



**Office of
Mental Health**

**Apartment Treatment Housing for Adults
with Serious Mental Illness
Questions & Answers**

Q1. Can you please clarify how many units each agency can apply for (outside of NYC). Is it 20 in the state, 20 per region, or 20 per each county within that region?

A1. Outside of NYC, agencies may apply for up to 20 units per region. Agencies may apply for units in multiple regions but should submit separate applications for each region. Units will be awarded per county up to the maximum noted on the unit distribution chart on the OMH website.

Q2. Can you please clarify whether capital funding will be part of this RFP. The sentence in section 5.3 that reads "Site specific property costs for the new treatment beds will also be incorporated..." makes it unclear.

A2. Per Section 5.2, "There is no capital associated with these units."

Q3. How does Padavan Law impact the apartment selection for these treatment apartments?

A3. As the apartment treatment model is a scattered site model Padavan Law does not impact apartment selection.

Q4. What is the average annual payment for GIN (Gross Income Net) for NYC?

A4. The average annual revenue + state aid anticipated by the GIN fiscal model for NYC Adult Community Residence programs is \$59,484 per bed. The average annual revenue + state aid anticipated by the GIN fiscal model for NYC providers only operating Apartment Treatment programs is \$57,056 per bed.

Q5. Section 1.3 of the RFP indicates that awards will be given per county, but "Applications proposing to serve NYC may apply for up to 30 units." Does that mean NYC providers can only apply for one county? Or can we submit multiple applications, each serving a max of 30 units, for different NYC counties?

A5. An applicant can request up to 30 units in multiple counties within the NYC region in one application. Applicants should specify how many units they are requesting for each county.

Q6. Section 3.5, in "Equal Opportunity Requirements," indicates that two EOE forms must be completed with the proposal rather than during the contracting process:

-"The Bidder will be required to submit a Minority and Women-Owned Business Enterprises and Equal Employment Opportunity Policy Statement, Form # 4, to OMH with their bid or proposal."

"To ensure compliance with this Section, the Bidder will be required to submit with the bid or proposal an Equal Employment Opportunity Staffing Plan (Form# to be supplied during contracting process) identifying the anticipated workforce to be utilized on the Contract."

In our experience, MWBE and related EOE forms are submitted during the contracting process if awarded. Please confirm that these forms should be submitted with the proposal rather than during contracting, and that both forms will be made available in Grants Gateway or on <https://omh.ny.gov/omhweb/rfp/2023/tap/> to limit confusion about which forms to use.

A6. Awarded applicants will be required to submit documentation during the contracting phase not in this application phase.

Q7. Section 3.4 – Term of Contracts - This section indicates a five-year contract. For agencies with current Apartment Treatment Housing (ATH) contracts, will this contract be folded into existing ones at the end of the five years, or be held separate and apart resulting in 2 ATH contracts? Additionally, how does this apply to certification periods? Will there be an initial certification and then will the new ATH follow the same certification schedule as the current ATH?

A7. Programs awarded to providers already operating Community Residence (CR) programs can expect to see newly awarded programs added to their existing CR contract.

Q8. Section 3.5 – MWBE - Please define the budget categories in which MWBE would typically be applicable.

A8. M/WBE Eligible Budget Categories include but are not limited to: General Contractors, Consultants, Sub-Contractors, Vendors, Supplies, Equipment, Equipment Other, Other Cost, Fiscal Agent Services and Technical Assistance Contracts.

Q9. Section 5.1 – Introduction - This sections mentions “community tenure” cannot impact acceptance. Please define community tenure as it relates to this RFP.

A9. Community tenure is the length of time an individual is living outside an institutional setting.

Q10. Section 5.2 – Objectives and Responsibility, 5.2.1 – Description of the Treatment Apartment model - This sections indicated agencies will be required to submit a “Prior Approval Review” (PAR) Application as part of the development process. Is the PAR completed post award, or as part of the initial application?

A10. A PAR application must be completed post award.

Q11. Can you clarify if these are intended to be scattered-site units in already existing housing, or is OMH anticipating that applicants will look to other funding sources for capital like HHAP, LIHTC, etc.?

A11. These units are expected to be scattered-site units in existing housing.

Q12. Section 4.2 “Method for Evaluating Proposals,” states that “the applicants whose proposals achieve a passing score will be ranked and awarded in order by region from highest to lowest score.” However, Section 1.3 “Awards” states “awards per county will be limited to the number of units identified in the chart...”.

- a. **How will OMH allocate the units per county amongst competing applicants who achieve a passing score who have applied for units within the same county?**
- b. **How will OMH allocate the units if multiple applicants with passing scores exceed the units available in a respective county? Will the units be divided amongst passing applicants or will the highest scorers receive all of the units that they requested from a given county's allocation?**
- c. **As a result of this RFP, will OMH award more or less units than requested by an applicant depending on the allocation of units per county, number of passing applications, etc.?**

- A12.
- a. The applicants whose proposals achieve a passing score will be ranked and awarded in order by region from highest to lowest score, awards will be based on score and county of preference indicated in the application.
 - b. Units will be allocated to the highest scoring application depending on the number of units requested by the applicant. If units remain the next highest scorer will be awarded and so on until all units for that county are awarded.
 - c. Yes, this is possible.

Q13. With regard to Section 1.3, Awards, will NYS OMH resolicit for units that are not awarded through this solicitation because there are no applicants or no passing applicants for a respective county's allocation?

A13. OMH intends to resolicit any unawarded units from this opportunity. Please note, the RFP identifies regional allocations. Reference to units per county identifies maximums, but there is no minimum identified per county.

Q14. Upon award, will an agency with an existing Apartment Treatment Housing Program be permitted to submit an EZ PAR instead of a full PAR?

A14. EZ PARs are required when an award is made through the RFP process.

Q15. We own/operate a substantial portfolio of supportive housing in NYC as well as a host of social service programs. Are we eligible to apply for this RFP?

A15. Yes.

Q16. Can an applicant be moved into a CR bed and a proxy moved into the ATP bed?

A16. Yes.

Q17. Pertaining to section 2.5 "Eligible Agencies" – Can agencies already running an Apartment Treatment Program apply for this grant to increase the number of beds in their current Program?

A17. Yes.

Q18. Can an individual move into a CR bed and a proxy move into the ATP bed?

A18. See the answer to question 16.

Q19. Is OMH seeking development or are scattered sites still acceptable?

A19. OMH is not seeking development, scattered sites are acceptable.

Q20. We are not an OMH licensed facility or organization, though we do own/operate a substantial portfolio of supportive housing in NYC as well as a host of social service programs for homeless and formerly homeless individuals and families. Are we eligible to apply for this RFP?

A20. Yes

Q21. Will the beds awarded be folded into an existing contract (we have an existing contract) or will it stand alone? If it can be folded into an existing contract does it make a difference if current beds are operated in one county and the new beds are awarded in the neighboring county?

A21. Awards made within the same region of existing Community Residence (CR) programs will be added to your existing contract. Awards made in a separate region where your agency is not operating a CR program will require a new contract.

Q22. RFP 5.4.1 (Population), question-prompt 1a indicates: "Identify the region and counties you are requesting to serve; with the number of units you intend to site in each county proposed." If an applicant responds that it will develop a combined total number of units (i.e, 20) across two counties (within the same geographic region), estimating half (i.e., 10) in each county, do applicants maintain the option post-award announcement to adjust the mix/proportion of units developed in each county (across the region) based on evolving needs and factors at the time-of-award across the single region's housing landscape?

A22. No, units will be allocated to the county proposed.

Q23. RFP 5.3 (Funding), p9, indicates, "Each agency's current programmatic structure will determine specific funding amounts." Can OMH please clarify:

- a. What is the definition of "programmatic structure" in this sentence?
- b. To help applicants budget appropriately, in what ways (via what math formula or qualitative criteria), will such programmatic structure determine the specific funding dollar-amounts?

A23. a. Programmatic structure refers to the number of existing units, awarded units and county units will be located in.

b. Factors such as property cost, program mix, and bed number cause disparities in the total funding. See answer to question 4 for approximate funding per bed.

Q24. RFP 5.3 (Funding), p9, indicates, "Site-specific property costs for the new apartment treatment beds will also be incorporated into the successful applicant's Gross, Income, and Net (GIN) fiscal

model and paid for with SSI revenue and state-aid in the event the GIN model's anticipated SSI revenue is not adequate to cover 100% of the expense." Can OMH please clarify:

- a. What is meant by 'state-aid' in this sentence? (Does this refer to OMH funding that will be awarded as part of the anticipated 5-year grant/contract awards being made under this initiative, or something else?)
- b. Is this 'state-aid' identical to (and fully inclusive of) the 'Program Development Grant—PDG' funding referred to later on p9?
- c. How will OMH assess/affirm whether a GIN model's anticipated SSI revenue is not adequate to cover 100% of the expense? (For example, will this be determined [during OMH application review] based on the Total Expenses and Total Funding/Contribution cells projected by applicants in our completed Appendix B—under "Start-Up Year Budget" and "Operational Year Budget"?)
- d. The required Appendix B "Budget Form" template indicates a space to quantify "Client Contribution" and "OMH/Medicaid Funding", but no separate row or cells to explicitly quantify the expected "SSI revenue" contributions referenced in RFP 5.3 (Funding), p9. In which rows or cells would OMH like applicants to include such "SSI revenue"?
- e. If applicants expect to receive revenues from any sources other than "Client Contribution" or "OMH/Medicaid Funding," where within Appendix B would OMH like applicants to indicate such revenues?
- f. For the Budget Narrative (Appendix B1), in our experience, real-world property apartment rental rates for our region and counties are significantly above the published Fair Market Rent/Rate (FMR), and this continues to be the case in 2023 (where market pressures have increased real-world rental expenses vs FMR). Is it permissible for applicants to budget for the estimated actual cost of property/apartment rental, even if above published FMR?
- g. If NYS OMH plans, as it has sometimes done, to supply an average collectability-rate projected for SSI revenues from each TAP participant, to what extent are applicants allowed / encouraged to adjust their budgeted revenues (upward or downward) to reflect actual collectability rates based on applicant's experience over time (historical data), and/or based on factors projected in the future?

A24. a. Approved property costs are primarily funded with SSI revenue. In the event the anticipated SSI revenue is not adequate to cover total property cost, state-aid allocated to a direct contract will pay for the difference.

b. The statement cited above is related to on-going property costs, not PDG. PDG is, however, paid for with state-aid.

c. Congregate Care Level II SSI, less Personal Needs Allowance (PNA) is the anticipated monthly SSI contribution per client. The Gross-Income-Net (GIN) fiscal model anticipates an 88% SSI collectible factor for Apartment Treatment programs. If \$100k in SSI revenue is anticipated and

the budgeted property cost is \$110k, a \$10k state-aid payment would be needed in order to cover 100% of your requested property cost.

- d. SSI revenue is a client contribution.
- e. Other funding can be included in 'Total Funding/contribution' with a description included in appendix B1: Budget Narrative.
- f. Property cost submitted with applications should reflect realistic estimates and should not be reduced or inflated solely based on HUD published FMR.
- g. OMH's Gross-Income-Net (GIN) fiscal model anticipates a minimum 88% SSI collection factor for Apartment Treatment programs. Applicants are encouraged to submit realistic estimates regardless of disparities from the GIN fiscal model. Disparities will not necessarily result in a denial, however, they will be evaluated in OMH's RFP review process.

Q25. RFP 5.3 (Funding), p9, indicates, "PDG [Program Development Grant] funding will be based on the most current rate at the time of opening, which is currently \$9,410 per bed." And "All reasonable costs to develop the beds should be included in the PDG budget." Can OMH please clarify:

- a. **Should applicants count on such per-bed funding during ONLY the Start-Up Year budget or during both Start-Up Year and Operational Year Budgets?**
- b. **Does the definition of "PDG budget" include \$9,410 [or current-rate-equivalent at time of opening] per year, starting in Year 1 plus any necessary additional funding needed (for the Start-Up Year) based on the total reasonable costs identified to develop the beds?**
- c. **Do examples of "all reasonable costs to develop the beds" included both organization-led, pre-move-in costs (like paying for fire extinguishers, repairs/maintenance, and pest control) and client-centered costs (like paying for needed furniture, cooking utensils, bedding and bath supplies, etc).*?**

A25. a. PDG funding is a onetime grant funding provided for program startup costs. It is a separate contract with a term of 18 months and should not be included in operating budgets.

b. The PDG budget is capped at \$9,410 there is not additional grant funding.

c. Repairs and maintenance should not be included in startup costs, those items should be addressed prior to the agency renting the unit. Fire extinguishers, needed furniture, cooking utensils, bedding, and bath supplies, etc. are appropriate expenses.

Q26. The RFA p12, Section 3.4, indicates, "The Bidder will be required to submit a Minority and Women-Owned Business Enterprises and Equal Employment Opportunity Policy Statement Form #4, to OMH with their bid or proposal."

- a. **Is this document due as part of the proposal due by 8/9/23 or is it due only after receiving award notification?**

- b. **Where can applicants find this form, as it does not appear in the Pre-Submission Uploads page of Grants Gateway?**
- c. **Where in the portal would OMH like applicants to upload this completed document?**

- A26. a. This document is due after the award is made, not with the proposal.
b. See the answer to question 26b.
c. The document is not due at the time of application.

Q27. The RFA p3, Section 1.2 (Target Population/Eligibility Criteria) section indicates, “It is the expectation that at least 50% of referrals should come from the state psychiatric centers, where appropriate referrals exist.” In instances in which a local/regional SPA or SPOA periodically or consistently sends referrals in which far fewer than 50% come from state psychiatric centers, would OMH recommend that applicants plan to lead ongoing negotiations with SPAs/SPOAs, asking them to re-prioritize the referrals they send to recipients of this grant—or would OMH prefer/anticipate that applicants would sometimes deviate from the existing practice (or requirement) of accepting referrals in the order prioritized by the SPAs/SPOAs, in order to increase compliance with this RFA’s 50%+ guidance?

A27. OMH recommends agencies make the SPA/SPOA aware of eligibility requirements for this program (50% of referrals from PCs) and actively participate in SPA/SPOA meetings to obtain the appropriate referrals for their program. OMH Field Offices can be a resource to providers as needed.

Q28. Grants Gateway gives the instruction, “With the exception of the Operating Budget/Budget Narrative questions 5.4b (for which provided templates must be completed and uploaded in response to templates located in the pre-submission uploads section) please note that the response for the following can be provided either through the 4,000-character limit response box or by providing an upload. Instead of “5.4b”, is OMH intending this to read “5.4.6c and 5.4.6d”?

A28. Yes, OMH was intending this to read 5.4.6c and 5.4.6d.

Q29. Grants Gateway gives the instruction, “NOTE: Due to spacing constraints, Question 5.4a is split into two questions/boxes 4a1 and 4a2. Answer will be required in response to Question 5a1.

- a. **Instead of “5a1”, is OMH intending this to read “5.4a1 or 5.4a2”?**
- b. **Since the portal contains a 4,000-character textbox for 5.4a1 (but no upload button) and an upload button (but no textbox) for 5.4a2, is it the APPLICANT’S CHOICE to answer this joint-question 5.4a in EITHER of these two spots, depending on whether the applicant is choosing a text-box-based response or an uploaded response?**

- A29. a. The intention of OMH was to answer question 5.4a in the box for 5.4.a1.
b. There was an error not including the upload option on that question. If an upload is necessary, please upload in response to 5.4.a2.

Q30. Are there any additional Apartment Treatment Housing programmatic guidelines to refer to in addition to the Part 595 of Title 14 of the Codes, Rules, and Regulations of the State of New York (14 NYCRR)?

A30. No.

Q31. What is the current Medicaid reimbursement rate for this level of care?

A31. Average Medicaid rate, for NYC programs is \$4,299 per month. The average Medicaid rate for upstate/Long Island programs is \$3,875 per month.

Q32. How is the program fee calculated for recipient's in the apartment treatment program?

A32. Program fee is SSI Congregate Care Level 2 minus the personal needs allowance.

Q33. Do recipient's at this level of care receive a monthly personal needs allowance (PNA)?

A33. Yes.

Q34. Will we receive the Congregate Care level two rate for rent?

A34. Yes

Q35. Will the Medicaid reimbursement rate be the same as what we receive for our CR beds?

A35. No, Apartment Treatment and Congregate Treatment have different Medicaid rates.

Q36. The agency is already licensed and applying to expand in the existing county and a neighboring county. Does the "Prior Approval Review" (PAR) have to be completed if the agency is already licensed for one of the counties?

A36. An EZPAR will be required to expand the number of beds in the program.

Q37. What are the eligible expenses for the PDG funding? Is construction an allowable expense?

A37. PDG funding is for startup costs such as, hiring staff, staff training, purchase of apartment items, furniture, kitchen supplies such as plates, cups, glasses pots and pans, bathroom supplies such as, shower curtain, towels, cleaning supplies, etc.

Q38. Often the "Western" region is split into both a Western and Finger Lakes region. The Finger Lakes region includes Livingston, Steuben, Schuyler, Chemung, Tompkins, Wayne, Seneca, Ontario, Monroe and Yates Counties. This RFP, however, includes our Finger Lakes counties with the Western Region. I am concerned as providers are only allowed to be awarded with one RFP per region, and often, one agency serves a whole region. This results in lack of opportunity for many counties. While I understand on one hand the reasoning behind this, I am concerned that this does not reflect reality. Our county does not have this treatment/housing model currently, and we are theoretically allowed 15 beds per the RFP...my concern is that we will not get this service at all.

A38. OMH only uses Regional Economic Development Council (REDC) regions when doing a multi-agency RFP. For OMH-only RFPs, OMH always uses OMH regions.

Q39. With regard to Appendix B, If an agency has existing Apartment Treatment units in a region for which they're submitting a proposal, should the budget that is submitted with the proposal be added to the existing GIN or be submitted as a standalone budget?

A39. Budgets related to existing programs should not be included in your application.

Q40. Section 2.2 Key Events/Timeline: If awarded, how much time will be allowed to implement adding new units/staffing from anticipated contract date of 11/1/23?

A40. OMH will work with awardees to develop an implementation schedule in order to get units on-line between six (6) to eighteen (18) months from award date depending on the total number of units awarded.

Q41. Section 5.2.1 Description of the Treatment Apartment Model: Understand this funding supports "scattered site rental units". How is this defined? For example, Are housing providers able to use these funds to support several units in one building? Can multiple units be in a building owned by the housing provider? Are housing providers able to use any of these funds to purchase an affordable apartment building?

A41. Scattered site rental units are units located throughout the community. Typically, these units are privately owned; in some cases, the provider does own the units. Multiple units can be located in one building, but in that case, the building must meet Olmsted compliance. No capital is available in order to support the purchase of a building for this RFP.

Q42: Does the "Prior Approval Review" (PAR) have to be completed before the submission of the RFP or after award is determined? What is the timeline the PAR is due?

A42. The PAR process happens after awards are made.

Q43: Are housing providers allowed to use PDG funds to assist with purchasing an apartment building?

A43. No.

Q44. Will PDG funds support the costs associated for existing Apartment Treatment Programs?

A44. The PDG funds awarded through this RFP are for the costs associated with the newly awarded units and cannot be used for existing units.

Q45. In regards to the PDG funds, what expenses are considered "reasonable costs"? Does this include personnel, rent, security, furniture, household items, etc?

A45. See the answer to question 37.

Q46. 5.4.4 – 4a “OMH providers shall base their response on the most recently published Residential Program Indicators Report” – Where can we obtain this document?

A46. Residential Program Indicators (RPI) reports are issued quarterly to providers. Providers can also run their own reports here: [Adult Housing \(ny.gov\)](https://www.ny.gov/adult-housing)

Q47. Workplan Properties Section on Grants Gateway: There are no state defined objectives and tasks listed. Are there any specific required objectives for this RFP that are required to be data entered in this section on Grants Gateway?

A47. No, OMH does not use the workplan in the Grants Gateway for RFP’s

Q48. Pre-Submission Uploads in Grants Gateway: Unable to pull up the “Document Template” for “Appendix B1 - Budget Narrative”. Is there somewhere else this may be found or downloaded to use for this RFP Submission?

A48. OMH has added the Appendix B1 Budget Narrative to the website with the RFP. Please use that document as an upload to program specific question 6c.

Q49. 5.1 Introduction - Requesting further explanation of “Requirements such as sobriety or community tenure must not impact acceptance.” Does this mean an applicant cannot be denied under these circumstances?

A49. Yes, there are no exclusionary criteria.

Q50. With regard to question 5.4.5c., "Provide the diversity, inclusion, equity, cultural/linguistic competence plan as outlined in the National CLAS Standards for this program," is this question seeking a specific plan for the Apartment Treatment Housing program being proposed or the agency's diversity, inclusion, equity, cultural/linguistic competence plan?

A50. The response should reference the agency’s plan.

Q51. Section 1.2 “It is the expectation that at least 50% of referrals should come from State Psychiatric Centers, where appropriate referrals exist”- Other than current bed management activities coordinated by LGU SPOA, is there an expectation that these beds will be used for PC Long Stay individuals? In other words, not unlike Scatted Site Supported Housing beds with PC Long Stay, are there restrictions on use for individuals currently supported in inpatient State Facilities?

A51. There is not a long stay designation tied to this RFP, the expectation is to move individuals from State Operated housing to community housing, where appropriate referrals exist.

Q52. Section 5.4.1 1f “Describe how the agency prioritizes individuals being referred from OMH PC’s or other priority settings.”- Related as above. Is there an expectation that individuals in other regions who are in State Operated facilities will have priority referral status across OMH Regions?

A52. OMH’s expectation is that individuals should be discharged from institutional settings to the community of their choosing. Although uncommon, it would be expected that a referral from a State Operated facility in another region be considered and prioritized the same as an in-region referral.

Q53. Regarding Sec. 1.3 stating that applicants may propose to serve multiple counties, will the number of beds requested have to be tied specifically to each county applied for, or can they float among the counties based on need at any given time to adequately serve those most in need?

A53. No, a designated number of units will be awarded per county and may not be floated.

Q54. The RFP specifies studio, single, and double occupancy units. In current programs, agencies have acquired three-bedroom apartments to account for costs associated with increased rent, etc. Are we able to use three-bedroom apartments to satisfy this RFP?

A54. No.

Q55. We are considering applying in two different regions of NY. Are we able to initiate two separate grants in Grants Gateway to account for region-specific questions. We are concerned we may be unable to answer the question to account for two regions which have very distinct needs within the allotted character amount required. If not, could we exceed the allotted character amount when applying for two regions?

A55. You must submit multiple applications in the Grants Gateway if you wish to apply to serve multiple regions.

Q56. In terms of peer support services, is a peer being recommended as part of the staffing plan or does this mean ensuring that service recipients have peer support available to them?

A56. It is recommended that a peer is part of the staffing plan.