



**Health Home Plus (HH+) –
Specialty Mental Health Care Management Agency (SMH CMA)
Connections to support Critical Transitions
Questions & Answers**

Please note that due to the Grants Gateway shut down from 1/10/24-1/16/24, the due date for this RFP has been extended to 1/31/2024. Applications will still be completed in the Grants Gateway. Any work completed before the shutdown will not be lost but no work can be completed during that time. OMH encourages applicants to get as much work done as possible prior to the 1/10/24 shutdown date.

Q1. In terms of eligibility, we currently have Provisional Designation as an OMH-designated Specialty Mental Health Care Management Agency (SMH CMA). Are we eligible to submit an application with Provisional Designation?

A1. Only Specialty Mental Health CMAs that have achieved full designation are eligible to apply. Specialty Mental Health CMAs that are provisionally designated are not eligible to apply.

Q2. Can an OMH operated agency apply for this funding?

A2. OMH operated Specialty Mental Health Care Management Agencies that have achieved full designation are eligible to apply.

Q3. On page 7 of the RFA it states, “OMH will distribute awards to the first 10 applications received per region...”

Please clarify, does this mean the first that you actually received sequentially that meet just the initial requirements or is there a review relative to content, feasibility and purpose? We see that the deadline is 1/24 and are wondering if we need to submit well in advance of that in order to be considered.

A3. Completed applications, meeting all the required eligibility as described in Section D, will be awarded, and distributed on a first come, first serve basis. Applicants are encouraged to submit their application before the 1/31 deadline; see note above re: extension of application due date to 1/31/24.

Q4. Once the target population is enrolled into the program, will the specialty CMA be able to bill at HH+ service rates?

A4. Specialty Mental Health CMAs can bill the HH+ service rate for enrolled members who meet target population criteria and when all minimum service requirements for HH+ SMI have been met.

Q5. Can you clarify the definition of “NYC Region” (page 7). Does the definition refer to Manhattan only or all 5 boroughs?

A5. The NYC Region includes Bronx, New York, Kings, Queens, and Richmond County.

Q6. If 2-3 local CMAs would like to propose a joint collaboration, can they each request \$40,000? Does each CMA have to submit individually on the Grants Gateway?

A6. Each designated SMH CMA must submit their application individually in Grants Gateway.

Q7. There are 3 Specialty CMA's that serve our County. The 3 CMA's would like to collaborate on a proposal to hire one full-time staff member, who would be employed by one of the CMAs, to serve as a liaison with our hospital and jail. This would require that each individual CMA receives the \$40,000. Should one CMA apply on behalf of all 3 CMAs--for a total of \$120,000? Or does each individual CMA need to apply individually?

A7. Each designated SMH CMA must submit their application individually in Grants Gateway.

Q8. Can agencies who are provisionally designated for HH+ SMI apply for this grant?

A8. Only Specialty Mental Health CMAs that have achieved full designation are eligible to apply. Specialty Mental Health CMAs that are provisionally designated are not eligible to apply.

Q9. Funds are allowable to support "competitive salary and fringe for a dedicated Intake Specialist." Obviously \$40,000 would not suffice for a full-time dedicated staff. As such, can I assume that the dedicated specialist can take this on as part of their full-time hours? In other words, I assume this grant does not require 1FTE to be dedicated, correct?

A9. The specific FTE requirement for the Intake Specialist is not prescribed. The purpose of these funds is to support the development of formal pathways between Specialty Mental Health CMAs and hospitals/facilities. This funding is used to cover program costs related to the development of a formal pathway and procedures with a hospital and/or other provider, and as such may be used towards a competitive salary and fringe for a dedicated Intake Specialist.

Q10. On page 6, under Use of Funds, it speaks to an allowance for flexible hours. Could you define how you are using allowance in this sentence? I assume this means that funds could be used for overtime if necessary?

A10. Yes, CMAs are allowed to use these funds in any way that allows for flexibility in coordination of discharges that occur outside normal business hours. Things like overtime pay or establishing evening hours are examples that are allowed.

Q11. Could funding be used for a competitive/enhanced salary for a Care Manager role due to the intensity of the job? In the RFA's section on use of funds, it states that funds could be used for a "Competitive salary and fringe for a dedicated Intake Specialist" and also notes examples listed were not exhaustive.

A11. This funding can be used to cover program costs, such as a competitive/enhanced salary for a Care Manager role if this care manager works towards developing a formal pathway and procedure with a hospital, correctional/criminal justice agency and/or other provider setting. Please note that funds under this initiative are a one-time funding opportunity.

Q12. Page 3: Introduction and Background states, “The combined total of these awards will be up to \$2,500,000 over one (1) year” but on page 10 under the Workplan section it states “...in order to demonstrate adequate progress within the 18 months of the award date, as required by the RFA” Is the period of performance 12 months or 18 months?

A12. The funds will be for a 12-month period.

Q13. Can OMH share the list and/or number of attested SMH CMAs within each eligible region? Additionally, can you share which counties are associated with each region?

A13. Number of attested SMH CMAs by region: Central NY has 43; Hudson River has 49; NYC has 45; Long Island has 15; and Western NY has 59. The list of counties associated with each OMH Field Office region can be found here:

<https://omh.ny.gov/omhweb/aboutomh/fieldoffices.html>.

Q14. Can you clarify “Completed applications, meeting all the required eligibility as described in Section D, will be awarded, and distributed on a first come, first serve basis” Does this mean there is no scoring rubric outside of meeting eligibility described in Section D and funding is determined solely by which applicant gets their application in the fastest? Will there be consideration for number of awarded applications within one county?

Example: Pretend County in the Central New York region has 5 SMH CMAs. If Pretend County gets all 5 of their applications in before other counties within the CNY Region, would Pretend County automatically be awarded for all 5 applications?

A14. Each application will be reviewed for completeness and for all eligibility criteria being met. A complete application must clearly include all required components described in Program Requirements Section E. An application missing any one of the required components (incomplete) or does not meet the basic eligibility and participation standards as outlined in Section D, will be disqualified. To ensure awards are distributed to all 5 regions of the State, OMH will distribute awards on a first come, first serve basis to applications received by region. For Western New York, Central New York, Hudson River and Long Island regions, OMH will distribute awards to the first 10 applications received per region; for the NYC region, OMH will distribute awards to the first 23 applications.

If for a given region all awards have not been distributed, OMH will go back to review applications by submission date and distribute awards on first-come first-serve basis until all remaining awards are made. Applicants are encouraged to submit their application before the 1/31 deadline.

Q15. In counties where there are multiple SMH CMAs, is there preference to apply independently, or would there be preference in applying as a county with a designated lead where funds are distributed among all SMH CMAs participating in this initiative?

A15. Each designated SMH CMA must submit their application individually in Grants Gateway.

Q16. Do you need to be a 501-C to apply? Can a governmental agency that is a Specialty Mental Health Provider apply?

A16. Eligible applicants are any CMA designated by the NYS OMH as Specialty Mental Health Care Management Agencies (SMH CMA). A governmental agency operating a designated Specialty Mental Health CMA can apply.

Q17. What is the pre-qualification/qualification process for governmental agencies (SUNY)? Do governmental (state) agencies register in the Grants Gateway?

A17. Organizations must be registered in the Grants Gateway to compete for New York State grants. Please refer to the Grants Management website <https://grantsmanagement.ny.gov/> for information on registration. Government entities do not need to be prequalified but must be registered in the Grants Gateway.

Q18. What are the deliverables for this grant?

A18. Awardees will 1) maintain full designation as a Specialty Mental Health Care Management Agency for the duration of the contract term, 2) establish a pathway with the hospital/facility, that allows for effective transitional care coordination for high need individuals experiencing a critical transition in care, 3) provide transitional care coordination to individuals coming out of the hospital/facility and ensure linkage to Health Home, and 4) train staff providing transitional care coordination in areas of engagement, the needs of the HH+ SMI population and the benefits of HH+ services.

Q19. Under Section 1 B. Target Population/Eligibility Criteria it states: Individuals with SMI that do not fall in any HH+ high need eligible categories but are experiencing a critical transition in care (discharge from a hospital/Emergency Department/CPEP/correctional/criminal justice agency, etc.) may also be eligible.

Is this RFA indicating that the criteria for HH+ would be expanded to include individuals being discharged from the above mentioned settings or would we be expected to request clinical discretion from SPOA to consider those being discharged that do not already meet criteria?

A19. SMH CMAs may be able to utilize the clinical discretion of a Local Government Unit's (LGU) Single Point of Access (SPOA) or the Managed Care Organization (MCO) to connect individuals with SMI that do not fall in any of the HH+ SMI high need eligible categories to HH+ services.

Q20. The RFA indicates that the awarding of the funding will be on a first come first serve basis. What does this mean? How will organizations be selected to receive this funding?

A20. Each application will be reviewed for completeness and for all eligibility criteria being met. A complete application must clearly include all required components described in Program Requirements Section E. An application missing any one of the required components (incomplete) or does not meet the basic eligibility and participation standards as outlined in Section D, will be disqualified. To ensure awards are distributed to all 5 regions of the State, OMH will distribute awards on a first come, first serve basis to applications received by region. For Western New York, Central New York, Hudson River and Long Island regions, OMH will distribute awards to the first 10 applications received per region; for the NYC region, OMH will distribute awards to the first 23 applications. If for a given region all awards have not been distributed, OMH will go back to review applications by submission date and distribute awards

on first-come first-serve basis until all remaining awards are made. Applicants are encouraged to submit their application before the 1/31 deadline.

Q21. For organizations not registered in the Grants Gateway, it will take some time to prequalify and there will be a black out period between 12/15/23 and 1/16/24 during the conversion to the SFS. Won't this disadvantage some SMH providers?

A21. The application submission deadline has been extended to January 31, 2024, to accommodate for the Grants Gateway shutdown. Please note that the Gateway will not be shut down completely, just for prequalification from 12/15/23-1/16/24. Prequalification must be done in SFS after 1/16/24. Applicants will still be able to work on their submissions for the Grant after 12/15/23. The Grants Gateway will be shut down entirely from 1/10/24 to 1/16/24.

Q22. Being an organization in NYC, with the current cost of living is it possible to adjust the funding amount? If we are not able to do so, does this have to fund 1 FTE or can it be a fraction?

A22. OMH will make up to 63 awards across the state with total funding of \$40,000 for one (1) year. This funding is used to cover program costs related to the development of a formal pathway and procedures with a hospital and/or other provider, and as such may be used towards a competitive salary and fringe for a dedicated Intake Specialist. The specific FTE requirement for the Intake Specialist is not prescribed.

Q23. Within the application in Grants Gateway (in Firefox, Edge, and Chrome; note: IE has been deprecated by MS and is no longer cybersecure for use), no Work Plan section appears available for input. Should applicants upload a separate workplan attachment? Or is there no Work Plan requirement for this opportunity?

A23. There is no workplan requirement for this opportunity.

Q24. Within the application in Grants Gateway (in Firefox, Edge, and Chrome; note: IE has been deprecated by MS and is no longer cybersecure for use), no Budget Template attachment nor Budget Narrative attachment appears available or expected. Is there no Budget submission requirement for this opportunity at this time?

A24. There is no budget submission requirement for this opportunity.

Q25. In terms of uses of funds, would the SMI CMA be allowed to purchase small-dollar gift cards or other similar items to support Clients' during these critical transitions and to promote HH+ engagement and utilization? In our experience, Clients emerging from carceral settings often face delays in securing benefits for even basic needs, and these types of gift cards can help bridge that timeframe and build trust.

A25. Funds must be used to cover program costs related to the development of a formal pathway and procedures with a hospital (inpatient, emergency department, or CPEP), correctional/criminal justice agency and/or other provider serving HH+ SMI eligible population by which the SMH CMA will receive referrals, provide transitional care coordination and timely linkage to HH+ services. These funds are not intended to be used to purchase items for clients.

Q26. In terms of uses of funds, would the SMI CMA be allowed to purchase a prepaid cell phone for a Client emerging from a correctional setting, who otherwise would have no means of contact? In our experience, ensuring our HH+ staff have a reliable, direct method of communication with a Client from the moment they step out of the correctional facility can be the difference between a Client having a chance to get support and orient to the community or else face a higher risk of recidivism.

A26. See A25.