NEW YORK STATE | Office for People With Developmental Disabilities

Issuance of Responses to Questions / Clarifications OPD-2024-46

Date: January 7, 2025

PLEASE ADDRESS INQUIRIES TO:
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Request for Information (RFI) #: OPD-2024-46
Title: Cross-System Outpatient Clinical Services
Due Date: Wednesday, January 22, 2025
Subject: Issuance of Responses to Questions / Clarifications

In reference to the RFI cited above, the six questions/clarifications were submitted. The Office for People With Developmental Disabilities (OPWDD) response to each question/clarification received is below.

1. Question: If this RFI greenlights a solicitation, what is the estimated timeframe for procurement?

   Response: There is no estimated timeframe for a procurement. The Office for People With Developmental Disabilities (OPWDD), Office of Mental Health (OMH), and Office of Addiction Services and Supports (OASAS) are collecting information under this Request for Information (RFI) for a possible future solicitation.

2. Question: What is the anticipated contract value?

   Response: OPWDD, OMH and OASAS do not have an anticipated contract value.

3. Question: Is there a current vendor providing these services?
   If so, how may I obtain copies of any incumbent contract documents?

   Response: Yes. As stated in the introduction of the RFI, outpatient clinic services are delivered by Article 16 clinics certified by OPWDD, Article 32 clinics certified by OASAS, and Article 31 Mental Health Outpatient Treatment and Rehabilitative Service (MHOTRS) programs licensed by OMH. These clinics are reimbursed through fee for services and do not require contracts, therefore there are no incumbent contract documents.

4. Question**:** Please comment on decision to limit discussion to article 16, 31,32 and CCBHC regulatory structures with the apparent exclusion of other ambulatory clinic types (DOH, etc.) such as Article 28, IOS, D&TC's, FQHC's, School-based Health Centers, IOS, etc. Similarly, same question for OPWDD regulated structures such as IPSIDD, etc. Many of individuals receive care and need for cross-system collaboration across the broader arc? Are we able to expand the discussion?

   Response: OPWDD, OMH, and OASAS are interested in responses from entities that have outpatient clinic experience delivering services to people diagnosed with co-occurring developmental disabilities, mental health conditions, and/or substance use disorders. Entities with this requisite experience, including those outpatient clinic settings referenced in this question, are welcome to respond to this RFI. The focus of

the RFI on responses from entities that administer outpatient clinic programs is intended to better ensure feasible implementation of cross-system services should the RFI result in a future procurement. With respect to Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD), IPSIDD is not a regulated outpatient clinic, unlike the other examples provided in this question, and therefore is not included in this RFI.

5. Question: Please clarify if this is intended to include all health care plans and care systems including: Medicaid FFS, Medicare, Duals, Managed health insurance plans and care systems (HMO, PHSP, PPO, SNP,MLTC, Primary Care Partial Capitation Providers) , Medicaid Managed Care (MMC),NYS Public Managed Care Programs, Private Insurance, Etc. – or targeted to a specific overarching population - such as fee for service versus managed care?

   Response: The RFI does not target specific reimbursement mechanisms and/or care systems. The intent of the RFI is to learn from entities about various ways to expand clinical services to people with co-occurring developmental disabilities, mental health conditions, and/or substance use disorders. Entities are encouraged to include reimbursement options to be used/needed when responding to questions about annual programmatic costs. Additionally, entitites may include in their responses funding barriers when those have been identified.

6. Question: There is often lack of evidence basis and existing program models that are transformative and meet the needs of this complex population. Is there openness to arguments for new (not currently existing) models based on experience and extrapolation of the guidelines that do exist?

   Response: There may not be one specific evidence-based or evidence-informed practice utilized to support a response, however there may be several evidence-based or evidence-informed practices that are utilized together to deliver services to people diagnosed with co-occurring developmental disabilities, mental health conditions, and/or substance use disorders that may be included in a response. The RFI states that responses should be evidence-based or evidence-informed, however it does not preclude a response that is not evidence-based or evidence-informed, therefore a response may be based on the entitiy's experience serving the identified population.