

Eligibility

1. What is the definition for a fiscally distressed clinic?

The OMH MH Clinic VAP program is targeted to providers who have documented fiscal losses that threaten the continued viability of their agency and/or clinic programs. The fiscal condition of the provider and/or clinic will be evaluated using Consolidated Fiscal Report (CFR) and Audited Financial Statements and Medicaid claims data.

2. Can an Article 31 apply to be an agency that supports merging or consolidating administrative services with us?

Yes, an Article 31 may apply for funding to merge with either another Article 31 or an Article 28 provider operating MH Clinic(s).

3. Will fiscally sound clinics that submit proposals to merge with distressed clinics also receive the funding?

The funding would be designated for the distressed agency to assist with the costs of the merger.

4. If we are a fiscally strong agency interested in a merger, do we need to identify the agency to merge with or can OMH assist with that process?

It is not necessary to indicate a potential partner of merger in the Mini-Bid Application. OMH will assemble lists of those agencies seeking merger partners, and make them available to all providers, as well as the Strategic Planners, to help in development of Final VAP Proposals.

5. Can merging of resources cross county lines?

Yes, it can cross county lines.

6. Does the project support only a full takeover/merger, or can clinics be split out?

OMH will entertain proposals involving either total or partial takeover/merger.

7. Is it permissible for a clinic to submit two applications, e.g. one as a part of a collective for a shared, cross-agency staff member and one for our agency specifically?

OMH will only accept one Mini-Bid Application per agency. If an agency's plan contains multiple "parts", each part of the plan should be clearly explained, and have a corresponding budget value in the submitted Mini-Bid Application.

If there is a collaborative multi-agency submission, each agency should submit an application which includes all other agencies involved in the collaborative unless one agency has been designated as lead and submits the application on behalf of all the providers. In the case of a “lead agency” submission, the application must detail the other providers in the collaborative.

Favorable consideration will be given to proposals which include plans for mergers, cross-agency consolidation of administrative functions, and/or the demonstrated willingness to engage in such activities.

8. Is it acceptable to submit an application that has multiple components (e.g. shared cross-agency staff member AND electronic records for individual agency) within one application? Would it require separate budgets?

Yes, an application may have multiple components; the budget would be presented as one document that contains separate lines for each component.

9. Does this VAP funding opportunity apply to OASAS provider agencies?

The OMH MH Clinic VAP funding is for provider agencies that operate Article 31 MH Clinics licensed solely pursuant to Part 599 of OMH regulations. Provider agencies that also operate OASAS funded/licensed programs are permitted to apply, recognizing that the funds are for the financial stabilization of at risk MH Clinics, and preservation of the services provided therein.

10. Will mergers and integration between Art 31s and 16s or 32s, if the 31 is the applicant, be allowable projects?

Yes, this would be an allowable activity, if the proposal demonstrates how implementation will allow the program(s) to become fiscally viable when the VAP funding ends and will preserve the MH Clinic services.

11. Will you allow a county operated clinic to apply for VAP, even though we are exempt from providing audited financial statements for the CFR?

Yes, we will allow county operated clinics to apply. Any applications received from a County should include the amount of County Tax Levy funds that have been used to support the MH Clinic program(s) in each of the past three (3) years.

12. If our last CFR is showing a profit but we are currently operating at a loss will this exclude us from consideration?

No, this would not exclude the clinic from consideration since the fiscal trend of the clinic will be considered. The provider is encouraged to include any information they feel is important.

13. Can you apply if your agency is showing a deficit in 2014 but no deficit in previous years?

Yes, you may apply. OMH will not only be reviewing the most recent information available, but observing trends in the provider/program finances.

14. Does an agency need to be a participant in a PPS and DSRIP?

Yes, the finalized VAP plan should ensure that the agency is part of a PPS and DSRIP. It is not a requirement for submitting the initial mini-bid application for the OMH MH Clinic VAP funds.

15. If you are a designated safety net provider, should you still need to apply for VAP funding as well?

Yes, only those providers that submit a Mini-Bid Application will be considered in the evaluation process to determine providers that may receive funding under the OMH MH Clinic VAP program.

16. Are Article 31 Clinics with safety net status for DSRIP eligible to apply?

Yes, you may apply for expenses associated with VAP proposals that are not covered under DSRIP. Only those providers that submit a Mini-Bid Application will be considered in the evaluation process to determine providers that may receive funding under the OMH MH Clinic VAP program. . All such activities impacting the fiscal viability of the provider and clinic program should be identified including DSRIP participation.

17. Do you qualify to apply if you already have a working plan with the CTAC to increase viability?

Yes, however, only those providers that submit a Mini-Bid Application will be considered in the evaluation process to determine providers that may receive funding under the OMH MH Clinic VAP program.

18. What if you are an organization with both Article 28 and 31 clinics that are not co-located?

The OMH MH Clinic VAP funding is for provider agencies that do not have an operating certificate issued by the Department of Health pursuant to Article 28 of the Public Health Law. The issue of co-location does not enter into this determination.

19. Are FQHC's eligible to apply?

The OMH MH Clinic VAP funding is for provider agencies that do not have an Operating Certificate issued by the Department of Health pursuant to Article 28 of the Public Health Law. It is OMH's understanding that FQHC's have an Article 28 Operating Certificate, and therefore would not be eligible.

20. Can an agency with separately incorporated Article 31 and Article 28 clinics apply for the Article 31 clinic only?

If the Article 31 MH Clinic(s) is operating under a separate corporate entity, with a separate Federal Employer Identification Number (FEIN), that entity would be eligible to apply, but documentation of this information should be included within the Mini-Bid Application.

21. If we are strictly an Article 31 clinic and we receive VAP funds, are we restricted from opening an Article 28 clinic during the 3 years of VAP funding?

No, the VAP dollars would be dedicated to the eligible Article 31 clinic.

22. In our application can we assume integrated licensure between OMH and OASAS clinical services?

It is anticipated that OMH's regulations to implement Integrated Clinics will be effective January 1, 2015. Proposals to implement integrated licensure will be considered, if they demonstrate how implementation will allow the program(s) to become fiscally viable when the VAP funding ends and will preserve the MH Clinic services.

23. Are PRO's programs eligible for the OMH MH Clinic VAP funding?

No, Comprehensive PROS programs with Clinic Programs are not eligible.

24. If we are contracted with the NYC Department of Health and Mental Hygiene as a deficit funded clinic, are we eligible to apply?

Yes, you may apply. It will be useful for such applications to detail the amount of deficit funding received for their MH Clinic program(s).

25. Will the proposed APG rate increases for 2015 effect a clinic's viability?

Each agency will have to assess the benefit of the proposed APG rate changes on improving their fiscal viability. OMH will also be factoring this information into their analysis in evaluating proposals.

26. We are a new Article 31 and have not yet submitted a CFR-can we apply?

Yes, you may apply, however, OMH would review such proposals very carefully as it is expected that the PAR application that had been submitted by your agency included financial information indicating a fiscally sound provider and program, which is not the intended audience for the funding.

27. Does a clinic need to be at least 3 years old to be eligible?

No, you may apply, however, OMH would review such proposals very carefully as it is expected that the PAR application that had been submitted by your agency included financial information indicating a fiscally sound provider and program, which is not the intended audience for the funding.

28. Mini bid Application requires demonstrated fiscal challenges in clinic operation for the past three years-if the MH Clinic has been operational for fewer than three years, does that make it ineligible to apply?

No, the clinic may apply. OMH would review such proposals very carefully as it is expected that the PAR application that had been submitted provided financial information indicating a fiscally sound provider and program, which is not the intended audience for the funding.

29. Will OMH release a list of VAP eligible clinics?

All MH Clinic programs licensed pursuant to Part 599 of OMH regulations are eligible to apply, except those operated by an agency that has also been issued an Operating Certificate pursuant to Article 28 of the Public Health Law. As final proposals are approved, OMH will make available a list of the providers and a brief summary of their proposal(s).

Funding

30. What is the source of funding and are there any adjustments to the rate at the end of the three years of the VAP award?

These funds were authorized in the SFY 2014-2015 Department of Health Medicaid budget. This is a one-time authorization and at the end of the VAP award period there is no adjustment to a provider's rates.

31. Are there a set number of awards with a set amount that will be available in each award?

There is no set number for the awards that will be made nor is there a set amount for each award.

32. If a funding request is only for a part of a clinic's activities would it be considered?

Yes, a request for partial funding of a clinic will be considered as long as the proposal would result in the fiscal viability of the clinic and the preservation of the OMH MH Clinic services.

33. Is there a payment structure for the disbursement of the VAP funds?

There is no predetermined structure for the payments of the VAP funds. The funds will be disbursed according to the needs that are articulated in each successful proposal. Although there is more funding showing in the first year than in the succeeding two year this does not mean that an applicant's funding would cease after the first year, unless the provider's actionable plan can be completed within that timeframe.

34. Does the budget for the project have to be for three years?

No, the budget should be for the amount of time that it takes for the project to stabilize the finances of the clinic, in some cases this may only be a matter of months. Each "component" of the actionable plan should be identified with a separate budget line, with the anticipated amount of funding required for each annual period being identified beginning effective November 2014.

Application/Allowable Expenditures

35. If our agency operates multiple Article 31 clinics, can we apply for all clinics as an agency or must proposals be for individual sites?

You may apply for any, or all, of the clinics as an agency. Only one application is to be submitted per agency.

36. Can there be more than one project per application?

Yes. Providers are encouraged to include those projects they feel will have the most significant impact on improving the fiscal viability of the provider and MH Clinic Program(s), and will result in the preservation of MH Clinic services.

37. When we submit our mini-bid will the strategic planners assist us and is there a specified format?

The strategic planners will not assist in the preparation of the Mini-Bid Application. They will be utilized in the preparation of the forms required after the projects are selected.

The mini-bid should be submitted in the format that is shown on our website this is the link to that information, http://www.omh.ny.gov/omhweb/clinic_restructuring/vap.html.

The mini-bid should not have any appendices and be limited to the five pages as specified.

38. Can OMH MH Clinic VAP funds be used to purchase electronic systems including electronic medical records and accounting systems?

Yes, funds may be used to purchase electronic systems that will improve efficiency, billing, collectability and any other benchmark that will lead to the fiscal viability of the clinic. The provider will need to describe how the implementation of such a system will allow the program(s) to become fiscally viable when the VAP funding ends and will preserve the MH Clinic services. Only costs incurred, or projected, after November 4, 2014 may be considered.

39. Can OMH MH Clinic VAP funds be used to cover real estate/capital costs?

No, capital costs are not allowed under the regulations.

40. Are costs related to the preparation of the Temporary Medicaid Rate Adjustment Application (TMRAA) long form reimbursable?

No, the cost of preparation of the TMRAA is an expense to the provider, however, Strategic Planners will be assigned to the selected projects to assist providers in competing this document, and the cost of these Planners will be paid by NYS.

41. Can OMH MH Clinic VAP funds be used to cover administrative costs, consultants, or staff training or participation?

The only administrative costs that will be considered are direct costs that are part of the project's activities. Allowable administrative costs would be consultants that are utilized to achieve the objectives of the project, further training for staff directly involved in the project, and staff who are identifying or implementing efficiencies that will lead to the fiscal stability of the clinic.

42. Are VAP funds allowable for activities such as an IPA or improved contract negotiations around commercial insurance carriers or CHP?

Yes, this would be an allowable expense for VAP expenditures. The provider will need to describe how the implementation of such actions will allow the program(s) to become fiscally viable when the VAP funding ends and will preserve the MH Clinic services

43. What does incremental mean in terms of staffing and other than personal services?

This refers to costs or changes in personnel that are part of the project which are an incremental change from the current staffing or expenses of the clinic.

44. Is there a rate change projected for Uncompensated Care and how would this effect our fiscal viability?

The 2014 Uncompensated Care funding has been distributed and changes impacting future funding is unknown at this time. The mini-bid will be evaluated on the information that is available at this time.

45. If a clinic is part of a larger organization and is financially supplemented by that organization, can the application include funding for the parent organization?

The objective of the OMH MH Clinic VAP funds is to support changes in the provision of clinic services that will enable providers to attain overall fiscal viability thereby preserving vital access to such services. All Mini-Bid Applications should explain how the project will help the provider and/or clinic attain fiscal viability.

Evaluation of Proposals

46. Can you provide examples of “projects” other than mergers, which might be funded to preserve services?

VAP funds are to be used in a manner that will ultimately enable Article 31 clinics to become financially self-sustaining. Specific uses of funding will vary by provider and based upon factors identified as contributing to their fiscal distress. In the letter of November 14, 2014 to all MH Clinic providers OMH included a list of other initiatives that if implemented, might assist providers to improve the long-term fiscal viability of their mental health clinics. As indicated in the letter, this list was not intended to be exhaustive, and providers need to determine what actions or measures would be most beneficial in achieving the long-term goal of financial stability.

47. Does participation in an IPA assist in the Agency collaboration category and can the funds be used for development of an IPA.

Yes, if the development of an IPA would lead to financial stability for the clinic(s) involved in the collaboration.

48. Since the past 3 years included COPS, which is no longer available, will you review projected future financial data without COPS?

Yes, in addition to a retrospective review, the fiscal assessment will include the projected impact under full APGs.

49. Will the OMH DMH 1 and DMH 3 both be looked at as part of the review process?

All information in the Consolidated Fiscal Report submissions by the provider agency will be used.

50. What will you be looking for in your review of Medicaid billing?

All information that impacts the financial viability of the provider and clinic program.

51. Are Medicaid Managed Care populations included in the review? If so, what data will you review?

Yes, Medicaid Managed Care encounter data will be reviewed.

52. Will the process of transition billing with county funding be taken into consideration when analyzing loss?

Yes, all information will be considered.

53. How will OMH address the potential impact of adding new clinics on the market share of current providers?

OMH will use the existing distribution to evaluate access to clinic services. This will include the consideration of pending licenses for the expansion or addition of new clinics.

54. What Metrics will be used?

Providers should include some ideas for measurable metrics that could be used in the “projects” identified in their Actionable Plan. However, more detailed individual metrics will be developed, with the assistance of a strategic planner, as part of the completion of the TMRAA for each selected proposal.

55. Are the funds auditable by OMIG?

These are Medicaid resources and may be subject to audit.

Miscellaneous

56. How do we get a copy of the Webinar PowerPoint presentation?

The Webinar is on the OMH website at www.omh.ny.gov/omhweb/clinic_restructuring/vap-webinar.

57. Is there a link for the application if we haven't yet received it?

http://www.omh.ny.gov/omhweb/clinic_restructuring/article31vap111414

58. How does the VAP program affect any future Article 28 clinics that will open?

The VAP program has no impact on any future clinics but deals with the fiscal health of existing clinics.

59. What steps will be taken by NY State to ensure that clinics that are financially sound are not devalued as a result of non- participation in VAP?

The intent of the OMH MH Clinic VAP program is to preserve access to needed clinic services across the state and in that context no Article 31 clinic is devalued. The designation of a provider for this program is solely related to the fiscal condition, community need for the services and a viable plan requiring temporary resources to enable the program to attain fiscal viability.

60. Would NY State consider a process where Article 31 Clinics would first apply for VAP, then clinics experiencing financial distress be allowed to make separate applications once the VAP requirements are met?

The process outlined in the Webinar complies with the regulations of the VAP and accordingly, any Article 31 clinic may apply for funding that includes the possibility of merger, consolidation of functions or any other plan that would improve the fiscal viability of the clinic

61. What role, if any will the Local Government Units play in the VAP process?

Local Governmental Units will have a role in finalizing any OMH MH Clinic VAP projects that are selected.

62. Will the OMH Website be updated to allow easy and quick access to VAP information?

Yes, any new relevant information will be posted on the website as soon as possible to ensure that providers have all up-to-date information available to them.

63. How should we proceed if we want to merge or take over another clinic?

If your proposal is selected, the assigned strategic planner will provide technical support in the development of the final proposal and TMRAA to identify and include all steps necessary for such an action to take place, as well as identifying the resources necessary to implement such a plan. This information should provide a “roadmap” for the provider to then implement the plan of action.

64. How will this impact clinics that have already considered closing?

Clinics that have considered closing may wish to reevaluate their options and determine if OMH MH Clinic VAP funds could be used to support changes to attain fiscal viability.

65. Is there a particular format for the mini bid response that you can recommend?

Follow the format detailed in the General Outline for Vital Access Provider document that was attached to the November 14, 2014 letter. This may be found on the OMH website at the following link:

http://www.omh.ny.gov/omhweb/clinic_restructuring/article31vap111414

66. How should we proceed if we want to merge or take over another clinic?

Indicate your willingness to merge on your VAP application and if you have identified the agency you wish to merge with indicate what agency that is.

67. Related to the question about newer clinics that may not be showing clinic vulnerability, if there is extreme unmet need in the region and expansion WOULD result in vulnerability, would that improve eligibility?

The objective of the VAP is to maintain a network of fiscally viable Article 31 clinics. If there were to be a clinic expansion that would make a clinic vulnerable it would be unlikely that the expansion would have a successful review by the Bureau of Inspection and Certification. Further the VAP program is a time limited source of funds, and the provider would have to demonstrate, within the VAp Mini-Bid Application, how the program would be fiscally sustainable when the VAP funding ends, in order to be considered.

68. Would it be possible to have an expansion of services as part of our application?

If the expansion of services would result in fiscal stability for the clinic it could be included in the application.

69. Although the application has a 5 page limit, are we allowed to attach appendixes?

No, the Mini-Bid Application is to be limited to 5 pages.

70. After the conclusion of the project/contract period, are there any obligations for the clinic provider? If so, what are they?

There are no obligations for the clinic at the end of their project period. However, OMH's expectation is that the clinic program will be financially stable at the end of the project period and can continue to operate in sound financial condition. There will be metrics throughout VAP implementation and to the extent providers are not on track to attain fiscal viability, the contract will be terminated early.