



Comprehensive Care Centers for Eating Disorders

Request for Applications (RFA)

June 2023

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Comprehensive Care Centers for Eating Disorders

SECTION 1

I. Introduction

Comprehensive Care Centers for Eating Disorders (CCCED)

The New York State Office of Mental Health (OMH) is seeking proposals to identify three (3) Comprehensive Care Centers for Eating Disorders, with a total of \$1.1 million dollars in annual funding.

- Eating disorders affect at least 9% of the population worldwide.¹
- 9% of the U.S. population, or 28.8 million Americans, will have an eating disorder in their lifetime.²
- Eating disorders are among the deadliest mental illnesses, second only to opioid overdose.¹
- 10,200 deaths each year are the direct result of an eating disorder—that's one death every 52 minutes.²
- About 26% of people with eating disorders attempt suicide.¹
- The economic cost of eating disorders is \$64.7 billion every year.²

The New York State Department of Health (the Department) developed guidelines for the development of Comprehensive Care Centers for Eating Disorders (CCCED) as a result of Senate Bill S05646, which was signed into law on June 21, 2004. The CCCED program now exists under Mental Hygiene (MHY) CHAPTER 27, TITLE E, ARTICLE 30. A CCCED is a provider system of care, organized by either corporate affiliation or clinical association for the common purpose of providing a coordinated, individualized plan of care for an individual with an eating disorder, across a continuum that includes all necessary non-institutional, institutional and practitioner services and treatments, from initial patient screening and evaluation, to treatment, follow-up care and support.

For the purpose of this document, Comprehensive Care Centers for Eating Disorders will be referred to as CCCED or Centers.

The NYS Office of Mental Health (OMH) oversees the identified CCCEDs.

The legislation requires the CCCED to:

- promote the development and operation of a continuum of comprehensive, coordinated care for persons with eating disorders;
- promote access to information, referral and treatment services on eating disorders for individuals, health practitioners, providers and insurers;
- provide community education, prevention and entry into care; and
- coordinate regional and statewide research into effective methods of education, prevention and treatment, including research on the various models of care.

The vision for CCCED is the combination of health and mental health care providers or groups of providers serving as resources statewide and in their communities, providing clinical expertise, conducting population-based prevention programs and research, and coordinating a full range of services for persons with eating disorders and their families. All applicants seeking

identification as a CCCED will be reviewed by OMH staff. All applicants will receive comments on their applications and be notified if they are approved for identification, or not. Center identification by OMH will be valid for a five-year period from the date of issuance.

OMH will identify one Center each in Western NY, Northeastern NY and Metropolitan NY with the goal of having sufficiently geographically dispersed Centers to assure access to services in all regions of the state.

II. Eligibility

Identification of CCCED:

CCCED are provider-sponsored systems of care, organized by either corporate affiliation or clinical association, for the purpose of providing coordinated, individualized plans of care, across a continuum that includes all necessary non-institutional, institutional and practitioner services and treatments, from initial patient screening and evaluation to treatment, follow-up care and support. Eligible applicants must include an academic medical center in the system of care, with other program components including providers licensed under Article 28 of the Public Health Law or Article 31 of the Mental Hygiene Law, or health or mental health practitioners licensed under title eight of the Education Law. Applicants must fulfill all requirements of this application and all organizational and program components outlined in Attachment A, "New York State Office of Mental Health, Program Guidelines for Comprehensive Care Centers for Eating Disorders."

III. Completing the Application

Attachment A- "New York State Office of Mental Health, Program Guidelines for Comprehensive Care Centers for Eating Disorders," sets forth the organizational, administrative and clinical prerequisites for identification as a CCCED.

A. Application Content

To apply for identification as a CCCED, please complete the application by addressing the following sections in the order and format in which they appear. Please use Times New Roman, 12 font, single spaced, with 1-inch margins. Print each section heading before recording your response. **Applications shall be submitted to the Issuing Officer by email to OMHLocalProcurement@omh.ny.gov by 1:00 PM EST** on the "Applications Due" date indicated in Section 2B.

B. Statement of Need

Page Limit: 2 pages

Describe why a CCCED is needed in the region or regions designated by the applicant on the Applicant Cover Sheet, including any available data on prevalence of Eating Disorders across the lifespan.

Describe the treatment and community education services currently available for the region as well as the gaps in current services for the region.

C. Applicant Capability

Page Limit: 5 pages

Provide a comprehensive description of the applicant organization and its affiliates, including an organizational plan that addresses the New York State Office of Mental Health Program Guidelines for Comprehensive Care Centers for Eating Disorders, Guidelines 1 and 2 (Attachment A). Identify and describe the type and content of arrangements with each affiliate. Identify the applicant and affiliates' parent organizations, ownership (non-profit, privately owned or publicly/private traded), and sponsorship (hospital based or freestanding). Identify services offered by the applicant and affiliates other than those for persons with eating disorders.

Fully describe the organizational capability and capacity of the applicant and the affiliate network to provide the services and levels of care outlined in the guidelines. The description should include the experience and history of the applicant and affiliates in treating persons with eating disorders and the annual volume of cases for at least the past three years. Identify levels of care and services not yet available in the region proposed to be served, and the short term and long-range plan to provide or arrange for that care.

Describe the treatment model(s) and approach of programs within the CCCED. Identify locations and sponsorship of each care setting, and how those settings are integrated. Describe the licensure status of all settings. Describe arrangements for settings to address persons of different ages or developmental stages, including arrangements for individuals under 18 years of age. Describe the mechanism for the care team to be accessible across settings for care. Describe the admission criteria to each of the Center's programs and levels of care, including any exclusions and clinical or other criteria for movement between levels of care. Describe the process for screening, assessment and admission to the Center's programs, including usual wait times.

Describe the collection and maintenance of data. Describe current treatment outcomes for patients with eating disorders treated by the applicant and its affiliates and the methods for measuring such treatment outcomes.

D. Letters of Commitment

No page limit

Include letters of commitment from all partners or affiliates. These letters should state their specific role in, and contribution to, the Center.

E. Service Delivery

Page Limit: 5 pages

Provide a comprehensive description of the services to be provided that address the New York State Office of Mental Health Program Guidelines for Comprehensive Care Centers for Eating Disorders, Guidelines 3 and 4 (Attachment A). Identify the locations and providers of each service, and how those services are to be integrated across the required levels of care.

Describe how arrangements will be made for services not provided routinely by the Center or its affiliates but arranged on an as-needed basis. Describe the capacity for weekend and evening support and 24-hour, seven day per week crisis services.

Describe the residential services to be provided, including the types of settings, the identification of program and physical space for individuals with eating disorders, and the arrangements for age or developmentally appropriate programs and physical space. Describe the licensure status of the residences. If not able to provide residential services, describe how residential services will be arranged for all age groups. Provide documentation, policies and procedures, and agreements supporting such arrangements.

Describe how the Center addresses individuals with histories of physical, emotional or sexual abuse, substance use and psychiatric, behavioral, developmental, or physical co-morbid conditions.

Provide a list of the key staff directing and delivering the proposed Center's services, including staff employed by or under contract with the Center and all affiliates, and append curriculum vitae or biographical sketches for each individual (does not count toward 5 page limit). Describe the experience of these individuals in treating persons with eating disorders, any specialized training or skills and Board Certification or other professional requirements.

Describe the involvement of families and recovering and recovered persons in service provision.

Describe the demographic makeup of the population in the catchment area using available data (race/ethnicity/gender/sexual orientation/language). Describe how this data will be used to shape decisions pertaining to the recruitment and hiring of staff, policies, and the implementation of best practice approaches for serving individuals from marginalized/underserved populations.

Please describe the training strategy for topics related to diversity, inclusion, cultural competence, and trauma-informed care. This includes training about implicit bias, diversity recruitment, creating inclusive work environments, providing culturally responsive trauma-informed care, and providing languages access services.

Please describe the agency's or program's plan to espouse recovery and resilience-oriented values into practice. This includes how entity will communicate, evaluate, and enforce recovery in culture and practice.

F. Community Education, Prevention and Information and Referral

Page limit: 2 pages

Provide a comprehensive description of the community education, prevention, and information and referral programs to be provided and coordinated by the Center that address the New York State Office of Mental Health, Program Guidelines for Comprehensive Care Centers for Eating Disorders.

Explain community awareness and outreach programs, in cooperation with community organizations, schools, and individuals, especially those serving youth and young adults.

Describe the education and coordination of primary care practitioners and other community health care providers. Describe the use of consultation, including teleconsultation, with community providers.

Describe the process and procedure for information and referral for individuals seeking assistance to locate providers within the system of care. Include hours of availability for referrals.

G. Research

Page limit: 2 pages

Provide a comprehensive description of research underway and to be conducted by the Center that addresses the New York State Office of Mental Health, Program Guidelines for Comprehensive Care Centers for Eating Disorders.

An affiliation with one or more academic partners is required. Provide a description of the type of affiliation and a letter of commitment from the partner(s). Collaboration with other identified centers is an asset.

SECTION 2 Administrative Information

A. Designated Contact/Issuing Officer

OMH has assigned an Issuing Officer for this project. The Issuing Officer or designee shall be the sole point of contact regarding the RFA from the date of issuance of this RFA until the issuance of the Notice of Conditional Award. To avoid being deemed non-responsive, an applicant is restricted from making contact with any other personnel of OMH regarding this RFA. Certain findings of non-responsibility can result in rejection for a contract award. The Issuing Officer for this RFA is:

Amanda Szczepkowski
Contract Management Specialist 2
New York State Office of Mental Health
Contracts and Claims
44 Holland Avenue, 7th Floor
Albany, NY 12229
OMHLocalProcurement@omh.ny.gov

B. Key Events/Timeline

Activity	Date
Release RFA	6/6/2023
Questions Due	6/21/2023
Post Q&A	7/6/2023
Application Submission Deadline – 1:00 PM EST	7/21/2023
Anticipated Notification of Awards	8/4/2023
Anticipated earliest contract start date	9/1/2023

C. RFA Questions and Clarifications

All questions or requests for clarifications concerning the RFA shall be submitted in writing to the Issuing Officer by email to OMHLocalProcurement@omh.ny.gov by 1:00 PM EST on the “Questions Due” date indicated in Section 2B and will be limited to addressing only those questions submitted by the deadline. No questions can be submitted or will be answered after this date. No questions will be answered by telephone or in person.

Please put “CCCED RFA” in the Subject Line.

The questions and official answers will be posted on the OMH website by the date listed in Section 2B.

D. Addenda to Requests for Application

In the event it becomes necessary to revise any part of the RFA during the application submission period, an addendum will be posted on the OMH website and the NYS Contract Reporter.

It is the applicant’s responsibility to periodically review the OMH website and the NYS Contract Reporter to learn of revisions or addendums to this RFA. No other notification will be given.

E. Reserved Rights

OMH reserves the right to:

- Reject any or all applications received in response to the RFA that are deemed non-responsive or do not meet the minimum requirements or are determined to be otherwise unacceptable, in the agency’s sole discretion;
- Withdraw the RFA at any time, at the agency’s sole discretion;
- Make an award under the RFA in whole or in part;
- Disqualify an applicant whose conduct and/or application fails to conform to the requirements of this RFA;
- Seek clarifications and revisions of applications for the purposes of assuring a full understanding of the responsiveness to this solicitation’s requirements;
- Use application information obtained through the state’s investigation of an applicant’s qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency’s request for clarifying information in the course of evaluation and/or selection under the RFA;
- Prior to the bid opening, direct applicants to submit application modifications addressing subsequent RFA amendments;
- Prior to the bid opening, amend the RFA specifications to correct errors or oversight, supply additional information, or extend any of the scheduled dates or requirements and provide notification to potential bidders via the OMH website, Grants Gateway and the New York State Contract Reporter;

- Eliminate any non-material specifications that cannot be complied with by all of the prospective applicants;
- Waive any requirements that are not material;
- Negotiate any aspect of the application with the successful applicant in order to ensure that the final agreement meets OMH objectives and is in the best interests of the State;
- Conduct contract negotiations with the next responsible applicant, should the agency be unsuccessful in negotiating with the selected applicant;
- Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an applicant's application and/or to determine an applicant's compliance with the requirements of the solicitation; and,
- Cancel or modify contracts due to insufficiency of appropriations, cause, convenience, mutual consent, non-responsibility, or a "force majeure"

F. Debriefing

OMH will issue award and non-award notifications to all applicants. Non-awarded applicants may request a debriefing in writing requesting feedback on their own application, within 15 business days of the OMH dated letter. OMH will not offer debriefing to providers who receive an award. OMH will not offer ranking, statistical or cost information of other applications until after the NYS Office of the State Comptroller has approved all awards under this RFA. Written debriefing requests may be sent to the Designated Contact/Issuing Officer as defined in Section 2.A.

G. Protests Related to the Solicitation Process

Protests based on errors or omissions in the solicitation process, which are or should have been apparent prior to the deadline for receipt of all written questions for this RFA, must be filed prior to the deadline of questions. In the event an applicant files a timely protest based on error or omission in the solicitation process, the Commissioner of OMH or their designee will review such protest and may, as appropriate, issue a written response or addendum to the RFA to be posted on the OMH website in the RFA/RFP section. Protests of an award decision must be filed within fifteen (15) business days after the notice of conditional award or five (5) business days from the date of the debriefing. The Commissioner or their designee will review the matter and issue a written decision within twenty (20) business days of receipt of protest.

All protests must be in writing and must clearly and fully state the legal and factual grounds for the protest and include all relevant documentation. The written documentation should clearly state reference to the RFA title and due date. Such protests must be submitted to:

New York State Office of Mental Health
Commissioner Ann Marie T. Sullivan, M.D.
44 Holland Avenue
Albany, NY 12229

H. Minority and Women Owned Business Enterprises

OMH recognizes its obligation to promote opportunities for maximum feasible participation of certified minority and women-owned business enterprises (MWBEs) and the employment of minority group members and women in the performance of OMH contracts. In accordance with New York State Executive Law Article 15-A, OMH expects that all contactors make a good-faith effort to utilize Minority and/or Women Owned Business Enterprises (M/WBE) on any award resulting from this solicitation in excess of \$25,000 for commodities and services or \$100,000 for construction.

With respect to MWBEs, each award recipient must document its good faith efforts to provide meaningful opportunities for participation by MWBEs as subcontractors and suppliers in the performance of the project to be described in each grant disbursement agreement and must agree that OMH may withhold payment pending receipt of the required MWBE documentation. The directory of MWBEs can be viewed at <https://ny.newnycontracts.com>. For guidance on how OMH will determine a contractor's "good faith efforts", refer to 5 NYCRR §142.8.

In accordance with 5 NYCRR § 142.13, each award recipient acknowledges that if it is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth herein and in its grant disbursement agreements, such finding constitutes a breach of contract and OMH may withhold payment from the award recipient as liquidated damages.

Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to MWBEs had the award recipient achieved the contractual MWBE goals; and (2) all sums paid to MWBEs for work performed or material supplied under the grant disbursement agreement.

By applying, an Applicant agrees to demonstrate its good faith efforts to achieve its goals for the utilization of MWBEs by submitting evidence thereof in such form as OMH shall require. Additionally, an Applicant may be required to submit the following documents and information as evidence of compliance with the foregoing:

- A. An MWBE Utilization Plan, which shall be submitted in conjunction with the execution of the grant disbursement agreement except as otherwise authorized by OMH. Any modifications or changes to the MWBE Utilization Plan after the execution of the grant disbursement agreement must be reported on a revised MWBE Utilization Plan and submitted to OMH.

OMH will review the submitted MWBE Utilization Plan and advise the award recipient of OMH acceptance or issue a notice of deficiency within 30 days of receipt.

- B. If a notice of deficiency is issued, the award recipient will be required to respond to the notice of deficiency within seven (7) business days of receipt by submitting to OMH, a written remedy in response to the notice of deficiency. If the written remedy that is submitted is not timely or is found by OMH to be inadequate, OMH shall notify the award recipient and direct the award recipient to submit within five (5) business days, a request for a partial or total waiver of

MWBE participation goals. Failure to file the waiver form in a timely manner may be grounds for disqualification of the bid or application.

OMH may refuse to enter into a grant disbursement agreement, or terminate an existing grant disbursement agreement resulting from this solicitation, under the following circumstances:

- a. If an award recipient fails to submit a MWBE Utilization Plan;
- b. If an award recipient fails to submit a written remedy to a notice of deficiency;
- c. If an award recipient fails to submit a request for waiver; or,
- d. If OMH determines that the award recipient has failed to document good faith efforts

The award recipient will be required to attempt to utilize, in good faith, any MBE or WBE identified within its MWBE Utilization Plan, during the performance of the project. Requests for a partial or total waiver of established goal requirements may be made at any time during the term of the project but must be made no later than prior to the submission of a request for final payment under the grant disbursement agreement.

Each award recipient will be required to submit a Quarterly MWBE Contractor Compliance & Payment Report to OMH over the term of the project, in such form and at such time as OMH shall require, documenting the progress made toward achievement of the MWBE goals established for the project.

I. Participation Opportunities for New York State Certified Service-Disabled Veteran Owned Businesses

Article 17-B of the New York State Executive Law provides for more meaningful participation in public procurement by certified Service-Disabled Veteran-Owned Business (SDVOB), thereby further integrating such businesses into New York State's economy. OMH recognizes the need to promote the employment of service-disabled veterans and to ensure that certified service-disabled veteran-owned businesses have opportunities for maximum feasible participation in the performance of OMH contracts.

In recognition of the service and sacrifices made by service-disabled veterans and in recognition of their economic activity in doing business in New York State, applicants are expected to consider SDVOBs in the fulfillment of the requirements of the Contract. Such participation may be as subcontractors or suppliers, as proteges, or in other partnering or supporting roles.

OMH hereby establishes an overall goal of 0% for SDVOB participation, based on the current availability of qualified SDVOBs. For purposes of providing meaningful participation by SDVOBs, the Applicant/Contractor would reference the directory of New York State Certified SDVOBs found at <https://ogs.ny.gov/Veterans>. Additionally, following any resulting Contract execution, Contractor would be encouraged to contact the Office of General Services' Division of Service-Disabled Veterans' Business Development to discuss additional methods of maximizing participation by SDVOBs on the Contract.

It would be required that "good faith efforts" to provide meaningful participation by SDVOBs as subcontractors or suppliers in the performance of a resulting awarded Contract as documented.

J. Sexual Harassment Prevention Certification

State Finance Law Section 139_I require applicants on state procurements to certify that they have a written policy addressing sexual harassment prevention in the workplace and provide annual sexual harassment training (that meets the Department of Labor’s model policy and training standards) to all its employees. Bids that do not contain the certification may not be considered for award; provided however, that if the applicant cannot make the certification, the applicant may provide a statement with their bid detailing the reasons why the certification cannot be made. A template certification document is being provided as part of this RFA. Applicants must complete and return the certification with their application or provide a statement detailing why the certification cannot be made.

K. NYS and OMH Policies

The applicant/contractor must agree to comply with all applicable New York State and OMH policies, procedures, regulations and directives throughout the term of the contract.

L. Contract Term

The contracts awarded in response to this RFA will be for a five-year term. Selected applicants awarded a contract under this RFA will be required to adhere to all terms and conditions in OMH’s Master Grant Contract.

M. Contract Termination and Reassignment

There are a number of factors that may result in the contract being terminated and/or reassigned. This includes, but is not limited to, failure to meet to maintain eligibility requirements throughout the contract period; failure to maintain staffing and/or program model; failure to meet and maintain program components; failure to meet required reporting requirements; failure to meet fidelity requirements within three years from implementation. A contractor will be provided notification if there is need for reassignment.

To reassign the contract, OMH will go to the next highest ranked application for that county. If there are no agencies left with a passing score, OMH will go to the top of the list and work its way down the list to reassign the contract.

N. Evaluation Criteria and Method for Evaluating Applications

All applications will be rated and ranked in order of highest score based on an evaluation of each applicant’s written submission. The applications will be evaluated and scored according to the following categories as outlined in **Section 1:III: B-G**.

Evaluation	Points
Statement of Need	2
Applicant Capability	8
Letters of Commitment	2
Service Delivery	7
Community Education, Prevention, and Information and Referral	4
Research	2
Total Points	25 Points

Designated staff will review each application for completeness and verify that all eligibility criteria are met. A complete application shall include all required components as described in **Section 1:III: 4-G**. If an application is not complete or does not meet the basic eligibility criteria, the application will be eliminated from further review. The agency will be notified of the rejection of its application within 10 working days of the application due date.

Applications will be evaluated for completeness and scored based on the submissions of responses in **Section 1:III: B-G**.

Any application not receiving a minimum score of 80 will be eliminated from consideration.

In case of a tie in the scoring process, the application with the highest score on the Applicant Capability response (**Section 1:III:C**) of the written narrative submission will be ranked higher.

VI. Attachments

- A. Program Guidelines
- B. Cover Letter
- C. Application Cover Sheet
- D. Regions/Map
- E. Mental Hygiene (MHY) CHAPTER 27, TITLE E, ARTICLE 30.

Attachment A – Program Guidelines

New York State Office of Mental Health

Program Guidelines for Comprehensive Care Centers for Eating Disorders

Guideline 1

Mental Hygiene (MHY) CHAPTER 27, TITLE E, ARTICLE 30 requires the CCCED to provide a coordinated and comprehensive system of treatment for persons with eating disorders. Centers are provider sponsored systems of care, organized by either corporate affiliation or clinical association for the purpose of providing coordinated, individualized plans of care, across a continuum that includes all necessary non-institutional, institutional and practitioner services and treatments, from initial screening and evaluation to treatment, follow-up care and support.

CCCED will provide or arrange for a continuum of care for individuals of all ages with eating disorders (consistent with the most recent edition of the DSM or ICD-9-CM). This continuum will encompass all aspects of care, from initial assessment through outpatient and follow-up services and will include medical, mental health, case management, residential and social support services.

All levels of care must be appropriately licensed. To the extent practicable, at all levels of care and for all types of treatment, services will be provided in settings specifically for people with eating disorders. The Center and its affiliates will display a strong commitment to family involvement. To the extent practicable, treatment settings will be separated by age, be developmentally appropriate and take into account cultural differences among participating individuals. Mechanisms must be in place for individuals to access the clinical team across all levels of care.

The continuum includes, at least, the following levels of care:

Outpatient treatment, health, psychosocial and case management services, including intensive outpatient programs and partial hospitalization programs, in both noninstitutional and institutional settings, from licensed and certified practitioners with demonstrated experience and expertise providing services to individuals with eating disorders:

Medical/surgical, psychiatric and rehabilitation care in a general hospital or a hospital licensed under this chapter; provided that, whenever practicable and appropriate, the service setting for any such care shall be oriented to the specific needs, treatment and recovery of persons with eating disorders;

Residential care and services in a residential health care facility licensed under article twenty-eight of the public health law, or a facility licensed under article thirty-one of this chapter which will provide a program of care and service setting that is specifically oriented to the needs of individuals with eating disorders; and

The CCCED must have experience providing services to individuals with these disorders. The Center must have an organizational plan describing the capacity of and relationships between the applicant and its partners, which describes how the Center ensures effective delivery of integrated and comprehensive services. The Center's organizational plan will specify

arrangements in place to manage and coordinate inpatient, residential, outpatient, follow-up care, case management, support services and other services and requirements. All components of treatment must take place in a New York State licensed facility or by health or mental health practitioners licensed under Title 8 of the Education Law. If some services cannot be directly provided in New York State but are arranged for at a facility in another state, describe the other state's licensing and credentialing requirements. The plan must describe the responsibilities of, and the structural relationships, functional relationships, and lines of communication between the applicant, the program director and all partner agencies and practitioners involved in the care of individuals with eating disorders. The plan should clearly identify the services to be provided directly by the applicant and those services that will be provided through arrangements with partner agencies. The plan will also detail features of such arrangements that may impact patient care. The type of arrangement with each provider should be specified (e.g., referral agreement, contract, etc.). Prior to identification, the CCCED will be required to submit written policies and procedures implementing the organizational plan to OMH for approval.

Services should be available either provided directly by the Center or by referral:

- Psychiatry
- Internal/Family Medicine
- Pediatric/Adolescent Medicine
- Specialty Medical Care as needed including but not limited to gastroenterology, cardiology and endocrinology (in consultation with the individual's primary care practitioner and the medical director of the individual's health plan)
- Psychology
- Psychotherapeutic Interventions
 - Individual Therapy (Cognitive Behavior Therapy, Dialectical Behavior Therapy, Cognitive Analytic Therapy, Interpersonal Therapy)
 - Family Therapy
 - Group Therapy
- Nutritional Rehabilitation and Counseling
- Nursing
- Case Management including assessment, reassessment, care planning and service acquisition
- Psychopharmacology
- Social Work
- Support Groups (Peer and Family)
- Vocational Services
- Educational Services
- Dental Care
- Transitional Services
- Monitoring and Relapse Prevention

Applicants will be required to demonstrate strong regional capacity for the delivery of all services. As part of the organizational plan, applicants will indicate the geographic area or areas for which they will provide services. Three service areas have been designated (see Attachment D: map). Applicants may elect to serve more than one region or to provide services in selected

areas of an additional region, however at least one of the designated regions must be served. Acute and residential care services shall be accessible within the identified region. Outpatient services must be provided with individuals' travel time by automobile or public ground transportation not to exceed 90 minutes whenever possible. The organizational plan should describe how outpatient and follow-up services will be provided for those individuals living in the outer areas of the designated service region. If any services, such as residential care services, are arranged for outside of one's region or outside of New York State, describe travel distances and options for transport of patients.

CCCED will designate a Program Director and staff sufficient to provide or coordinate all required services among affiliated providers. The Center must describe a process to ensure that individuals are screened and that persons with urgent needs are admitted on an expedited basis. The Center will conduct a quality assurance program which will include, but not be limited to, periodic clinical review of individual patient records, documentation of recovery rates and the methodology for determining them, and evaluation of the success of modalities of care among subgroups of the patient population. CCCED will collect and maintain data for all patients, defined by OMH, allowing for evaluation of the program in cooperation with the OMH. Key care process and outcome indicators required of all providers will be defined by the OMH.

CCCED understand the process to access insurance benefits and other third-party reimbursement. Centers must understand the process for and demonstrate the knowledge to make HIPAA compliant commercial insurance and other third-party payor claims on behalf of patients, including prior authorizations and all levels of appeals.

Centers will enter into agreements with all other identified CCCED to share information and facilitate care for individuals who choose to move between Centers.

Guideline 2

Mental Hygiene (MHY) CHAPTER 27, TITLE E, ARTICLE 30 requires Centers to coordinate individualized plans of care, across a continuum that includes all necessary non-institutional, institutional and practitioner services and treatments, from initial screening and evaluation to treatment, follow-up care and support.

Other services in the individualized service plan may be provided on an as needed basis. Examples of such services include occupational therapy, physical therapy, experiential therapies, after school programs, substance abuse treatment, exercise physiology, support and treatment for survivors of sexual, emotional and physical abuse, and spirituality support.

CCCED will provide a comprehensive intake evaluation for all individuals presenting for care at the Center. Service plans will be multidisciplinary and will follow practice guidelines. Service plans will be developed to address medical stabilization, nutritional recovery and psychological recovery, provide the necessary supports through the treatment process and also enhance individuals' life skills and improve overall quality of life and functioning.

Case management activities are an integral part of ensuring that individuals' service plans are developed and implemented. Case management will be available to each individual. The level of case management services provided will vary depending upon the individual's needs and his/her individualized care plan. The case management function will include coordinating clinical

services (e.g., obtaining evaluations and other documents from all members of the multidisciplinary team, assisting in scheduling appointments, coordinating clinical testing), ensuring periodic team meetings and patient reassessments, assisting in accessing reimbursement and social support services, coordinating with the educational system (as appropriate), and serving as a point of contact for the individual and his/her family during the care experience.

To the extent possible, individuals will be offered developmentally appropriate services and treatment segregated by age. Involvement of recovered persons in the delivery of services is an asset.

Transitional services will be provided to all individuals treated at CCCED with the goal of eventual return to optimal functioning at home and in the community. These services will be incorporated into all levels of care and will focus on providing the individual with the necessary services and skills to adjust to changes in level of care and to prevent relapse.

Guideline 3

The applicant is able to conduct activities for community education, prevention, information/referral and research. Mental Hygiene (MHY) CHAPTER 27, TITLE E, ARTICLE 30 requires CCCED to promote and coordinate regional research efforts into effective methods of education, prevention and treatment of persons with eating disorders including research on the various models of care.

Since prevention and treatment for eating disorders continues to evolve, it is essential that the CCCED are linked to state-of-the-art prevention and treatment information and that staff are knowledgeable and employ the interventions that have proven effective.

Further studies are needed to address issues surrounding the epidemiology, causes and course of illness for individuals with eating disorders. Specific studies of interest include research to better determine the prevalence of eating disorders, efficacy studies to evaluate specific strategies for prevention and studies to evaluate specific treatment methods for eating disorders in adolescents and adults. Centers may affiliate with an academic partner for conducting such research. Collaborations with other identified New York State CCCED on research and evaluation activities are an asset. Centers will share their findings with others in the field of eating disorder prevention and treatment.

Guideline 4

Within the selected service area, the CCCED will may sponsor, provide or coordinate with programs that increase the awareness, early identification and treatment of persons with eating disorders. Mental Hygiene (MHY) CHAPTER 27, TITLE E, ARTICLE 30 requires Centers to conduct community education, prevention and information and referral activities.

Through increasing public awareness and prevention activities, the Centers will increase knowledge necessary for the early identification of individuals who may develop or have developed eating disorders. Early identification is beneficial to earlier recovery and can lead to the early identification and subsequent treatment of common co-morbidities such as depression, anxiety and post-traumatic stress disorder.

Community Education

CCCED will provide and coordinate community education programs and access to informational resources addressing the range of disordered eating behaviors and eating disorders. The aim of these programs is to make the public aware of the problem of eating disorders in the community, review risk factors and warning signs, and inform the community about resources for preventing and obtaining treatment for eating disorders. Community programs should include specific outreach to parents, teachers, coaches, dance instructors, school nurses, athletic trainers and others frequently in contact with children, adolescents, or young adults, as well as lending libraries and up to date Web based materials. In addition, CCCED will broadly disseminate information regarding referral mechanisms to New York State's other regional Centers.

The CCCED will sponsor programs for the education of primary care practitioners in the community including pediatricians, adolescent medicine, internal medicine and family medicine practitioners, mental health professionals, dentists and other health care providers who may come in contact with individuals suffering from eating disorders. The goal of these programs will be to increase health care provider knowledge of eating disorders, their signs and symptoms, methods of early identification, and available treatment and referral options. The CCCED will provide telephone consultation to community providers about the identification and diagnosis of eating disorders. The Centers will also maintain educational resources that may be used by community providers to increase their knowledge.

Formal and informal linkages between community providers and the Center are encouraged to ensure prompt referral and treatment for individuals identified as having or potentially having an eating disorder.

Prevention Programs

The Centers are encouraged to implement and coordinate population-based prevention strategies for children and adolescents. These programs will be practice guideline based or designed around promising prevention strategies. Evaluation of these programs will be an integral part of the Centers' research and evaluation activities.

Information and Referral

The Centers will serve as a resource for health and mental health providers, school personnel, parents and the public, providing information about the prevention and treatment of persons with eating disorders. Information and referral is particularly important for parents and concerned others of persons who have not yet entered treatment to facilitate entry into the care system. Individualized information and referral will be available by phone or in person during business hours.

Attachment B – Cover Letter

Date
New York State Office of Mental Health
44 Holland Ave
7th Floor
Albany, NY 12208
Attn: Amanda Szczepkowski

Re: Comprehensive Care Centers for Eating Disorders Request for Identification

Dear Ms. Szczepkowski:

This letter is to indicate our organization’s interest in being considered for the Identification as a Comprehensive Care Center for Eating Disorders and a completed application is attached.

Sincerely,

CEO’s signature required

(Printed signature)

Attachments

Attachment C – Application Cover Sheet

Comprehensive Care Centers for Eating Disorders

Please complete this cover sheet for the application you are submitting.

Identification as a Comprehensive Care Center for Eating Disorders

Region: Western NY Northeastern NY Metropolitan NY Other*

Applicant Organization: _____

Applicant Mailing Address: _____

County: _____

Federal Tax ID #: _____

Statewide Financial System ID#: _____

Charities Registration #: _____

Name of Contact Person: _____

Title: _____

Mailing Address: _____

Telephone: _____

Fax: _____

E-Mail: _____

Authorized Signatory for Applicant:

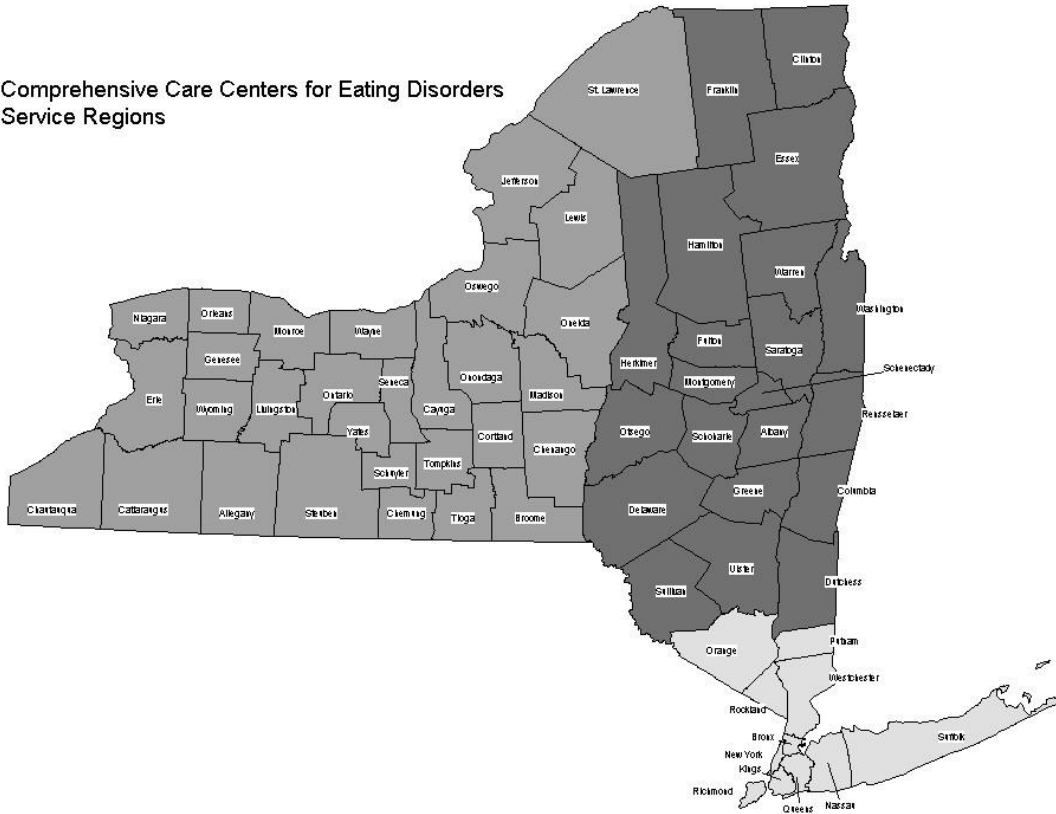
(Printed signature and title)

*Additional justification must be included in the application.

Attachment D – Map/Regions



Comprehensive Care Centers for Eating Disorders Service Regions



2/14/05

Attachment E:

<https://www.nysenate.gov/legislation/laws/MHY/TEA30>