



**Office of
Mental Health**

Questions and Responses: Young Adult ACT ROS RFP

1. Will OMH be issuing one grant award or will OMH be issuing one award per county identified in the RFP?

ANSWER: There will be one Young Adult ACT Team award.

2. My agency is not yet licensed to provide OMH services. Are we eligible to apply for the recent RFP for Young Adult ACT teams?

ANSWER: Eligible applicants are not-for-profit agencies with 501(c) (3) incorporation that have experience providing mental health services to persons with serious mental illness through programs that are licensed by OMH. If unsure if the agency is an eligible applicant, contact the Issuing Officer identified in Section 2.1 of the RFP.

3. Can you provide any information for when a Young Adult ACT opportunity would be available for other counties?

ANSWER: There is currently no information regarding additional Young Adult ACT Teams.

4. What is the Medicaid reimbursement rate per month given the assumptions laid out? It is unclear what utilization rate is being assumed.

ANSWER: The rate for a 48 slot Upstate team is \$1,824.50.

The rate for a 48 slot Downstate team is \$2,117.26.

5. Can you please provide the minimum staffing requirements, both in terms of titles/position and staff to client ratios?

ANSWER: ACT teams are configured to have a low individual-to-staff ratio of 9.9 to 1 with professional staff that include the disciplines of nursing, psychiatry, licensed mental health clinicians, vocational support, substance use counseling, and peer support. See the Young Adult ACT Guidelines for additional information regarding staffing requirements.

1FTE Team Leader (50% of the time is administrative)

.48 FTE Psychiatrist

1FTE Registered Nurse

1FTE Vocational Specialist

1FTE Substance Use Specialist

1FTE Peer

1FTE Program Assistant

6. Can the psychiatric services as part of the core team be provided by a psychiatry nurse practitioner (APRN) or is having a psychiatrist (MD or DO) a requirement for this grant?

ANSWER: See Young Adult ACT Guidelines.

As indicated in the Young Adult ACT Guidelines - Psychiatry: .48 FTE Psychiatrist for a 48 recipient team (may employ a psychiatric nurse practitioner to offset some of the psychiatrist FTE, however, the psychiatrist must work a minimum of 10 hours/week with the PNP fulfilling the balance of the requirements).

7. Must the APRN or MD/DO mentioned above be a full-time employee?

ANSWER: See Young Adult ACT Guidelines. The Young Adult ACT staffing model mandates .48FTE Psychiatrist.

8. For the six visits with clients each month, what is the expected/required length of each meeting?

ANSWER: The ACT team has the capacity to provide the frequency and duration of staff-to-individual contact as required by each individual's service plan and their immediate needs. The definition of contact for billing purposes is a face-to-face interaction (duration of at least 15 minutes) between a member of an ACT team and an individual or collateral during which at least one ACT service is provided.

9. What is the anticipated average length of stay for the 48 clients?

ANSWER: Young Adult ACT is a new program so there is no data regarding length of stay. The expectation is that young adults will be served for two to three years.

10. In this age of pandemics and telehealth, are all visits required to be in-person? If not, what percentage may be via telehealth?

ANSWER: The current ACT Guidelines requires all contacts to be in person. However, please see the OMH Guidance page for current PHE allowances. Additionally, telehealth regulations are being updated and further guidance will follow for changes expected for ACT teams.

11. Instead of having a brick-and-mortar location for our Nassau County office, would it be possible for us to establish our site in (and conduct visits in) a mobile RV?

ANSWER: No for the purpose of this RFP. A request to consider a mobile RV, rather than a brick-and-mortar location would require significant review of the RV, including but not limited to the space, clinical appropriateness, and administrative needs. In addition to the clinical and administrative issues previously noted, it would likely be difficult for an RV to comply with accessibility and space considerations.

12. How many teams are expected to be awarded from this RFP?

ANSWER: There will be one Young Adult ACT Team awarded.

13. Are there existing teams that are looking to be replaced or is the RFP for new teams?

ANSWER: The Young Adult ACT Rest of State RFP is for a new team.

14. Can you confirm whether providers should budget with the standard rate or the enhanced Children' rate?

ANSWER: Providers should budget using the templates and figures provided within the RFP. If there are subsequent rate adjustments that apply to an awarded contract, it will be amended or modified accordingly after it is executed.

15. For each of the regions for the 24/7 on call component, is it a requirement that we pay for every hour someone is on call or is an on-call stipend sufficient?

ANSWER: The agency must determine how to manage the requirement of 24/7 coverage within the Young Adult ACT Team and within the ACT budget.

16. Is a separate location required for each team, or if teams are in contiguous areas could the provider have one centralized location for two or more teams?

ANSWER: The RFP is for one team and the location must be in the county to be served.

17. Is there an EHR requirement and if so, is there a specific EHR we are required to use, or can the provider propose the EHR?

ANSWER: There is no specific EHR requirement.

18. Is there an indirect cost cap?

ANSWER: Historically 15% is the cap for Administrative Expenses.

19. How was the annual Medicaid assumption calculated/determined? Based on our calculations with the monthly rates provide per the fee schedule, we're getting there would be significantly more funding available. Should we use the annual cap provided in the RFP or the case rate when calculating our budget?

ANSWER: The model used reflects the 4/1/2022 proposed rates.

Providers should budget using the templates and figures provided within the RFP. If there are subsequent rate adjustments that apply to an awarded contract, it will be amended or modified accordingly after it is executed.

20. In previous ACT-specific grant opportunities, there was a sample Medicaid revenue phase in with collectability percentages available. Was there one used in the Medicaid revenue budget for this RFP? Is it available?

ANSWER: \$425,000 will be allocated as a lump sum at beginning of contract for Start-Up (\$100,000) and transition/ramp up costs for operating expenses before Medicaid revenue is drawn down (\$325,000).

21. The ACT Program Guidelines (Young Adult 2021) Human Resources Staffing Requirements section (4.7.1) calls for 5 clinical staff in a 40-48 recipient model and further elaborates on specialized competencies, which includes 1 FTE Peer. Is the Peer Specialist position considered clinical as part of the 5 clinical staff?

ANSWER: As per the Young Adult ACT Guidelines, the definition of clinical staff is all staff members who provide services directly to recipients.

22. In previous ACT-specific grant opportunities, the PAR was completed after awarded the grant. Are we to complete Section H about the physical plant with what we foresee or anticipate in terms of space, rent, etc.? We would not typically rent out space until awarded the prospective program, so information in this section would be hypothetical.

ANSWER: The PAR process is completed after an award. However, Section H must be included with the Young Adult ACT proposal and should be based on an anticipated site.

23. Performance Measures are also grantee-defined and should reflect some measurable benchmark(s) in order to demonstrate adequate progress within the 18 months of the award date, as required by the RFP.'

ANSWER: The Young Adult ACT Team can admit four to six individuals each month, with an expectation that full census will be achieved within 18 months.

24. What does the state consider 'measurable'? Are there specific parameters around what the State means as measurable that they would like us to comply with? For example, what are their expected percent change increases/decreases floors/ceilings? How would like they like us to measure less quantitative metrics like improving patient capacity and quality of life? Not as easily 'measurable' but just as clinically meaningful (maybe even more so).

ANSWER: The Young Adult ACT Provider will be required to maintain accurate reporting of all admissions, baseline and follow up assessments, and discharges through OMH's Child and Adult Integrated Reporting System (CAIRS) and adhere to any requirements OMH may subsequently develop and as required by the Young Adult ACT Guidelines. To ensure the continuous quality improvement of ACT services and development of the program, regular monitoring and evaluation of treatment/rehabilitation outcomes will be required. The ACT agency will cooperate with program and individual requests necessary to evaluate the program.

25. 'OMH reserves the right to conduct a readiness review of the selected applicant prior to the execution of the contract. The purpose of this review is to verify that the applicant is able to comply with all participation standards and meets the conditions detailed in its proposal.'

ANSWER: Not a question

26. What would a readiness review entail? What is the procedure? Will a site visit and audit be conducted?

ANSWER: Readiness review may include fiscal and operational review to ensure the agency is able to contract with OMH for this initiative, such as audited financial statements, review of any performance improvement plans (PIP), etc. **As part of the licensing process** there will be a site visit, staffing review, documentation review, and policy and procedure review.

27. 'The agency and SPOA will partner with OMH in admissions review of individuals for Young Adult ACT.'

ANSWER: The agency and SPOA will collaborate with OMH in reviewing admissions for Young Adult ACT.

28. Will OMH have the final say in who is able to receive YA ACT? Will the agency have autonomy on who is able to receive services? How will SPOA applications be addressed if the caseload is full? What supports will be in place for clients who need YA ACT, but no spot is available? Will a waitlist be devised? Can the number of available slots be increased? Will they be able to receive other services offered by our agency, like PROS?

ANSWER:

- OMH and SPOA will review referrals to determine if eligibility criteria are met and Young Adult ACT is the appropriate level of care.

- Young Adult ACT will receive referrals meeting Young Adult ACT eligibility criteria.
- The Young Adult ACT team will serve 48 individuals.
- Individuals served by an ACT Team cannot receive duplicative services, including PROS.

29. 4. 'The Young Adult ACT Provider must adhere to the ACT Team model and Young Adult ACT Guidelines, including:

Building a multi-disciplinary team including members from the fields of psychiatry, nursing, psychology, social work, substance use, supported employment/education and peer support. Based on their respective areas of expertise, the team members will collaborate to deliver integrated services of the individual's choice, assist in making progress towards goals, and adjust services over time to meet the individual's changing needs and goals.'

ANSWER: The Young Adult ACT team will conform to the ACT Model, as outlined in the Guidelines which includes the composition of the multi-disciplinary team.

30. 'The Young Adult ACT Provider will assess for suicide risk, violence risk, substance use, health, and clinical needs using standardized screening and assessment instruments initially and then as needed.'

ANSWER: The Young Adult ACT Provider will assess for suicide risk, violence risk, substance use, health, and clinical needs using standardized screening and assessment instruments initially and then as needed.

31. Would OMH allow the agency to include a primary care provider (PCP) as a part of the multi-disciplinary team? The PCP would not replace the multi-disciplinary team members listed above, but rather supplement their expertise. Mental health is health, and our agency is moving towards whole-person health. The PCP is primed to assist in the treatment of individuals living with SPMI and preventative health is crucial for this patient population.

ANSWER: The team must include all of the required staff and there is no flexibility in the model to substitute a PCP for required staff roles. PCP services are not billable services under the ACT billable rate. However, OMH has no objection to PCP services being provided to an ACT member as long as they are not funded via the ACT rate.

32. 'The Young Adult ACT Team will serve individuals residing anywhere in the county where they provide services.'

ANSWER: The Young Adult ACT Team will serve individuals residing anywhere in the county where they provide services. Individuals served by the ACT Team may move between counties due for a variety of reasons, including geographic choice, reunification with family or friends, or a desire to move in with or near a friend. The ACT Team will follow individuals to the new county, assist with transition to the new setting, then work with SPOA to transfer and arrange warm hand-off to an appropriate ACT Team in the county of preference.

33. Can grant funds be used to purchase vehicles and comprehensive car insurance for the multi-disciplinary team members to use during business hours to complete service delivery?

ANSWER: Start-up funds may be used for operating costs, which may include a vehicle and vehicle insurance with subsequent insurance and repairs coming from administrative funds.

34. Is only one team serving 48 individuals going to be awarded to one of the counties identified in the RFP (Erie, Monroe, Onondaga, Westchester, or Nassau).

ANSWER: There will be one Young Adult ACT Team, which serves 48 individuals, awarded. The Team will be located in one of the following counties: Erie, Monroe, Onondaga, Nassau, or Westchester.

35. Do applicants have to prove the need for the ACT Team Program?

ANSWER: Applicants do not have to prove the need for an ACT Team in the counties identified but must respond to the narrative questions regarding the population to be served (6.1a to 6.1e)

36. RFA Section 1.2 “Target Population/Eligibility Criteria” on page 4 indicates, “Individuals with... a Substance Use Disorder (SUD)...are not appropriate [bold added] for Young Adult ACT.” However, elsewhere the RFA indicates (in multiple instances, including on page 3), that “Young Adult Act will serve...” individuals with “co-occurring substance use.”

Question: Are individuals with co-occurring disorders *only* allowed/eligible to be served by this program if their SUD is *not as severe* (e.g., not as ‘primary’) as their mental health disorder?

ANSWER: The RFP states in Section 1.2 if SUD is a primary diagnosis, the individual is not appropriate for Young Adult ACT.

37. In Grants Gateway, immediately following the “Project Title” field, the first sentence of the instructions begin as follows: “With the exception of the Operating Budget/Budget Narrative questions (for which provide templates from Pre-Submission Uploads must be competed and upload” But this sentence is cut off mid-way through. Can OMH please provide the remainder of that instruction sentence? Screen capture appears below for further clarification:

ANSWER: Please use the toggle button to the right to scroll down through all the instructions. Per Section 2.10 of the RFP, problems using Grants Gateway can be addressed by contacting their help desk at grantsgateway@its.ny.gov or by telephone at 518-474-5595.

38. In Grants Gateway, are applicants permitted to upload responses, using the “Choose File” button for each numbered/lettered question-prompt, as an alternative to typing or pasting text into the textbox? If so:

- **Can the attached file be in PDF format (vs. Microsoft Word)?**
- **Can the attached file modestly exceed 4,000 characters if needed to provide a complete answer to the question prompt?**

ANSWER: The Pre-Submission Uploads on the Upload Properties page of the Grants Gateway give instructions in the Description box, i.e., for Appendix B1-Budget Narrative, the Description box instructs applicants to upload the file in response to Question 6.6d. Per Grants Gateway, pdf format works best. Any attached files should follow the instructions in the Program Specific Review Properties section of Grants Gateway, i.e., for Program Specific Review Properties-Fiscal/Cost Review, the response type is limited to a 4,000 character limit.

39. In Grants Gateway, each item listed on the “Pre-Submission Uploads” page has a button beneath it indicating “Choose File” adjoining the words “No file chosen”. Can OMH confirm that at least three of these items (ACT Standards of Care Survey Tool, ACT Service Dollars, and ACT *and* Young ACT Program Guidelines), per the screen capture below, do not require any document(s) to be uploaded? Or, if this understanding is incorrect, what should applicants upload in response to each?

ANSWER: The Pre-Submission Uploads on the Upload Properties page of the Grants Gateway give instructions in the Description box for each question. For the three items in question, they each state “Reference document...” and therefore do not require an upload but should be read and used as a reference for applicants when submitting a proposal.

Sexual Harrassment Prevention Certification *
Please refer to Section 3.8
 No file chosen
Document Template: [Click here](#)

Appendix B1 - Budget Narrative
To be uploaded in response to Question 6.6d
 No file chosen
Document Template: [Click here](#)

Appendix B - 48 Upstate Template
To be uploaded in response to Question 6.6a
 No file chosen
Document Template: [Click here](#)

Appendix B - 48 ROS (DS rate) Template
To be uploaded in response to Question 6.6a
 No file chosen
Document Template: [Click here](#)

ACT Standards of Care Survey Tool
Reference document (as indicated in RFP)
 No file chosen
Document Template: [Click here](#)

ACT Service Dollars
Reference document (as indicated in RFP)
 No file chosen
Document Template: [Click here](#)

ACT and Young Adult ACT Program Guidelines
Reference document (as indicated in RFP)
 No file chosen
Document Template: [Click here](#)

Prior Approval Review (PAR) Document
To be uploaded in response to Program Specific Questions 6.6b and 6.6c
Note - you can complete the document in total and provide the entire document in response to both questions.
 No file chosen
Document Template: [Click here](#)

Placeholder
In the event applicant wants to provide additional documentation.
 No file chosen

Placeholder
In the event applicant wants to provide additional documentation.
 No file chosen