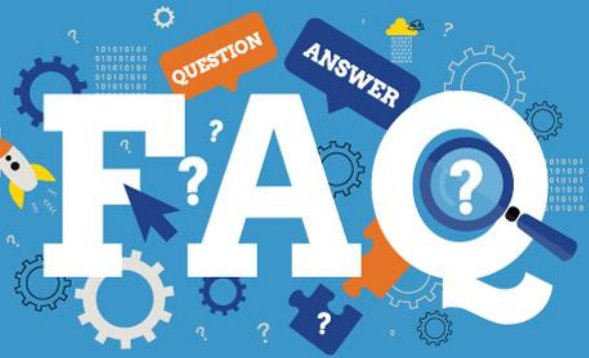


# PROJECT PARTICIPATION OPPORTUNITY



Updated as of June 17, 2019

This Frequently Asked Questions resource answers partner questions about the [OneCity Health Respite Services Program Project Participation Opportunity \(PPO\)](#). If a partner has additional questions about the PPO or Phase IV contracting that are not addressed in this document, they can contact the OneCity Health Support Desk at [ochsupportdesk@nychhc.org](mailto:ochsupportdesk@nychhc.org).

## Respite Services Program

**Q: When is the anticipated program start date?**

A: OneCity Health anticipates that respite services will launch in mid-September 2019.

**Q: When will applicants be notified if they are selected?**

A: Selected applicants will be notified by the end of August.

**Q: Would the identified NYC Health + Hospitals sites want exclusive access to the respite beds or just priority access? Could providers receive referrals from elsewhere if NYC Health + Hospitals has no one to refer?**

A: Since the full cost of the beds will be covered under this program, OneCity Health is seeking exclusive access for patients discharged from hospitals in the Performing Provider System (PPS).

**Q: How many patients does OneCity Health hope to serve in the Respite Services Program in one year?**

A: The number of patients served will be determined during contract negotiations. As part of the application process, partners are required to propose the number of patients they will serve, along with estimated costs.

**Q: Is there a required staffing ratio?**

A: Staffing ratios for beds funded by OneCity Health should be based on those required by existing funders of respite services.

### **Q: What metrics will be tracked for this program?**

A: As part of the proposals submitted, partners must specify their current process for tracking and managing their client base. Partners must have mechanisms in place to provide referring facilities with information about interactions the partner has with the patient and the outcomes of referrals. OneCity Health will identify process metrics in contract agreements that will be tied to incentive payments.

### **Q: Do you expect applicants to have previous experience in providing medical respite?**

A: OneCity Health recognizes that the legal and regulatory framework for providing medical respite services has not been established in New York State. A partner without respite experience, but with experience providing relevant services and with the ability to connect patients with the necessary social services is welcome to apply for this initiative.

### **Q: The PPO states that partners need to “demonstrate ability to provide a minimum of five beds, prioritized for and made available to qualifying PPS patients.” Can our current respite beds be used for qualifying PPS patients or do we need to create new beds? If we need to create new beds, will OneCity Health help us do this by providing the capital needed?**

A: The PPO incorrectly referenced a five-bed minimum — there is no minimum number of beds that partners need to provide in order to respond to the PPO. OneCity Health understands that there are partners with less than five beds available, and will accept applications from partners who have any number of beds available for PPS patients. For this initiative, OneCity Health is funding partners to provide mental health and/or medical respite services to patients. OneCity Health is not providing capital necessary for partners to establish new respite beds that are not currently available.

## **Types of Respite Services**

### **Q: Can we provide both medical and mental health respite services, or can we only provide one set of respite services?**

A: OneCity Health will accept applications that propose providing medical and mental health respite at the same site. However, please note that there are different requirements outlined in the PPO for mental health respite and medical respite, and the beds have different needs.

### **Q: Can a partner serve multiple populations in the same respite bed setting (e.g. individuals with developmental disabilities and individuals with behavioral health needs)?**

A: Yes, as long as necessary safety measures are in place and patient needs are being met, multiple patient populations could receive respite care in the same setting.

**Q: What is the patient population that you have identified that would benefit from medical respite?**

A: For this initiative, OneCity Health is looking for partner(s) to provide medical respite services to those patients who no longer require acute care hospitalization but cannot be discharged to a stable home or shelter.

**Q: Please define what "short term" (i.e., short term respite services) means for medical respite?**

A: Definitions of "short-term" will be included in specific contracts between OneCity Health and the respite service providers.

**Q: What are the expectations for medical care provided during short term medical respite (e.g. prescribed course of treatment; end of wound care)? Would this be determined by medical need?**

A: Short-term medical respite services aim to help stabilize patients' medical and social needs for those who no longer require acute care hospitalization but cannot be discharged to a stable home or shelter. Providers of medical respite are not expected to provide medical services but must be able to connect patients to medical services as needed.

## **Patient Discharge and Care Planning**

**Q: Once the patient is stable or the prescribed course of treatment has been completed, would it be acceptable to discharge from respite to a shelter?**

A: For this PPO, OneCity Health is most concerned with finding partners who have experience and capacity connecting patients to stable housing. However, OneCity Health understands that despite best efforts, not everyone will find stable housing. Shelter placement can be considered in discharge planning when the partner feels it is appropriate.

**Q: Can you define temporary housing and stable housing?**

A: Temporary housing includes shelter and transitional housing, while stable housing includes services that provide financially sustainable long-term housing, such as eviction prevention programs and public housing.

**Q: Does OneCity Health have a preference for shorter lengths of stay in respite (<30 days) to be able to serve more patients but with likely discharge to shelter or longer lengths of stay (e.g. 30-90 days or more) to move people into housing, but serving fewer patients over the year?**

A: This project falls within the housing domain for OneCity Health's Phase IV contracting. OneCity Health is focused on getting patients into stable, long term housing. As such, the preference is for a longer length of stay if that is required in order to move patients into stable housing. OneCity Health also wants to meet the needs of our patients, and understands that for some, a shorter length of stay will be more appropriate.

**Q: This initiative is identified to run for a 12 month period; however, DSRIP funding is slated to end in 2020. What will happen to respite clients who are still enrolled in the program at the end of the contract term and are not medically able to move to housing?**

A: OneCity Health and the selected partners will work together to create a transition plan, so that all patients can be transitioned to the level of housing that is most appropriate for them before the end of the respite contract.

## **Funding**

**Q: How much funding is available?**

A: There is no pre-determined amount of funding available, nor is there a set number of partners that will be selected for the Respite Services Program. Funding will be based on the proposal scope and information that partners provide in their applications, and will be determined in the negotiation process between the partner and OneCity Health.

**Q: Will payment for this contract be based on a per diem or on bed count?**

A: Payment will be based on bed count to ensure prioritization of patients discharged from PPS hospitals on a regular basis.

**Q: When will the Respite Services Program contract period end?**

A: Contracts with selected partners for this initiative will run for 12 months from the anticipated start date of September 2019.