

Children’s Mental Health Clinics Co-Located in Primary Care Settings Questions and Answers

- 1. If a Federally Qualified Health Center (FQHC) provides limited mental health services to children and the center demonstrates a need greater than their capacity, may an Article 31 organization apply for funding under this Request for Proposal (RFP) to partner and meet the service gap?**

Yes, an Article 31 organization may apply.

- 2. As a satellite clinic, may the mental health clinic also enroll patients who do not receive primary care at that Primary Care setting? (Patients could be unattached or receiving services elsewhere.) If so, what proportion of clients is allowable?**

Yes, a satellite clinic is intended to serve the surrounding community, not only the patients of the primary care practice. There is no set proportion.

- 3. May a Federally Qualified Health Center (Article 28) partner with an Article 31 facility?**

[See answer to question 1.](#)

- 4. We are a hospital based mental health clinic and would like to use the start up funds to open a satellite office in the pediatric out-patient primary care clinic of our hospital. Would that be approved usage of the grant?**

Yes. See Section 5.3 (B) of the [RFP](#), Requirements for Submission, which details questions to be answered in the proposal narrative regarding a comprehensive approach for integrated practices.

- 5. Is there an upper age limit to the youth served in this partnership? 21?**

Part 599 regulations apply to all clinics licensed by New York State Office of Mental Health (OMH). Part 599.1(b) states:

Clinic treatment programs serving children serve individuals up to 21 years of age and may include 21-year old individuals while such individuals are currently admitted to a clinic serving children with a diagnosis of emotional disturbance.

- 6. Would a hospital pediatric primary care clinic Diagnostic and Treatment Center (D&TC) be a barrier to funding?**

The proposal would have to demonstrate that the proposed new co-located satellite office would result in increased access to children’s mental health services in a way that the existing diagnostic and treatment facility cannot.

7. **Will the grant support Information Technology costs for both the satellite clinic and the primary care setting? If so, what specific costs are allowable (i.e. computer, software purchases or upgrades, licensing fees, electronic health records etc.)?**

Yes, and all the costs listed above are allowable.

8. **In regard to the funding provided, is there any delineation for how the money can be spent? Can it be used to pay a staff salary, or to buy new equipment/furniture for the new space? Must it be related to direct patient care, or can the funding be used for intangible expenses, for example to pay a clinician for time spent developing a curriculum and educating the physician about what patients should be referred?**

The funding can be used to offset loss of staff productivity during the start up period. It may be used to buy equipment and furniture. It does not need to be related to direct patient care. It can be used for training and education.

9. **Can the support staff's time for such things as telephone, outreach and letter composition be included? Can administration staff time to establish Memorandum of Understanding (MOU) be included?**

Yes, the funding can be used to offset loss of staff productivity during the start up period.

10. **We are an outpatient child and adolescent clinic (Article 28) affiliated with a county hospital. Would we be eligible for this grant if we wanted to co-locate services within the pediatric outpatient department at the same hospital? Both clinics already exist and are operational, however we do not currently have mental health services within the pediatric clinic. The plan would be to create a space within the pediatric department for some of our clinic mental health staff to see patients for evaluations, medication screens, follow ups, etc.**

[See Question #4.](#)

11. **We are an outpatient child and adolescent clinic (Article 28) affiliated with a county hospital. Would we be able to apply for this grant if we wanted to co-locate behavioral health services within an FQHC located in one of our community health centers?**

[Yes. See Question #4.](#)

12. **In your presentation you specified what information/question should be discussed in the program narrative portion of the application. Do we have access to those question/guidelines? Where can they be found?**

Yes, access to the question/guidelines can be found via the [RFP](#), which can be found on the [OMH website](#).

13. **Is there a limit to the number of applications one agency can submit? Can there be two submissions each for separate co-located clinics? Can multiple proposals be submitted?**

As stated in Section 2.5 of the [RFP](#): Each eligible **agency** may submit only one proposal per region. A separate and complete proposal package is required for each proposed

regional program. For example, if one agency wants to implement a co-located satellite clinic in **BOTH** New York City region and the Hudson River region, then that agency must have an existing clinic in each region, and, two separate and complete proposals must be submitted.

14. The physician's office that we want to partner with has several locations and they would like us to rotate to different spaces. How would that fit into this?

This RFP is to fund one satellite location. The budget submitted with the proposal should reflect expenditures for one site.

15. Can the \$30,000 be used to start two co-locations in primary care settings in the same region?

[See Question #13.](#)

16. Can we apply if we are a Diagnostic & Treatment Center (D&TC) that is also licensed by New York State Department of Health (DOH)?

Yes, provided the D&TC is an eligible organization as described in Section 1.3 of the [RFP](#), which can be found on the [OMH website](#).

17. If an Article 31 clinic wants to partner with a primary care facility which is an Article 28, is there an issue? They are providers of Mental Health Services for Adults.

[See Question #1.](#)

18. If we are currently co-located, an Article 28 and Article 31, can we apply?

No, the funding from this RFP is intended to support the creation of new co-located satellites, not to embellish existing sites.

19. Is there a particular billing code that can be used for a "warm hand-off"?

No, there is no code for this activity and there is no intent to add a billing code for a "warm hand-off."

20. On page 11 of the RFP what specific data needs to be tracked and reported on? What are the specific evaluation protocols?

There is no specific data to be tracked with the exception of the Satisfaction Surveys. However, it is expected that selected applicants will collect any and all necessary data that they deem helpful to the progress of the program.

21. Do Federally Qualified health Centers count as a primary care setting?

Yes.

- 22. Can OMH post a list of all agencies that have registered to be eligible to file a Prior Approval Review (PAR) for this project? How many agencies are applying from different regions?**

This cannot be determined until agencies submit their proposals.

- 23. I assume that for services provided under the new co-located satellites a provider will continue to use the new Clinic restructuring Ambulatory Patient Group (APG) billing system and that they will be reimbursed at the same rates as our main site. Correct?**

Yes, the new satellites will use APG billing, and each satellite will be reimbursed at the same rate as the main site with which they are associated.

- 24. Does the agency need to have a stand-alone OMH licensed children's outpatient clinic or can they have an OMH licensed outpatient clinic that serves both adults and children?**

Eligible bidders are agencies which operate children's outpatient mental health clinics currently licensed by OMH. This does not preclude agencies with clinics that are also licensed to serve adults.

- 25. I am inquiring if our clinics are eligible for this funding. Our agency operates two Article 31 Clinics in two different counties. Neither clinic is solely designated as a Children's Clinic as we serve both children and adults at both locations.**

[See Question #24.](#)

- 26. Our agency is in a rural area that deals with three counties. Our agency is located in one county, while the proposed satellite location is in another. Where does the letter of support have to be from?**

The letter of support should be from the county where the services are going to be located.

- 27. Does a local government unit (LGU) that also operates a clinic and is applying for the grant need a letter of support from the county?**

No.

- 28. The RFP states that an applicant needs a letter of support from a county included with the proposal. What about in New York City (NYC)?**

NYC providers should obtain a letter of support from The NYC Department of Health and Mental Hygiene (DOHMH).

- 29. Is a Letter of support from a primary care physician sufficient or do we need a Memorandum of Understanding (MOU)?**

The MOU can be developed after the award is made. The Letter of Support from the Primary Care Practice should indicate that there is dedicated space available in the practice. A

description and map of the available space location within the Primary Care Practice should be included.

30. Are there standardized Satisfaction Surveys for primary care staff and for service recipients that should be used? What are the standards (e.g., # respondents, response rate, and time frame) for these surveys?

There is no standardized Satisfaction Survey. The survey is to be created by the bidder and submitted with a plan for administering. Refer to Section 5.3 A of the [RFP](#).

31. If approved, does the mental health provider need to complete a PAR application? If so, when?

Once a conditional award letter is received by an applicant agency, the PAR application can be completed.

32. Are clinics expected to ask for the maximum amount of funding available? For example, can an upstate clinic ask for only five or ten thousand dollars if that is all that is needed for start up?

Clinics are not required to ask for the maximum amount of funding available for their region.

33. Will the power point presentation used at the Bidders Conference be posted online?

Yes, the power point will be posted on the OMH website at the same time that the Questions and Answers are posted.

34. Will preference be given to settings that have been involved in Project TEACH (Training and Education for the Advancement of Children's Health)?

No, but this information can be included to support proposal narrative questions, for example, in Section 5.3 B of the [RFP](#): Describe willingness to engage in discussion and planning with primary care practitioners about opportunities to participate in Project TEACH training, support, and consultation.

35. Does year one need to be a full 12 months?

Yes.

36. What is the expected start date?

The anticipated start date is July 1, 2012.

37. The RFP states that there is no OMH funding provided after year one - does that include the \$30,000?

The funds are one-time only to promote the establishment of licensed children's satellite clinics co-located within a pediatric or family practice primary care setting and will not be continued in subsequent years.

38. If we already have relationships with primary care facilities through Clinics Plus, will it help the proposal to gain points?

[See Question #34.](#)

39. Are administration and overhead to follow the OMH Consolidated Fiscal Reporting (CFR) rules for agency administration?

Yes.

40. Is \$50,000 the maximum award given? What if the budget has expenditures greater than this amount?

\$50,000 is the maximum award in the New York City and Long Island Regions. The maximum award in the Central, Hudson Valley, and Western Regions is \$30,000

41. In our situation, the physical health care provider does not have extra office space in the primary care clinic, but has space in an office in a nearby location. But, this location is not technically a primary care clinic where clients are seen. Would this arrangement be allowable for this RFP?

The proposal would have to demonstrate that the proposed new co-located satellite would result in increased access to children's mental health services. The lack of extra space does not necessarily create a barrier to applying for this funding; the proposal should show what the space looks like and where it is located in relation to the physical health care provider's office.

42. We already have an existing satellite clinic in a primary care practice. Are we still eligible to apply?

No. [See Question #18.](#)

43. How soon after the RFP is awarded, do you expect the agency satellite to begin operations?

It is expected that the satellite clinic will be fully operational within one year of the contract start date.

44. Is there a minimum amount of hours that a clinician is expected to be present at the satellite office.

When licensing clinic satellites, OMH's Bureau of Inspection and Certification (BIC) does not require a minimum number of hours. The satellite is required to have regular hours and staff availability during those hours. The exact number of hours of operation should be determined on an individual satellite basis and be tailored to the community being served.

45. How is the budget scored?

Refer to [RFP](#) Section 4.2.2.

46. Will budgets that total less than the maximum available amount for the region being applied have an advantage in the cost evaluation?

[See Question #45.](#)

47. Does the Metro region include Westchester, Long Island and NYC?

There is a link to the five OMH Field Office regions in Section 4.1 of the [RFP](#).

48. What is Tier III?

Tier III is a designation based on the scoring of the Outpatient Tiered licensing protocol for programs that have failed a defined number of indicators or critical indicators. If an agency's program was in Tier III status, it would be indicated on the bottom of their Operating Certificate.

49. Would an Article 31 agency with a short Operating Certificate (< 5 mo.) as a result of a new licensed program be eligible to bid under this RFP?

Yes.

50. Does the satellite offices have to be located in a Pediatrics office or can it be a Primary Care Physician's office? Do you have to identify the number of children served?

Yes, the satellite office can be located in a Primary Care Physician's office. The number of children served does not have to be identified.

51. Can physicians see both adults and children at the site licensed for Children and Families?

The agency would need to request an amendment to change the compilation for the site.

52. We presently have co-located but not integrated services which are an important aspect of the RFP. Would this meet eligibility?

No. The RFP's intent is to create a new satellite office that does not already exist.

53. Can the satellite office be in a hospital emergency room?

No, the RFP's intent is to locate the satellite office in a Pediatric or Primary Care office.

54. Would a pediatric clinic at a hospital be allowable?

Yes, provided the proposal demonstrates that the proposed new satellite office will indeed increase access to mental health services in a way that the existing hospital based mental health clinic cannot.

55. What about funding for an existing co-location site?

[See Question #18.](#)

56. What is new co-location?

New co-location is a facility that would need to apply for satellite licensing through OMH's Bureau of Inspection and Certification (BIC) as it does not currently exist.

57. Who would bill the clients for services; the mental health provider or the primary care practice?

The mental health provider must bill for the services provided by the staff of the mental health clinic.

58. Do Article 31 clinics have to do their own billing, or is it done through the Primary Care facility?

The Article 31 clinic must do its own billing.

59. How can an Article 31 do billing if co-located in an Article 28 space?

Certification allows for co-location services when there is discreet space used for mental health services. The site will provide billable services.

60. What period of time is needed to spend the funds? How soon will an agency get the funding?

The funding would have to be spent before the end of the contract period, which will be one year. Payments begin immediately after an executed contract is received by OMH from the Comptroller's office.

61. How is confidential information shared among staff?

The usual The Health Insurance Portability and Accountability Act (HIPAA) rules of confidentiality apply.

62. How can these services be truly integrated if there is no record sharing when a Primary Care Practitioner refers patient to Mental Health Services? Doctors that I have talked to are interested in sharing records electronically, with a patients' (parents) permission. Physicians want to know what mental health services the child has received at the time of their annual physical visits and evaluations of these Mental Health services. Dual entry adds to clinician's workload.

We are required to comply with existing regulations. There is no mechanism for dual entry to date.

63. In developing integrative service, will each partner maintain separate medical records? If there is an expectation of shared records, who will maintain ownership of the medical record?

There needs to be two distinct sets of records, one for the Primary Care Practitioner's Office and one for the Mental Health Clinic.

64. Can Family Planning Centers be considered?

No.

65. In reference to planning and coordination time, when do you expect the deliverable mental health services to begin?

Upon execution of the State contract, selected agencies should begin developing and delivering the necessary services.

66. Is there any expectation of the number of children required to be seen for the funding in the first year?

No.

67. How long does the satellite application process take?

Once OMH deems an application complete for distribution, the timeline for OMH to review an EZ PAR application decision (approval, conditional approval or non-approval) is 30 business days. Additional information about Prior Approval Review can be found on the [OMH website](#).