



**Office of
Mental Health**

Youth ACT 5 Team RFP Questions and Answers

1. Is there an ACT Team being configured in the North Country?

ANSWER: Region/Counties for Youth ACT teams are specified in Section 1.1 of the RFP.

2. Will an Orange County agency receive a downstate rate due to their geographic location?

ANSWER: Orange County will receive the upstate rate.

3. Can you please confirm the 36 slot per month full and partial Medicaid rate for an Orange County agency?

ANSWER: The Medicaid rates for ACT can be found at [Medicaid Reimbursement Rates \(ny.gov\)](#)

4. Can you please confirm the 48 slot per month full and partial Medicaid rate for an Orange County agency?

ANSWER: The Medicaid rates for ACT can be found at [Medicaid Reimbursement Rates \(ny.gov\)](#)

5. Please confirm the Service Dollars for a 36 slot team.

ANSWER: Service Dollars for 36 slot team are specified in Section 5.5 of the RFP.

6. Please confirm the Service Dollar for a 48 slot team.

ANSWER: Service Dollars for a 48 slot team are specified in Section 5.5 of the RFP.

7. What is the ramp-up expectation for admissions? How many new clients can be admitted monthly upon contract execution?

ANSWER: The number of admissions per month should not exceed the range of 4-6 youth.

8. For Orange County, is the RFP for 36 or 48 slots?

ANSWER: As stated in Section 5.2:

“Youth ACT Providers will have the capacity to serve 36 or 48 children and families in each team, depending upon the needs of the area, the number of children eligible to receive Youth ACT, and the capacity for maintaining required staffing levels. This determination will be made by the provider, in collaboration with OMH and the county(ies) served. Applicants must be able to substantiate the capacity of the team by providing historical and/or current data/information on the volume of youth in the County who are likely to meet eligibility criteria. Applicants will also be required to submit Letters of Support from the county(ies) they are applying to serve, which must verify the need and endorse the proposed team size by the applicant.”

9. Can telehealth services be used for the psychiatrist?

ANSWER: Youth ACT is an in-person service with 6 face-to-face visits per month required and the psychiatrist is required see the individual. Currently, Youth ACT does allow for limited telehealth service provision. Allowances for telehealth are regulated under Part 596, which can be found at:

https://omh.ny.gov/omhweb/policy_and_regulations/emergency/omh596.pdf.

While we remain under a COVID Public Health Emergency (PHE) period, telehealth guidance can be located at:

<https://omh.ny.gov/omhweb/guidance/covid-19-consolidated-telemental-health-guidance.pdf>.

Once the PHE period ends, OMH will issue updated guidance in accordance with Part 596 and offer program specific guidance to assist providers.

10. What percentage of youth on Medicaid is required to meet the revenue on page 21 of the RFP?

ANSWER: The Youth ACT funding model is based on the assumption of 60% Medicaid enrollment and 40% Non-Medicaid Enrollment.

11. For a 48-slot team, is the clinical staffing requirement for 6 or 6.5 FTEs?

ANSWER: The clinical staffing model for a 48-slot team is 6.5 FTE.

12. Previously posted Q&A states that startup and transition ramp-up dollars are allocated as a lump sum at the start of the contract date and must be expended within an identified time frame. The budget template is fixed with how dollars are allocated. Can the dollars be flexibly used to cover both staff ramp-up and enrollment ramp-up based on the actual or true experience of the new program? And, if so, how can the budget template be adapted to allow for that flexibility.

ANSWER: The budget template should show the budgeted expenses, related to staff ramp up or enrollment ramp up. The \$425,000 should be budgeted for, fully, in the first year. The template does not need to be changed.

13. Previously posted Q&A states that net deficit funding in the Youth ACT fiscal model will be utilized to support children without Medicaid. Can the program cap the number of non-Medicaid enrolled children so as to not exceed the awarded deficit funds? If not, and the number of non-Medicaid enrolled exceeds the number planned in the budget, how will the net deficit funding change to match the program's net deficit?

ANSWER: The program can manage the number of children enrolled in Youth ACT without Medicaid to ensure the program is fiscally viable. See response #10 for model fiscal assumptions.

14. Previously posted Q&A states that ongoing co-current enrollment in community services is not allowed. However, a child/family that has been determined ready for transition from Youth ACT to a lower level of care may be both an active Youth ACT client and enrolled in CFTSS and/or HCBS 30 days prior to discharge from Youth ACT. Can a Youth ACT staff member provide a monthly required service on the same day, but not the same time, as a CFTSS and/or HCBS service?

ANSWER: Yes, a youth ACT staff member can provide a monthly required services on the same day, but not the same time, as CFTSS and/or HCBS service. They would both be reimbursable when billed using the appropriate codes and CPT code. Of note, per Part 508 "A child may be both an active Youth ACT client and enrolled in CFTSS and/or HCBS 30 days prior to discharge from Youth ACT only as a transition from Youth ACT to an alternate or lower level of care."

15. Previously posted Q&A states that Youth ACT teams have the primary responsibility for crisis response. When additional support from a Mobile Crisis team is accessed, can a Youth ACT team member count the crisis service as a monthly required service on the same day, but not the same time, as the Mobile Crisis team member who is billing for their time with recipient?

ANSWER: Yes, a youth ACT staff member can provide a monthly required services on the same day, but not the same time, as Mobile Crisis. They would both be reimbursable when billed using the appropriate codes and CPT code.