

# Long Island Transition to Community Residential Program

## Questions and Answers

### Questions related to residents

1. Can we get a breakdown of client demographics and diagnosis, including co-morbidities and forensic history? **Yes, the following information, as of 06/1/12 is available. As of 06/06/12, the census of the Pilgrim RCCA is at 75 individuals.**

### RCCA – CENSUS DATA – 6/1/2012

The Residential Care Center for Adults/RCCA is a Community Residence facility located in Suffolk County that is licensed to hold 130 residents. At the current time, the census in the building is 78 residents, as the residence is closing and transitioning to a new residential model. Since June 1, 2011, 54 residents have been discharged from the RCCA to various sites (community placement, long term hospitalization) or due to resident death.

As of June 1, 2012, the RCCA is housing 78 residents ranging in age from 32-71 years old (87% are ages 31-61 and 13% are over 62 years old). All residents are able to ambulate independently without the use of walkers, canes or wheelchairs. Residents are encouraged to attend day activities outside of the residence, however there are usually approximately 39 residents who stay home each day. The residents who remain home take part in some scheduled groups such as ADL development, personal hygiene, use of community resources, simple meal preparation, arts & crafts, health groups, discharge planning and gardening.

There are currently five residents classified as undocumented; three with language barriers identified (Spanish and Polish); three do not receive Medicaid and the facility pharmacy issues medications for them; two are receiving Medicaid but do not have documentation to support getting benefits to pay for housing outside of the RCCA or Family care which presents a discharge challenge.

Seventy-five residents receive services from local clinical providers (Buckman Center, Western Suffolk Center & La Casita). The 3 remaining residents receive services from the Veteran's Administration Hospital and Pederson-Krag & a local ACT team. An increasing number of residents require accompaniment to medical appointments in the community. Often the provider will insist on staff accompaniment due to past behaviors in the office, or inability to effectively communicate with the resident. Approximately 55% of the residents require such 1:1 care in the community.

The current population includes nine residents under an active Assisted Outpatient Treatment Order (AOT). The current average of number of reported incidents over the past six months is 19 per month. Discharges have been regular over the last year with 54 residents discharged from June 1, 2011 through June 1, 2012.

Please see the following information for information pertaining to:

- AOT Residents
- Residents with Smoking issues (smoking inside the residence)
- Dual Diagnosis and Substance Abuse Issues
- Fire Setting Histories
- ACT Team residents
- High Risk Histories (Suicide, Aggressive Behavior / Violence, Elopement)
- Resident Age and Gender Breakdown
- Day Program Attendance
- Breakdown of Psychiatric Diagnosis by Axis I and Axis II
- Hospitalizations (Medical and Psychiatric) from 6/1/11 – 6/1/12
- Residents requiring staff to assist on Medical Appointments
- Medical Diagnosis and Frequency
- Undocumented Residents and Language Barriers
- Length of Stay at Residence
- Benefits and Insurance Information

### **RCCA CENSUS SNAPSHOT:**

The following information was obtained with a census of 78 residents on the RCCA roster. Data was gathered on June 1, 2012 from documented information and assistance that they require on a daily basis.

Residents currently on AOT status: 9 or 11%

Residents on the Smoking Unit: 11 or 14%

Residents non-compliant with smoking policy: 6 or 7%

Approximately 20% of residents in the building smoke within the residence or in the bedrooms and require daily education on smoking policy.

Residents with Dual Diagnoses:

Residents have a DSM diagnosis of Mental Retardation and Mental Illness: 4 or 5%

Residents dually diagnosed with Mental Illness and Substance Abuse Disorder: 29 or 37%

Residents who have documented alcohol or substance use in the last 6 months: 6 or 8%

Residents who have a history of fire setting: 4 or 5%

Residents who use an ACT Team: 1 or 1%

Residents who are undocumented: 5 or 6%

Residents with language barriers: (Spanish and Polish): 3 or 4%

**HIGH RISK:**

Residents who have a history of elopement, with no episodes during the last 6 months: 6 or 7%

Residents who have a history of elopement episodes in the past six months: 2 or 2%

Residents with histories of suicide gestures or attempts: 38 or 49%

Residents with a history of assaultive behaviors: 49 or 63%

**DEMOGRAPHIC INFORMATION:**

Age Bracket:	Number of Residents	% of Current Residents (n=78)
18-30	0	0%
31-61	68	87%
62+	10	13%

Gender	Number of Residents	% of Current Residents
Male:	57	73%
Female:	21	27%

**Residents compliant with attending day program as assigned by program: 39 or 50%**

**Residents non complaint with attending program; attend only clinical services: 39 or 50%**

**Primary Axis I and II Disorders by type in residence: n=78 residents**

Diagnosis	Number of Residents	Percentage Population
Bi Polar I Disorder	1	1 %
Psychotic Disorder NOS	4	5 %
Schizoffective Disorder	33	42 %
Schizophrenia - Disorganized	6	8%
Schizophrenia - Paranoid	16	20%
Schizophrenia – Undifferentiated	17	22%
Post Traumatic Stress Disorder	1	1%
Mood Disorder NOS	1	1%
Alcohol Abuse	6	8%
Alcohol Dependence	1	1%
Avoidant Personality Disorder	1	1%
Antisocial Personality	2	2%
Cannabis Abuse	2	2%
Cocaine Abuse	1	1%
Borderline Intellectual Functioning	1	1%
Borderline Personality Disorder	1	1%
Histrionic Personality Disorder	1	1%
Mild Mental Retardation	2	2%

Mental Retardation	2	2%
Personality Disorder NOS	5	6%
Poly substance Abuse	6	8%

**HOSPITALIZATIONS WITHIN THE PAST SIX MONTHS:**

PPC Acute Psychiatric Hospitalization: 15

Community Hospitals – Psychiatric: 10

Community Hospitals – Medical: 12

Residents with more than one psychiatric or medical hospitalization in the last year: 10 or 13%

**MEDICAL:**

Average number of medical appointments staff accompany residents on per day, Monday through Friday: 5 per day

Number of residents requiring staff to assist on all medical appointments: 43 or 55%

**Medical Diagnosis Breakdown:**

Medical Conditions	Number of Residents	Percentage of Residents
Cardiac Conditions	60	70%
Three or More Co-occurring Disorders: (Hypertensive (HTN), Thyroid, Diabetes, High Cholesterol)	39	50%
Diabetes	26	34%
Asthma and COPD	27	35%
Seizure Disorder	10	13%

Other medical conditions include: Glaucoma, Cataracts, Pancreatic Cancer, Anemia, Deep Vein Thrombosis, Hepatitis B/C, Sleep Apnea, Lupus, Gout, GERD, Renal Insufficiency/Kidney Disorders, Dementia (Early Onset.)

**LENGTH OF STAY OF DISCHARGES FROM RCCA: (last 12 months)**

Number of discharges (6/1/11 – 6/1/12) – 54 residents

Average length of stay for discharged residents at RCCA: 1,855 days; 5.08 years

Longest Length of Stay – 7,697 days / 21 years

Shortest Length of Stay – 36 days

**LENGTH OF STAY FOR CURRENT RESIDENTS: (6/1/12)**

Number of Residents: 78

Average Length of Stay: 2282 days / 6.25 years

Longest Length of Stay: 7,973 / 21.8 years

Shortest Length of Stay – 252 days

**BENEFITS AND INSURANCE INFORMATION:**

Benefits	Number	Percent of Residents
Social Security Disability (SSD)	55	70%
<i>Self Payee</i>	6	7%
<i>PPC as Rep Payee</i>	31	40%
<i>Not –for Profit as Rep Payee</i>	11	14%
<i>Family as Rep Payee</i>	7	9%
State PNA Only (No SSD)	23	35%
Medicaid/Other Insurance	74	94%
No Benefits (Undocumented)	4	6%

2. Current RCCA residents – how will ‘we’ get to know them?

**Use the proposal to explain what your agency has done in the past with similar individuals and how your agency will use your experience to become acquainted with these individuals.**

3. Do the current RCCA residents have community services now?

**Yes. Some residents utilize community based services; some utilize services on the grounds of the Pilgrim PC. See answer #1.**

4. Can we tour the RCCA?

**No. The bidder who receives this award will have the opportunity to provide in-reach and develop rapport with the individuals residing at the RCCA prior to moving to the TCR’s.**

5. Are any clients in a wheelchair?

**No**

6. Staffing seems heavy on nursing. Are we to assume that the residents have medical issues?

**Yes, many RCCA residents have medical issues. Diabetes is one common medical condition. See breakdown of medical conditions in answer #1.**

7. Are community based nursing services currently being used by RCCA residents?

**No, all RCCA residents self administer medications under staff supervision. One nurse at the RCCA administers insulin to approximately 4 residents.**

8. Would all 75 RCCA residents move at once or will there be a “phase in”?

**Due to on-going construction at Kings Park PC, the winning bidder will need to work in collaboration with Pilgrim PC RCCA staff in implementing a plan to transition all 75 individuals within a short time frame.**

9. What if an individual does not want to go to the transition program, either prior to the award, during the in-reach transition process or immediately afterward, will the agency receive another referral?

**The remaining 75 residents of the RCCA have been informed that they will be transitioning from the RCCA to the newly established TCR. If an individual chooses not to transition from the RCCA during the initial in-reach transition process or immediately afterward, creating an initial vacancy in the TCRs, OMH reserves the right to move another resident who is ready for discharge from Pilgrim PC to this vacant unit.**

### **Property-related questions**

10. Can we get the square footage so we know how to budget the janitorial services?  
**The following is the square footage for the three 25 unit TCRs;**

**TCR 102 - 11,862.47 Sq.Ft.**

**TCR 201 - 11,933.85 Sq.Ft.**

**TCR202 - 11,934.13 Sq.Ft.**

11. Can we get a floor plan so we can figure the budget for cabling, wiring, phones, etc.?

**Floor plans will be provided to the winning bidder; please use the square footage provided in question #9 above in calculating the budget for cabling, wiring, phones, etc.**

12. How are you going to provide elevator/handicapped access to the units? Who will pay for the remodeling of the sally ports?

**The entrances/exits for the TCR units will be separate for the inpatient areas so the sally port will not be needed or available to the TCR residents and staff. The elevators will be locked for entrance to higher floors, preventing access to the inpatient units. Elevators will only go to the floors which house the TCR units.**

13. The RFP (pg.11) notes PPC pays utilities; RFP (pg 14) noted current amount plus utilities and property expenses?

**Pilgrim PC holds several different maintenance contracts on items such as the fire alarm system, security, sprinklers, elevators, heating and cooling, electricity; the grantee will be required to pay a pro-rated share of these expenses. For services in which the grantee enters into separate contracts for services, such as internet, cable, telephone, the grantee will be solely responsible to pay.**

14. Where do we obtain Property Costs, i.e. rent, pro-rated share?

**The utility expenses (gas, heat, and water/sewage, electric) are calculated at a rate of \$4.67 per sq. foot.**

**The winning bidder will be expected to pay a pro-rata share of the following shared maintenance and service contracts. The costs provided below are estimated costs and are subject to change; however for the purposes of preparing your proposed annual budgets, please use the following amounts to determine Property/Rent Expenses:**

**Elevator - \$10,000**

**Generator - \$1,310**

**HVAC - \$18,700**

**Chiller - \$4,600**

**ADT - \$7,000**

**Simplex - awaiting information**

**Utilities- \$4.67 per square foot.**

**Other costs to consider: Garbage, Phones, Personal Services**

15. Is site maintenance based on the OMH per diem for CR's?

**OMH does not require a capital reserve on leased properties but it is suggested that the agency create a capital reserve for ongoing maintenance.**

16. Is the furniture in the TCR's staying or will it be removed, including the washer/dryer and pool table? What about furnishings? Will any be provided?

**There may be some older furniture from the RCCA available but it is up to the winning bidder to use this furniture. It is expected that the agency will need to provide most of the furnishings necessary to equip the units.**

17. How will staff and clients gain access to the building?

**Staff and clients will have stairway and elevator access to the second and third floors. The elevator will be locked from the floors not housing the TCR programs. The existing sally ports will be removed.**

18. Can the second teaching kitchen that will be constructed be in a different location?

**Bidders should base their proposal on locating the second teaching kitchen in the same location as the first teaching kitchen. At the current time, the design is already complete for the proposed location and a building permit for the design has been obtained.**

19. Can the intercom system be silenced or can it to be used as a resource for emergency situations?

**The intercom system cannot be silenced; however it can be used as a resource by the winning bidder for emergency situations that occur in the TCR units.**

20. There are pay phones located in at least one unit designated for the TCR programs. Will those pay phones remain or will the agency need to purchase new phones? If those phones remain, are there pay phones on the other units too?

**Pay phones are no longer wired for use and will be removed by Pilgrim PC staff. The agency will need to provide telephones for residential use.**

### **Supported Housing related questions**

21. Do you think there will be an increase in the Supported Housing funding?

**There will not be an increase in the Supported Housing funding for these units at this time. The operating funding is budgeted at \$14,493 per unit plus 30 % of client's income for rent and utilities.**

22. Supported Housing – Can an agency buy property to use as Supported Housing or rent?

**No additional capital funding is available for purchase of property. Should an agency want to purchase property, the agency must contact the Long Island Field Office prior to entering into a purchase contract.**

**Agencies may rent studio, single bedroom, two-bedroom, and 3-bedroom apartments. No more than three individuals may share an apartment. Individual bedrooms must be provided.**

23. Is the Supported Housing phased in?

**Supported Housing units are expected to be phased in, while the census of two of the three TCR programs is reduced and the two TCR programs are closed. By the end of year three, the agency should plan on operating 75 Supported Housing units and one 25-unit TCR, and two Residential Transition Support Teams.**

24. Can people move to Supported Housing sooner than year 2?

**Individuals should be encouraged to transition when they have gained the skills necessary to transition to a less service intensive setting; this can occur at any time and is not restricted to year 2.**

25. What about the 25 unit TCR continuing past year 3, once all Supported Housing units are operating?

**The need for continued operation of the 25 unit TCR will be evaluated at the end of year 3 with the agency, Field Office, and Central Office.**

## Staffing related questions

26. Regarding the CEO salary cap, how will that be determined and monitored?

**Please see the following information found on the OMH website regarding proposed Regulations *Part 513 - Limits on Administrative Expenses and Executive Compensation* at**

**<http://www.dos.ny.gov/info/register/2012/may30/pdfs/rules.pdf#page=34>** 

27. Are we expected to hire staff before operating and how much time is allowed for hiring?

**The expectation would be for staff to be hired prior to the clients moving into the TCR. Staff may also be utilized to do in-reach to the residents of the RCCA. It will be up to the individual agency to determine when staff should be hired.**

28. The suggested staffing pattern does not include janitorial staff, should this be considered when doing the budget?

**The staffing pattern outlined in the RFP is a suggested pattern. Agencies should describe in the budget and budget narrative a detailed proposed staffing they intend to use to operate the units developed under this RFP.**

29. The operating funding does not support the staff salaries we pay, how are we to follow the staffing pattern if this would make us over budgeted?

**The operating budget described in the RFP and anticipated client contributions should be used in determining the funding for staffing and development of the Transition Community Residential Programs.**

30. Community Mental Health Nurse? It's hard to find a nurse with the qualifications. Would an RN with Mental Health experience be considered appropriate?

**Yes**

31. Master's Level Professionals – are they clinicians/therapists?

**No. All the residents have clinical treatment providers and will continue to receive services from their current clinicians/therapists/doctors. The role of the Master's Level clinicians is to provide support and to assist in transitioning residents to more independent levels of care.**

32. What if the CEO is over the governor's cap?

**Please see the following information found on the OMH website regarding proposed Regulations *Part 513 - Limits on Administrative Expenses and Executive Compensation* at**

**<http://www.dos.ny.gov/info/register/2012/may30/pdfs/rules.pdf#page=34>** 

33. Will RCCA staff be available for hiring?

**A RCCA staff member has, like anyone, the ability to apply for work in any employment setting. The RCCA staff will not transition with the residents, though staff will be available to assist residents and the NFP staff with transitioning residents from the RCCA to the TCR programs.**

34. Aside from assisting residents to manage diabetes, hypertension, etc. what other duties can nursing staff perform?

**The agency should describe in their proposal a detailed description of the responsibilities that will be assigned to nursing staff. Any nursing duties established must be in compliance with the Nurses' level of New York State licensing.**

35. What would the daily responsibilities of a Peer-to-Peer Counselor include?

Would they be expected to contribute to a resident's case record?

**The agency should describe in their proposal a detailed description of the responsibilities that will be assigned to Peer-to-Peer Counselors. The responsibilities that are identified in the proposal and /or job description will determine if Peer-to-Peer Counselors are expected to contribute to a resident's case record.**

#### **Budget related questions**

36. Where are the start-up funds coming from?

**The start-up funds will be provided in year one's operating budget. It is expected there will be a lag time when all three TCR units are fully operational and the beginning of the contract period.**

37. Is there PDG?

**There is no PDG for the units developed under this RFP.**

38. The shared responsibilities such as cook chill system, will we have access to any estimates of the value of this expense?

**The estimated value of the cook chill system is \$5.50 per day per resident. There may be an additional amount associated with the cost of staffing related to this system. The exact amount is not known at this time and will be discussed with the agency who is awarded the units available under this RFP.**

39. Are any services reimbursable through Medicaid?

**Services will not be eligible for reimbursement through Medicaid. Each TCR is over 16 beds, precluding the agency from collecting Medicaid reimbursement.**

40. Do the residents pay a fee (SSI)?

**Residents who are eligible to receive SSI should be assisted with applying for these benefits. Residents who receive SSI will be required to pay a fee**

**consistent with the SSI Congregate Care Level 2 facility level of funding. See client demographics in question 1 for more detailed information on client benefit information.**

41. Will these units be considered Congregate Care Level II?  
**The TCRs will be licensed under Part 595 of Title 14 of the Codes, Rules, and Regulations of New York State and will be considered Congregate Care Level II.**
42. Will the individuals receive PNA?  
**Individuals who are entitled to receive SSI/SSD will receive PNA funds through these resources. There are a small number of individuals who are not eligible to receive benefits; it is expected for these individuals the agency will provide PNA funds through the OMH operating contract budget.**
43. Will the individuals be expected to pay a program fee similar to licensed CR's?  
**Yes, residents will be expected to pay a program fee similar to licensed Congregate Care Level II facilities.**
44. How will individuals not receiving SSI pay for the housing services?  
**The winning bidder is expected to work within the funding amounts described in the RFP to help off -set and cover costs for individuals who are not receiving benefits and who are unable to pay for housing services.**
45. Do we budget for contingency funds? On what basis?  
**OMH does not require a contingency fund but recommends the agency have funds set aside for unexpected expenses.**
46. Is there a limit to Administration and Overhead?  
**Please see the following information found on the OMH website regarding proposed Regulations *Part 513 - Limits on Administrative Expenses and Executive Compensation* at <http://www.dos.ny.gov/info/register/2012/may30/pdfs/rules.pdf#page=34>**
47. What should be included in Admin and OH?  
**Please see the following information found on the OMH website regarding proposed Regulations *Part 513 - Limits on Administrative Expenses and Executive Compensation* at <http://www.dos.ny.gov/info/register/2012/may30/pdfs/rules.pdf#page=34>**
48. Is money to be provided by OMH up front or will agencies be reimbursed for fronting costs?  
**It is likely that the agency will need to cover the initial costs and will be reimbursed by OMH.**

49. When does the budget year and contract year begin?

**The contract year will begin when the agency is awarded the contract and continue until the end of the calendar year. Subsequent contract years are based on the calendar year January 1 to December 31.**

50. Phase years? Are they calendar years? Or State budget years?

**Contracts follow the calendar year.**

51. When does the 2<sup>nd</sup> phase of this project actually start?

**Applicants should demonstrate within their proposal how they will develop the Residential Transition Support Teams, while concurrently transitioning individuals from the Transition to Community Residences into Supported Housing and/or backfill units. Agencies need to include a timeline for completion of the conversion. Operating funding for Phase II of the project is projected to begin the year following closure of two 25 unit Transition to Community Residences, continued operation of one 25 unit Transition to Community Residence and the operating of 75 Supported Housing Units.**

52. How will Phase II be funded (renting, purchasing, etc.)? Is one method of securing housing (i.e. rent/purchase) preferable over another? Do award amounts include funding for furnishings, building rehab (if needed)?

**PHASE II will be funded following a calendar year. There is no capital associated for purchasing housing; it is expected that the 75 units of Supported Housing will be scattered site. Operating budget amounts include funding for furnishings. Funding amounts do not include funding for building rehabilitation.**

### **Miscellaneous questions**

53. Would we be allowed to provide respite services or hospital diversion in empty beds once individuals begin to transition out of the residence?

**No**

54. The RFP limits the narrative response to 30 Pages. Are there any requirements as to font, type, size, or line spacing (e.g. can the proposal be single-spaced, or must it be double-spaced)?

**There are no specific requirements other than number of pages. Simple, easy to read Times New Roman 12 point font and easy to read line spacing are preferred.**

55. What type of medical equipment/supplies (i.e. stethoscope, blood pressure machine, first aid supplies, etc.) would the grantee need to purchase/supply? Will any medical furniture/equipment remain (i.e. exam table, etc.) for grantee's use?

**All furniture and equipment /supply needs will need to be determined by the agency who is awarded the units under this RFP. No furniture/equipment will remain (i.e. exam table, etc.) for grantee's use.**

56. Will Pilgrim PC or the grantee be responsible to supply resident bedding/linens?  
**Residents may have personal linens they can choose to bring from the RCCA; however the grantee will be responsible for supplying resident bedding/linens.**
57. If a TCR resident is moved into one of the NFP CR's prior to Phase II, what would become of the vacated bed?  
**If a TCR resident is moved into a CR prior to Phase II, through a backfill process, the vacated bed will remain vacant. The goal of Phase II is to vacate and close two of the three 25 unit TCRs while developing 75 units of Supported Housing and two Residential Transition Support Teams.**
58. Will the agency who is awarded the RFP continue to manage the RTS teams once they are open to all Suffolk county providers?  
**Yes, the agency who is awarded the RFP will continue to manage the RTS teams once they are open to all Suffolk County providers.**
59. What type of monitoring will be done by OMH?  
**The TCR will be licensed under Part 595 of Title 14 of the Codes, Rules, and Regulations of New York State and monitoring will be conducted in accordance with Part 595. Supported Housing and the RTS teams will be monitored on an on-going basis through the Long Island Field Office.**
60. Will collaborations for support services be preferred?  
**The agency should describe in their RFP proposal how they anticipate using the RTS teams and if any collaborations will be established to support the functions of the RTS teams.**
61. What criteria will Suffolk County SPOA use to approve to referral in to a backfill situation.  
**Suffolk County SPOA, in collaboration with the Long Island Field Office, will coordinate the referral process of all individuals, assuring the backfill process is done in accordance with OMH policy.**
62. In the RFP, Pg 11, 1st paragraph - When referencing "security" what exactly does that mean?  
**The security that is referred to on page 11, 1<sup>st</sup> paragraph refers to Pilgrim PC's campus security and warranty use of the ADT security system, and use of the intercom system to summon security officers in case of emergency.**
63. Do any of the individuals have counties of origin other than Suffolk County? If a Nassau County origin, will they be eligible for wraparound funds?  
**It is expected that residents with counties of origin other than Suffolk County will be transferred to Suffolk County upon the move.**