



# CARE COMPASS

## Regional Telepsychiatry Services

### REQUEST FOR PROPOSALS

**May 15, 2026**

#### TIMELINE

<b>RFP Distributed</b>	May 15, 2026
<b>Informational Session</b>	May 27, 2026
<b>Question Submission Deadline</b>	June 3, 2026
<b>Answers Returned</b>	June 12, 2026
<b>Deadline for Proposal Submission</b>	June 29, 2026
<b>Awards Announced</b>	August 14, 2026

All deadlines are defined as 5:00 PM EST of the date listed.

#### A. WHO MAY SUBMIT PROPOSALS

Organizations eligible for funding include those who:

- 1) Have existing telepsychiatry capacity or demonstrate capability to initiate services this year
- 2) Employ licensed psychiatrists (MD/DO) or Psychiatric-Mental Health Nurse Practitioners (PMHNP) with available caseloads
- 3) Be licensed and credentialed to provide telepsychiatry services in New York State. Demonstrate regional service coverage capacity across multiple counties in New York State
- 4) Have an electronic health record with the ability to create and transfer data in a standardized file format such as 837 billing
- 5) Currently serving Medicaid populations and individuals with complex behavioral health and substance use needs

Failure to meet any of the eligibility criteria above will disqualify proposals from consideration.

Preference will be given to proposals that:

- 1) Are submitted by health systems in the Southern Tier of NY currently providing telepsychiatry services
- 2) Include adolescents and/or pediatric patients

## B. INTRODUCTION

Across the Southern Tier of New York, mental health and substance use resources are constrained. With most counties falling into Medicaid mental health provider shortage areas and a large geographic spread, addressing complex behavioral health needs presents a challenge for most providers. Conservatively, around 60,000 Medicaid Members have behavioral health diagnoses across these Broome, Chemung, Chenango, Cortland, Delaware, Otsego, Schuyler, Steuben, Tioga, and Tompkins Counties. Providers serving these Medicaid Members lack the resources to address complex cases, especially when medication management is required.

To address some of these concerns and expand access in the Southern Tier, Care Compass Network is seeking proposals from organizations with existing telepsychiatry capacity. With intent of contracting a 10-county region, telepsychiatry is estimated to infuse additional resources to address the most complicated of these cases presenting to primary care providers. Care Compass Network's telepsychiatry pilot aims to provide assistance to primary care providers serving people with behavioral health and substance use diagnoses that do not currently have adequate access to telepsychiatry consultancy and/or medication management.

The proposed telepsychiatry services are as follows:

1. **Level 1** – Telephonic consult between telepsychiatry provider and primary care provider through the regional telepsychiatry service, available during regular business hours Monday through Friday, to provide specialty support for providers treating patients requiring additional expertise to advise on medication management and/or other needs as indicated.
2. **Level 2** - Telepsychiatry virtual visit scheduled and coordinated through telepsychiatry answering service with patients in the primary care setting when telephonic consult is insufficient. This may include psychiatry recommendations documented in the primary care patient's chart. This would include a patient-facing virtual consultation with the primary care patient present for the visit.
3. **Level 3** - Referrals for patients who cannot be optimally managed in the primary care setting alone. "Fast track" to establish patients with a local outpatient psychiatry clinic. Note: This option may be limited to 8-20 patients per week across the region. A process will be developed to determine how to best utilize this capacity and prioritize patients with the greatest need.

## C. SCOPE OF REQUEST

Care Compass Network is seeking proposals from qualified organizations to deliver regional telepsychiatry services across a 10-county area in the Southern Tier of New York. The selected organization will implement a multi-level service delivery model designed to expand access to psychiatric expertise for primary care providers who manage patients with behavioral health and substance use needs.

The model is intended to:

- Provide rapid access to psychiatric consultation for providers
- Support appropriate medication management in primary care settings
- Offer direct patient evaluation when clinically appropriate
- Facilitate timely access to ongoing outpatient psychiatric care for high need patients



Respondents must demonstrate the ability to deliver services across all three levels described below, either independently or through formal partnerships.

### **Service Model Requirements -**

#### ***Level 1: Provider-to-Provider Consultation***

The purpose is to provide timely psychiatric consultation to primary care providers who require specialized clinical advisement to manage their patients' behavioral health needs, including advisement on medication management.

##### Required Services:

- Telephonic consultation with a licensed psychiatrists (MD/DO) or Psychiatric-Mental Health Nurse Practitioners (PMHNP) including:
  - o Medication management guidance
  - o Diagnostic clarification
  - o Risk assessment support
  - o Treatment planning recommendations
- Availability Monday through Friday during standard business hours at minimum
- Respondents must describe how consult recommendations are communicated to the referring provider (e.g. verbal only, written summary, EHR)

#### ***Level 2: Patient-Facing Telepsychiatry Evaluations***

The purpose is to provide direct psychiatric evaluation and consultation when Level 1 support is insufficient to meet patient needs.

##### Required Services:

- Scheduled, video-based telepsychiatry visits with the patient
- Visits conducted with the patient located in a primary care office or other agreed upon location
- Coordination of scheduling through a centralized intake process (e.g. answering service)
- Diagnostic assessment, medication recommendations, and treatment planning support
- Documentation shared with the referring provider(s) in a timely manner and/or entered into the patient's medical record

#### ***Level 3: Expedited Referral Pathway to Outpatient Psychiatry***

The purpose is to ensure patients with complex or ongoing psychiatric needs connect to ongoing outpatient psychiatric care when they cannot be adequately managed through Level 1 or Level 2 services.

##### Required Services:

- Coordination of referrals to outpatient psychiatry providers
- Management of a limited capacity expedited referral pathway (estimated initially at 8-20 patients per week)
- Active care coordination to support successful linkage to care



All proposals must include the organization’s commitment to participate in robust data exchange with Care Compass Network.

A proposal must include a budget, staffing model, and overall narrative on the proposal criteria sections below. (A budget template is provided as an attachment to this RFP). **Proposals must utilize budget template provided.**

## D. PROPOSAL SUBMISSION AND QUESTIONS

All proposals should be submitted to Care Compass Network, in accordance with the schedule above, via email to:

[ResearchandDevelopment@carecompassnetwork.org](mailto:ResearchandDevelopment@carecompassnetwork.org)

**All questions related to the RFP should be submitted through the link below by 5:00pm on June 26, 2026:**

[Telepsych RFP Questions](#)

To provide direct, consistent, and fair information and responses to questions, Care Compass Network staff and leadership, along with any participating organizations, will be following pre-established ground rules regarding communications protocol regarding this process.

**Attempts to circumvent or failure to comply with the above-stated communications protocol may result in immediate disqualification from further consideration. Please respect and comply with this protocol.**

Organizations are prohibited from submitting any personal or protected health information (PHI) as part of their proposal.

In addition,

- All proposals must be signed by an authorized representative for the applying entity.
- By issuance of this RFP, Care Compass Network is not obligated to award a contract.
- Care Compass Network will not be responsible for any costs to the organization involved in preparation of information or any other steps in any evaluation and selection process.
- No part of the RFP shall become part of any final agreement between Care Compass Network and a contracted agency. However, all content provided in response to this RFP may become part of a final agreement as determined and requested by Care Compass Network.
- By submitting a proposal, organizations acknowledge that they and their affiliates have no undisclosed conflicts of interest.
- Awardees are required to attend mandatory pre-contracting meetings as a condition of award, prior to contract execution.
- Care Compass reserves the right to withdraw funding if contract is not executed in a timely manner. Failure to complete and execute agreements of receiving the Adobe e-sign may result in forfeiture of the award and loss of participation.

## E. PROPOSAL EVALUATION



Proposals will be evaluated based on the criteria outlined below. All submissions will be reviewed to determine the extent to which it demonstrates the proposer’s ability to meet the requirements of this RFP, including technical capability, relevant experience, proposed approach, staffing model, and cost.

### **1. Administrative and Operational Requirements**

Respondents must demonstrate the ability to support the operational infrastructure required to deliver services including:

- Centralized scheduling and intake processes
- Adequate staffing to meet projected demand
- HIPAA compliant telehealth technology platforms
- Coordination with primary care providers
- Processes for handling urgent or high-risk cases

### **2. Data Collection and Reporting Requirements**

Respondents must demonstrate the ability to:

- Collect, report, and securely exchange data required to evaluate program performance and outcomes. All data exchange must comply with applicable federal, state, and local laws including HIPAA.
- Respondents must demonstrate willingness and capacity to participate in robust data sharing with Care Compass including the exchange of Personal Health Information (PHI) as required for program implementation and evaluation.
- Respondents must be comfortable providing the following data (in accordance with HIPAA)
  - The names of Providers and any notes from the consultation
  - Export of the full psychiatric evaluations

### **3. Staffing Requirements**

Respondents must include:

- Licensed psychiatrists and/or Psychiatric Mental Health Nurse Practitioners
- Description of staffing model, including:
  - FTE allocation
  - Coverage model across levels of service
  - Service availability hours

### **4. Implementation Timeline Requirements**

Respondents must include a proposed timeline for:

- Staffing and onboarding
- Service launch no later than Q1 2027
- Full operational capacity



Care Compass Network will review all proposals submitted in compliance with all submission requirements, in accordance with criteria deemed critical to the success of Care Compass Network and its mission.

## F. PROPOSAL SUBMISSION REQUIREMENTS

### Requirement I – Narrative Proposal

The following elements **must** be included in all narrative proposal submissions. Narrative proposal submissions should cite the section below in the associated narrative to ensure completion (e.g. 1a Organization Name, 2f Provide..., etc.). Failure to include any of the following may result in disqualification.

- 1) Organizational Information (Pts 10)
  - a) Organization Name
  - b) Contact Information (primary, secondary, name, email address, phone number, and physical address)
  - c) Authorized Signatory and Signature
  - d) Organization overview including mission and vision
  - e) Description of provision of services that impact people with behavioral health and/or substance use disorders
  - f) Medicaid volume
- 2) Proposal Scope (Pts 50)
  - a) Approach to delivering services across all three levels of the psychiatry model, inclusive of culturally-responsive best practices for engagement and treatment for vulnerable populations with complex social, behavioral, and clinical care needs
  - b) Description of Services (All 3 Levels)
  - c) Description of data collection, reporting and information exchange capabilities including a commitment to exchange Personal Health Information (PHI)
  - d) Description of staffing model including job titles, FTE status, start dates, and whether the position needs to be hired or if an existing position is being leveraged for this program
  - e) Description of ability to scale services based on demand, adapt to evolving program needs and participate in quality improvement efforts
  - f) Provide a detailed implementation timeline including key milestones for contract execution, staffing, service launch and achievement of full operational capacity
- 3) Budget & Narrative (Pts 40)
  - a) Timeline of ramp up to service delivery
  - b) Cost per or Hourly rates for each service:
    - i) Level 1 consult
    - ii) Level 2 visit
    - iii) Level 3 referral coordination
    - iv) Staffing model assumptions
    - v) Administrative costs



## **Requirement II – Budget and Staffing Template**

Use of the budget and Staffing template provided along with this RFP is required to be eligible for consideration.

**Any proposal that fails to meet any of the eligibility requirements and/or omits any part of the proposal criteria will be disqualified.**

**Care Compass Network reserves the right to use preferences outlined in the Section A to make inform award determinations outside of point allocations.**

## **G. BUDGET AND FUNDING**

Care Compass Network will disburse funding per the contract terms.

The maximum award amount for this opportunity is \$2,000,000 within an 18-month period of active service provision.

## **H. REPORTING**

Monthly reports will be required to use secure data exchange for monitoring program activities and related outcomes. Respondents must demonstrate the ability to meet robust reporting requirements necessary to evaluate the impact of the investment and assess the overall success of the program.

A final report will be required from all awardees upon completion of activities proposed including details about how funding was used, the impact of the program or intervention, and lessons learned.

## **I. MORE INFORMATION**

For more information about Care Compass, please visit our website at:

[Care Compass Network | Care Compass Network - Binghamton, NY](#)