

HHSC Vendor Questions & Answers  
HHS0003157 RFA

No.	RFA Section #	Page #	Associated Topic or Language	Question for the State	Response
1	Article 9	23	Applicable Appendix and Exhibit	<p><b>Question 1</b> - The submission checklist lists DSHS assurances as a required component of the submission package. However, the DSHS assurances document itself, which is provided as an attachment on the HHSC's RFA webpage <a href="#">here</a>, states that the document does not need to be returned with the rest of the application. I wanted to confirm whether the DSHS assurances document must be submitted with the application</p>	<p><i>Please include the DSHS Assurances in the Original Solicitation Response.</i></p>
2	Article 9	24	Paragraph under Section 9.2	<p><b>Question 1</b> - Is there a specific medium in which the electronic version of the application must be submitted (e.g., flash drive, CD)?</p>	<p><i>In accordance with Section 9.2, An original application, one (1) additional copy, and one (1) electronic version must be submitted. HHSC will not accept applications by fax or email. An acceptable medium for an electronic copy is a flash/USB drive.</i></p>
3				<p>On the Solicitation Addendum Acknowledgement Form with the revised dates of March 1, 2019 for questions.</p> <p><b>Question 1</b> - Is this a form that is submitted on 3.27.19 or do we submit that now?</p>	<p><i>Since your question was sent after the addendum was posted, you can sign and return this addendum form with the solicitation response.</i></p>

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4	Article 2. Scope of Work/ Specifications	8		<b>Question 1</b> - If we are providing services for both (Component A and Component B) is that two separate applications or would it be one application?	<i>If applying for both components, then two separate sets of applications are required.</i>
5	Article 2. Scope of Work/ Specifications	9		<b>Question 1</b> - Can you please define or provide more details regarding: “recreational”? Can you provide examples of the recreational or acceptable recreational programs?	<i>Recreational: relating to or denoting activity done for enjoyment when one is not working. This may include, but is not limited to, activities such as practicing sports, dance classes, art classes, and music classes.</i>
6				<b>Question 1</b> - Can an organization apply for the FSCR only and not Case Management?	<i>Yes</i>
7	2.1, B	9		<b>Question 1</b> - Are patients allowed to have Medicaid benefits and/or waivers but still use family support services if their current insurance doesn’t cover the service in question (Example, using funds to provide recreation vouchers for a client/patient who has Medicaid benefits or get respite hours if they have used up all allowed hours from other programs such as Medicaid/Waiver)?	<i>Yes, CYSHCN clients/patients may be Medicaid or Medicaid waiver recipients and utilize family supports services if their existing insurance does not cover the service in question.</i>

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8	5.1	19	5.1.1 Executive Summary Form E	<p>This section has a limit of 1 page however, there is a short paragraph/question at the top of the page.</p> <p><b>Question 1</b> - Is the 1 page limited to the remainder of the space on that page or can we have a full page minus the short statement at the top of the page?</p>	<p><i>You can attach a full page response to the original page.</i></p>
9		25-27	Article 10 Program Specific Appendices	<p>I am to open all forms but unable to type in any of the forms except the budget. We are not allowed to alter the forms.</p> <p><b>Question 1</b> - How do I access forms that I can type in?</p>	<p><i>Applicants may copy questions and submit responses in word format or utilize Adobe Pro to convert files into fillable documents.</i></p>
10	Article 10	25	Form G1, question 6	<p><b>Question 1</b> - Describe how your agency will conduct evaluation/Quality Assurance (QA) activities such as documenting regular review of the child/youth's records, observation of staff/family interactions, collection of data to measure progress and mechanisms for applying results of QA activities to improve the case management program through appropriate staff development/training and other activities.</p> <p>Is it a duplicate and/or very similar combination of wording as Form G2 questions 3 and 4?</p> <p>3. Detail your client record review activities, including what</p>	<p><i>The verbiage can be similar.</i></p> <p><i>Question 3 speaks to how the client records are reviewed for compliance, accuracy and quality improvement.</i></p> <p><i>Question 4 speaks to the process and criteria in which program staff are evaluated when observing their interactions with CYSHCN clients and their families.</i></p> <p><i>Yes, the questions would require two different responses even if the methodology is similar.</i></p>

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				<p>percentage of records are reviewed, how often, and who participates in reviews. Describe how review findings are used and incorporated into staff development/training</p> <p>4. Describe how family/staff interactions are monitored and evaluated.</p> <p><b><u>Question-Do these questions require different answers as I am able to answer both with the same information.</u></b></p>	
11	Article 10 Program Specific Appendices	25	Form G3, performance measure #1, objective 3	<p><b><u>Question 1</u></b>-Does this statement mean that contractors will have to review charts monthly using the preferred tool but information if reported quarterly?</p> <p><b><u>Question 2</u></b>- The program evaluation, on form G2, asks what's the contractor's plan of record review, our goal is to review 20% of the cases annually, which will typically at the end of the fiscal year when we do team/program evaluation. Will we have to change our policy?</p>	<p><i>Q1 There is not Performance Measure Objective 3. Please provide additional information.</i></p> <p><i>Q2 No, contractor will not have to modify its existing policy/procedure for program evaluation.</i></p> <p><i>Q3 The criteria for achieving comprehensive case management will be provided. Contractors will have to develop its own tool or process for evaluating and assuring quality for record review.</i></p>

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				<b>Question 3-</b> Also, will the review tool be provided or do we have to develop our own?	
12	Article 10 Program Specific Appendices, Form H3	26	Form H3, paragraph 1	<b>Question 1</b> - Will the contractor choose 2 goals from the list of 4 goals provided each year to focus on, and host the identified number of events within the goals chosen?	<i>Yes</i>
13	Article 10 Program Specific Appendices, Form H4	26	Form H4, performance measure #1, objective bullet 2	<p><b>Question1-</b> Contractor will have a total of 8 outreach efforts annually?</p> <p><b>Question 2-</b>Contractors will do outreach to actual minorities or providers/vendors/agencies who work with minorities? If it's to actual minorities, how are these individuals selected?</p> <p><b>Question 3-</b>Will minority outreach efforts have to target a different minority population each time? Example focus on an outreach effort to Hispanics, Chinese, Arabic, Trigynia, and Romanian, etc. individually as our clinic see people of several minority populations.</p>	<p><i>Q1, Yes</i></p> <p><i>Q2 Yes, contractors will provide outreach efforts to minorities, (underserved populations) Contractors can perform outreach activities or collaborate with providers/vendors/agencies that work or provide services to minorities (underserved populations). Contractor may also examine total client count. If it is determined that your existing client does not include participants that are Asian/Pacific Islander but there is a thriving population of Asian/Pacific Islanders within your community or region, contractor should perform targeted outreach to this population.</i></p> <p><i>Q3</i> <i>Contractors will determine which populations to target based upon the racial and ethnic make-up of the existing client count. See above.</i></p>

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14	Article 10 Program Specific Appendices, Form H3	26	Form H3, paragraph 1	<b>Question 1</b> - Will the contractor choose 2 goals from the list of 4 goals provided each year to focus on, and host the identified number of events within the goals chosen?	Yes.
15	2.1, B	9	2 Eligible Population	<b>Question 1</b> - Are patients allowed to have Medicaid benefits and/or waivers but still use family support services if their current insurance doesn't cover the service in question (Example, using funds to provide recreation vouchers for a client/patient who has Medicaid benefits or get respite hours if they have used up all allowed hours from other programs such as Medicaid/Waiver)?	Yes, CYSHCN clients are allowed to have Medicaid benefits and/or waivers and qualify for family supports and community resource services if their current insurance does not cover the service in question.
16	5.1	19	A. 5.1.1 Executive Summary Form E	<b>Question 1</b> - This section has a limit of 1 page however, there is a short paragraph/question at the top of the page. Is the 1 page limited to the remainder of the space on that page or can we have a full page minus the short statement at the top of the page?	You can attach a full page response to the original page.
17	Article 10 Program Specific Appendices	25-27	All Forms on spreadsheet	I am to open all forms but unable to type in any of the forms except the budget. We are not allowed to alter the forms. <b>Question 1</b> - How do I access forms that I can type in?	Applicants may copy questions and submit responses in word format or utilize Adobe Pro to convert files into fillable documents

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18	Article 10	25	Form G1, question 6	<p>Describe how your agency will conduct evaluation/Quality Assurance (QA) activities such as documenting regular review of the child/youth's records, observation of staff/family interactions, collection of data to measure progress and mechanisms for applying results of QA activities to improve the case management program through appropriate staff development/training and other activities.</p> <p>Is it a duplicate and/or very similar combination of wording as Form G2 questions 3 and 4?</p> <p style="padding-left: 40px;">3. Detail your client record review activities, including what percentage of records are reviewed, how often, and who participates in reviews. Describe how review findings are used and incorporated into staff development/training</p> <p style="padding-left: 40px;">4. Describe how family/staff interactions are monitored and evaluated.</p> <p><b>Question 1</b> - Do these questions require different answers as I am able to answer both with the same information.</p>	<p><i>The verbiage is similar.</i></p> <p><i>Question 3 speaks to the respondent's methodology to ensure client records are reviewed for accuracy, program compliance and quality assurance including how the findings of reviews are utilized to improve quality, professional development of staff and the implementation of best practices.</i></p> <p><i>Question 4 speaks to methodology for evaluating the performance of direct service program staff are interacting with or serving CYSHCN clients and their families.</i></p> <p><i>Yes, the questions require two separate responses even if the responses are similar.</i></p>
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19	Article 10 Program Specific Appendices	25	Form G3, performance measure #1, objective 3	<p><b>Question 1</b>-Does this statement mean that contractors will have to review charts monthly using the preferred tool but information if reported quarterly?</p> <p><b>Question 2</b>- The program evaluation, on form G2, asks what's the contractor's plan of record review, our goal is to review 20% of the cases annually, which will typically at the end of the fiscal year when we do team/program evaluation. Will we have to change our policy?</p> <p><b>Question 3</b>- Also, will the review tool be provided or do we have to develop our own?</p>	<p><i>Q1. Need more specificity in order to successfully respond to this question.</i></p> <p><i>Q2 No, respondent will not have to modify its existing policy.</i></p> <p><i>Q3 CSHCN SDG will provide contractors with a tool that outlines criteria for demonstrating comprehensive case management. Contractors are responsible for developing their own tool on how those records will be reviewed.</i></p>
20	A. 2.1 Program requirements	12	Item #13 Personnel Requirements	<p><b>Question 1</b> - Is there a limit to the number of staff members that can be hired or the amount of the budget that can be spent on personnel?</p>	<p><i>There are no hiring or salary budget restrictions; however, applications will be reviewed for reasonableness and necessary to carry out the program. This may be negotiated with applicants during negotiations.</i></p>



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21	2.1	9	B, 1	<p><b>Question 1</b> - Can the siblings of the client receive respite services? Ex Family has CSHCN who qualifies for respite but there are 2 siblings. Can contractor provide respite for all 3 children in the family?</p> <p><b>Question 2</b> - Is there a limit on the amount of respite hours each family can get annually?</p>	<p><i>Q1</i> Yes, contractors may provide siblings of clients that qualify for CSHCN respite services.</p> <p><i>Q2</i> No, there is not a limit on the amount of respite hours each family has access to annually. This is determined by the contractor.</p>
22	2.1 Scope of Work/Specifications	9	Paragraph Number B	<p>“Component B: Family Supports and Community Resources (FSCR) which are services to provide support for a wide range of activities including respite services, community-based crisis prevention and intervention planning and implementation, educational trainings/workshops, recreational and fitness programs, parent to parent networking and support, and other activities that support children/youth with special health care needs and their families living in the community.”</p> <p><b>Question 1</b> - Can we include formative research to assess the population, needs, and current status of services provided?</p>	<p>Yes</p>

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23	2.2	9	Paragraph Number 1	<p>“The grant funding period for this grant will be a 12-month budget period. It is anticipated that the grant funding period for this program will begin September 1, 2019, through August 31, 2020. Separate awards will be made based on the awarded funding opportunity. DSHS has the option, in its sole discretion, to renew the Contract. If renewed, there is up to four (4) additional one-year period available for Case Management (CASE), and up to four (4) additional one-year periods for Family Supports Community Resources (FSCR).”</p> <p><b>Question 1</b> - Would you like the project written as a multi-year project (5 year) with a multi-year budget? Or would you like only the first 12 months presented?</p>	<p><i>Yes, only submit a budget for the first 12 months.</i></p>
24	Article 5 Narrative Application	19	Paragraph 1	<p>“Provide a high-level overview of the Respondent's approach to meeting the RFA's requirements on Form E. The summary must demonstrate an understanding of the goals and objectives of the grant.”</p> <p><b>Question 1</b> - Can you please clarify this procedure based on a multi-year project? Does the ES describe the entire project or just Year 1? Does the work plan describe the entire project or just year 1?</p>	<p><i>For The Executive Summary please describe your approach to meeting the RFA’s requirements and understanding of the goals and objectives for the entire project.</i></p>

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25				<p>The instructions on Form F state that the respondent must include program budget information.</p> <p><b>Question 1</b> - Should I use budget numbers that I develop on the Form K-Budget Templates or the organization's budget?</p>	<p><i>The budget numbers should be from the organization's budget.</i></p>
26				<p>I have a technical question specifically relating to the Excel budget workbook contained in the downloads for the above-referenced RFA. One cell on the Personnel detail form – total number of FTEs – does not auto-populate correctly and cannot be manually altered.</p> <p><b>Question 1</b> - Are you the appropriate person to address this with or can you refer me to the right person?</p>	<p><i>Since there is not be an updated budget workbook at this time, please ignore the total number of FTEs. The Contract Management Section will add them up at a later date.</i></p>
27	3.4.5	15	1, Responses	<p><b>Question 1</b> - What is the exact web address? I am unable to located the respondent questions and/or answers.</p>	<p><i>PCS is compiling the questions/answers and will post as an addendum at the following link, <a href="https://apps.hhs.texas.gov/PCS/HHS0003157/">https://apps.hhs.texas.gov/PCS/HHS0003157/</a>.</i></p>