

## RFA SETT-23008 Connections to Care

**Questions submitted by Applicants that were due by 4/14/2023 5:00 PM**  
**Answers to be posted to OASAS Procurement website by approximately 4/19/2023**

- Q1 Would a OMH State Psychiatric Center be able to participate in this grant?
- A1** No. See section 1.4 for the OMH providers who are eligible.
- Q2 Would a multi-agency partnership made up of State and Non-profit organizations be considered for this grant?
- A2** The lead applicant must meet the eligibility requirements in section 1.4.
- Q3 While we don't have OASAS certification, we've long operated SUD prevention programming for people with intellectual and developmental disabilities. Separately, we receive direct funding from OASAS which is recorded as such on our CFR reporting. Does that count as "OASAS State Aid" for the purposes of this application?
- A3** You may be eligible to apply. State aid is on-going OASAS support for a SUD treatment, prevention, or recovery program. It does not include one-time funding for Legislative initiatives, funding provided by OASAS from the Federal Supplemental grants, or funding through the SOR grants. Please review Section 1.4 for eligibility requirements.
- Q4 Our agency is a MSIWS service. I have applied for and am just waiting for a facility inspection to open a Part 822 with Ancillary Withdrawal Management services.
- My question is: IF we have our Part 822 certification before 5/10 but not operational due to an inability to bill for services until our insurance contracts are appended can we still submit an application for this RFA? We could be open when recipients are announced.
- A4** Per section 1.4 Eligible Applicants, Providers who are OASAS-certified or funded on the application due date are eligible. If you are a voluntary agency or LGU with a certified MSIWS service, you are eligible to apply.
- Q5 I am going to be pursuing this RFA. Is there anything you need from me in advance stating I will pursue it?
- A5** No. Please refer to RFA Section 6.2 Prequalification Requirements for Not-For-Profit Bidders, if needed.
- Q6 The agency has contingent OASAS license awaiting Attorney General signature. Are we eligible to apply?
- A6** No. Per section 1.4 Eligible Applicants, providers must be OASAS-certified or funded on the application due date. If your contingent certification is not completed by the application due date, you are not eligible to apply under that specific criterion. Please review the remaining criteria to see if you are eligible under any of the other statements of eligibility.
- Q7 For the Transition Age Youth category, is there any flexibility to serve those youth who are under 18 for example turning 18 within a certain number of months?

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**A7** The target population needs to be 18-24 but there is no reason the project, if funded, could not include individuals who will soon turn 18.

Q8 For individuals transitioning from stabilization and withdrawal services or inpatient rehabilitation services can we begin engagement prior to admission for the purposes of supporting engagement in the appropriate level of care and/or ensuring that discharge planning begins at admission?

**A8** Yes.

Q9 For individuals transitioning from stabilization and withdrawal services or inpatient rehabilitation services can we begin engagement during the stay and if so how long prior to planned discharge.

**A9** Yes, as the intention here is to connect them to a different level of care.

Q10 Can funding be used to pay for the first month's rent and/or security deposits?

**A10** Yes, it is allowable if it is a barrier to care and a one-time expense with a plan to address ongoing rental expenses outside of the grant.

Q11 Can funding be used for client specific purchases and if so are there any constraints besides the impact on the budget.

**A11** The expense needs to be clearly documented as needed to remove a barrier or facilitate connections to care - but there is no other limitation - except what the budget would allow.

Q12 Are we expected to combine state funding with revenue and if so, what are some examples of revenue sources?

**A12** Submitted budgets may include anticipated revenue for billable services. Applicants are awarded the OASAS State Aid funding requested (line 5 of the Budget form, Attachment 3); it is at the discretion of the applicant to include revenue.

Q13 If we plan to serve a combination of transition age youth and the same group leaving inpatient rehabilitation services, what factors should we consider in designating a primary target population?

**A13** This question pertains to a single target population, the applicant should describe the connections to care that can be made with the target population as outlined by the RFA.

Q14 Since staff can not be supplanted Is this asking if the applicant will be moving staff from a different program to the proposed program?

**A14** Awarded providers can hire new staff or reassign existing staff to assume new responsibilities under this initiative. No supplantation means a provider cannot use award dollars to pay staff to fulfill responsibilities previously paid for through another means.

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Q15 Since staff can not be supplanted, can a portion of an existing staff take on new responsibilities with the funding from this new program with less funding from the existing program? Or does this mean something else?

**A15** Hiring new staff and then reassigning work so that some existing staff and new staff are doing the new work along with previously existing work, could be allowable. New staff or making a part-time person full time to fulfil responsibilities under the grant could be paid for using OSF.

Q16 Can we provide a licensed clinician directly into a Transitional Living Residence / Rapid Re-housing population rather than only providing linkages. We are thinking that a licensed clinician providing home-based services within our established Transitional Living/Rapid-rehousing (ages 18-24 for both) would be ideal to meet the needs of this population. Or must we be completely hands-off with the provision of clinical services and only stick to general case management - assessing, referring, and monitoring, etc.?

**A16** The RFA is designed to fund the care connections - clinical staff can be utilized if they are clearly serving the goals of the RFA.

Q17 The RFA identifies persons transitioning from “inpatient facilities” as a target population. Does this include persons transitioning from Part 820 residential drug treatment programs to outpatient Part 822 services?

**A17** Yes.

Q18 Is it your expectation that the proposed services be available to the target population regardless of whether they receive treatment from the operating program. As in asked another way, can the proposed serves be exclusively an enhancement of services for patients of the operating program?

**A18** If the proposed project clearly meets the goals of the application which are to connect individuals to care – although since the people being served are already connected to some form of care –the applicant would need to be very clear about what additional care or what care connection the project is designed to address.

Q19 You are requiring responses to 43 very complex questions within 20 double-spaced pages using a 12 point font - meaning that each response must be limited to a few sentences. You are also asking for copies of policies/procedures, support letters, a screening tool, and an organizational chart seemingly within this 20 pages. To maximize the use of the limited space, are we permitted to ignore the question numbers in our narrative and to create appendices for the several attachments? I strongly suggest you re-think this space limitation in the interest of receiving meaningful responses or curtailing the number of questions.

**A19** Applicants need to be as clear, thoughtful and succinct as possible. Every applicant is working within the same 20 page limit. OASAS has received and reviewed many RFAs; 20 pages will be adequate.

Q20 Is there an administrative/overhead rate for the budget for the Connections to Care program?

**A20** Agency administration or indirect costs (see Attachment 3 Budget, expense line Agency Administration) are limited to 20% of the total of Personal Services, Fringe Benefits, and Other Than Personal Services costs

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- Q21 My agency has an Art 31 OASAS licensed outpatient program, and an Art 32 OMH outpatient mental health program, but the program we would like to operate with this funding would not be in the OASAS program, it would be focus on identifying target population in the community in some of our other programs where there are high levels of SUD, and essentially create a bridge to OASAS programming. Is this allowable?
- A21** An Art 32 clinic would be a SUD clinic by definition.
- Q22 Since you cannot supplant staff, describe how your current staff and their skill set will be utilized to provide the individualized care services described in the scope of work.” If we intend to hire new staff for the initiative and not use current staff, how should we respond to this question?
- A22** See the response to Q15 above. If you intend on hiring new staff for this effort, please indicate that in your response.
- Q23 What is an acceptable implementation timeline if awarded?
- A23** Awardees can anticipate that it will take approximately 90 days from the notice of award to an executed contract where services can be charged under the contract. After the 90 days we expect the program to begin as soon as possible.
- Q24 I would like to ascertain our eligibility to apply, attached is our IOS license issued by NYS DOH for the provision of integrated services: medical, mental health, and substance use disorder. Our agency is a federally-qualified health center.
- A24** Please review Section 1.4 for eligibility requirements.
- Q25 What is the expected annual number to be served with this funding?
- A25** Due to the highly varied subgroups in the RFA applicants should apply for and budget accordingly for the number of individuals in the target population that are reasonable to serve on an annual basis.
- Q26 Can an entity apply directly and be named as a collaborator in another entity’s proposal, with no Connections to Care grant dollars going to the collaborator?
- A26** Yes.
- Q27 Can an entity apply directly and be named as a partner in another entity’s proposal, with a portion of the Connections to Care grant dollars going to the named partner?
- A27** Yes.
- Q28 Must the entity applying for funding be able to directly provide “a full range of evidence-based practices that integrate treatments for both addictions and mental health conditions.” As stated on the top of page seven of the RFA, or can some of the evidence-based practices be provided by linkage with partner organizations?
- A28** Providers must identify a plan to provide a full range of evidence based services and how they would integrate care for the person served. They could do this by providing the services directly or by collaborating with other service providers. If there will be coordination, the applicant

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should identify how services will be integrated, for example, within the treatment planning process.

Q29 I have attached our IOS license issued by NYS OMH for the provision of mental health and SUD services. Please confirm that we are eligible (or not) to apply for this grant opportunity

**A29** Please review Section 1.4 for eligibility requirements.

Q30 My organization is a non-profit IPA and most of the BH providers in the area are members of our IPA, but we were not the designated BHCC. Do we qualify as a behavioral health Independent Practice Association for purposes of this grant?

**A30** Based upon the information provided you would not qualify.

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### Clarifications Relating to the Applicant Conference held on 4/14/2023 Notes for RFA updates

#### QUESTIONS FROM THE CONFERENCE CALL

Q1 Can we submit more than one application?

**A1** No.

Q2 In some federal grants small incentives for participants for data collection are allowable (like a \$30 gift card for survey participation). Are limited data collection incentives allowable costs?

**A2** Yes, further guidance will be issued but small gift card amounts should be acceptable.

Q3 Will the deadline for submission be extended?

**A3** Yes. The new Application Submission Due Date and Time is 5/22 at 5:00 PM EST.

Q4 Is this RFA for connection to care or can we also provide clinical services if not already connected to a treatment provider?

**A4** Yes.

Q5 Can funds be used for technology like an app and for marketing?

**A5** Yes, within the scope of work for the RFA.

Q6 Are Part 820 programs considered inpatient rehab programs for the transition population?

**A6** Yes.

Q7 What is meant by "received by OASAS" ?

**A7** Any inquiries or requests for clarification about this RFA must be received in writing by the "Deadline for Submission of Applicant's Inquiries" due date and time found on the cover page of the RFA and must be submitted by email to [Grants@oasas.ny.gov](mailto:Grants@oasas.ny.gov) and should have the subject line "RFA SETT-23008"

Q8 In regard to the more than one application: are we able to apply as an agency and then be included in an application with our IPA?

**A8** Yes.

Q9 Do you need a 3-year budget? Can we charge a de minimus rate for admin costs or must we calculate an overhead rate?

**A9** The budget will be for a 12 month time frame, with funding adjusted in year 2 and 3 based on performance and spending. Providers are allowed to charge an agency administrative rate limited to 20% of the total of Personal Services, Fringe Benefits, and Other Than Personal Services costs.

Q10 Is there a set administrative/overhead rate for the budget?

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**A10** Agency administration or indirect costs (see Attachment 3 Budget, expense line Agency Administration) are limited to 20% of the total of Personal Services, Fringe Benefits, and Other Than Personal Services costs.

Q11 Are Non for profit teaching Hospitals allowed to apply?

**A11** No, not unless they meet one of the 5 criteria in section 1.4 Eligible Applicants.

Q12 1a. Must proposed projects focus exclusively on the underserved, vulnerable target populations defined on page 4 (page 6 of PDF document) of the RFA, or can projects also serve individuals with SUD/OD from the general underserved population? 1b. If the project activities can only target the underserved, vulnerable target populations defined in the RFA, will only members of these defined populations count toward the grant deliverables/ outcomes to be reported to OASAS? 2. Do program activities need to be implemented at Article 32 licensed facilities, or would an Article 32 licensed provider be eligible to apply for activities at a satellite location that was not Article 32 licensed by virtue of the organization being OASAS licensed as an Article 32 provider?

**A12** The applicant must serve at least one of the target populations. Since the goal of the RFA is to meet the population where they are receiving any service, as long as the applicant receiving funds meets the criteria in section 1.4 the services can be provided at a satellite location.

Q13 While we don't have OASAS certification, we've long operated SUD prevention programming for people with intellectual and developmental disabilities. Separately, we receive direct funding from OASAS which is recorded as such on our CFR reporting. Does that count as "OASAS State Aid" for the purposes of eligibility for this RFA?

**A13** Please refer to Section 1.4 Eligible Applicants of the RFA for further details on eligibility. If you are a voluntary agency providing SUD services and receive on-going State aid from OASAS, you would be eligible to apply for this opportunity.

Q14 Is there a target number of people that should be served annually?

**A14** See answer to Q25 in first set of questions.

Q15 Is there any flexibility re: 20 page double space limit? 43 complex questions to answer - leaves no space.

**A15** See answer to Q19 in first set of questions.

Q16 Ideally, a clinician funded through this opportunity can be pushed into a TL residence and into RRH units, rather than referring and waiting for home-based services to be facilitated. is this a possibility?

**A16** Yes.

Q17 Clarifying around the admin overhead rate. Are you saying the rate is 20%? is it an "up to amount"? Does it need to be justified?

**A17** Agency administration or indirect costs (see Attachment 3 Budget, expense line Agency Administration) are limited to 20% of the total of Personal Services, Fringe Benefits, and Other Than Personal Services costs

Q18 When will the firm Q&As be available?

**A18** Anticipated Release of Inquiries & Answers on or about by OASAS on 4/19/23.

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- Q19 We are an OASAS Prevention Provider - we do not hold an operating certificate, however we receive OASAS funding. Are we eligible to apply?
- A19** Yes. See section 1.4 Eligible Applicants.
- Q20 Can a state-run Psychiatric center partner with a non-profit SUD provider to meet the eligible applicant standard listed in sect 1.4 of the RFA?
- A20** Yes.
- Q21 The RFA state "Funding cannot be used to supplant existing funded services or staff." If existing staff are being repurposed for a different role specific to our Connections to Care program, would that be allowable?
- A21** Yes.
- Q22 Can a program submit more than one RFA? For example, if we are considering an application for 2 different primary target populations, can we submit one for each target group?
- A22** Each program may submit one RFA. Programs can include multiple target populations in the application.
- Q23 Would receipt of Substance Abuse Prevention and Treatment Block Grant Supplement funding as a direct OASAS grantee or SOR II funding as a subrecipient of a Regional Network be considered OASAS State Aid as described in the eligibility criteria?
- A23** See section 1.4 for eligibility requirements. If SAPT Supplement funding is the only funding an agency gets without meeting any of the other criteria, the provider wouldn't qualify. State aid is on-going funding in support of a service and Supplemental funding is not considered State aid. Under the SOR criteria, an agency would need to be a lead agency of one of the SOR-funded regional networks.
- Q24 \$200k does not provide sufficient funding for all of the expected activities, so we're considering and enhancement / expansion of an existing program that would definitely do so (which seems in the spirit of this award). If many of the activities are being delivered through the current program, in our response, can we focus our responses to the prompts on the expanded services (that will allow improved/enhanced services for a target population that's underserved for SUD today)? I.e., since space is limited to 20pgs, can we use shorted response for items that are already being delivered with high fidelity, saving space for description of how we'll expand/enhance for our target SUD population?
- A24** Yes, programs can propose to expand from services that already exist.
- Q25 The page 4 of RFA mentions the three years period of the program. Are we expected to submit a three years budget or one year (assuming the other two years will have the same budget)?
- A25** Submit a budget for one year.
- Q26 If an OASAS treatment provider applies, is it the intent that it serve persons who are not patients, or can the project be an enhancement of services for the provider's own patients?
- A26** The focus is on making a connection to care, if the provider serves one of the target groups and will be connecting them to *additional* care be it additional services, or a different level of care, then this meets the goal of the RFA.



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- Q27 Re-stating eligibility question for clarity: must an applicant hold BOTH Article 32 and OASAS designation? Can an applicant who only holds one or other be eligible? For example, just OASAS designation, but no Article 32; or conversely, just Article 32 but no OASAS designation?
- A27** Eligible applicants can be OASAS certified and/or funded by OASAS State Aid as of the application due date.
- Q28 Can rent payments be part of a budget?
- A28** See answer to Q10 in first set of questions.
- Q29 Can incentives be used to engage individuals in program participation?
- A29** Yes, within the scope of work described to accomplish the goals of the RFA, small gift card amounts should be acceptable.
- Q30 Assuming an IOS license is sufficient to be eligible? We are an FQHC with an IOS license.
- A30** FQHC has no impact on eligibility. OMH Integrated Outpatient Services (IOS) – core requirements mental health and addiction providers, or any of the other 4 criteria found in section 1.4, are eligible to apply.
- Q31 IPAs are not typically organized pursuant to the section of NYS law pertaining to voluntary agencies. The way the eligibility criteria are specified may unintentionally disqualify IPAs, since we are not voluntary agencies, i.e. organized for the purpose of providing local services.
- A31** See Amendment 3, Section 1.4 Eligible Applicants for updated eligibility.
- Q32 Can you provide additional clarity on the question about staffing. Is the intent that existing staff provide services? "Since you cannot supplant staff, describe how your current staff and their skill set will be utilized to provide the individualized care services described in the scope of work."
- A32** See answer to Q15 in first set of questions.
- Q33 So essentially if a staff member then moves into a new role, we would still have to keep their prior role open. Yes?
- A33** See Q32 above.
- Q34 Can you speak to the need for a "network" of partners?
- A34** Please refer to section 1.3 for more information.
- Q35 Are letters from partners required?
- A35** No.
- Q36 Could you have the staff be half time with this RFA and then half time with another RFA?
- A36** Yes.
- Q37 Is the letter to the LGU was only required under certain circumstances?
- A37** The Notification of Intent to Local Governmental Unit is required for non-LGU applicants.

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Q38 Would a voluntary letter from partners make an application stronger, or would it make little difference in the selection process?

**A38** This could be part of a demonstration of organizational linkages as required as part of the program description, but a letter per se is not required.

Q39 We have submitted an RFP to a county and award has not been made yet. What would happen if we duplicate the service population?

**A39** This would not necessarily have a negative outcome if it was a high needs population. However, you cannot duplicate the expenses. The two projects would need to be additive, no dollars could supplant.