housing settings for the purposes of this RFP?

A135. See A7.

Q136. Would a community residence program operated by our organization qualify as an appropriate setting?

A136. No.

Q137. The RFP requires the lead applicant to partner with a "homecare provider" and to include a Letter of Commitment from at least one homecare agency. However, we do not see a specific requirement identifying the type of licensure or certification that the homecare agency must hold.

Could OMH please clarify whether the homecare partner is required to be a New York State-licensed Licensed Home Care Services Agency (LHCSA) or Certified Home Health Agency (CHHA)? Specifically, would an organization that provides non-medical caregiver and companion services within its scope of services be eligible to serve as the required homecare partner, or must the partner hold a LHCSA or CHHA license?

A137. The homecare provider does not need to have specific licensure or certification. Applicants should consider the types of professional experience and the full range of homecare services that are needed by the OMH supportive housing residents that it intends to serve with TPAP funds. See A20, A64, and A165.

Q138. The RFP states that six awards of \$300,000 annually will be made for a five-year period. It also states that wrap-around funding will be available to provide services and goods that are not covered through existing reimbursement channels. Can OMH please clarify whether the wrap-around funding is included within the \$300,000 annual award amount, or whether it will be provided in addition to the \$300,000 annual operating award?

A138. The wraparound funding is included in the \$300,000 annual operating award.

Q139. Can OMH please clarify whether awarded teams are expected to serve only eligible residents within the applicant's own OMH supportive housing programs, or whether teams may also serve eligible residents residing in OMH supportive housing programs operated by other providers within the designated county or geographic area?

A139. The OMH supportive housing provider, as the lead applicant, must serve its own OMH supportive housing residents as described in its application.

Q140. The RFP requires applicants to partner with their local Office for the Aging as part of the proposed team. Could OMH please clarify whether the local Offices for the Aging were notified or otherwise informed about this funding opportunity and the role anticipated for them under the RFP?

As we began exploring potential partnerships, we contacted the Offices for the Aging in two counties and found that they were not familiar with the TPAP RFP or the role anticipated for the Office for the Aging. In one county, the Office for the Aging has also indicated that it is not interested in participating.

Could OMH please provide guidance on how applicants should proceed in this situation, particularly when the local Office for the Aging is either not familiar with the opportunity or is unable or unwilling to participate? Would an applicant still be eligible to apply without the participation of the local Office for the Aging, or is there an alternative process for satisfying this requirement?

A140. OMH shared the TPAP RFP announcement with the New York State Office for Aging (SOFA) and SOFA provided it statewide to offices for aging through its mailing listserv. Applicants are required to submit a Letter of Commitment from the county office for aging, or in NYC boroughs, NYC Aging, to be considered eligible for the TPAP grant. See RFP section 2.4.

Q141. Which of the required interdisciplinary team member roles named in the RFP are required to be grant-funded?

A141. Positions can be funded by multiple sources, but the grant dollars are designed specifically to provide a more enhanced role for TPAP interdisciplinary team members and that additional time needs to be accounted for in the budget.

Q142. Are there any required FTE levels for any of the four interdisciplinary roles?

A142. OMH is not specifying a certain amount of time for the OMH housing and aging system case managers or for the homecare staff person. At least one peer professional must be on the interdisciplinary team, consisting of one FTE that can be split over no more than two positions. Applicants must consider the amount of time each staff member will need to fully participate in the interdisciplinary team. Your proposal must make the best use of the budget. For example, in developing your proposal, if you decide you need a project manager to fully implement the requirements of this grant, you must include that in your proposal and budget.

Q143. Can OMH please define “enhanced homecare rate” in this context?

A143. See A26.

Q144. Can wrap-around funds be used for salaries or staff travel to learning collaboratives?

A144. No. Wraparound funds may not be used for salaries or staff travel. They are to enable individuals to age in place in their homes through material things like grab bars, technology, timed pill cases, etc., so that the individual doesn't need to go to a higher level of care. The wrap around funds come out of the \$300,000 annual grant budget.

Q145. Does OMH intend/require that the homecare agency provide a dedicated individual (or a certain FTE) to this program, and if so, mathematically, how does that FTE relate to the “enhanced homecare rate”?

A145. TPAP requires TPAP-dedicated homecare staff person(s) or teams, if several people are needed to fulfill the interdisciplinary team and provide services, that is acceptable. The applicant must determine what would typically be provided or paid for through Medicaid or Medicare and what is needed beyond that to serve these individuals. Additional information is available in A26 and A52.

OMH encourages homecare agencies to reach out to their trade organizations for assistance in estimating costs of homecare for this grant.

Q146. If the local Office of the Aging (OFA) does not want payment from this grant and they will provide a case manager and services from their own budget, how do you want that documented?

A146. See A28.

Q147. If two counties are involved in the project, is one OFA aging case manager sufficient to meet the requirements of the interdisciplinary team's composition? For example, if both counties' OFAs commit to being involved in the project's planning and implementation, is there any minimum dedicated FTE requirement that must be in the budget?

A147. With the exception of 1.0 FTE required for the peer professional position(s), TPAP does not establish FTE requirements for any role required in this application. For applicants seeking to serve two counties, both local OFAs need to be represented in the interdisciplinary team.

Q148. If a provider is not listed in the “find a mental health provider” webpage, does that mean they are not eligible as the lead applicant?

A148. It is not necessary for a provider to be listed in the “find a mental health provider” webpage. See section 2.4 of the RFP regarding eligibility requirements.

Q149. Are programs funded by DOHMH (NYC Dept of Health and Mental Hygiene) using OMH pass-through funds eligible?

A149. Yes, programs funded by DOHMH using OMH pass-through funds are eligible. If a provider who wins wants to work through DOHMH, we can approach DOHMH about using the county as pass-through. This is not guaranteed and the provider should be willing to accept the direct contract from OMH if necessary.

Q150. Is the expectation that you serve anyone that falls into the target population for the whole county? Can it be limited to just your agency's programs? Is there an estimated number of people to be served by this project?

A150. Applicants must define their population based on the OMH supportive housing program(s) it intends to support with TPAP funding and the number of residents that are anticipated to meet the grant-defined eligibility criteria. There is not a set estimated number of individuals to be served by the grant. There may be less individuals living in OMH supportive housing to be served in rural counties and they may be spread further apart. Applicants must review the number of individuals who meet the criteria to be served by this grant in the context of the overall number of clients in OMH supportive housing in its defined county or counties. When determining the number of individuals who can be served, consider how many individuals you can provide services to at this level within this grant budget. Rural counties may serve less people, but it may take more resources and time. Rural applicants will not be penalized for estimating a lower number of OMH supportive housing residents to be served.

Q151. Our local Office for the Aging does not employ case managers directly; these are provided by local social service organizations under contract with the department. In this case, how should the letter of commitment be written?

A151. The Letter of Commitment must describe how the OFA partners with the case management agency that provides the services.

Q152. Is it required of the homecare agency partner to dedicate a specific individual, or would they be expected to provide hourly-based services with available staff (which would be detailed in the Letter of Commitment)?

A152. One of the goals of this project is to forge relationships between the interdisciplinary team and individuals in OMH supportive housing. Having the same staff provide the same services helps with fostering these relationships. Consider the homecare agency's ability to provide dedicated staff. Applicants are encouraged to partner with homecare agencies that can offer consistent teams of the same staff and optimize scheduling of homecare so that each staff member(s) assigned to each OMH supportive housing resident is as consistent as possible.

Q153. My organization has programs in Bronx County that include programs listed in the Directory as "Unlicensed->Supportive Housing" and "Unlicensed->SP-SRO". Are both of these models eligible?

A153. Yes. All OMH supportive housing programs, including supportive scattered site and supportive single-room-occupancy (SRO) are eligible.

Q154. Is there a list of other TPAP programs since this is Round 6?

A154. The round number comes from the total number of grant rounds from the Geriatric Mental Health Act, which established these grants. Each grant round is different with different requirements. TPAP is a completely new grant which has not been done before. For information about prior rounds visit OMH's Geriatric Mental Health webpage:
<https://omh.ny.gov/omhweb/geriatric/>.

Q155. Does a homecare consulting organization qualify for this RFP?

A155. Homecare agencies can't be the lead applicant, as the lead must be an OMH Supportive Housing program. A homecare agency is a required partner that must provide staff to the interdisciplinary team. A homecare consulting agency, with its role detailed in the application, may serve as support to the homecare agency that is providing home care staff. Letters of Commitment are required from the homecare agencies providing staff for the interdisciplinary team.

Q156. The lead agency is expected to use some of its OMH contract funds to PAY for staff/case manager at our local aging government agency?

A156. Yes. The lead applicant must be an OMH supportive housing provider and provide a Letter of Commitment from the county office for aging, or in NYC boroughs, NYC Aging, that details the roles and responsibilities of the aging staff member who will serve on the interdisciplinary team that is onsite at the OMH supportive housing program, as well as the estimated financial arrangements to pay for the aging partner's time that typically goes beyond that allotted for standard case management services provided through the aging service system.

Q157. Can you speak to how OMH envisions TPAP working alongside the Aging in Place Pilot, and whether OMH expects Pilot grantees to use TPAP to serve separate supportive housing programs and residents?

A157. The Aging in Place Pilot in CR-SROs is a distinct program with distinct goals, as is TPAP. The goal of supporting aging in place is shared and OMH envisions both projects sharing with each other, potentially through learning collaboratives. OMH Housing providers that are funded for the Aging in Pilot in CROs and have OMH Supportive Housing programs may also apply to TPAP, keeping in mind the distinct focus and eligible population described in the RFP.

Q158. Does the 15% indirect cost apply to all project costs (including the required subcontracts and wrap-around funding)?

A158. See A56.

Q159. Do you support a cluster care model?

A159. This project is conducive to a cluster care model of homecare where the small team of trained, skilled home care staff serve the same group of residents within OMH supportive housing, single site single room occupancy, or scattered site. The OMH supportive housing

provider and the homecare agency must review how to best adapt this approach to the supportive housing program type and needs of the residents and reflect this plan in the application narrative and budgeting.

Q160. Does OMH anticipate providing additional funding for those planning to serve multiple counties in order to sustain the strong recommendation to support staffing 2 peers on the budget?

A160. The amount of funding for the geriatric service demonstration is established for the five-year TPAP grant project period and cannot be changed.

Q161. Can we partner with an agency that specifically serves aging adults or does it have to formally be our County Office of the Aging?

A161. The aging partner must be the local county office for aging, or in NYC boroughs, NYC Aging, with the option to include an additional partnership with a community-based aging organization that is under contract with the county or borough office for aging. In cases where a contractor is providing case management services on the interdisciplinary team for this grant, the Letter of Commitment must describe its relationship with the county office for aging/NYC Aging and roles each will play in TPAP. The Letter of Commitment must describe their roles and responsibilities and estimated financial arrangements. Case managers do not need to have the official title of case manager, but they must be qualified to provide aging service system case management on-site to OMH supportive housing residents.

Q162. Under this RFP can 1 team provide Aging in Place services to residents in multiple buildings that are located within the same borough?

A162. Yes, as long as the residents are living in housing that is in an OMH supportive housing program run by the same provider who is the lead applicant.

Q163. I'm concerned about the short length of time (3 weeks) between the responses to the Q&A and the date that the proposal is due. Some of the questions submitted will affect the planning of the interdisciplinary team structure and budget. Is it possible to provide more time for planning and writing?

A163. Due to the volume of questions, OMH has amended the timeline for this RFP. Applications will now be due on **December 1st, 2026 at 2:00 PM EST**. See announcement of the updated timeline on the OMH website: <https://omh.ny.gov/omhweb/rfp/2026/tpap/index.html>

Q164. Many OFAs offer the wraparound services you are discussing; for example, my OFA has Case Management, Home Modifications, Virtual Senior Center, Meals Programs, telephone reassurance and many other services. Would the grant cover the cost of all these services for the specific individuals?

A164. Wraparound funding is included in the grant to cover costs that go beyond or can't be reimbursed through existing funding channels, including through the Aging service system. The funds for Aging partners are to reimburse for time devoted to providing case management services on-site to residents living in OMH Supportive Housing. Aging case management includes linking to existing aging services resources and exploring needs for aging in place that go beyond those offered through the aging service system.

Q165. Can you clarify if the staffing pattern must strictly include the 2 Case Managers, the homecare professional, and a peer? If our interdisciplinary care team includes a different role (e.g., an Occupational Therapist), are they able to be covered by this grant? Or do we need to stick strictly to the roles as outlined?

A165. The case managers on the interdisciplinary team must be provided through the OMH Supportive Housing provider and the county office for aging, or in NYC boroughs, NYC Aging, and/or an agency under contract with the Local Office for Aging. Case Managers do not need to have the official title of case manager, but they must be qualified to provide case management services on-site to OMH supportive housing residents. Interdisciplinary teams must also include at least one peer (Mental Health and/or Substance Use/Gambling) and least one home care staff member who could be an Occupational Therapist (OT). Applicants are encouraged to describe how an OT will best meet the needs of OMH supportive housing residents identified as likely eligible to TPAP services.

Q166. NYC contracts with Older Adult Centers that provide case management - should we secure a letter from NYC Aging or the Older Adult Center?

A166. Applicants in NYC must have Letters of Commitment from NYC (department for) Aging and/or an agency under contract with NYC Aging to provide aging services. In cases where a contractor of NYC Aging is providing case management services for this grant, the Letter of Commitment must describe its relationship with NYC Aging and roles each will play in TPAP. The Letter of Commitment must describe their roles and responsibilities and detail estimated financial arrangements. Case managers do not need to have the official title of case manager, but they must be qualified to provide aging service system case management on-site to OMH supportive housing residents.

Q167. The RFP states that applicants should provide “the estimated number and percentage of residents aged 55 years and older who are struggling to age in place...” and “the estimated number and percentage of residents younger than 55 years old with complex medical needs necessitating homecare....” “who are anticipated to participate in this program”. Is there an expectation that there be a minimum number of individuals who will participate in the program?

A167. See A15.

Q168. For New York City applicants, how should the requirement to partner with the local Office for the Aging be implemented? Has OMH coordinated with the New York City Department for the Aging regarding participation in TPAP interdisciplinary teams, or are applicants expected to independently establish this partnership and negotiate any associated financial arrangement?

A168. New York City applicants must include New York City Aging (formerly DFTA) as a partner in its Letters of Commitment; The applicant can also partner with the community-based aging provider under contract with NYC Aging with staff qualified to provide aging services case management on the TPAP interdisciplinary team. Additional information is available in A78, 161, 165, and 166.

Q169. Regarding the interdisciplinary team, there are requirements for four participants. Aside from the requirement that there be a full-time peer professional, are there any

requirements for the time commitments for the housing case manager and homecare professional?

A169. See A24 and A29.

Q170. For the supportive housing case manager:

- **Is the expectation that a new Supportive Housing case manager be hired?**
- **Does this need to be a full-time equivalent position?**
- **Is there an expected caseload for this position?**

A170. A newly hired OMH supportive housing case manager is not required, there is no minimum or maximum FTE equivalent established for this position, and no specific caseload is specified.

Q171. Please clarify whether TPAP grant funds may be used to support the salary or personnel costs associated with the additional time required for the homecare professional, supportive housing case manager, Office for the Aging case manager, and peer professional to participate in the interdisciplinary team. If so, should applicants budget only the portion of each staff member's time attributable to TPAP activities?

A171. Yes. TPAP grant funds may be used to support staff salaries associated with the additional time needed to participate in the interdisciplinary team. The applicant must budget only the portion of each staff member's time attributable to TPAP activities.

Q172. May the enhanced homecare payment include compensation for the homecare partner's participation in interdisciplinary team meetings, care planning, coordination with supportive housing and aging-services staff, and other TPAP-specific activities that are not separately reimbursable by Medicaid or Medicare, in addition to direct homecare services?

A172. Yes, the enhanced homecare services include compensation for participation in the interdisciplinary team meetings, care planning, coordination, etc. that are not anticipated to be reimbursed through existing funding channels, including Medicare and Medicaid. See A26 and A52.

Q173. Can OMH provide an example of how an applicant might calculate and structure the enhanced homecare rate, including which costs may appropriately be supported with TPAP funds in addition to Medicaid or Medicare reimbursement?

A173. See A26, A52, and A145 for information to consider and suggestions concerning developing an enhanced homecare rate.

Q174. May the enhanced homecare payment include compensation for the homecare case professional's participation in interdisciplinary team meetings, care planning, coordination with supportive housing, and other TPAP-specific activities that are not separately reimbursable by Medicaid or Medicare, in addition to providing direct homecare services?

A174. Yes. See A26, A52, and A145.

Q175. The RFP requires at least one 1.0 FTE paid peer professional dedicated to the TPAP program. Is OMH expecting the full salary and fringe cost of this position to be included in the TPAP budget, or may other funding sources support a portion of the cost of the required 1.0 FTE position?

A175. Yes. OMH needs to see the full staffing picture. If third party funds are being used it must be explained in the budget narrative.

Q176. May an OMH-licensed CR-SRO be included as a TPAP service site?

A176. No. This grant funds unlicensed OMH supportive housing, single site, or scattered site.

Q177. For New York City applicants, must the Office for Aging case manager be an employee of NYC Aging, or may this role be filled by an aging-services organization funded, designated, or contracted by NYC Aging? If the latter is permitted, should the required Letter of Commitment come from NYC Aging, the direct-service organization, or both?

A177. For NYC applicants, the TPAP aging case manager serving on the interdisciplinary team does not need to be an employee of NYC Aging. Yes, the aging case manager position may be filled by an aging services organization funded by NYC Aging that provides a Letter of Commitment in addition to the Letter of Commitment from NYC Aging. All roles and responsibilities must be described in the Letter(s) of Commitment.

Q178. Must the required 1.0 FTE peer position be filled by one individual working exclusively on TPAP, or may the FTE be divided among multiple certified or provisionally certified peer professionals?

A178. See A83.

Q179. What credentials or disciplines qualify for the required homecare professional role? For example, may this role be filled by a home health aide, personal care aide, nurse, occupational therapist, physical therapist, or another licensed or certified homecare professional?

A179. There are required credentials or disciplines established for the homecare professional role. See A87 and A165.

Q180. Is there a minimum or expected number of residents each TPAP team must enroll or serve annually?

A180. See A15.

Q181. Does OMH expect the enhanced homecare rate to be structured as a subcontract, fee-for-service arrangement, hourly enhancement, or another payment methodology? Are there prescribed rate limits or assumptions applicants should use when developing the budget?

A181. No specific rate methodology is established for TPAP. See A26, A52, A92, and A145.

Q182. May grant funds support homecare services while a resident's NYIAP eligibility is pending, following a determination of ineligibility, or when the service is not covered by Medicaid or Medicare, provided the same service is not simultaneously reimbursed through another source?

A182. Yes, grants funds support homecare services while NYIAP eligibility is pending, following a determination of ineligibility, or whenever the homecare services are not covered through existing reimbursement channels, including Medicare or Medicaid. Additional information is available in A26, A52, and A145.

Q183. Must the Office for Aging case manager and homecare professional have minimum FTEs or weekly hours assigned to TPAP, or may their levels of effort be based on enrolled residents' assessed needs?

A183. There are no FTE or weekly hours established for the aging case manager or homecare professional(s) serving in TPAP-funded projects. Yes, these levels should be based on the anticipated needs of the OMH supportive housing residents that will be served by the applicant's project.

Q184. Will OMH prescribe the required behavioral health screenings, quality-of-life measures, reassessment intervals, and electronic reporting frequency following award, or should applicants propose their own instruments and schedules?

A184. See sections 5.2a, 5.2.4, 5.2.6a, and 5.2.6b in the RFP. Additional screening measures, reassessment intervals, and reporting frequency will be determined following the award in collaboration with the grantees and OMH evaluation team.

Q185. In SFS, in responding to the "Site/Project Address" link, does OMH wish for applicants to add an address of each scattered-site property across the service area from which eligible participants may be enrolled (to be ultimately firmed up after post-award outreach and assessments). We ask because this may encompass many sites / addresses (i.e., potentially duplicating site information being requested in RFP 6.2b). Or does OMH prefer that applicants indicate only the site address of the administrative home-base for the mobile Team to Promote Aging in Place?

A185. Indicate the administrative home-base for TPAP in SFS and describe the scattered sites the applicant intends to serve. See section 6.3.a of the RFP.

Q186. May an applicant propose a centralized/mobile TPAP team that serves eligible residents across multiple identified OMH supportive housing programs within NYC, with participants referred to the team based on individual need rather than assigning a fixed number of TPAP slots to each program or site?

A186. Each application must be submitted by one leading applicant, the OMH supportive housing provider. A centralized/mobile TPAP team could serve residents across multiple OMH supportive housing sites that are all operated by the same provider.

Q187. The RFP requires applicants to identify the supportive housing programs to be served at the time of application. During the five-year grant period, may an awardee add additional OMH supportive housing program locations within the approved geographic

service area as eligible residents and needs are identified? If so, would this require prior OMH approval or a contract amendment?

A187. Additional sites may be added in consultation with OMH.

Q188. For a NYC applicant proposing to serve supportive housing programs in more than one borough, would one Letter of Commitment and partnership with NYC Aging satisfy the Office for Aging requirement for all proposed boroughs, or is a separate borough-specific aging partner or commitment required?

A188. The aging partner Letter of Commitment must describe how the partner organization will meet the staffing and resource needs of the interdisciplinary team(s) across the boroughs.

Q189. If one homecare agency is authorized and able to provide services throughout all of the NYC boroughs included in an applicant's proposal, may that agency serve as the homecare partner for the entire TPAP program, or must the applicant establish a separate homecare partnership for each borough?

A189. A separate homecare partnership is not required for each borough. Applicants must consider how the staffing and resource needs of the interdisciplinary team(s) serving OMH supportive housing residents across boroughs are best met considering the grant award available.

Q190. May the required OMH supportive housing case manager role be structured through a dedicated or partially dedicated TPAP care coordinator who works across multiple supportive housing programs, while residents' existing program case managers participate in the interdisciplinary team as appropriate? Or does OMH expect the case manager assigned to each resident's existing supportive housing program to serve as the required TPAP case manager?

A190. Yes. The required OMH supportive housing case manager role can be structured through a dedicated or partially dedicated TPAP care coordinator who works across multiple supportive housing programs, as determined by program design.

Q191. May TPAP grant funds support a dedicated Program Coordinator or Care Coordinator, in addition to the required interdisciplinary team members, to manage referrals, assessments, interdisciplinary team meetings, partner coordination, reporting and follow-up across multiple supportive housing programs?

A191. Yes. TPAP grant funds support a dedicated Program Coordinator or Care Coordinator as determined by program design.

Q192. Is there a minimum or recommended number of residents that an applicant is expected to serve annually or at any one time under a \$300,000 TPAP award? If residents' needs vary in intensity and duration, may participants enter and exit active TPAP services as their needs change over the five-year period?

A192. See A15.

Q193. In addition to enhanced direct homecare hours that are not reimbursed by Medicaid or Medicare, may TPAP funds compensate the homecare partner for activities

necessary to maintain a dedicated interdisciplinary-team relationship, such as case conferencing, care coordination, travel between scattered-site residences, training, and other time that is not billable to Medicaid or Medicare?

A193. Yes, TPAP funds cover the homecare partner's time and resources needed to maintain a dedicated interdisciplinary team relationship. Additional information is available in A26, A52, and A145.

Q194. Is an applicant required to provide grant funding to the Office for Aging partner, or may the Office for Aging case manager's participation be provided as an in-kind contribution if the partner agrees to that arrangement and documents it in the Letter of Commitment?

A194. The applicant is not required to provide grant funding for the office for aging partner; however, applicants must consider and justify in their applications how in-kind support will meet the needs of OMH supportive housing residents to be served and the requirements of the TPAP grant. See A28.

Q195. Does OMH have a recommended or minimum amount or percentage of the \$300,000 annual award that should be reserved for enhanced homecare and/or wrap-around funding, as opposed to personnel and partner costs?

A195. No. The allocations are determined by the applicant based on program design.

Q196. If an aging-services provider is contracted by the local Office for the Aging (or NYC Aging) to provide case management, may the provider submit the required Letter of Commitment, or must the letter come directly from the Office for the Aging or NYC Aging?

A196. The county office for aging, or in NYC boroughs, NYC Aging, must submit a Letter of Commitment. Additional aging services provider(s) can also partner with the lead applicant to provide aging case management services and describe its roles and responsibilities in a second Letter of Commitment.

Q197. Are there minimum annual caseload or enrollment requirements, or suggested targets?

A197. See A15.

Q198. Can the same team serve residents across multiple supportive-housing sites or boroughs? I understood from the Bidder's Conference that OMH recommends assigning, at minimum, a different peer specialist to each site.

A198. This would be determined by the applicant's program design. See A186.

Q199. Must one HHA be assigned to a building with a portion of their salary allocated to the program, or may the homecare agency assign and bill HHAs hourly based on each resident's needs? Could OMH also clarify how it envisions the enhanced homecare rate being structured?

A199. See A26, A92, and A181.

Q200. Is there additional guidance regarding the allocation of funding among case management, homecare, wraparound services, and the peer specialist? Given the number of required services within the award, any minimum allocations or recommended funding priorities would be helpful.

A200. No. The allocation of funding is determined by the applicant based on the program design.