

Clarifications Regarding the RFP for NY-SAINT

Due Date: Tuesday, November 13, 2012 by 5 p.m.

Eligible Applicant: An OASAS Certified Part 822 or 823 – Chemical Dependency Outpatient Provider with not-for-profit status

Additional Background Regarding The Seven Challenges

OASAS will award two community based outpatient providers the opportunity to participate in this project. For the purposes of this project, a site will be considered a program reporting unit (PRU). All staff serving adolescents and their families at that PRU will be trained to use The Seven Challenges, as it is expected that all adolescents served at that PRU will be served using The Seven Challenges. Applicants that are co-located with other youth serving services can propose training for the staff who work with adolescents and families at the identified site.

For the purposes of the Cooperative Agreement SAMHSA/CSAT is requiring the use of the two selected sites. Additional training for other provider sites and/or partner agencies will be discussed, after the awards are made.

Additionally, the information supplied in the RFP and on The Seven Challenges Website is sufficient to help an applicant with their submission.

Letters of Support

OASAS cannot provide letters of support to any applicant. Applicants are required to obtain a letter of support from their LGU and encouraged to get letters of support from other community based partners (i.e.: education, child welfare providers etc.)

Questions and Answers to the NY-SAINT RFP

DUE DATE

1. What is the date the RFP is due? November 13th or November 8th?

Answer: Responses to the RFP are due by 5 pm, November 13, 2012.

PROVIDER ELIGIBILITY CRITERIA

2. We have a certified prevention counseling program - Drug Free Prevention Services. We do not have an OASAS treatment license as referenced under Outpatient Services for Youth Part 823. Our agency is in early stages of the application for treatment license. We do have a certified OMH treatment program for adolescents. I am a

CASAC and our program provides both prevention counseling in local schools and community education. Can we apply for the grant?

Answer: No, certified prevention counseling programs are not eligible. All applicants have to be a Part 822 or Part 823 Certified Outpatient Chemical Dependency program with a minimum of 2 years experience treating adolescents.

3. We are interested in responding to the New York Serving Adolescents in Need of Treatment (NY-SAINT) Grant. In the Spring of 2012, we assumed oversight of an 822 chemical dependency treatment program. Given our experience of effective work in youth development and substance use treatment, do we qualify as an eligible applicant for the (NY-SAINT) Grant, although we do not have at least two years of programming that specifically targets adolescents ages 12 to 18 as well as their families, with substance use disorders and co-occurring mental health and substance use disorders?

Answer: All applicants must meet the eligibility criteria set forth in the RFP which requires, “at least 2 years experience in treating adolescents ages 12 to 18 as well as their families” and be able to pass a Level 1 and Level 2 review as described on page 13 of the RFP. Applicants that cannot demonstrate 2 years experience in treating adolescents ages 12 to 18 as well as their families will not receive an award.

4. We are wondering if we are able to partner with another treatment provider for this grant.

Answer: Yes, providers can propose partnerships; however, one entity will have to be identified as the primary site.

5. On the LGU partnership agreement (Attachment D) a “community coalition” is referenced. Do you expect grantees to form a coalition specifically for this project or are you referring to our existing network of community partners?

Answer: Applicants do not need to form a “community coalition” for this project. Applicants are required to obtain a letter of LGU support and any letters of support from existing community based partners they want OASAS to consider.

6. Can a LGU support multiple applications?

Answer: Yes. The number of applications an LGU supports is in the discretion of that LGU.

7. Can a program that recently underwent a change of sponsorship to a new agency be eligible to respond to the RFP? The program has provided adolescent services for the

2 years required time frame? The new agency/sponsor has not provided adolescent services, but provides directly and through community linkages other support services required for a successful application.

Answer: Yes, as long as the applicant can document the combined agencies meet the eligibility criteria set forth in the RFP which requires, “at least 2 years experience in treating adolescents ages 12 to 18 as well as their families” and are able to pass a Level 1 and Level 2 review as described on page 13 of the RFP. Applicants that cannot demonstrate 2 years experience in treating adolescents ages 12 to 18 as well as their families will not receive an award.

8. Is the idea that after 3 years the grant will stop and the program will be self-sustaining?

Answer: Yes, the initial funding is from the Cooperative Agreement that the State received from SAMHSA/CSAT. However, the intent of the project is to look at how services to adolescents are delivered and establish an infrastructure that will support community based outpatient services and recovery support services for youth.

9. What are the educational requirements for the Family Therapist?

Answer: A Family Therapist is an individual who is licensed by the State of New York as a Marriage and Family Therapist or a Licensed Clinical Social Worker with a documented two years experience in working with families.

EVALUATION

10. The Cooperative Agreement requires administration of the GAIN SS and GAIN I assessments. Will follow-up assessments at timed intervals such as 3 months or 6 months be expected or required for each participant?

Answer: Yes, each site should attempt to conduct a GPRA follow-up on every eligible client, regardless of discharge status (i.e. complete, dropout). The minimum targeted follow-up rate is 80 percent. We will also be working with the local sites to build in follow up using the GAIN Instruments.

11. May the combined GAIN/GPRA GAIN I instrument, available from Chestnut Health Services, be used in lieu of a separate GPRA and GAIN I instrument?

Answer: No. The SAMHSA-CSAT grant requires that the GRPA instrument be collected separately from any of the other data collection tools.

12. To clarify, will all participants need to complete an intake GPRA and a six-month post-admission GPRA interview?

Answer: Participants who screen positive for GAIN assessment and entered treatment are required to complete an intake GPRA and a six month follow-up GPRA interview.

13. Is the implementation of the GAIN-SS and GAIN-I an absolute requirement?

Answer: Yes. The GAIN Family of Instruments is required for the grant.

PROGRAM AND SERVICES

14. On page 8 of the RFP, section 3-A, bullet 3, it states: “A discussion of existing service gaps and how this project will help to eliminate health disparities in the population served.” Do you want a discussion of existing service gaps on an agency-wide level or overall service gaps in the population we will be serving?

Answer: Both, including existing services gaps within your agency as they relate to adolescents and their families.

15. In section 3-C of the RFP, the 2nd bullet on page 10 states “Describe the unduplicated number of youth and families expected to be **trained** annually and over the life of the project.” Should that be “treated” rather than “trained”?

Answer: Yes, the word should be **treated** not trained.

16. In section 3-C of the RFP, the 3rd bullet on page 10 states: “Describe how third party revenue and other revenue sources will be maximized and include a discussion indicating that SAMHSA grant funds will be used solely for services to individuals who are ineligible for public health insurance programs; individuals for whom coverage has been formally determined to be unaffordable; or for services that are not sufficiently covered by an individual’s health insurance plan (co-pay or other cost sharing requirements are an acceptable use of SAMHSA grant funds).” To clarify, can funds only be used for participants who do not have another source of funding to pay for their treatment (in other words, the “last dollar” concept)?

Answer: Yes, these grant funds should only be used for participants who do not have access to public insurance, private insurance or the ability to self-pay. SAMHSA/CSAT expects sub-recipients to maximize the use of other resources and document all attempts at maximizing revenue by having appropriate policies and procedures.

17. On page 11, the first complete sentence states: “Please note that grant funds should not be used to supplant/support existing staff salaries.” Does this mean that partial salaries will not be funded? For example, a 15% supervisor or 50% counselor. This is important because counselors may serve a mix of participants funded through grant funds and participants funded through other means (insurance, Medicaid, etc).

Answer: No, partial salaries may be funded if the employee was a part time employee prior to award of the grant and a program increases that employees time for grant activities after the award. Existing full time staff salaries cannot be reallocated to the grant and should be shown as an in-kind donation. See also question 23.

18. We understand that the implementation date is February 1st, 2013; however, as most major grants require 2-3 months of start-up for hiring, training and setting up appropriate systems, when will award notifications be made?

Answer: Our intent is to have award notifications made by December 1, 2012. The February 1, 2013 start up is a SAMHSA/CSAT requirement.

19. In the letter of introduction it states, "preference in Upstate New York will be given to programs located in **rural** counties." However, on page 13 "Review and Rating Criteria" it does not indicate any additional points or preference for a rural area. Will applications from upstate urban or suburban counties be considered with the same review criteria as those from rural areas? In other words, will a certain number of points be assigned to an application from a rural area?

Answer: Yes, applicants from rural counties (as defined in the RFP) will be given preference through an award of 2 points.

20. Will RFMH provide an independent evaluator for the project? Is the selected treatment provider required to hire an independent program evaluator to direct and monitor the performance assessment process or will it be sufficient to hire/allocate a lower-level data coordinator for data collection and database management?

Answer: OASAS/RFMH has hired a Program Evaluator for the project. Sub-recipients are required to demonstrate the ability to participate in the overall evaluation process and collect data.

21. Cost reimbursement and third-party billing, e.g., RFP page 4, third paragraph, and page 18, appears as if staff that would be newly hired and funded under the grant, e.g., a family therapist, would provide services reimbursable by third party payers such as Medicaid or private insurance. But your sample budget lists a family therapist at 100% grant-funded. Is it possible and/or expected to bill third parties for grant-funded services?

Answer: The budget provided is a sample budget. Sub-recipients are required to maximize third party revenue where possible. Grant funds can pay for services not reimbursable by third party revenue. If the sub-recipient has staff providing services that are not reimbursable by another funding stream then grant funds may be used.

22. Can we supplant salaries for existing staff with reduced caseloads that will be assigned cases due to the NY-SAINT project?

Answer: No, the grant specifically says that “Grant Funds cannot be used to supplant existing activities. “Supplant” is defined as replacing funding of a recipient’s existing program with funds from a federal grant.

23. While it is understood that grant funding cannot be used to supplant/support existing salaries, is it possible to use grant funding for additional hours of existing staff members?

Answer: Grant funds are to be used for services not reimbursable by other revenue sources. If a staff member is providing services that are not reimbursable by another payer, then grant funds may be used.

24. We are currently serving more adolescents aged 12-18 than required by the grant annually. Does OASAS have the expectation that we would serve an additional 30-45 clients per year than our historical enrollment numbers? Or can grant funding be fully focused on the enhancement of services to our existing client base?

Answer: Sub-recipients are expected to serve a minimum of 30-45 clients per year, not an additional 30-45 clients. The grant can focus on service enhancement to an existing client base.

25. If you currently operate an adolescent outpatient program, are you expected to serve an additional 30+/45 adolescents? If yes, would you need to segregate the adolescents who will be receiving the 7C services? Or, can you, as the 7C model expects, train all of the current and any new proposed adolescent staff and enhance the capacity of your entire program?

Answer: Sub-recipients are expected to serve a minimum of 30-45 clients per year, not an additional 30-45 clients. The Seven Challenges can be used to enhance the capacity of the entire program and all staff working with adolescents are expected to be trained on the model.

26. Is there going to be a bidder’s conference and/or other opportunities to ask follow up questions?

Answer: No, there is no bidder’s conference or follow up question and answer period.

27. Is 30 to 45 the expected static capacity or would this be the total number of unduplicated clients served in a year?

Answer: It is expected that a sub-recipient will serve a minimum of 30 to 45 unduplicated clients a year.

28. Can the proposed project include enhancement of two outpatient programs co-located which have different intensities (one which includes a Middle school and one which is after-school)?

Answer: Yes, as long as they share an administrative structure.

29. On page 12, you are expected to discuss how you would obtain an 80% follow up rate. Is there a specific timeframe post-treatment (6 months, 12 months) that you are expected to follow the adolescents for?

Answer: The GPRA follow-up interview window is 1 month before the 6 month anniversary date and up to 2 months after the 6 month anniversary date. For example, if the initial intake/baseline interview was completed on January 1, the 6-month follow-up anniversary date would be July 1. The window period for conducting the 6-month follow-up interview would open 1 month before the anniversary date on June 1 and close 2 months after the anniversary date on September 1.

BUDGET

30. Should you include a full budget for each of the three years or just the 1st year with a 3 year summary?

Answer: Applicants only need to include a budget for the first year, but are expected to complete the budget summary section of the Proposed Budget.

31. Did I read this wrong? 1 Million a year, \$350,000 to the State and \$350,000 each for two providers?

Answer: The RFP contains a typographical error. It should read, the State's portion is \$300,000 a year and up to \$350,000 a year for two community- based providers.

32. How do you calculate the cost for activities such as home visits, outreach services or school based visits (which have been included as part of your sample budget)? Do you only need to include these costs if you are contracting out to provide these services? If you are using staff to perform these activities, wouldn't you simply include travel costs that are associated?

Answer: The applicant is expected to provide a rate/unit cost for activities/services such as home visits, outreach services or school based services, regardless of how they will be delivered. The applicant must be able to show how they developed the rate/unit cost.

33. What parts of the budget sample in Attachment C are illustrative and what parts should literally be copied into our proposed budget?

Answer: The applicant is expected to develop a realistic budget for their program. The costs in the Training, Travel and Contracts sections of the proposed budget should be copied as shown. OASAS/RFMH will work with the providers to refine these sections should they be awarded a contract.

34. In the budget summary, Total Direct Costs line, we are unclear as to the meaning of “+ item cost of providing services to the uninsured.” Can you explain?

Answer: This section is a proposed budget and has been developed to show the applicant how to develop their budget. As part of the applicants proposed budget they are to show how they would allocate funding to pay for the uninsured or under insured. That dollar amount would then be added to the Total Direct Cost up to \$350,000 a year.

35. In the sample budget (page 21), Monthly Family dinners prior to family sessions is listed; however, on page 24 (SAMHSA Funding Restrictions), it states that “food is generally unallowable.” Would monthly dinners be supported since it is a Recovery Support Activity which you have included as an integral part of the project?

Answer: The funding restrictions state “Food is generally unallowable unless it’s an integral part of a conference grant or program specific...(emphasis supplied).” Family Dinners would be considered an integral part of the program.

36. We assume that the base funding is \$350,000 plus the projected revenue. Is that correct? If this is correct, can our projected budget be over \$350,000 with the projected revenue?

Answer: Yes, that is correct. \$350,000 is the maximum amount of money that will be allocated toward service expansion/enhancement, training and evaluation from this grant. The applicant is expected to show all revenues and expenses that will be assessed to this project.

37. On page 5, when you state “individuals for whom coverage has been formally determined to be unaffordable,” is there a specific process that we will need to go through to determine this? Can we utilize our current system for assessing and assigning fees based on a sliding scale? Do you want an estimate of the anticipated revenue from fees as you do with APG and insurance reimbursement? Should this simply be added to the chart 22 #3?

Answer: No. There is no specific process for showing how an applicant identifies those “individuals for whom coverage has been formally determined to be unaffordable.” The Applicant is expected to show actual costs for providing proposed services to individuals who do not have Medicaid or other Third Party Revenue.

Yes. Applicants may use their current sliding scale self-pay fee system.

Yes. Applicants should include an estimate of anticipated revenue from all sources. Applicants are expected to fill out the Projected Medicaid and Third Party Revenue section of the Proposed Budget.

38. In talking with the Seven Challenges representative, they indicated that they come to the organization to provide the initial training and to assist in the overall implementation process. Given this, do we need to include Travel costs associated with the Seven Challenges Training in Albany for 4 people included in the sample budget (page 20)? Is this for those who are going to be the clinical supervisors? They also indicated additional costs that do not appear to be in the sample budget, such as coming back to evaluate how you are doing. Should we be including these costs as well?

Answer: Please copy the training, travel and contract cost in your budget as shown. The Project Director will work with sub-recipient, SAMHSA/CSAT and the vendor to finalize cost and training locations. We have built in the yearly fidelity check into the budget under contracted services.

39. Can you use the funding to enhance a program that currently receives funding under the FINS grant?

Answer: Grant funding can enhance existing services, but cannot supplant existing funding.

40. Can funds be used on capital costs; i.e. improvements to infrastructure and systems which will better serve the population of focus?

Answer: No. Please see page 23, Attachment E. SAMHSA Funding Restrictions. "SAMSHSA grant funds must be used for purposes supported by the program and may not be used to: Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.) OASAS will not support any capital project related to this project.