

Integrated Health Care for Older Adults
Questions and Answers

Question #1 Would a local not-for-profit hospital that has an OMH- licensed inpatient psychiatric unit and provides outpatient health services be eligible to apply?

A. Yes, as long as the hospital is in good standing with OMH.

Question #2 Would proposals for integration of mental health in HIV treatment settings be well matched with this source of funding?

A. It is difficult to answer “yes” or “no.” Proposals must meet the purpose and the requirements as outlined in the RFP.

Question #3 In the Physical health setting, would SBIRT (Screening, Brief Intervention, Referral to Treatment) be an allowable screen to identify behavioral issues? In addition, would OMH support the use of the suicide screening, The Columbia Suicide Severity Rating Scale?

A. The RFP requires the use of the PHQ-9, the GAD-7, and the AUDIT-C screening instruments in a physical health care setting. Other effective behavioral health screening instruments may be used in addition.

Question #4 In Model 2 - are assisted living facilities eligible sites for an integrated mental health services program?

A. No. For the purposes of this RFP, assisted living facilities are considered residential, not physical health care, settings.

Question #5 What are the eligibility requirements for this RFP?

A. Eligible applicants are either: (1) not for profit agencies funded or licensed by OMH that operate outpatient physical or behavioral health programs for adults, or (2) local government units in New York State. For more details, see Section II, 2.6 of the RFP.

Question #6 Using Model 2 - can we place behavioral health services in a nursing home that provides physical health care services?

A. No. As with assisted living facilities, nursing homes are considered residential, not physical health care, settings for the purposes of this RFP.

Integrated Health Care for Older Adults
Questions and Answers

Question #7 In 2012, our organization was awarded an OMH grant under the "Children's Mental Health Clinics Co-located in Primary Care Setting" initiative. Does that award preclude us from applying for this funding? That grant is site specific and focused on children. The proposed program would not be in the same location and would focus on age 55+.

A. You may apply for this funding if the proposed site was not included in a previously funded health integration grant.

Question # 8 Can an organization apply to integrate physical and behavioral health care in both behavioral health care settings (Model 1) AND physical health care settings (Model 2)? Or do funding requests have to focus on only one Model?

A. An eligible applicant could submit a proposal that integrates health care in both settings.

Question #9 Is there a cap on the amount of funding requested for Administration costs?

A. Not specifically, but budgeting higher than customary amounts may affect the Financial Assessment scoring of the proposal in the evaluation of its Operating Budgets and Budget Narratives.

Question #10 Are there general spending rules, such as a list of eligible and in-eligible expenses?

A. See Appendix C of the RFP, "OMH Master Contract Forms and Instructions."

Question # 11 Are indirect costs (expenditures that cannot be allocated to a specific project such as costs of purchasing, personnel, accounting, utilities) allowable grant expenditures?

A. Yes, under A&OH.

Question #12 Can proposals be hand delivered to the State OMH offices at 44 Holland Avenue?

A. Yes, to the Issuing Officer, Susan Penn, Contract and Claims Unit, 7th Floor

Question #13 Are you required to complete a Budget Narrative for each yearly Operating Budget? If so, can you explain the budget differences between Year 1 and in Years 2 and 3?

A. Yes. Expenses and income most often vary year to year as a program is put into place, starts operation, functions at full capacity, and becomes sustainable.

Integrated Health Care for Older Adults
Questions and Answers

Question #14 Would an FQHC (A Community Health Center) that is licensed as an Article 28 and A22 rehabilitation provider and serves MICA patients be an eligible provider? This Community Health Center also receives funding from the New York City Department of Health and Mental Hygiene to conduct a sobriety initiative. It is not an Article 31 facility.

A. Eligible applicants are either: (1) not for profit agencies funded or licensed by OMH that operate outpatient physical or behavioral health programs for adults, or (2) local government units in New York State, so from the information you provided, you are not eligible. A FQHC with an Article 31 license would be eligible.

Question #15 Can the programs being developed be located in a third service site, such as a senior center or assisted living facility?

A. See answer 16.

Question # 16 Can the goal be to integrate health and mental health services into another venue that older adults are being served, or must the site of service be a mental health provider or physical health provider?

A. With great care and deliberate planning involving both physical health and mental health providers (because of an almost certain need for some physical plant modification and required approvals or authorizations from State agencies and others to facilitate the provision of on-site integrated health services), a program could be located in a community-based Senior Center, but not in a residential setting such as an assisted living facility or nursing home.

Question # 17 Will letters of support from additional entities, such as those attesting to the need in the area or the applicant's expertise/capacity be considered?

A. No, letters of support are not required or needed to evaluate these proposals.

Question # 18 The RFP implies that no additional attachments will be reviewed. Just to clarify, this means visuals, such as workflows specifically addressing the required content, will not be reviewed unless they are inserted within the 8 page narrative?

A. Correct. Text and visuals that comprise the Program Narrative is limited to a maximum of eight pages.

Question # 19 Columbia County had our second RFP response planning today and a member asked if we could be sent examples of previously awarded grant application's "Sustainability" sections? I assume this is public information. Can this be done?

A. Yes, a request for this information may be made to OMH through the NYS Freedom of Information Law (FOIL) process. Because the Sustainability section requirements of this RFP are substantially different and more specific than in the previous RFP, eligible applicants are advised to review the current requirements carefully to develop their proposals.

Integrated Health Care for Older Adults
Questions and Answers

Question # 20 A Medical Center has entered into a partnership agreement with our agency to provide medical services in our Article 31 Mental Health Clinic. We are applying for this RFP, and the above mentioned Medical Center is also applying on a different and unrelated project for this same RFP. Nevertheless, despite their own unique proposal, The Medical Center is willing to serve as our external agency partnership for this RFP. Will the fact that The Medical Center is our partner in our RFP, and is also applying with a different plan and proposal, reduce the likelihood of our proposal being accepted?

A. No, each proposal will be assessed and scored on its own merits.

Question #21 As an Article 31 looking to add physical health services: if a program employed a full time nurse or nurse practitioner, would she be able to provide reimbursable health testing and screenings off site at our senior center or would all health testing and screenings have to occur at our Article 31?

A. The health testing or screening would have to be reimbursable in an outpatient mental health clinic to begin with. If they are to be provided on a regular or routine basis at the senior center, you are likely to need OMH prior review and approval of the site as a clinic satellite location. See Part 599.5 of the outpatient mental health clinic regulations for details.

Question #22 As an Article 31 looking to add physical health services, would this OMH grant support mobile services to go off-site to a provider's 3 different senior service locations?

A. Grant monies could be used for mobile services, but because such services are not reimbursable, it would bring the sustainability and viability of the proposed program into question.

Question #23 What's Omh's ideal annual # of seniors to be served through this RFP?

A. There is no ideal number. The number of individuals to be served will be considered in the context of each proposal.

Question #24 Will OMH provide a waiver of off-site guidance that specifies off-site counseling for crisis situations only for adults? Also, can a Registered Nurse make reimbursable home counseling/ nursing assessment sessions?

A. No, as the guidance is based on outpatient mental health clinic regulations that limit Medicaid fee-for-service reimbursement for off-site services. The same regulations do not allow for reimbursement for home counseling and/or nursing assessment sessions.

Question #25 What basic medical equipment/space do we have to have on site in the

**Article 31 or provider senior service locations to provide basic physical health services?
Are there other medical regulatory bodies that the Article 31 has to abide by?**

A. The ability to provide and be reimbursed for physical health services only under Part 599, the outpatient mental health regulations, is very limited. This is one reason the RFP requires at least one formal partnership that will assure the on-site integration of services – for example, a partner who will bring primary care services into a mental health setting or vice-versa. Part 599 has general regulations about premises, but not specifically about medical equipment or examination room space.

Question #26 Could you expand on the purpose/role of an "external agency" partnership? Is the external agency expected to provide the core of the on-site intervention; or in an inverse manner can the on-site intervention, if provided by the home site, be extended to an external agency (a community not for profit organization serving older adults)?

A. The purpose of an internal or external agency partnership is to bring in and integrate services on-site that would otherwise not be available to create an integrated physical and behavioral health program.

Question #27 Are novel interventions (not yet reimbursable by insurance carriers) for physical problems in a behavioral health care setting appropriate for this funding opportunity, given the potential for demonstrated efficacy during the program period to influence future funding and sustainability?

A. It is difficult to answer “yes” or “no.” The RFP is intended for agencies fully committed to utilizing collaborative partnerships to establish and sustain on-site integrated health care for older adults. It is not a research project and must be sustainable.

Question # 28 Can demographic tables related to the narrative be included in the appendix?

A. See answer 29.

Question # 29 Can "other" tables and diagrams (e.g., services flow chart) be included in the appendix?

A. No. If a proposal includes appendices or attachments used to extend or replace any part of the Summary or Project Narrative, those appendices or attachments will be disregarded.

Question # 30 Is there any prohibition for existing funded project sites from submitting a proposal to implement a different model?

Integrated Health Care for Older Adults

Questions and Answers

A. Yes, eligible applicants with health integration grant projects previously funded by OMH or any other source of grant funding may not submit proposals (any model) in response to the RFP that would expand or enhance health integration at the sites included in those grant projects.

Question # 31 If an Article 31 chooses a site where there is not a current satellite license for services in a primary care setting, do we have to go through a PAR application?

A. Yes, if the plan is to provide and integrate mental health services there on a regular or routine basis.

Question # 32 Regarding the travel portion in the budget template: What sorts of travel expenses are expected to appear here? What is the dollar amount to be fixed to mandated training and travel?

A. Budget for three members of your Core Implementation Team to participate in three yearly in-person Learning Community meetings in Albany, NY. Depending on your proximity to Albany, you may want to budget for an overnight stay the night before.

Question # 33 Is there any chance of extension, in light of summer vacations, Labor Day, and early onset of the Jewish high holidays?

A. No. We were able to extend the deadline to submit a mandatory Letter of Intent to Bid, but proposals must still be received by 5:00 PM on 9/20/13.

Question # 34 What is your definition of a "physical health care setting" - please provide examples

A. A physical health care setting is where a patient/client goes to receive care or treatment, such as a doctor's office or an Article 28 health clinic, e.g., for physical health care.

Question # 35 Will the services provided by the behavioral health provider in a physical health care setting be guided by OMH Part 599

A. Depending on the proposal, yes they could.

Question # 36 How do we bill for the treatment plan and progress notes when the information is integrated into the medical charts

A. Billing requirements remain the same despite different record keeping systems.

Question #37 Is it necessary that we show revenue or billing sources for the proposal that account for the sustainability?

A. Yes. It is information needed to plan for and evaluate sustainability.

Question #38 Is it acceptable to demonstrate that the proposed program will provide the institution with cost savings that will make it sustainable?

A. Cost savings is one factor, but it does not negate other important factors.

Question #39 What is the status of the proposed regulatory change that will allow licensed social workers to bill for mental health behavioral services in primary care settings?

A. We inquired but have heard nothing about a proposed regulatory change or bill as you described. In some ways this is already possible, e.g., when a outpatient mental health clinic satellite is approved in a primary care setting.

Question #40 Can you give examples of how the previously funded rounds of Integrated Health Care funding were able to become sustainable? Did the programs develop billing streams that support the programs that were funded? Can you please provide details?

A. Lessons learned from the first round of service demonstration projects (all Model 2 programs) included: understand Medicare and other service reimbursement systems, employ staff who are able to be reimbursed for services, know every patient's payer benefit package, customize encounter billing forms to include covered services, and monitor the program's case/payer mix on an ongoing basis.

Question #41 With previous grantees who achieved sustainability, did these programs develop metrics or other means of showing their institutions that the programs save money and therefore should be supported from general institutional funds?

A. They may have on their own, but most of the project data collected were individual-level data to describe the volume and characteristics of those served by the projects and capture outcomes for those who received treatment.

Question #42 What is required to show that we have an external agency partnership?

A. In the RFP, see Section V, 5.3C2 (Proposed Program/Approach) and Section V, 5.3E (Letter(s) of Commitment).

Question #43 Would partnerships among departments that provide different services in the same institution be considered internal partnerships?

A. Yes.

Question # 44 Is it acceptable to create new, integrated care components that expand existing programs for a pilot program that is currently being tested?

Integrated Health Care for Older Adults

Questions and Answers

A. Not if the pilot program currently being tested received any grant funding. Eligible applicants with health integration grant projects previously funded by OMH or any other source of grant funding may not submit proposals in response to the RFP that would expand or enhance health integration at the sites included in those grant projects.