

RFA # 1310310853

New York State Department of Health
Office of Health Insurance Programs
Division of Program Development and Management

Medicaid Redesign Team
Supportive Housing Health Home Pilot Project

Modifications, Questions and Answers

RFA Modifications:

The following has been updated/modified in the RFA. Strikethrough indicates deleted text; underlined text is new.

Page 1, DOH Contact

Page 9, IV. B. - Question and Answer Phase

Page 10, IV. E. - How to file an application

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Page 4, II. A. - Eligibility Requirements of Applicants – Minimum Eligibility Criteria

Eligible applicants ~~may~~ must be a not-for-profit organization authorized to do business and available to provide services in New York State.

Page 4- I. D. - Use of Funds

Page 7- III. C. - Permissible Uses of Funds

Any Funds awarded to applicants shall not be used to duplicate care management services available under the Health Home program payment schedule. ~~Further funds should not be used to supplement other available resources.~~ Awarded funds should not be used to fund activities which duplicate other available resources.

Page 7, III. B. - New York State's Health Home Program

There are currently ~~32~~ 34 Health Homes with a presence in ~~58~~ 62 counties of the State.

The Health Home program is now a statewide program. Some Health

Homes operate in more than one region of the State. For a complete list of designated Health Homes, the counties they serve and primary contact information please see DOH's web site for Health Homes at the address below:

http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_contacts.htm

Page 9-10, IV. C. - Letter of Intent/Interest

Alternatively, a scanned Portable Document Format (PDF) file of the Letter of Intent with original signatures may be forwarded to: HHOpps@health.state.ny.us or faxed to: (518) 473-4400. ~~(518) 486-2495~~

Page 10, IV. E. - How to file an application

~~Applicants shall submit two (2) original, signed applications and a USB storage device with all RFA documents when submitting an application package.~~

Applicants shall submit one original, signed application and a USB storage device with all RFA documents when submitting an application package.

Page 15, IV. M. - Vendor Prequalification for Not-for-Profits

~~Beginning July 31, 2013, All not-for-profit vendors subject to prequalification will be~~ are required to prequalify prior to grant application and execution of contracts.

~~Prequalification status will be verified through an initial compliance check for all non-exempt applicants. Applicants who have been prequalified will move on to the application review phase. The Department will contact organizations that are not prequalified via phone and follow up email using the contract information provided in the Application Coversheet. Upon Department notification, the applicant will have 10 days to prequalify with the Grants Gateway. If applications meet the deadline, they will move on to the application review phase. Applications not able to meet this deadline will be at risk of their applications not being reviewed thereby making them ineligible for award.~~

Attachment 2- Sample Letter of Intent/Interest

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Answers to Questions received through 4:00PM, March 28, 2014 are shown below

Technical Questions

1. Are one or two original applications required for submission to the Medicaid Redesign Team Supportive Housing Health Home Project?

Answer: The guidance on page 19 and Attachment 3 are correct. Only one (1) original, signed application and a USB storage device with all RFA documents on it are required. Page 10 has been modified in this Q&A document.

2. The start date of the RFA says May 23rd but the RFA (page 11) says the contracts start April 1, 2014. Is this correct?

Answer: Yes. It is **expected** that contracts resulting from this RFA will have the following time period: April 1, 2014 through March 31, 2015, with the potential for an additional 12 months pending funding availability. Any contract DOH awards will be amended and correctly state a 12 month period as necessary.

3. What is a Health Home?

Answer: A Health Home is a care management services model that uses a “care manager” to ensure all the professionals involved in a Health Home member’s care communicate with one another so that all of a member’s needs (medical, behavioral health and social services) are addressed in a comprehensive manner.

4. What Health Homes operate in Broome County?

Answer: Catholic Charities of Broome County and United Health Services Hospitals.

5. Is the RFA available in a Word format?

Answer: RFA #1310310853 is only available in PDF format on the Department’s website.

6. What are you requiring for the letter of interest for the Health Homes RFA?

Answer: A letter of interest is not required to apply to RFA #1310310853 but, as stated on Page 9 of the RFA, is strongly encouraged.

7. Where should the letter of interest be sent to?

Answer: As noted above, letters of interest were not required to apply to RFA #1310310853. However, if you were interested in sending a letter of interest, it was due March 21, 2014.

Letters of Interest should have been submitted electronically to the email address of

HHOpps@health.state.ny.us or mailed to

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New York State Department of Health

Office of Health Insurance Programs

Division of Program Development & Management

Corning Tower (OCP 720)

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8. Does anything other than a letter of interest/intent need to be submitted before the application in May?

Answer: Please see responses to Questions 6 & 7 above.

9. Is the MRT Supportive Housing Health Home Pilot Project RFA (1310310853) specifically for individuals, or can grant funds be used to provide rental subsidies and services to families?

Answer: This procurement is meant for single adults.

10. The RFA page limit is 60 pages. Is this including Attachments?

Answer: Attachments are not included in the count towards the 60 page limit for applications.

11. Where should we insert the amount we propose to spend on subsidies?

Answer: The amount proposed to spend on subsidies should be entered on Tab 5 (Operating Expenses) on Attachment 8B. It will then be populated on Tab 1- "Summary Budget", cell LM.

12. I expect our budget will include rent subsidies as well as personnel and other-than-personnel costs. We are trying to figure out where above the total line (27) we should insert the amount we propose to spend on subsidies so that the formula in merged cells LM 27 adds up to the correct total.

Answer: See answer to Question 11 above.

13. How are we supposed to fill out Attachment 7?

Answer: This Attachment is not intended to be a fill in. It is provided as a template/example for tracking individuals.

14. Is Attachment 3 submitted with the application?

Answer: Yes.

15. Please confirm that Attachment 9 – Work plan is not required to be submitted with the application.

Answer: The work plan provided (Attachment 9) is the template that should be used for your proposed project. Section V., Completing the Application, in the RFA provides details on workplan requirements.

16. Attachment 1 is the NYS grant template. The application checklist does not mention that this should be completed or attached. Should this be completed and/or signed and/or attached to the application or was it for informational purposes? If we are to complete and/or sign this template, do we fill in Attachment D of this or leave this blank and submit the template signed but blank?

Answer: Attachment 1 is official New York State Master Grant Contract Template and is provided for informational purposes only prior to an award. Prospective applicants are not required to submit with their applications.

17. Why isn't this RFA a fillable PDF? How are we supposed to "check" the checkboxes and fill in the information required?

Answer: Please print the Attachments and submit with the application. It should be part of your hardcopy submission and on your USB device when submitting your application.

18. The application checklist states to attach the Supportive Housing Tracking Sheet. This appears to be something that would be completed once the program begins to track and report data collected of program participants. Is there something to be completed or done with this sheet other than attaching the blank form to the application?

Answer: You are correct, this must be completed once the program begins to track and report data collected. Applicants are required to submit this blank template as part of their application. There may be more data that will be required to submit (other reports) as the Department deems necessary to further the purposes of this RFA and evaluate the Pilot.

Substantive Questions

1. Will Health Homes be getting ongoing updated list of eligible participants?

Answer: Housing providers must partner with Health Homes in order to identify eligible individuals that require housing according to Section II, Part A; Section III, Part D. Health Homes will continue to receive assignment lists from the Department and Managed Care Plans in addition to obtaining community referrals.

2. Is there a cost per participant associated with this RFA?

Answer: No.

3. Is there an assumption that the individual who obtained housing as a result of this project will achieve self-sufficiency and be able to manage rent payments independently in one to two years?

Answer: Each member will have different needs and goals. A specific time frame and criteria are not specified in this RFA. It is up to the Health Home care manager in collaboration with the Supportive Housing case manager to create a patient centered care plan and work with the member toward those goals. Self-sufficiency may be one of those goals.

4. Does an organization need to take all referrals from a Health Home or would we be able to limit the applicants to only those within our targeted age range for example? (We operate a Supportive Housing program for homeless young adults.) Similarly, do we need to serve all individuals who are eligible for Health Home care management services listed in the RFP as per below or can we specialize in a certain criterion? For example, could we perhaps focus on individuals with mental health and physical health issues but not choose to serve individuals with an active substance abuse disorder if the latter is not an area where we currently have extensive expertise?

Answer: The agreement that is established between the Health Home and the Supportive Housing organization will identify which populations are served by the Supportive Housing provider.

5. Can “ground up” referrals be made of homeless or unstably housed individuals who are Health Home eligible but are not yet enrolled in a Health Home?

Answer: Yes. Ground up referrals can be made for homeless or unstably housed individuals who are Health Home eligible according to the criteria listed in Section III, Part B, “Who is Eligible for Health Home Services.”

6. Should applicants propose a program that includes assisting individuals in becoming Health Home members, or are applicants expected to identify individuals who are already in a Health Home?

Answer: Applicants should assist individuals who are already in a Health Home as well as assist individuals in becoming Health Home members to become stably housed. However, in order to be eligible for continued funding of services under this pilot project, an individual must be subsequently enrolled in a Health Home. The applicant must demonstrate that awarded funds should not be used to fund activities which duplicate other available resources.

7. Section I, D 'Use of Funds'-What constitutes a 'Health Home Member'? Does the population being serviced have to be a Health Home member, already receiving Health Home Care Management Services, or can they be a Health Home candidate?

Answer: Please refer to Section III, Part B of RFA. The individual can be a Health Home member or candidate (e.g., an individual who is assessed and found presumptively eligible).

8. The program is open to Medicaid clients who are participating in a Health Home but can we charge the grant for outreach efforts with homeless individuals who may not yet be on Medicaid and/or part of the Health Home if they appear to be eligible?

Answer: The award is described in Section I, Part C. Refer to the answer in Question 6. The individuals must be in receipt of Medicaid and either enrolled in Health Home or presumptively eligible for Health Home services.

9. How long is it permitted for an individual to reside in one of the apartments?

Answer: The RFA does not set limits. The goal of RFA is to provide an opportunity for providers and Health Homes to develop innovative services or methods to ensure that Health Home members remain stably housed.

10. Will those clients identified as homeless or unstably housed need to go through the SPOA process?

Answer: Awardees must follow SPOA or housing procedures in their area.

11. Will a daisy chain admission be acceptable? i.e.- if a client is identified as homeless or unstably housed and they are most appropriate for a CR level, could they be housed in the CR, and have a community ready resident (in CR) move into a Supportive placement funded through the grant?

Answer: The individual residing in the housing supported by this grant must be actively enrolled in Medicaid and a Health Home member. Refer to Section III, Part C of RFA.

12. Does DOH have a preference for the structure of the program, scattered site vs. congregate?

Answer: No, the goal of the RFA is to ensure the member remains stably housed.

13. Are shared units acceptable? Is it acceptable to put 2 clients in a 2 bedroom unit (1 in each bedroom), with shared kitchen, bathroom and common areas?

Answer: Yes, as long as all parties are in agreement that this is the most suitable housing for the Health Home member (Section III, Part C).

14. Is the housing provider expected to maintain a housing stock of rented apartments that will be used as temporary housing for those in need? Is the applicant allowed to do so?

Answer: No, the housing provider is not expected to maintain a stock of rented apartments, but can provide temporary housing provided the applicant demonstrates that awarded funds should not be used to fund activities which duplicate other available resources.

15. Please clarify “provide housing as a means to facilitate access to health services.” Is the Provider expected to operate some type of housing where services are delivered and then move people into long term housing? Would it be acceptable for the provider to assist the applicants in locating/accessing housing and provide housing case management services to improve stability and access to care?

Answer: Expectations or intent of this pilot program is to identify best practices procedures and methods for housing providers and Health Homes to work together. Applicants must demonstrate how funds will be used to ensure the Health Home members remain stably housed and how they will then be able to address their health conditions.

16. In Section I.B you state that the applicant can provide "on-site or community based services." Can you please give examples of the services that you expect to be provided.

Answer: On-site or community based services can include but are not limited to community support meetings, money management, peer advocates, child care, independent living skills, and employment services and support. Also see Section V, Part A.

17. A. Can you provide additional clarification as to the expected role of the care coordinators at the Supportive Housing program in relation to the Health Home care manager?

B. Section III C ("Permissible Use of Funds") paragraph 1: Is the Housing Provider's role limited to housing support? What if the Housing Provider is an organization that already partners with a Health Home?

C. Section III C ("Permissible Use of Funds") paragraph 1: Can care management be provided by the housing provider? What is the division of care management between the Health Home care manager and the Housing Provider?

Answer: It is the Departments expectation that the applicant identify best practices, procedures and methods. The Health Home care manager and the Supportive Housing case manager will work to develop a collaborative relationship with defined roles and shared tasks that are in the best interest of the client/tenant to ensure optimal health and social outcomes and to demonstrate that services will not be duplicated. Please see Section III, Part C of RFA. Awarded funds should not be used to fund activities which duplicate other available resources.

18. A. Is there a minimum amount of units that the Pilot Project is looking to fund?

B. Is there a minimum number of units or a minimum total award that we can request?

- C.** Is there a per unit rate that DOH is funding or a range per unit? Can we use the current fair market value rents as a guide for requesting rental assistance?
- D.** Is there an expectation on how many unduplicated members the program should serve per year?
- E.** Is there a certain number of beds and/or residents we can apply to serve?
- F.** How many people are required to be served / housed?
- G.** Are applicants required to propose working with a certain number of individuals?
- H.** Section I D ("Use of Funds") paragraph 1: Is there a target number of housing subsidies that a housing provider is expected to provide?
- I:** Is there a goal for number of participants served or is that set up in the Work Plan?

Answer: This RFA does not specify requirements for unit/member minimum/maximum.

Each successful applicant will be awarded a maximum of \$400,000 to be used as described in your application. Please refer to Section III, Part C.

- 19. A.** If money is used to subsidize rents for individuals, what happens after the project funding ends?
- B.** Can you advise as to what the expectation is after the first 2 years of funding? Will there be follow-up money to sustain the beds?
 - C.** The RFP indicates that the contract period will be April 1, 2014 – March 31, 2015 with the opportunity for 12 month renewal. Will funding be continued beyond this period, assuming the program is effective?
 - D.** The RFA states this is a 1 year program, with the potential for a second year renewal. If a provider receives funding to support rent stipends, what happens after 2 years? Is the intent to continue the program if successful?
 - E.** This is being described as a pilot (12 months / with a chance of an additional 12-month renewal). What happens to the program after the contract period ends?
 - F.** How is rent payment to be sustained when the grant period expires?
 - G.** We need clarification regarding the payment for rent given that this is a one year contract award. What is the expectation regarding the responsible party for rent payment after the contract ends?
 - H.** Section I, C 'Available Funding'-Is this contract a maximum of two years? Is there any funding available for this after the two year period?
 - I.** Pg 4- C. Available Funding: The contract(s) will be for a one year term with opportunity for a 12 month renewal. If we are using funds to pay rent stipends for residents, what will happen to these residents when the pilot program funding ends?
- Answer:** This RFA is an initial pilot project. Continued funding beyond the initial 1-2 years is subject to budget allocations and evaluations of the pilot project performance.

- 20.** The conditions which make some, probably most, prospective participants eligible for this project have developed over a lengthy period of time. One or possibly two years is a short time frame in which to measure impact of this program's interventions. We understand that there is \$500 million (a portion of Medicaid waiver funding) in a Health Home Development fund. If this demonstration/pilot program achieves some degree of success, is it possible that some of that \$500 million could be allocated to continuation of services, especially rental and/or housing subsidies for longer than two years?

Answer: The State Plan Amendment to provide implementation funds to Health Homes will be provided as a Medicaid rate add-on and is subject to Federal Financial Participation (a Federal and State share). Housing is not a permitted use of Medicaid resources.

21. A. Is there a limit to the length of time during the grant period we can use grant funds to subsidize an individual's rent?

B. Is there a limit on the amount of time someone in need of housing can receive subsidies or either a total of monthly limit on an individual/family's amount they can receive?

Answer: No, it is expected that awardees will maximize use of funds awarded in this RFA over the one year award period without duplicating services. Please refer to Section III, Part D and Section II, Part A.

22. Is there an expectation on what dollar amount or percentage of the budget should be used toward housing subsidies?

Answer: No. Please see Section III, Part C.

23. Section I. C. Introduction- Available Funding, page 4 - Will awards be geographically distributed and if so, what is the anticipated distribution?

Answer: No. This is a statewide RFA and funding will be awarded to housing providers based on total scores. The Department anticipates awarding funding to 10-15 providers. Please see Section V, Part C. e.

24. Is there a minimum/maximum that the member must contribute to their housing?

Answer: The amount of the member's contribution would be determined by the type of housing or as specified in this RFA. Please see Section I, Part C & D of the RFA.

25. Is it anticipated that residents would pay 1/3 of their income in rent? The RFP just asks for the Health Home member's contribution toward the total rent but does not specify what it should be.

Answer: See response to Question 24 above.

26. Can money be used to enhance existing services in collaboration with other existing housing models, such as OMH licensed community residences?

Answer: The intent of the pilot program is to pilot best practices which may include enhancing existing services, provided the applicant can demonstrate that services are not duplicated. Refer to Section I, Part D, paragraph 2 and/or Section III, Part C of the RFA. Awarded funds should not be used to fund activities which duplicate other available resources.

27. Under Section D, Project Requirements, Collaborative Approaches (page 8), the RFA states, Maximize the use of funds awarded under this RFA by developing and documenting procedures for verifying the Health Home member is not eligible for other housing alternatives/programs, or if the member is eligible for other housing alternatives, such alternatives are not immediately available." We'd like clarification about what is meant by "other programs". Specifically, does this include rental assistance offered through the Suffolk County Department of Social Services?

Answer: If a Health Home member is eligible for a service, and that services is available, e.g., rental assistance from a locality, then funds awarded under this RFA should be used to enhance or augment this assistance, not duplicate funding that is already available. Refer to Section I, Part D and Section III, Part C of the RFA. Awarded funds should not be used to fund activities which duplicate other available resources.

28. A. Please clarify "Occupancy costs". Can funds be used for: security deposits, first/last month's rent, moving expenses, and emergency utility needs? (Page 7)

B. Can money be used for other housing costs (moving costs / furnishing / electric, etc.)?

C. Under Section C, Permissible Use of Funds (page 7), the RFA indicates that permissible use of funds includes, "rental subsidies and other occupancy costs". What does "other occupancy costs" include? Could funds be used towards security deposits, first/last months rent, and brokers fees?

D. Would other occupancy costs include security deposits or broker's fees?

E. Section III. C- Permissible Use of Funds, first bullet. What are other occupancy costs? For example, emergency rent, rent to rears, security deposit, utility payment, moving cost, rental applications fees?

Answer: These are all permissible use of funds if they ensure Health Home members remain stably housed. Use of funds should be justifiable to keep members housed. The Department reserves the right to audit the use of funds at any time. Please refer to Section III, Part C (Budget).

29. Our agency currently has a contract to offer rental subsidies. We recognize, however, that the high price of rent in our area means that a subsidy-which is very effective at helping a person remain stably housed- reaches fewer people than it may reach in other regions. Would this be viewed negatively?

Answer: Factors that the applicant wishes to have considered in the evaluation of their application should be described in their application.

30. If awarded these funds, may we assist people in accessing/maintaining housing other than that run by our agency? If awarded these funds, would we be eligible to work with Health Home consumers in obtaining/maintaining community housing? This effects the numbers that could potentially be served as we provide a certain number of permanent supportive housing units for the homeless, but could serve more people by assisting them with other available housing in the community.

Answer: Yes, however a goal of the RFA is to encourage collaboration of Supportive Housing Providers and Health Homes.

31. Is the expectation that the resident will take out a lease and the agency will subsidize the rent through the grant? Or is the agency expected to rent an apartment and sublet it to a client?

Answer: Both situations are acceptable under the Permissible Use of Funds (Section III, Part C).

32. Can the rental subsidies be paid to community landlords in sites not owned by the applicant?

Answer: Yes, this is one of several permissible uses of funds (Section III, Part C), but as a standalone service would not meet the RFA project requirements. It is the Department's expectation for the housing provider to coordinate other services to meet the overall

objectives of providing rental subsidies and services to thereby improve access to health services of the Health Home member. Funds should not be used to supplement other available resources.

33. Is it permissible to develop arrangements with landlords in which our agency pays the entire amount of the monthly rent and is then reimbursed by the tenant from personal funds and by NYS through subsidies provided in this grant? Or is it necessary that the monthly rent be paid from two sources: the participant/tenant from own revenue source and the agency using grant funded rental subsidies?

Answer: Yes, but the applicant must be able to keep accurate records to demonstrate the funds were used for purposes related to housing and they are assisting the member in working towards independently paying their rent. Funds should not be used to supplement other available resources.

34. Can awarded funds be utilized to purchase a van?

Answer: The Department would consider this , however the applicant must be able to demonstrate how this purchase would contribute to the goals of providing stable housing for the Health Home member.

35. Can awarded funds be used to contract a Recovery Coach for peer support?

Answer: Yes, provided the applicant can demonstrate that this does not duplicate existing services and the Health Home member's care plan and staff hired will work with those who are Health Home members served by this pilot project. All use of funds must be justified in each applicant's budget with a total and narrative description.

36. Can awarded funds be used for technology? We are referring to purchase of throw away phones, minutes, for cell phones to be utilized for emergencies and recovery coach contact.

Answer: Not if the applicant is eligible for phone assistance. An applicant would need to demonstrate how this meets an unserved need. These funds should not be used to supplement other available resources.

37. Due to increased utilities costs, can funds be used for utilities costs?

Answer: Yes, as long as the utility cost is a specific cost associated with keeping the member stably housed and is justified in the applicant's budget narrative.

38. Would housing rental subsidies provided be similar to (Shelter + Care)? In relation to tenant based model (i.e. Shelter + Care) grantees are not responsible for leases. If leases are the responsibility of the tenant, will awarded funds be available to use for case management services?

Answer: Yes, provided the applicant can demonstrate that this does not duplicate existing services and the Health Home member's care plan; staff hired will work with those who are Health Home members served by this pilot project. Please refer to RFA Section III, Part C. Awarded funds should not be used to fund activities which duplicate other available resources.

39. Upon receiving the grant, will the funds be usable for current clients in permanent Supportive Housing who are eligible for Health Homes or only for clients moving from homelessness to stable housing after the start date of the grant?

Answer: Please refer to Section III, Part C. Upon receiving an award, funds should be used for a Health Home enrolled member or an individual who is presumptively eligible for Health Home services that is unstably housed or at risk of homelessness.

40. Can the funding be used for emergency housing at the Medicaid overnight rate?

Answer: The goal of this pilot project is to establish stable housing for Health Home members and funds should not be used for emergency housing.

41. Can funds be used to subsidize rent in an apartment leased by the member? As well, can funds be used to assist a member to avoid eviction?

Answer: Yes, funds can be used for rent subsidies and/or to assist a member to avoid eviction as stated under the Permissible Use of Funds Section of the RFA (page 7). All use of funds must be justified in the applicant's budget narrative (Attachment 8B).

42. Section I.B Introduction- Description of the Medicaid Redesign Team Supportive Housing Health Home Pilot Program. Last paragraph under the bullets on page 4. Can we use contract funds to subcontract research and evaluation to demonstrate housing and improved health outcomes?

Answer: No. These funds are to house Health Home enrolled members who are unstably housed or at risk of homelessness. Any funds awarded to Applicants must be used for the purposes of providing housing and/or services that facilitate the provision of housing to a Health Home member and their ability to remain stably housed.

43. Completing Application 1) Rental Subsidies #3 other page 19. Are evaluations an allowable expense? How much can be allocated for evaluation? Would evaluation expenses be listed in "other"?

Answer: See response to Question 42.

44. Is there a specific amount that should be allocated for subsidies?

Answer: No, Please refer to Section III, Part C and Section V, Part A.

45. Is an MOU with a Health Home required for submitting a response and for being considered for funding?

Answer: No, a letter of agreement is acceptable. Please see Section III, Part A, paragraph 2.

46. Is there a minimum / maximum staffing level required?

Answer: No. We expect all applicants will have enough staff to effectively fulfill project requirements. All staff should be listed in the budget. For more information please see Section V, Part A.

47. Section I, C 'Available Funding'-The contract will be for one year term with the opportunity for a 12 month renewal. How is the 12 month renewal obtained?

Answer: This RFA is an initial pilot project. Continued funding beyond the initial period is subject to budget allocations and evaluation of the pilot project performance.

48. Page 4- "Housing Providers and Health Homes will be required to collect and provide data to assist DOH... What types of data and are there pre-approved data bases or means of collection?

Answer: The initial data requirements are included as Attachment 7. Applicants and Health Home partners should be able to provide data to meet future reporting obligations as defined by the Department.

49. A. I. Introduction under Section C Available Funding. First paragraph on page 4. How is this contract start period going to be implemented when the RFA has been issued past the implementation date?

B. Section I, C 'Available Funding'-Per the RFA, the contract period is from April 1, 2014-March 31, 2015, although the applications are not due until May 23, 2014. Is this correct? If so, how can the contract period begin prior to the funding being awarded?

C. Pg 4-C Available Funding: The anticipated contract period for the grants awarded...will be April 1, 2014-March 31, 2015. The application deadline is May 23, 2014- How can the contract period start the month prior to application deadline?

Answer: As stated in the RFA, the **expected** contract period was April 1, 2014 through March 31, 2015, with the potential for an additional 12 months pending funding availability. Any contract(s) DOH awards will be amended and correctly state a 12 month period as necessary.

50. Can another 501(c) apply that currently does not provide supported housing?

Answer: This RFA is targeted for non-profit Supportive Housing providers. Refer to Section II, A.

51. Would a county government agency, currently providing OMH Supported Housing services, be an eligible applicant?

Answer: No, government agencies are not eligible for funding through this RFA. Refer to Section II, A.

52. Can Mercy Medical Center (a for-profit) take the place of a lead Health Home?

Answer: As stated in the RFA Section II, A., only non-profit organizations can apply for this RFA.

53. Can Mercy Medical Center (a for-profit), who has a relationship with the Housing Provider SAIL apply in partnership with SAIL?

Answer: As stated in the RFA Section II, A., only non-profit organizations can apply for this RFA. The Housing provider (SAIL) would have to be the main applicant.

54. Can Mercy Medical Center (a for-profit) apply with the Housing provider and the housing provider can subcontract work to Mercy Medical Center?

Answer: Subcontracting rules are stated in Attachment 1. See Attachment 1 Section IV.

55. Can a lead Health Home, who has a residential division apply for this RFP as both the Health Home and as a residential provider?

Answer: As stated in RFA, Section I, B., the New York State Department of Health (DOH) is issuing this Request for Application (RFA) to seek applications from Supportive Housing Providers. As part of the Application, Supportive Housing Providers will be required to identify and receive the commitment of one or more designated New York State Health Home(s) to be the Provider's partner in implementing the procedures and terms specified by the Provider in the application.

56. Our agency intends to submit for multiple counties and with multiple health homes. Is it acceptable to submit one proposal serving two counties that are served by the same health homes and another proposal serving two counties with two health homes (each serve one of these counties but they are contiguous counties)? Our agency would like to submit a proposal for beds in 5 counties. 4 different Health Homes are involved. Is it acceptable to submit one application? Or is it necessary to submit an application for each county or each geographic area?

Answer: It is **not** necessary to submit multiple applications. Please submit **one** application with a Letter of Agreement (LOA), or Letter of Intent (LOI) for each Health Home partner you will be working with to carry out the terms of this RFA. Please see RFA Section V, Part A (2) for additional information.

57. Can the application be hand delivered? If yes, is hand delivery made to the same address as the mailing address?

Answer: Yes the application can be hand delivered, however all applications must be delivered in time to be date stamped by the Department no later than 4:00pm on May 23, 2014.

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58. What is their operational definition of both "Improved Health" and "Stably Housed" as it pertains to their Innovative Approaches?

Answer: Individuals with physical and behavioral health needs will have better outcomes to ensure optimum health once stably housed and will also reduce Medicaid costs. Improved health will be measured by analysis of outcome data and reductions in Medicaid costs.

59. On Attachment 4, please clarify what is meant by "Principal Investigator."

Answer: The Principal Investigator is the person who is the contact for this project at your facility. The Principal Investigator would be the person at the facility that would be the direct contact for any issues with a resulting contract.

60. What are NYS DOH's expectation on the role and obligations of the Health Home?

Answer: Please see RFA Section III, Part B (Core Health Home Services).

61. A. Can Lead Health Homes potentially partner with more than one Supportive Housing group?

B. In the RFA it explains that applicants can partner with multiple Lead Health Homes. Are Lead Health Homes also allowed to partner with multiple Supportive Housing Health Home Pilots?

C. Can a Health Home partner with more than one housing provider?

Answer: Yes.