

Responses to Questions for RFP 1104  
 Infant Toddler Regional Resource Centers  
**AMENDED 9/13/2024**

<b>Q1</b>	<b>Section 2.3 Funding Availability:</b> Does the \$9.2 million include the \$1 million allocated by the NYS legislature for infant/toddler services?
A1	The \$9.2 million includes all CCDF funds allocated in the 2024-25 NYS budget that OCFS has determined to utilize for this RFP for infant/toddler regional resource centers.
<b>Q2</b>	<b>Section 5.2 Proposed Budget:</b> The RFP states that the proposed budget must reflect the initial one-year contract period of 1/1/2025 – 12/31/2025. <b>A) Since all previous contracts were on a July 1 cycle, can you confirm that this contract will be on a January 1 cycle?</b> <b>B) How will the final 6 months be handled? Will it only have 50% of the annual funding amount?</b>
A2	A) Yes, the contract will be on a January 1 cycle. Funding is currently anticipated to be available for the first year of the contract, and the award of a multiyear contract does not guarantee funding will be available for subsequent years. B) Yes, the last 6 months of the contract will receive 50% of the annual funding.
<b>Q3</b>	<b>What period of time should the budget cover – 6 months from 1/1/25 to 6/30/25 or do you want a 12-month annualized version?</b>
A3	Per RFP Section 5.2 Proposed Budget “the proposed budget must reflect the initial one-year contract period of 1/1/25 through 12/31/25...”.
<b>Q4</b>	<b>As the lead in (county), we work with the CCRCs in (other) counties. I expect some/all of their budgets will be in excess of \$100k. Do we treat those as subcontractors or is that term reserved for non-CCRC entities?</b>
A4	Any services required by the RFP, not performed directly by the awardee, would require a subcontract.
<b>Q5</b>	<b>Attachment 1 – Application Template C2:</b> It states “Describe who has a role in the design of the program...” Does this mean in the overall design of each individual plan within the Infant Toddler TA work and/or IECMHC? Or the overall design of the IECMHC program? Please clarify what “the program” is referring to.
A5	Response must include who has a role in the overall design of the Infant Toddler Regional Resource Center.
<b>Q6</b>	<b>Attachment 1 – Application Template E5:</b> This question asks for a staffing pattern “within each county proposed to serve”. <b>A) Please clarify if you want separate staffing patterns for each County, or one for the entire region.</b> <b>B) In some cases, staffing patterns will overlap counties – how should that be addressed?</b>
A6	A) Either method may be acceptable, based on each applicant’s specific circumstances. B) Your response must include one or more staffing patterns that indicate how all counties in the region are being served.
<b>Q7</b>	<b>Attachment 4 Milestone Definitions:</b> The Infant Toddler Mental Health Consultation Program is now called “Infant Early Childhood Mental Health Consultation Services (IECMHC)”. Does this mean that the services can be provided to early childhood classrooms (up to 5 years old), as well as infant and toddler classrooms?
A7	Yes, IECMHC services may be provided to infants and toddler classrooms as well as early childhood classrooms (up to five years of age).

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Q8	Throughout the mental health portion of the application the service is referred to as Infant Early Childhood Mental Health Consultation IECMHC and not Infant and Toddler Mental Health Consultation (ITMHC). IECMHC generally refers to services provided to caregivers of children age 0 to 5. Is this the case with the Mental Health Consultation for this RFP?
A8	See A7.
Q9	Is there intent to also provide any services, especially mental health services, to children ages 3 to 5 years?
A9	See A7.
Q10	Will Training Provided as currently tracked in MITCH by Mental Health Consultants remain as a General/Core Service, or be included as Infant/Toddler Training ( <u>Milestone #3</u> )?
A10	Training must be included in Milestone 3.
Q11	<b><u>Attachment 4, Milestone 4 – IECMHC Consultant Outreach Services:</u> How should this be documented?</b>
A11	Outreach services must be recorded in MITCH, (NY Infant/Toddler Mental Health Consultation Database), as indicated in RFP Section 4.1 Desired Outcomes and Program Requirements.
Q12	<b><u>Attachment 4, Milestone 4 – IECMHC Consultant Outreach Services:</u>        A) Does each specific act of outreach and referral count as a separate Basic Technical Assistance (BTA)?        B) Do referrals and outreach to the community count? To parents?</b>
A12	A) Attachment 4 has been amended and language identifying Basic TA has been removed from Milestone 4. Please refer to amended Attachment 4. Milestone 4 now provides that each service unit consists of a minimum five hours of IECMHC outreach services. B) Outreach related to IECMHC Services is strictly for providers. Outreach related to Infant Toddler Core Regional Functions and Services can be provided to parents and the community.
Q13	<b>Under the current Infant Toddler Contract, Infant Toddler Mental Health services are tracked in the MITCH database, including Outreach and Consultation. Is Milestone #4 as defined on <u>Attachment 4, pgs 2 and 3, Consultant Outreach Services</u>, intended to capture all of what is currently tracked as “Outreach”?</b>
A13	Yes.
Q14	<b>If all work currently tracked as Outreach is intended to be captured in the new Milestone #4, does Outreach as a milestone serve as a precursor to Consultation Services, or is it in addition to Consultation Services?</b>
A14	The outreach milestone can serve as a precursor to consultation services and in addition to consultation services. It can include work done prior to opening a consultation case and work done on a consultation case that is not completed/closed and is thus not able to be billed under Milestone 5. Please note that any work claimed under Milestone 4 for a consultation case that is not completed/closed cannot also be claimed under Milestone 5 if the case is later completed/closed.

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Q15	<b>Attachment 4, Milestone 5 – Consultation Services:</b> The RFP states “Each IECMHC will serve an average of 12 cases annually...”. Does this mean each regional program will serve 12 cases, or each individual consultant? If it means each individual consultant, the funding amount will far exceed what is allocated. (An individual consultant serving 12 cases in a year will total \$333,984, so 5 consultants with 12 cases would be \$1.66 million according to Attachment 2 Funding Allocation Chart.)
A15	Each IECMHC is expected to maintain an average of 12 cases annually per consultant. <b>The funding rate on Attachment 2 represents a quarterly reimbursement rate per IECMHC on staff for the period claimed.</b>
Q16	<b>Attachment 4, Milestone 5 – Consultation Services:</b> When and how do we claim each case? Do we claim in the quarter the case is opened, or when they are closed?
A16	<del>Consultation Services are to be claimed for completed cases only once the consultation service has been completed and closed. Refer to Attachment 7 for what is considered a complete cycle. Claiming will be discussed during contract development. See A15.</del>
Q17	<b>Attachment 4, Milestone 5 – Consultation Services:</b> How should we count cases that may close before the end of the process due to various reasons?
A17	<del>See A14.</del> <b>See A15.</b>
Q18	<b>Attachment 4, Milestone 5 - IECMHC Consultation Services:</b> <i>Services include and are not limited to I/T mental health consultation services, utilization of IT-CHILD tool and other assessments that may include Early Childhood Environmental Rating scale (ECRS), Infant Toddler environmental rating scale (ITERS), Devereux Early Childhood Assessment for Infants and Toddlers (DECA-I/T), or Classroom Assessment Scoring System (CLASS) assessment tools to determine needs. Each IECMHC will serve an average of 12 cases annually and for each case will: develop goals in conjunction with the Early Care provider; provide coaching and mentoring services tailored to an individual provider or program’s identified needs; and offer strategies to support social emotional development and reduce challenging behaviors.</i>  Does this mean that every consultant in a region should complete 12 cases annually? For example, if a region employs 5 IECMH consultants then the project will complete 60 cases annually. In the Albany region this is reimbursed at \$25,019.00 per case for a total of 1,501,140.00 - which exceeds the total funding for the project in the Albany region.
A18	See A15.
Q19	<b>Is outreach expected to be completed for those receiving consultation, programs not receiving consultation, or both?</b>
A19	IECMHC Outreach may be completed for programs receiving or not receiving consultation, or both.
Q20	<b>Does outreach include parents, community, service providers?</b>
A20	See A12(B).

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Q21	<b>If Outreach includes parents, community, service providers, MITCH currently only allows agencies to enter programs, not individual names. How would agencies record service providers/community and parents?</b>
A21	See A12(B).
Q22	<b>Currently in MITCH supervisors cannot record Outreach. Will supervisors be expected to complete and record Outreach?</b>
A22	Yes, it is expected that supervisors complete and record outreach. Permission levels within MITCH should be discussed with ECLC.
Q23	<b>Currently services tracked in MITCH as Outreach occur prior to a Consultation case opening. Once a Consultation case opens, Outreach cannot be entered. Is Outreach under the current RFP as defined in Attachment 4/Milestone #4 meant as a preliminary milestone to Consultation Services, Milestone #5?</b>
A23	See A14.
Q24	<b><u>Milestone # 4</u> states “Technical assistance is provided through all modes of written and verbal communication...” and “Payment is based on the number of basic technical assistance service units provided multiplied by the per unit of service rate proposed...”</b> <b>A) Is Outreach/Milestone #4 considered a service comparable to Milestone #1 Infant/Toddler Basic Technical Assistance?</b> <b>B) Is Milestone #4 meant to be tracked as an hourly unit, like Intensive Technical Assistance would be, or in a service completed unit, like a CCR&amp;R Health Care Consultant milestone would be?</b> <b>C) Can a single program be served under Milestone #4 more than one time in a contract year?</b>
A24	A) See A12(A). B) Milestone 4 must be tracked as a completed service unit (see amended attachment 4). C) Yes.
Q25	<b>On average, how many hours are anticipated to complete one Outreach Milestone?</b>
A25	A minimum of five hours of IECMHC outreach services equal one completed service unit (see amended attachment 4).
Q26	<b><u>Milestones 4-5</u> are called Infant Early Childhood Mental Health Consultant Services (IECMHC). Are these services intended only for Infant/Toddler care settings, or are they Early Childhood, which is considered birth to 5, care settings?</b>
A26	See A7.
Q27	<b>Currently in MITCH, Consultation Cases can be closed with Completed Outcomes or not fully completed outcomes (example, only Pre-Tests, only Post-tests, Neither Pre-tests nor Post-tests).</b> <b>A) Are cases closed for any reason considered <u>Milestone #5</u> under the new RFP?</b> <b>B) Are cases closed with Completed Outcomes the only complete milestones under the new RFP?</b> <b>C) If ONLY Completed Outcomes are considered a milestone, is the work toward an Incomplete Case considered Outreach / <u>Milestone #4</u>?</b>
A27	See A14 and A16.

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Q28	<b>Milestone #5 specifies “Each IECMHC will serve an average of 12 cases annually...” Over the past 2 years, our region’s consultants have served an average of 8 or 9 cases per FTE each year. Is this expectation an average of 12 cases per Region or 12 cases per FTE Consultant?</b>
A28	See A15.
Q29	<b><u>Attachment 5, Milestone 5 - IECMHC Consultation Services:</u>        A) When is this billed? At the start of the cycle? At the end of the cycle?        B) What if a consultation ends before the 15-week cycle is complete? Can payment be claimed?</b>
A29	See A14 and A16.
Q30	<b>Currently, MITCH tracks Activities, which include Training Attended and Provided; Community Meetings; Staff/CCR Meetings; Mentorship, Supervision, etc. Will all of these Activities be considered part of Milestone #6 General Services (Core) as defined in Attachment 4, pg 4?</b>
A30	Yes, except for trainings, which must only be included in Milestone 3.
Q31	<b><u>Attachment 5, Milestone #7</u> Are these strategies for the Regional Infant and Toddler Services only and not IECMHC?</b>
A31	The strategies must not duplicate the required milestones but can enhance or support Infant Toddler Services and/or IECMHC.
Q32	<b>How do I submit my application for funding? RFP Section 5.5 Proposal Submittal Process states “Forms will become available on the “Proposal submission period opens” date specified in RFP Section 1.2 Calendar of Events.”</b>
A32	<p>The administrative application form is now live. Links are available on the OCFS funding opportunities page <a href="https://ocfs.ny.gov/main/contracts/funding/">https://ocfs.ny.gov/main/contracts/funding/</a> and NYS Contract Reporter at <a href="https://www.nyscr.ny.gov/">https://www.nyscr.ny.gov/</a>.</p> <p><b>You may also apply directly at this link: <a href="https://forms.office.com/g/udsteicetP">https://forms.office.com/g/udsteicetP</a></b></p> <p>Please ensure that you follow <u>all</u> submission instructions in RFP Section 5.5 carefully and complete both Step 1 <b>and</b> Step 2 of the process to properly submit your application.</p> <p>Due to OCFS releasing the administrative application form and responses to written questions later than anticipated, the deadline to submit applications has been extended. Please refer to <b>Section 1.2 Calendar of Events</b> in the amended RFP, available on the OCFS funding opportunities page <a href="https://ocfs.ny.gov/main/contracts/funding/">https://ocfs.ny.gov/main/contracts/funding/</a> and NYS Contract Reporter at <a href="https://www.nyscr.ny.gov/">https://www.nyscr.ny.gov/</a> for more information.</p>