

**RFA # 17643 / Grants Gateway # DOH01-HHSHP-2018**

**New York State Department of Health**  
*Division of Program Development and Management*  
*Bureau of Social Determinants of Health*

*Medicaid Redesign Team*  
*Health Home Supportive Housing Program*

**Modifications, Questions and Answers**

2/28/2018

**Please note that the slides from the Applicant Conference are attached to the end of this document for reference.**

**RFA MODIFICATIONS**

*The following has been updated/modified in the RFA. Strike-through indicates deleted text; underlined/bolded text is new.*

**RFA Section I. Introduction**

The New York State Department of Health (DOH) is issuing this Request for Application (RFA) to seek applications from Providers (also referred to as the provider or as the applicant) for funds to be used to provide rental subsidies and non-medical services to provide housing for homeless ~~or unstably housed~~ Medicaid members who are enrolled in New York State's Health Home Program. The rental subsidies and services provided under the Health Home Supportive Housing Program are intended to be a means to provide affordable and stable housing and services, to thereby improve access to health services and the health status of Health Home members who are high-cost, high-utilizers of Medicaid services. This program will serve participants that are already enrolled in the program and single individuals who are enrolled in Health Home and may include a certain number of families with minors under the age of 18 years old.

**RFA Section II. Who May Apply, Minimum Eligibility Requirements**

Eligible applicants must be a not-for profit organization authorized to do business, and available to provide services in New York State. A qualified applicant should have at least three years of experience in the following areas:

- Housing for ~~chronically~~ chronically-homeless individuals;

### **RFA Section III. Project Narrative/Work Plan Outcomes**

The intent of the program is for supportive housing providers to collaborate with Health Homes to:

- Identify and locate ~~chronically~~ chronically homeless Health Home members or eligible members that are in the enrollment process;
- Leverage partnerships with Health Home and a health plan ~~and/or~~ **organization, performing provider system (PPS) and/or** hospital to target high-utilizers;

In addition to a Health Home partner, applicants should be in collaboration with a health plan organization, **performing provider system** or hospital to identify high-utilizers.

### **RFA Section III. Project Narrative/Work Plan Outcomes**

#### **A. Available Funds**

2. A minimum of one award will be made in the counties listed in Table 1 to ensure that the program continues to serve current participants. Once the below locations are awarded to ensure current participants are covered (to the top scoring applications), all other applications will be considered for awards as well as additional awards in counties mentioned in Table 1 below. There will be up to five awards in the NYC region and no more than two awards in each county (rest of state). If there is more than one award in an area that has current participants, the following methodology will apply when considering the assignment of current participants to the awarded provider: 1. Current participants will be served by the provider that covers the area in which participants live, or 2. Participants will be divided between the awardees if the geographical area overlaps. In the event acceptable applications (scoring 70 or above) are not received from a region, an additional award to another region may be considered or, at the discretion of the Department, be re-distributed to awarded regions. Additional awards would be made to the next highest scoring applications (scoring 70 or above). Selected providers must have a transition plan in place to accept and serve any existing health home members housed under this program. If there is no award made from this RFA in a currently served county or area, DOH may offer additional funding to a nearby awardee to ensure that rental subsidies are not discontinued for current participants.

### **RFA Section V. A. Application Format/Content (Grants Gateway Program Specific Question A1.)**

#### **1. Program Summary**

**Not Scored**

Summarize your proposed program. Describe the purpose of your program, target populations, geographical area to be served, outreach strategy, proposed services and anticipated outcomes. **Please indicate what county(ies) you will be serving.**

## RFA Section V. Completing the Application, A. Application Format/Content

### 4. Program Design and Activities

- b) Describe how prospective clients will be identified in conjunction with the Health Home and a health plan organization, **performing provider system** and/or hospital. Include specific methods and roles of your organization and the Health Home in the outreach process.
- e) Describe how you will coordinate with your partnered health plan organization, **performing provider system** and/or hospital.

### DOH is also adding the following definitions to clarify certain terms used in the RFA.

Homeless: Individuals or families that that are either living on the street, in a shelter or a hospital; or has had more than three addresses in the past 12 months.

Families: An eligible individual that has legal custody of a child or children under the age of 18.

Fair Market Rent: Rental subsidy amount set yearly by the Department of Housing and Urban Development  
([https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2018\\_code/select\\_Geography.odn](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2018_code/select_Geography.odn))

Rental Subsidy: A portion of rent paid directly to the landlord with the participant paying 30% of their adjusted monthly income toward rent. Rental subsidy is calculated the same as the HUD Housing Choice Voucher Program.

## QUESTIONS AND ANSWERS

### Programmatic Questions

1. Can you please define homeless?

**Answer: Homeless for the purposes of this RFA is defined as: Individuals or families that that are either living on the street, in a shelter or a hospital or has had more than three addresses in the past 12 months.**

2. Are there certain populations that a new provider must serve?

**Answer: This program is cross-disability and focuses on any homeless high-utilizers of Medicaid that meet the eligibility criteria.**

3. Is Fair Market Rent rate determined based on the current rate over time, the 2018 rate, or something else? Is the rate limited by unit or aggregated for the whole number served?

**Answer: Fair Market Value (FMR) is changed yearly by HUD and should be adjusted accordingly in this program based on what is released by HUD. The rate is by unit.**

4. Is this Program only for scattered site type projects?

**Answer: This program is for scattered site units only.**

5. What types of housing would be eligible? Can the housing be provided by the applicant? Could transitional housing qualify as a first step to permanent housing?

**Answer: This is a permanent rental subsidy program, that uses scattered site housing.**

6. Are room rentals allowed for placement?

**Answer: No.**

7. The Lead agency owns supportive housing units and we wonder if the rent subsidies/security deposit can be paid to the lead agency to support the units or is this a conflict of interest? All the units qualify under HUD guidelines.

**Answer: Yes, that is allowable if rents are within HUD Fair Market Rent. However, tenants must hold a lease or sub-lease.**

8. Can tenants be placed in existing supportive housing programs, if they are determined to need/want that type of housing?

**Answer: This is a voluntary rental subsidy program, at any time if a participant wishes to end their participation in the program or move into a new program they may.**

9. Which is correct? Must eligible participants be chronically homeless, or may they be [non-chronically] homeless or unstably housed at the time they move into housing provided by this program?

**Answer: Please see answer to Q1 for the definition of homeless.**

10. Is “homelessness” status a requirement for all participants, or can it just be a subset of the population we would serve, given that other eligibility criteria are met?

**Answer: Yes, participants must be homeless as defined in question 1 of this document.**

11. Our question is with regards to the expectation that all clients served will be on the waitlist for Section 8 at the time of enrollment.

Within our service region, there are some Section 8 programs that are not accepting new applications, and likely will not for the foreseeable future. They do not have openings and their waitlists are closed, so new individuals cannot even put in an application to be placed on the waitlist.

If we obtain documentation that they cannot be placed on the waitlist, as the program is not taking new applications, will this suffice for this requirement to be served in the program?

**Answer: It will suffice if you document that the waitlist is closed for Section 8 in your area.**

12. To transport clients to medical appointments can we purchase a van?

**Answer: No. Transportation to medical appointments is paid for by Medicaid. This program cannot duplicate Medicaid billable services. Organizations can become a Medicaid transportation provider (link provided below) and bill Medicaid for providing transportation to member but not under this grant.**

<https://www.emedny.org/info/ProviderEnrollment/transportation/index.aspx>.

13. Can our model not include rental subsidies?

**Answer: Yes, if you have other sources of rental subsidy that can be incorporated into this program. However, other sources should be listed in your budget and workplan. The overall budget request should be representative of the program without rental subsidies (without the 50% rental subsidy).**

14. Does the applicant itself have to provide housing for the client or can the rental assistance be used to help clients rent from private and third-party housing providers?

**Answer: No, the applicant does not have to provide housing and can utilize private and third-party housing providers.**

15. The current contract for Brooklyn serves approximately 23 participants. What is the combined total amount of the rental subsidies being paid for those participants on an annual basis? Of the 23 participants in Brooklyn, are any of them in shared apartments or do all 23 have their own individual apartments? Does the current contractor in Brooklyn pay 100% of the clients rent or only a portion of their rent? If the latter what is the client contribution to the rent? Under this model, whose name goes on the lease? Is the lease in the participants name or in the agency's name? Are rent subsidy payments made to the participants landlord or directly to the participant?

**Answer: The current apartments in Brooklyn are single scatter site units and all use FMR. Tenants pay 30% of their adjusted monthly income. All tenants hold their own lease or hold a sub-lease under the provider. Rental subsidy must be paid to the landlord directly.**

16. Can a rent subsidy be used in agency owned/operated housing? For example, we operate HOPWA housing that has no operating support and requires the tenant to pay 30% of income as rent. Can the subsidy be used to make up the difference between the tenant rent and what would be the HUD Fair Market Rent for the unit?

**Answer: Tenants must not be receiving any other type of rental subsidy to be eligible for this program. Also, funds cannot supplement programs that are already housing individuals.**

17. Can the rent subsidy amount and client portion amounts be calculated differently based on whether utilities are included in the rent?

**Answer: Yes, the calculation would not include a utility allowance if it was already included in the rent.**

18. Can the provider own the housing to be used for Project?

**Answer: Yes, if the tenant has a lease or sub-lease.**

19. Is Scattered site SH approved through this via individual leases with already existing housing/community landlords? Can this be used to fund existing programs or is it just for new units?

**Answer: Units are scattered sites and have individual leases. This is to continue current participants that are served under the HHSHP and to create new units for new eligible participants.**

20. The agency is a landlord with units within its facility. If potential clients do not want to live in the facility, would we be allowed to place them in scattered site apartments in the community? Can this contingency be added into the budget? So, for example, our budget could include 10 units in the building and five scattered site apartments.

**Answer: Yes, that is allowable.**

21. Do units proposed to be funded need to be secured prior to submission of the application? Prior to the award notification? Is it possible to start with X number of units, and then phase in more units up to our planned capacity as listed in our application, as referrals and admissions come in?

**Answer: No, a specific number of units are not needed at the submission of this application. Applicants are encouraged to have housing connections to place individuals as they come on to the program.**

22. We are a supportive housing provider so have units within our building available to designate as MRT units. We are the landlord. Is this allowed or will we have to find scattered site units outside of our building and form a relationship with a landlord?

**Answer: Yes, you can use your units and units from other sites. However, if tenants are already receiving some types of rental subsidy and/or are already placed in your units, they are not eligible for this program.**

23. For the fair market rental allowances, will that be based on family size and will funding coordinate with this need?

**Answer: Yes, it is based on family size and uses the same standards as the HUD HCV program. Applicants should estimate this need in their proposed budget.**

24. Are leases required of the clients?

**Answer: Yes, clients must have a lease or sub-lease.**

25. How many beds are available per borough/per award?

**Answer: This is up to the applicant and their proposed budget.**

26. Are these beds all single apartments?

**Answer: Current units are all single apartments.**

27. How many beds can be requested or are desired in each catchment area with this RFP?

**Answer: This is up to the individual applicant and their proposed budget.**

28. Are families who have children that are Health Home Serving Children (HHSC) eligible allowed to access rental subsidies, services and supports through this program?

**Answer: As long as the participant meets the eligibility requirements on page 4.**

29. How many family beds would be available?

**Answer: It is up to the individual applicant.**

30. Is there a maximum percentage of families with minors who can be served through the program?

**Answer: It is up to the individual applicant.**

31. Is a family with a disabled dependent child or children (over age 18) eligible?

**Answer: Individuals must meet the requirements on page 4 for the RFA.**

32. How are families to be served if you are expecting only single bed apartments?

**Answer: Families are not expected to be served in single bed apartments. Families will be placed with the same standards that HUD HCV uses.**

33. In reference to page 3 section 1, the agency is interested in applying for both singles and families. Will the agency need to submit two applications for each population or can they be included in one application?

**Answer: Applicants can only submit one application. They should describe in their application that they intend to serve both populations.**

34. If we are to serve a family, in the case of a two-parent family, must both parents be HH members or can only one be a member? When a child in the family turns 18, must the family move out- or have an exit plan and time frame to move on?

**Answer: Both parents do not need to be eligible for the program. The head of house hold/the lease signer must be the eligible HH participant. The gross annual income must be counted from both adults when calculating the rental assistance.**

**When a child turns 18, they can continue to live in the home with their parent.**

35. Can married/partnered couples (one partner being eligible for the service) be housed through this program?

**Answer: Please see the answer to Q34.**

36. OMH defines Supportive Housing as a licensed care congregate level 2 apartment with roommates. Supported housing is single occupancy or family. IT is unlicensed. Is this the model you are replicating?

**Answer: This is not an OMH housing program. HHSHP uses unlicensed scatted site supportive housing.**

37. Can funding be used to provide temporary housing until an apartment can be identified?

**Answer: No.**

#### Letters of Support

38. Should applicants provide a letter of support or letter of commitment from the health plan that will be working in conjunction with the provider and Health Home on this RFA?

**Answer: A letter is not required and is not scored but it can be uploaded as a PDF with the health home letter if you refer to it in your application.**

39. Are commitment letters required for the partnerships with health plan organizations and hospitals? Or does it suffice to describe these collaborations in the proposal narrative?

**Answer: Please see answer to Q38.**

40. Would additional letters of support of linkage with a PPS or hospitals be desirable?

**Answer: Please see answer to Q38.**

41. Is the applicant to include letters of support from community providers that we will be referring residents to for ongoing care in the community?

**Answer: Please see answer to Q38.**

42. Our organization is partnered with a health home and a Managed Care Organization. Can we partner with a performing provider system as well?

**Answer: Yes, there is no limit on how many partners your organization can have for this project and can be described in your application under program design and activities.**

43. Can Lead Health Homes provide letters of commitment on more than one application?

**Answer: Yes.**

44. Can you submit more than one letter of agreement from Health Homes and MCOs?

**Answer: Yes, please see the answer to Q38.**

45. Can an agency partner with two, separate Health Homes in separate counties?

**Answer: Yes.**

46. Do we have to partner with all MCO's or can we partner with just one?

**Answer: Only one is required but applicants are encouraged to partner with as many health plans, hospitals or PPS's as wanted or needed to ensure adequate referrals of high Medicaid utilizers.**

### Referrals

47. Will the grantee identify all referrals or will individuals be referred to the program by the health home? If the grantee is responsible, how do we determine Medicaid usage?

**Answer: Please see the modification to RFA Section III. Project Narrative/Work Plan Outcomes at the beginning of this document. Medicaid usage can be determined by the Health Home, PPS, health plan or hospital.**

48. Where do the referrals come from? directly from counselors, health homes, case managers?

**Answer: Please see the modification to RFA Section III. Project Narrative/Work Plan Outcomes at the beginning of this document. Referrals should come from your organizations partnered Health Home, health plan, PPS, hospital, medical respites, shelters, or street outreach.**

49. Besides homeless in hospitals, what about nursing homes?

**Answer: No, this program does not transition individuals from nursing homes. Our Olmstead Supportive Housing Subsidy Program, Nursing Home to Independent Living Program and Nursing Home Transition and Diversion programs serve the nursing home population. This program targets the homeless population as defined on page 1 of this document.**

50. Does one's stay in a medical respite count as being homeless according to the definition of this program?

**Answer: Someone who is in a medical respite would be eligible for this program as long as the person meets the criteria under RFA Section III. Project Narrative/Work Plan Outcomes.**

51. A homeless veteran is currently temporarily housed on a week-to-week basis in a hotel, thanks to a veterans' services nonprofit. Does this individual count as "homeless or unstably housed" (RFA wording)?

**Answer: Please see the definition of homeless in this document.**

52. Does being in an inpatient treatment facility count as "hospitalized"?

**Answer: A person in an inpatient treatment facility would not be considered "hospitalized". However, if they meet the definition of homeless in this document and the criteria under RFA Section III. Project Narrative/Work Plan Outcomes they would be eligible.**

53. Can being in a shelter include transitional housing such as that has a time limit?

**Answer: Transitional housing is not considered shelter. If a person meets the definition of homeless in this document and the criteria under RFA Section III. Project Narrative/Work Plan Outcomes they would be eligible.**

54. In Section III under Project Narrative/Work Plan Outcomes, it lists that we are to serve individuals who "have base period of Medicaid spending above the "top 20% of Medicaid recipients relative to the county of fiscal responsibility". Housing providers typically do not have access to Medicaid spending data. How do you expect that to occur?

**Answer: The partnered Health Home, PPS, hospital or health plan can assist with that type of information.**

55. On page 4 of the RFA, it is noted that "[i]n addition to a Health Home partner, applicants should be in collaboration with a health plan organization or hospital to identify high-utilizers." Could you provide a few more details on what these partnerships with hospitals and health plan organizations might entail? Does the role of health plan organizations and hospitals primarily concern identifying Health Home members who might benefit from services? Are there other key roles that these entities might perform?

**Answer: Health plans, hospitals and performing provider systems should be partnered with to identify your community's homeless high-utilizers and make referrals to the program.**

56. Who (which agency or organization) would determine whether recipients meet the service utilization/expenditure criteria? If I understand correctly, individuals whose Medicaid expenditures exceed 80% of the regional average would be considered through this initiative. Who would obtain the expenditure data?

**Answer: The Partnered Health Home, PPS, hospital or health plan can assist with that type of information.**

57. What type of data would the Health Home provide the housing provider? Can you give examples and expand on Section #6?

**Answer: A Health Home can refer it's homeless high-utilizers of Medicaid and enroll participants that need and are eligible for Health Home services.**

58. Whose responsibility is it to identify eligible participants?

**Answer: Applicants are expected to work with their partnered Health Home and health plan, PPS, or hospital, to identify eligible participants.**

59. Can grantees screen and make the decision about admitting referrals into the program or once the individual is referred, the housing provider needs to accept the referral?

**Answer: It is up to the individual grantee.**

60. Can a CoC apply for this and collaborate with multiple organizations?

**Answer: Yes, if the lead applicant is a not-for-profit.**

61. Does this program have to work with the local CoC for coordinated entry?

**Answer: No.**

#### Geographic Coverage and Awards

62. Can we admit people from other counties, or only the county that housing would be provided in? For example, if we operate in Onondaga county, can we admit residents of other counties, or only residents of Onondaga county?

**Answer: You can serve people from other counties.**

63. Do you need to submit two separate applications if you plan to apply in 2 different counties?

**Answer: No, applicants are only able to submit one application.**

64. If there is no limit on the number of counties served, should a budget be submitted for each, and does that require a new application for each county?

**Answer: Each applicant is only able to submit one application. Please list what county(ies) your organization will serve under 1. Program Summary. Refer to modification for RFA 1. Program Summary at the beginning of this document.**

65. Is there a possibility of having more than one provider offering this service in a county?

**Answer: Yes.**

66. If the counties on the chart on page 5 of the RFA listing the total number of households currently receiving a subsidy has more than one county on a line, do applicants have to apply for all the counties grouped together to be eligible? Or can they apply for just one of the counties?

**Answer: Applicants do not have to apply for all the counties however, depending on the location of other awards, you may be required to serve all or some of current participants in those counties.**

67. Up to 5 awards will be awarded in the NYC Region, is that over and above the awards that will be given to the NYC boroughs listed in Table 1? 16 available less 8 current less maybe 5 in NYC leaves 3 for rest of state?

**Answer: Applicants will be awarded by score, with current served areas awarded first. Five awards in NYC is the maximum that will be awarded.**

68. Are the current rental subsidies listed in Table 1 reflecting total number of individuals per county or number of projects that are currently awarded?

**Answer: Table 1 is the total individuals per county currently served.**

69. In Table 1, current subsidies, is there a single contract for Cayuga, Madison and Onondaga or a separate contract for each?

**Answer: A single contract.**

70. Does this funding procurement award extend existing project(s) "renewal" or will the renewal RFA's will be a subsequent announcement?

**Answer: The existing project ends 9/30/2018 and current awardees must re-apply through this competitive procurement to be considered.**

71. For planning purposes, should we be expecting that the current grantee will continue to be funded to serve the existing clients?

**Answer: No. Please see answer to Q70.**

72. Are the services for the priority counties (listed in Section III A. Available Funds) currently being provided by another provider?

**Answer: Yes.**

73. Where can we find the listing of current providers of this program?

**Answer: There is a listing on the following MRT Supportive Housing website:**  
[https://www.health.ny.gov/health\\_care/medicaid/redesign/supportive\\_housing\\_initiatives.htm](https://www.health.ny.gov/health_care/medicaid/redesign/supportive_housing_initiatives.htm)

74. If an individual does not have income to pay 30% of income towards rent - is that individual ineligible?

**Answer: As part of the program, organizations should assist individuals with obtaining benefits that they are eligible for such as SSD. If an individual does not have income, they are**

**still eligible for this program if they meet the criteria under RFA Section III. Project Narrative/Work Plan Outcomes.**

Budget

75. Page 4 of the RFA, under Section II Who May Apply. If 50% of the funding must go toward rental subsidy = 250,000 of funds. If following HUD Fair Market Rate (FMR) (@1514/mo per studio in Bronx=18,168 yearly) then 14 single adults will be able to receive rental dollars for this project (254,352). Is this formula meeting the criteria of the RFP?

**Answer: The annual amount for this project is \$500,000 per year and 50% is the minimum that must be spent on rental subsidy. Please also keep in mind that tenants pay 30% of their annual gross income.**

76. Section III A.3. says, “It is expected that at least 50% of funds will be used for rental subsidy” – Does the 50% pertain to just the Fair Market Rent or would one-time furnishings, personal supplies and utility allowances qualify toward the 50% required for the rental subsidy?

**Answer: One-time furnishings and personal supplies are not considered part of rent and are typically under operating expenses under a contingency or furnishings and supply line. Rent, security deposits and utility allowances are considered part of the 50%**

77. Is the 50% dedicated to housing only for rent or is furniture and household supplies also included in the 50%?

**Answer: Please see the answer to Q76.**

78. On page 23 of the RFP it states, “Administrative costs will be limited to a maximum of 10% of total direct costs” however on page 27 it states, “Indirect costs for organizations without a federally-approved indirect cost rate, will be limited to no more than 10% of total direct costs”. As an agency with a federally approved indirect rate, does this mean we can request our full approved rate in this budget?

**Answer: Applicants can request their federally approved indirect rate. If awarded, grantees will be required to provide a copy of their current approved federal rate agreement. The 10% limit is for applicants not using a federally approved indirect cost rate. Applications should keep in mind when formulating their budgets that 50% of the requested funding needs to be used for rental subsidies.**

79. How do the participant contributions and the costs that they are covering get reflected in the budget? Our Agency would generally include expenses offset by this income in the “Other Funds” column but the instructions say to leave that column blank.

**Answer: Participant contributions go directly to the landlord typically and are not reflected in the budget. The rental subsidy calculation worksheet (attachment 4b) is filled out to document the 30% contribution.**

80. Since the participants contribution to rent (30% of income) is an unpredictable amount, should the applicant budget for the full FMR.

**Answer: As part of the program, organizations should help participants get benefits that they are eligible for such as SSD.**

81. Can you use client rent for damages to the unit?

**Answer: This should be listed under Operating Expenses in a line that is labeled contingency funds.**

82. Regarding client rent contributions, is the program allowed to utilize the client's 30% as program income to be used for repairs and maintenance of the unit? During the conference on 2/21/18 it was stated that program funds can be used for damages that are outside of the lease expectations but did not describe where those charges would fall in the budget.

**Answer: The client's rental contribution goes directly to the landlord. If you are the landlord of the unit, you should use the tenant portion of rent for these purposes.**

83. Is transportation to view a rental an allowable expense?

**Answer: Yes. Please refer to the answer to Q76.**

84. Is furniture an allowable expense?

**Answer: Yes. Please refer to the answer to Q76.**

85. Are broker fees an allowable expense?

**Answer: Yes.**

86. On page 4 of the RFP, it states that 50% of funds must be used for rental subsidies. Are expenses such as security deposits and utilities allowable costs under the rental assistance line? If security deposits can be paid through the rental subsidy line, is an agency allowed to provide 2 security deposits for the same unit?

**Answer: Yes, if a participant moves out and another one moves in and the security deposit is not retained, another one can be used for the same unit.**

#### MWBE and Subcontracting

87. When considering the MWBE 30% goal, I understand that subcontracted labor or services, equipment, materials, or purchases are included. Are landlords included in the requirement as well?

**Answer: Landlords are not included in the MWBE goal. MWBE in this specific RFA applies to items such as project supplies, office equipment, one-time furnishings/personal supplies. A list of certified MWBE businesses can be found here: <https://ny.newnycontracts.com/>.**

88. Our agency does not hire subcontractors to complete any work. Do we only need to fill out MWBE Form #4 and MWBE Form #5 of Attachment 2?

**Answer: No. You must fill out all MWBE forms.**

89. Can the applicant subcontract project services that it also provides? For example, an applicant provides the staffing and client service supports in one county, but subcontracts out those same kinds of services to another agency in another county because that agency has more experience in that community?

**Answer: Yes, please see RFA Section III. Project Narrative/Work Plan Outcomes.**

90. Section 5. Agreement and Collaborative Plan ii) 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, or if such alternatives are not immediately available;

Does this mean that the client must not be eligible for any other type of housing subsidy/voucher? Aren't ALL NYC residents with low income eligible for some type of housing subsidy? Who is the population that this RFP is targeting?

**Answer: No, it does not mean that participants cannot be eligible for other rental subsidy programs. Please see RFA Section III. Project Narrative/Work Plan Outcomes for who this program applies to.**

#### Miscellaneous

91. Does this RFA exclude funding for HASA eligible clients?

**Answer: To be eligible for this program, individuals must be homeless (as defined in this document), enroll or be enrolled in the Health Home program and meet the criteria in RFA Section III. Project Narrative/Work Plan Outcomes. This program cannot supplement other rental subsidy programs.**

92. What does it mean that funds should be used for individuals who are NOT eligible for other housing programs? Can you clarify?

**Answer: If an individual is already receiving a rental subsidy through another program, they are not eligible for this program.**

93. Can funds be used to support the rental assistance along with other sources such as section 8 or rental assistance through the Empire Supportive Initiative?

**Answer: No. Funds cannot be used with other rental subsidy programs and cannot supplement if someone is already receiving housing in another program.**

94. Does this opportunity require any match funds?

**Answer: No, but in-kind funding is allowable.**

95. We are in operation for 3 years as of Aug 2018. Do we qualify because we would receive the grant after the three-year mark and qualify for all other eligibility?

**Answer: Yes, as long as you have three years' experience by the start of this program.**

96. If our agency has more than 3 years of experience in addressing housing needs of people a) who have chronic health conditions, but b) who may not necessarily meet all the Health Home eligibility requirements discussed in the RFA, would we be considered a qualified applicant?

**Answer: Applicants must meet the minimum eligibility requirements of the RFA under Section II. Who May Apply.**

97. Can you explain again what the goal of the grant is? Is it to reduce homelessness or lower healthcare costs?

**Answer: The goal of this program is to target high-utilizers of Medicaid that are homeless (as defined in the clarifying definitions at the beginning of this document).**

98. Is the \$500,000 funding for 1 year, and does this include rental and staffing?

**Answer: Yes, the \$500,000 is funding for 1 year and includes rental and staffing.**

99. Is there a template for the year 1 budget? And where does it get uploaded?

**Answer: The Year 1 Budget must be entered directly into the Grants Gateway (under Forms Menu).**

100. Will DOH be providing a database for this program?

**Answer: No.**

### Health Home

101. Are lead Health Homes eligible to apply for the Health Home Supportive Housing grant? Please refer to page 3 section II. Who may apply.

**Answer: Yes, if you are not-for-profit and meet the eligibility criteria under RFA Section II. Who May Apply.**

102. Are agencies allowed to split staff salary between this MRT grant and a Health Home contract if staff perform both health-home activities as well as supportive housing services? Our agency was granted permission for our supportive housing staff to provide the health home services, as it was our experience that our clients preferred having less assigned workers to receive services.

**Answer: Yes, but activities must be separate and HHSHP grant funds cannot pay for tasks done by the Health Home.**

103. I am currently pending DOH approval for a health home in CNY. Would we be able to complete an application for this prior to the DOH process being completed?

**Answer: In cases where an applicant is not already part of the Network of its chosen Health Home Partner at the time of application, the applicant must include in its application a Letter of Agreement from its chosen Health Home partner indicating its intention to enroll the housing provider in its Health Home Network.**

104. Does the applicant have to be a formal partner in a Health Home or can we just be affiliated?

**Answer: It is DOH's preference that housing providers be part of the network of its chosen Health Home partner at the time of application. In cases where the housing provider is not already part of the network of its chosen Health Home partner at the time of application, the housing provider must include in its application a signed Letter of Commitment from its chosen Health Home partner, indicating its intention to enroll the housing provider in its Health Home Network.**

105. Will Health Homes be required to expedite their processes to enroll and engage MRT identified participants?

**Answer: The commitment letter from a Health Home partner means that the Health Home has agreed to collaborate with the housing provider to implement the terms and conditions of the RFA including enrollment and engagement of the individual in the Health Home.**

106. Regarding the experience section, how is provision of support to population with significant health needs defined?

**Answer: The population that this is referring to are individuals with chronic conditions that are the eligible conditions of a Health Home member. A link to the eligibility policy for Health Homes can be found at:**  
[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/09-23-2014\\_hh\\_eligibility\\_policy.pdf](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/09-23-2014_hh_eligibility_policy.pdf).

107. The RFA states, in part, that the services provided must not “duplicate efforts of the Health Home care manager and Housing Specialists or other Housing staff”. Are you talking about the efforts of the proposer’s own staff, the efforts of the lead Health Home agency partner or the staff of the Health Homes entire network?

**Answer: The RFA is referring to the housing staff at the housing provider and must not duplicate the efforts of the Health Home Care Manager. It does not refer to the staff of the Health Home’s entire network.**

108. Would you please clarify what is meant by **Health Home Network** in this paragraph? We have contacted our chosen Health Home Partner and they are unclear on this terminology. Does this mean that the applicant must be one of the Care Management Agencies (CMAs) linked to Health Home Partner? Or may the applicant be one of the ‘linked’ agencies that support care for individuals enrolled in the health home?

\*\* If the latter definition is correct, what must be done to add the applicant to the Health Home Network if it is not there already (beyond the Letter of Commitment required from the Health Home as Attachment 3 in the Pre-Submission Uploads section of the application)?

**Answer: Health Homes are required to have a variety of providers in their network. The Health Home Network is comprised of multi-disciplinary teams of medical, behavioral and social services providers that can ensure appropriate and timely access to services.**

**A housing provider does not need to be listed as a care management agency in the Health Home Provider Network.**

**If a provider is not currently listed in the Health Home Provider Network, the provider must contact its chosen Health Home and request that they be added to that Health Home's Provider Network.**

109. Can a Health Home Care Management Agency be considered a "housing provider"? (By history, the CMA has assisted its clients to secure and retain housing, but we have not been the "housing provider".)

**Answer: Yes, as long as your organization meets the minimum eligibility criteria under RFA Section II. Who May Apply.**

110. The Health Home Partner must be chosen from the designated NYS Health Home partners that are listed in the link provided on p. 4?

**Answer: Yes, the link has a list of designated health homes that are designated by the DOH.**

111. The Health Homes listed in the link on p.9, when followed, include a mix of adult and children's health homes. They also do not include health home consolidations - for example, in our part of the state, many agencies work with Health Homes of Upstate NY (HHUNY), but this is not on the list - only the individual homes are. Can you clarify the types of Health Homes allowed to collaborate with, and whether or not an applicant has to choose from only the ones on the list?

**Answer: The link includes a list of all Health Home programs that are designated to serve Adults, Children or both. This designation to serve each population is indicated on the list with an "A" for adults, a "C" for children and "A/C" for a Health Home that serves both adults and children. Those Health Homes listed are the only Health Homes that a housing provider may collaborate with.**

112. Can an agency have both MLTC and Health Homes Programs or is this a duplication?

**Answer: An applicant can partner with a MLTC and a Health Home.**



**Department  
of Health**

**Office of  
Health Insurance  
Programs**

# **Medicaid Redesign Team Health Home Supportive Housing Program RFA**

February 2018

# Housekeeping

- All lines will be muted
- Applicants should submit questions in the Q&A box
- These slides will be posted with the Q&A on grants gateway.

# Today's Presenters

- Emily Engel, Program Manager of the Bureau of Social Determinants of Health
- Sara Morales Digges, Contract Manager for Bureau of Social Determinants of Health
- Jahmel Robinson, Contract Manager for Bureau of Social Determinants of Health

# Introduction to the RFA

The New York State Department of Health (DOH) is issuing this Request for Application (RFA) to seek applications from Providers for funds to be used to provide rental subsidies and non-medical services to provide housing for homeless Medicaid members who are enrolled in or in the process of enrolling in New York State's Health Home Program.

This RFA is a re-procurement from contracts that will be ending on 9/30/18.

# Introduction to the RFA

- This program will serve participants that are already enrolled in the program and single individuals who are enrolled/enrolling in Health Home and may include families with minors under the age of 18 years old.
- The total anticipated amount available for this procurement is up to \$500,000 annually, for up to approximately 16 awards for a total allocation of \$8 Million per year for this project.
- It is anticipated that the contracts resulting from this RFA will be in effect during the following five-year period: 10/1/2018—9/30/2023.

# Key Events/Time Line

- RFP Release Date: 2/9/2018
- Webinar: 2/21/2018
- Questions Due: 2/23/2018
- Questions Posted on Website (Tentative Date): 2/28/2018
- Proposals Due: 3/16/2018
- Contract Start-Date: 10/1/2018

# Definitions

**Homeless:** Individuals or families that that are either living on the street, in a shelter or a hospital or has more than three addresses in the past 12 months.

**Families:** A eligible individual that has legal custody of a child or children under the age of 18.

**Fair Market Rent:** Rental subsidy amount set yearly by the Department of Housing and Urban Development  
([https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2018\\_code/select\\_Geography.odn](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2018_code/select_Geography.odn))

**Rental Subsidy:** A portion of rent paid directly to the landlord with the participant paying 30% of their adjusted monthly income. Rental Subsidy is calculated the same as the HUD Housing Choice Voucher Program.

# Current Participants

# Current Population Served Under this Program

- This program started in 2014 and currently serves 225 participants
- Rental subsidies must continue for all current participants
- A minimum of one award will be made in the currently served counties (listed in Table 1 of the RFA) to ensure that the program continues to serve current participants.
- Once the below locations are awarded to ensure current participants are covered (to the top scoring applications), all other applications will be considered
- There will be up to five awards in the NYC region and no more than two awards in each county (rest of state).

<b>Borough/County</b>	<b>Current Number of Participants Served*</b>
<b>Brooklyn</b>	<b>23</b>
<b>Staten Island</b>	<b>38</b>
<b>Bronx</b>	<b>28</b>
<b>Queens (Far Rockaway)</b>	<b>2</b>
<b>Cayuga, Madison, and Onondaga</b>	<b>26</b>
<b>Niagara</b>	<b>40</b>
<b>Broome and Tompkins</b>	<b>27</b>
<b>Albany and Rensselaer</b>	<b>31</b>
	<b>225</b>

# Diagnoses of Current Population

The analysis is from our evaluation and includes 209 Health Homes clients who were enrolled by December 31, 2015 and had consistent Medicaid coverage during the year before their supportive housing start date.

Diagnostic Characteristics	
Severe Mental Illness (SMI)	78%
Substance Use Disorder (SUD)	56%
HIV positive	40%
Other chronic medical condition	57%

# Objectives under re-procurement

# Objectives and Responsibilities under the RFA

- Identify and locate homeless Health Home members or eligible Medicaid members
- Leverage partnerships with Health Home and a health plan (MCO), PPS and/or hospital to target high-utilizers
- Expand to families of eligible homeless individuals (children under the age of 18)
- Provide housing at Fair Market Rate (FMR) to facilitate access to health services and improve the health status of Health Home members
- Coordinate the efforts of the Health Home Care Manager and the Housing Specialist to implement the Health Home Member's Plan of Care
- Ensure that participants remain stably housed.

# Eligible Target Populations

This program will serve individuals who are enrolled/enrolling in Health Home and may include families with minors under the age of 18 years old. Potential clients of the program must be enrolled in Medicaid, be homeless, be health home enrolled or the provider must work with the Health Home to enroll the eligible member, and have one of the following within the past 12 months:

- Have two or more inpatient stays;
- Have five or more emergency department visits;
- Have four or more emergency department visits and one or more inpatient stay;
- Have base period Medicaid spending above the top 20% of Medicaid recipients' relative to the county of fiscal responsibility and target population parameters (for example, an SMI recipient in Westchester would have to have base period spending more than 80% of the SMI population in that county).

# Health Home Care Management Services Eligibility Requirements

To qualify for New York State Health Home care management services, Medicaid members must have two chronic conditions, or one single qualifying condition (HIV/AIDS or one serious, persistent mental health condition [SMI]).

For information about Health Home eligibility criteria, including chronic conditions, please see New York State Health Home State Plan Amendments at:

[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/09-23-2014\\_hh\\_eligibility\\_policy.pdf](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/09-23-2014_hh_eligibility_policy.pdf).

# Partnerships with Healthcare Systems

- In addition to the partnered Health Home, this procurement is encouraging relationships between providers and health care systems
- Successful applications should have a health system partner identified in addition to a Health Home.
- Health care system partners include: Performing Provider Systems (PPS), hospitals, Managed Care Organizations
- These partners should be used as a referral source to target your communities high-utilizers of Medicaid

# Partnerships and Referral Sources

In order to identify high-utilizers, providers can leverage referrals from the following sources:

1. Partnered Health Home(s)
2. Partnered health system(s) (i.e., Hospital, PPS or health plan).
3. Medical Respite
4. Shelters
5. Street outreach

# Eligible Costs

Any funds awarded to applicants must be used for the purposes of providing housing and non-medical services that facilitate the provision of housing to a Health Home member, and their ability to remain stably housed. Permissible uses of funds include providing:

1. Rental subsidies at or below HUD Fair Market Value, security deposit, one time furnishing and personal supplies;
2. Services or staff that help the Health Home member remain stably housed, including program supervision, housing counselors or specialists, and employment counseling;
3. Services or staff to identify and locate the Health Home members who need housing; or
4. Services or staff to assist Health Homes in navigating the range of available housing options, identifying available housing opportunities, and completing housing applications.
5. Non-medical activities that address participants social determinants of health.

# Eligible Applicants

The submitting organization must be eligible to apply. This funding opportunity is only open to not-for-profit organizations that are authorized to do business, and available to provide services, in New York State. In addition, qualified applicants must have at least three years of experience in the following areas:

1. Housing for homeless individuals and some homeless families;
2. Housing of individuals who have the health conditions of those members eligible for Health Homes; and
3. Providing services and supports to help individuals who have health conditions which meet the criteria for Health Home services, to become and remain stably housed.

Applicants must identify and submit at least one commitment letter from a Health Home partner who has agreed to collaborate with the housing provider to implement the terms and procedures of the RFA

Have a community health system partner such as a PPS, hospital or health plan.

# Reporting Requirements

## *Monthly:*

Medicaid Data Warehouse Spreadsheet

## *Quarterly:*

The Rental Subsidy Tracker

Narrative Report (this is similar to your submitted workplan that has updates on progress of program).

Voucher submissions are quarterly.

The Department may make an advance payment to a provider up to 25%.

# Walk Through Completing the Application (Pages 19-24)

# Pre-Submission uploads

- Pre-Submission Uploads
- Attachment 1- Vendor Responsibility Attestation
- Attachment 2- Minority & Women-Owned Business Enterprise Requirement Forms
- Attachment 3- Health Home Commitment Letter Template
- Attachment 6- Excel Budget Template for Years 2 through 5

# Summary of Scoring

Program Summary	Not Scored
Statement of Need	15 Points
Applicant Organization	5 points
Program Design and Activities	40 Points
Agreement and Collaborative Plans between the applicant and Health Home	10 Points
Agreement to Meet Reporting Requirements	10 Points
Budget	20 Points
Workplan	Not Scored

# Attachments

- Attachment 1: Vendor Responsibility Attestation\*
- Attachment 2: Minority & Women-Owned Business Enterprise Requirement Forms\*
- Attachment 3: Letter of Commitment Template\*
- Attachment 4a: Medicaid Data Warehouse Spreadsheet\*
- Attachment 4b: Rental Subsidy Tracking\*
- Attachment 5: Budget Data Entry Guidelines
- Attachment 6: Excel Budget Spreadsheet for Year 2 through 5\*
- Attachment 7 Grants Gateway Budget Instructions
- \*These attachments are located/included in the Pre-Submission Upload section of the Grants Gateway on line application.

# Complete Application Requirements

- Pre-submission Uploads
- All Program Specific Questions must be answered
- Do not refer to other sections when answering questions in your application
- A letter of commitment from the Health Home must be uploaded
- The first year budget must be entered into grants gateway and additional years uploaded in the provided excel spreadsheet
- The workplan complete with objectives, tasks and performance measures that coincide with a activities of the program.

# Grants Gateway

- Applications must be submitted online via the Grants Gateway by the date and time posted on the cover of the RFA
- Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grants Reform website at the following web address: <http://grantsreform.ny.gov/Grantees> and select the “Grantee Quick Start Guide: Applications” from the menu on the left.
- Grants Gateway Team Email for technical assistance: [grantsgateway@its.ny.gov](mailto:grantsgateway@its.ny.gov)

# Questions?

MRTSupportiveHousing@health.ny.gov