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Applicant Conference

**Request for Applications No. HHS0011339
Home Health Agencies - COVID-19 in Healthcare Relief**

July 26, 2022 at 10:00AM



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Agenda

- Introduction
- Procurement Activities
- Project Overview
- Eligibility to Apply
- Administrative Applicant Information
- Screening and Scoring of Applications
- Submitting an Application
- Application Withdrawals or Modifications
- Questions and Answers
- Selection Process
- Closing Comments

Introduction

Speaker

- **Kristen Thatcher**, Grants Technical Advisor
Sole Point of Contact for RFA
Health and Human Services Commission (HHSC)
Procurement and Contracting Services (PCS)



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Procurement Activities

RFA HHS0011339

Procurement Roles

Procurement Team

- Health and Human Services Commission (HHSC) Procurement and Contracting Services (PCS) is responsible for all procurement and solicitation activities.
- Health and Human Services Commission (HHSC) Provider Finance Department (PFD) is responsible for project scope, requirements and contract management activities throughout the life of the Funding Agreements including, contract development, execution and monitoring.



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Schedule of Events

Deadline for Submitting Questions or Requests for Clarification

July 29, 2022 by 5:00PM

Any questions arising prior to the question deadline must be submitted in writing to PCSHHS0011339@hhs.texas.gov



Tentative Date Answers to Questions or Requests for Clarification Posted

August 12, 2022



Deadline for Submission of Applications

August 19, 2022 by 10:30AM



Anticipated Project Start Date

November 1, 2022

See RFA Section 7.1, Schedule of Events for additional details.



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Solicitation Access

- HHSC will post all official communication regarding this RFA on the following website, including the notice of award:

The HHS Grants website is located at
<https://apps.hhs.texas.gov/pcs/rfa.cfm>

- HHSC reserves the right to cancel this RFA, or to make no award if it determines such action is in the best interest of the State.
- HHSC may, in its discretion, reject any and all applications or portions thereof.



Sole Point of Contact

- All communications relating to this RFA must be directed in writing to Kristen Thatcher, Sole Point of Contact at PCSHHS0011339@hhs.texas.gov.
- All communications between respondents and HHSC/PFD staff members, or any other HHS staff members, concerning this RFA are **strictly prohibited**.
- Failure to comply with these requirements may result in application disqualification.

See RFA Section 7.2, Sole Point of Contact for additional details.



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Project Overview

RFA HHS0011339

Executive Summary of Program

- The Health and Human Services Commission (HHSC or System Agency) is accepting Applications for the Home Health Agencies - COVID-19 in Healthcare Relief RFA.
- The purpose of this Request for Applications (RFA) is to distribute funding for Critical Staffing Needs to Home Health Agencies in Texas that have been affected by the COVID-19 pandemic.



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Available Funding

- The total amount of Federal funding available for the HHA - COVID-19 in Healthcare Relief program is \$54,932,075 for the entire Project Period (see RFA Section 5.1, Funding Source and Available Funding).
- Upon execution of a Funding Agreement resulting from this RFA, the System Agency will disperse to Beneficiaries a one-time advance payment equal to 100 percent of the funding awarded (see RFA Section 5.3, Payment Method).
- The Minimum Award Amount is \$230 per active Home Health Services Client in the Applicant's Unduplicated Client Census. The Maximum Award Amount is \$2,500 per active Home Health Services Client in the Applicant's Unduplicated Client Census, not to exceed \$999,999 per HHA (see RFA Section 1.1, Executive Summary).



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Grant Term

- The Project Period is anticipated to be November 1, 2022 through July 31, 2023.
- This is a one-time award. There will not be any extensions or renewals allowed.
- Approved Projects may not exceed a nine-month Project Period.

See RFA Section 4.1, Project Period



Eligible Activities

- The primary focus of the RFA is to address economic harms to HHAs as a result of the COVID-19 pandemic.
- Only activities authorized under this RFA are eligible for payment under any Funding Agreement awarded as a result of this RFA.
- This RFA will provide funding for staffing related needs. Beneficiaries are permitted to use their discretion on how to utilize the funds for staffing related needs, provided they utilize funds for one of the identified purposes below:
 1. Staffing-related needs and the costs of Staff salaries and wages, including contracted Staff services;
 2. One-time recruitment and retention bonuses for Staff;
 3. Overtime costs; and
 4. Travel-related costs of Staff directly related to provision of service to Clients.

See RFA Section 2.5, Eligible Activities for additional details.



Program Requirements

All Beneficiaries funded under this RFA must agree to the following:

1. Beneficiary recognizes that the funds are a one-time payment and will use the funds accordingly;
2. Beneficiary will not use the funds for permanent increases to Staff salaries;
3. Beneficiary will compile and maintain records of how the funds are used in anticipation of the one-time reporting requirement described in Section 2.7, Required Report;
4. Beneficiary will fully expend all funds prior to the Project Period end date; and
5. If during the Project Period, Beneficiary intends to cease operations or to undergo a Change of Ownership, Beneficiary must return all funds to HHSC or:
 - a. Notify HHSC by sending an email to providerfinancedept@hhs.texas.gov at least 60 calendar days prior to the date Beneficiary ceases operations or undergoes a Change of Ownership;
 - b. Expend all funding prior to ceasing operations or undergoing a Change of Ownership; and
 - c. Comply with all terms of the Funding Agreement, including all reporting requirements, within 30 calendar days of ceasing operations or undergoing a Change of Ownership.

See RFA Section 2.6, Program Requirements for additional details.



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Required Report

- Beneficiary must submit a Funding Utilization Report to HHSC at the end of the Project Period.
- In the Funding Utilization Report, Beneficiary must enter requested information about Beneficiary's use of the funds. The information requested may include:
 1. A description of how the funds were used;
 2. A description of any accomplishments achieved as a result of the funds; and
 3. Information about how long the funds lasted before they were fully expended.

HHSC will send an email with instructions for completing the Funding Utilization Report to the email address of the Beneficiary's Contract Representative by July 31, 2023.

See RFA Section 2.7, Required Report for additional details.





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Eligibility to Apply

RFA HHS0011339

Eligible Applicants

In order to apply to this RFA, the Applicant must meet all eligibility criteria below (See RFA Section 2.3, Eligible Applicants):

1. Be a HHA that is actively licensed in the State of Texas at the time of Application;
2. Be a HHA that received its initial license in the State of Texas prior to November 9, 2021; and
3. Be a HHA with an active Unduplicated Client Census for Home Health Services that is greater than zero at the time of Application.

All service areas within the State of Texas are eligible (see RFA Section 2.4, Eligible Service Areas).



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Eligible Applicants - Continued

- Each Applicant should submit only one Application per Home and Community Support Services Agency (HCSSA) License Number in response to this RFA. A HCSSA license holder with multiple categories of Home Health Services on the license must submit only one Application to this RFA (see RFA Section 3.1, Legal Authority to Apply).
- Additionally, if an Applicant needs to correct or modify a submitted Application, the Applicant may submit an entirely new submission, complete in all respects. In the event of multiple Applications received for a single HCSSA License Number, the most timely received and/or modified Application will replace the Applicant's original and all prior submission(s) in its entirety and the original submission(s) will not be considered (see RFA Section 8.6, Application Withdrawals or Modifications).





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Administrative Applicant Information

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Administrative Applicant Information

Applicant must provide the following information in the Application:

1. HHA Parent Agency Legal Name;
2. HHA Parent Agency Assumed Business Name, if applicable (d/b/a or "doing business as");
3. HCSSA License Number (Six digit number between 000400 and 022000);
4. HCSSA License Holder Name;
5. HHA General Email Address;
6. Applicant's Texas Identification Number (TIN) (Must start with a "1", Must be 11 digits);
7. HHA Parent Agency Physical Address (Not a P.O. Box):
The address must be the United State Postal Service's confirmed address, unless the Applicant has a separate mailing address. Applicant may verify its USPS confirmed address by checking this website: <https://tools.usps.com/zip-code-lookup.htm>

See RFA Section 6.2, Administrative Applicant Information



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Administrative Applicant Information - Continued

8. HHA Parent Agency Mailing Address (if different than physical address);
9. HHA Legally Authorized Signatory:
 - A. Name (First and Last);
 - B. Company
 - C. Email Address;
 - D. Phone Number (Digits only, including area code); and
 - E. Title (e.g., CEO, Owner, President, etc.).
10. At the time of Application, is this HHA undergoing a Change of Ownership?;
11. Is it anticipated this HHA will undergo a Change of Ownership during the Project Period?;
12. If yes, what is the effective date of the Change of Ownership for this HHA?; and
13. Indicate the amount of funding this HHA is requesting from HHSC to address Critical Staffing Needs of frontline health care workers affected by COVID-19. Note: The requested funding amount may be adjusted as outlined in the RFA (See Section 10.1, Final Selection).

See RFA Section 6.2, Administrative Applicant Information



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Administrative Applicant Information - Continued

14. Provide the HHA's active Unduplicated Client Census of Home Health Services Clients under the license number provided above, as of the time of Application.

Each Client must be counted only once. Include Home Health Services Clients served by Branch Offices if the Branch Office is under the same license number. If there are no Branch Offices with Home Health Services Clients under this license number, then the Unduplicated Client Census should reflect the Parent Agency only.

- a. Licensed and Certified Home Health Services.
- b. Licensed and Certified Home Health Services with Dialysis.
- c. Licensed Home Health Services.
- d. Licensed Home Health Services with Dialysis.

See RFA Section 6.2, Administrative Applicant Information

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Home Health Agencies - COVID-19 in Healthcare Relief



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Screening and Scoring of Applications

RFA HHS0011339

Overview

A three-step selection process will be used:

1. Application screening to determine whether the Applicant meets the minimum requirements of this RFA;
2. Scoring based upon specific criteria; and
3. Final selection based upon State priorities and other relevant factors, as outlined in Section 10.1, Final Selection.

See RFA Article IX, Application Screening and Scoring for additional details.



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Application Screening

RFA HHS0011339

Application Screening Requirements

In order to be considered an Applicant eligible for scoring, Applicant must meet the following minimum requirements:

1. Meet the eligibility requirements detailed in RFA Section 2.3, Eligible Applicants;
2. Provide its Texas Identification Number (TIN), which must be set up with the Texas Comptroller of Public Accounts, at the time of Application. See [COVID-19 in Healthcare Relief Grants website](#) for additional TIN guidance;
3. Submit a complete Application through the approved submission method, as defined in RFA Section 8.3, Required Submission Method, before the Deadline for Submission of Applications;

See RFA Section 3.2, Application Screening Requirements



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Application Screening Requirements - Continued

In order to be considered an Applicant eligible for scoring, Applicant must meet the following minimum requirements:

4. Complete all signatures and attestations required at the time of Application:
 - a. Applicant understands that as a Licensed HHA, Applicant's compliance with Senate Bill 809 reporting requirements will be confirmed by HHSC staff. Applicants who are in compliance with these reporting requirements by the 15th calendar day after the Funding Announcement Posting Date, will have one point added to their total score for the Scoring Criteria (See RFA Section 9.4, Scoring Criteria).
 - b. Applicant understands the Applicant's requested funding amount will be compared to the Unduplicated Client Census of Home Health Services Clients that is provided in the Application, and the award amount may be adjusted based on the Minimum Award Amount and Maximum Award Amount allowed for each active Home Health Services Client in the Applicant's Unduplicated Client Census (See RFA Section 1.1, Executive Summary).
 - c. Applicant understands the Applicant's requested funding amount may be adjusted based on the selection factors outlined in the RFA (See RFA Section 10.1, Final Selection);

See RFA Section 3.2, Application Screening Requirements



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Application Screening Requirements - Continued

- d. Applicant represents and warrants that it is not aware of and has received no notice of any court or governmental agency proceeding, investigation, or other action pending or threatened against the Applicant or any of its principals, officers, directors, shareholders, partners, owners, agents, employees, subcontractors, independent contractors, and any other representatives who may provide services under, who have a financial interest in, or otherwise are interested in this RFA or any Funding Agreement resulting from this RFA within the five calendar years immediately preceding the submission of this Application that would or could impair Applicant's performance under any Funding Agreement resulting from this RFA, relate to the contracted or similar goods or services, or otherwise be relevant to HHSC's consideration of entering into a Funding Agreement;
- e. If Applicant is unable to make the preceding representation and warranty, then Applicant must submit a complete, detailed disclosure of any such court or governmental agency proceeding, investigation, or other action that would or could impair Applicant's performance under a Funding Agreement awarded as a result of this RFA, relate to the contracted or similar goods or services, or otherwise be relevant to HHSC's consideration of entering into a Funding Agreement. Applicant must submit the disclosure to the following email address:
PCSHHS0011339@hhs.texas.gov;



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See RFA Section 3.2, Application Screening Requirements

Application Screening Requirements - Continued

- f. Applicant acknowledges this is a continuing disclosure requirement. In addition, Applicant represents and warrants that, if it receives an award under this RFA, Applicant shall notify HHSC in writing within five business days of any changes to the representations or warranties in this clause and understands that failure to so timely update HHSC shall constitute breach of contract and may result in immediate contract termination.
- g. Applicant certifies that it and its principals are not suspended or debarred from doing business with the State or federal government as listed on the State of Texas Debarred Vendor List maintained by the Texas Comptroller of Public Accounts and the System for Award Management maintained by the General Services Administration;
- h. Applicant agrees to the Solicitation and Contract Affirmations, provided as Exhibit A, HHS Solicitation and Contract Affirmations, and available at [HHS Grants RFA Website](#);

See RFA Section 3.2, Application Screening Requirements



Application Screening Requirements - Continued

- i. Applicant agrees to the Uniform Terms and Conditions, provided as Exhibit B, HHS Uniform Terms and Conditions – Grant (v. 3.1), and available at [HHS Grants RFA Website](#); and
- j. By submitting an Application, Applicant attests that the Applicant understands and agrees to all amendments and Addenda posted to the RFA. Applicant represents and warrants that the individual submitting the Application and the documents made part of this Application is authorized to sign such documents on behalf of the Applicant and to bind the Applicant under any Funding Agreement that may result from the submission of this Application.

See RFA Section 3.2, Application Screening Requirements



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Application Screening Requirements - TIN

- A “Texas Identification Number” or “TIN” is an 11-digit number that identifies a State Payee. It is based on the identification number the Payee initially provides to the paying State agency.
- Applicants must have a Texas Identification Number (TIN) set up with the Texas Comptroller of Public Accounts, at the time of Application.
- If the eligible Applicant is selected for an award, the Applicant must have a valid TIN on file with HHSC to receive the award fund payment. No Applicant can receive an award without having a TIN set up at HHSC.
- An acceptable TIN is an 11-digit number that begins with a “1” for a business and must be associated with the legal entity or a “7” for an individual.

See [COVID-19 in Healthcare Relief Grants website](#) (Texas Identification Number (TIN) and Payments) for additional TIN guidance.



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Application Screening Requirements - TIN

- If the Applicant does not know their TIN:
Applicant must email the HHSC Vendor mailbox at Vendor@hhs.texas.gov or call the HHSC TINs hotline at 737-867-7580. Please format the subject line as "SB8 [legal entity name]-Priority 1".
- If the Applicant needs to apply for a TIN:
Applicant must email a completed [Application for Texas Identification Number \("Form 4109"\)](#) to HHSC Provider Finance Department at ProviderFinanceDept@hhs.texas.gov. In the subject line or body of the email, please include "Form 4109 for [legal entity name] for SB8."

See [COVID-19 in Healthcare Relief Grants website](#) (Texas Identification Number (TIN) and Payments) for additional TIN guidance.



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Application Screening Requirements – Senate Bill 809 Reporting Requirements

- Home Health Agencies must be in compliance with the Senate Bill 809 reporting requirements outlined on the [PFD website](#) (see Monthly SB 809/Rider 143 COVID-19 Reporting).
- The question below is on the Application and has scoring tied to it (See RFA Section 9.4, Scoring Criteria):

"Will this HHA be in compliance with all SB 809 reporting requirements by the 15th calendar day after the Funding Announcement Posting Date?"

- HHSC will be checking Applicant's compliance with these reporting requirements:
 - a. Applicants who are in compliance with these reporting requirements by the 15th calendar day after the Funding Announcement Posting Date will have one point added to their total score for the Scoring Criteria.
 - b. Applicants who are not in compliance with these reporting requirements by the 15th calendar day after the Funding Announcement Posting Date will not have one point added to their total score for the Scoring Criteria.

See the [PFD website](#) for additional guidance on the SB 809 reporting requirements.



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Application Scoring

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Scoring Criteria

Qualified Applications shall be scored in accordance with the following scoring criteria (See RFA Section 9.4, Scoring Criteria):

1. Did this HHA receive funds from the federal Provider Relief Fund (PRF)?
2. At the time of Application, has this HHA fully expended all PRF funding received?
3. Did this HHA receive funds from a Paycheck Protection Program (PPP) Loan?
4. At the time of Application, has this HHA fully expended all PPP Loan funding received?

See RFA Section 9.4, Scoring Criteria for potential scores to each question.



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Scoring Criteria - Continued

5. At the time of Application, does this HHA have less than 90 calendar days of Cash On Hand?
6. At the time of Application, has this HHA completed billing for all Potential Payers for any services rendered to this HHA 30 calendar days prior?
7. Will this HHA be in compliance with all SB 809 reporting requirements by the 15th calendar day after the Funding Announcement Posting Date?

See RFA Section 9.4, Scoring Criteria for potential scores to each question.



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Statement of Need Criteria

Qualified Applications shall be scored in accordance with the following scoring criteria to determine appropriate allocation of funding based on need (See RFA Section 9.5, Statement of Need Criteria).

1. Direct Care Staff Vacancy Rate: At the time of Application, this HHA has:
 - A. Less than 5% vacancy rate for Direct Care Staff positions;
 - B. Between 5.1% and 10% vacancy rate for Direct Care Staff positions;
 - C. Between 10.1% and 20% vacancy rate for Direct Care Staff positions; or
 - D. More than 20.1% vacancy rate for Direct Care Staff positions.

2. Administrative/Operation Staff Vacancy Rate: At the time of Application, this HHA has:
 - A. Less than 10% vacancy rate for Administrative/Operation Staff positions;
 - B. Between 10.1% and 20% vacancy rate for Administrative/Operation Staff positions; or
 - C. More than 20.1% vacancy rate for Administrative/Operation Staff positions.

3. At the time of Application, did this HHA have to prioritize services available to Clients due to Critical Staffing Needs during the COVID-19 pandemic?

See RFA Section 9.5, Statement of Need Criteria for potential scores to each question.





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Submitting an Application

RFA HHS0011339

Application Submission Method

- Applicants must submit their completed Application by the Deadline for Submission of Applications provided in RFA Section 7.1, Schedule of Events, or subsequent Addenda, using the approved method identified below:

SurveyMonkey Application: Applicant shall access and complete the Application by clicking on the hyperlink below:

<https://www.surveymonkey.com/r/HHACVID19>

- Applications submitted by any other method (e.g., facsimile, email, mail) will **not** be considered and will be disqualified.

See RFA Section 8.3, Required Submission Method for additional details.



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Application Submission Method - Continued

- Applicants can access the SurveyMonkey Application by clicking on the hyperlink in the RFA (see RFA Section 8.3, Required Submission Method).
- See highlighted hyperlink below:

8.3 REQUIRED SUBMISSION METHOD

Applicants must submit their completed Application by the Deadline for Submission of Applications provided in the **Section 7.1, Schedule of Events**, or subsequent Addenda, using the approved method identified below. Applications submitted by any other method (e.g., facsimile, email, mail) will not be considered and will be disqualified.

SurveyMonkey Application: Applicant shall access and complete the Application by clicking on the hyperlink below:

<https://www.surveymonkey.com/r/HHACVID19>

- Use a current internet browser when accessing the SurveyMonkey Application (Microsoft Chrome, Microsoft Edge, Firefox, Safari). Do not use Internet Explorer.
- Applications submitted by any other method will **not** be considered and will be disqualified.

See RFA Section 8.3, Required Submission Method for additional details. 40



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Application Submission Method - Continued

The application in SurveyMonkey looks like the image below (top of the page):

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Exhibit C, Copy of Application HHS0011339 Home Health Agencies - COVID-19 in Healthcare Relief

Administrative Applicant Information

* 1. HHA Parent Agency Legal Name:

* 2. HHA Parent Agency Assumed Business Name, if applicable (d/b/a or “doing business as”):



Application Submission Method - Continued

- A copy of the Application is provided as Exhibit C, Copy of Application.
- HHSC encourages Applicants to review the content of the Application in Exhibit C, Copy of Application prior to completing the Application.
- Exhibit C, Copy of Application is provided for Applicant's reference only.
- Applicants **should not** fill out Exhibit C, Copy of Application and submit to HHSC in an attempt to submit an application. Applicants **must** apply via the SurveyMonkey Application to be considered.
- **Reminder:** Applications submitted by any other method (e.g., facsimile, email, mail) than the required submission method will **not** be considered and will be disqualified.

See RFA Section 8.3, Required Submission Method for additional details.



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Application Withdrawals or Modifications

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Application Withdrawal

Prior to the Deadline for Submission of Applications set forth in Section 7.1, Schedule of Events, or subsequent Addenda, an Applicant may:

- Withdraw its Application by submitting a written request to the Sole Point of Contact, that includes the following information:
 - a. HHA Parent Agency Legal Name; and
 - b. HCSSA License Number (Six digits) (if applicable).

See RFA Section 8.6, Application Withdrawals or Modifications for additional details.



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Application Withdrawal

- An Applicant may withdraw its Application up to fifteen calendar days after the Deadline for Submission of Applications set forth in Section 7.1, Schedule of Events, or subsequent Addenda.
- An Applicant may withdraw its Application by submitting a written request to the Sole Point of Contact that includes the following information:
 - a. HHA Parent Agency Legal Name; and
 - b. HCSSA License Number (Six digits) (if applicable).

See RFA Section 8.6, Application Withdrawals or Modifications for additional details.



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Application Modification

Prior to the Deadline for Submission of Applications set forth in Section 7.1, Schedule of Events, or subsequent Addenda, an Applicant may:

- Modify its Application by submitting an entirely new submission, complete in all respects, using the method of submission set forth in this RFA. The modification must be received by HHSC by the Deadline for Submission of Applications set forth in Section 7.1, Schedule of Events, or subsequent Addenda.
- No modification request received after the Deadline for Submission of Applications, set forth in Section 7.1, Schedule of Events, or subsequent Addenda, will be considered.
- Additionally, in the event of multiple Applications received for a single HCSSA License Number, the most timely received and/or modified Application will replace the Applicant's original and all prior submission(s) in its entirety and the original submission(s) will not be considered (see RFA Section 8.6, Application Withdrawals or Modifications).

See RFA Section 8.6, Application Withdrawals or Modifications for additional details.



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Questions and Answers

RFA HHS0011339

Questions and Answers

- All requests, questions or other communication about this RFA shall be made by email only to the Grants Technical Advisor designated as HHSC's Sole Point of Contact listed below:

Kristen Thatcher, CTCD
HHSC PCS Grants Technical Advisor
PCSHHS0011339@hhs.texas.gov

- Applicants and their representatives shall **not** contact other HHS personnel regarding this RFA.
- Failure of an Applicant or its representatives to comply with these requirements may result in disqualification of the Application.

See RFA Section 7.2, Sole Point of Contact for additional details.



Questions and Answers - Continued

All Questions and Requests for Clarification **must** include the following information in the written email:

1. RFA number;
2. Section or paragraph number from this solicitation;
3. Page number of this solicitation;
4. Exhibit or other attachment and section or paragraph number from the exhibit or other attachment, as applicable;
5. Page number of the exhibit, as applicable;
6. Language, topic, section heading being questioned; and
7. Question.

Submissions that do not include this information may not be accepted.

See RFA Section 7.3, RFA Questions and Requests for Clarification for additional details.



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Questions and Answers - Continued

- Questions or other written requests for clarification must be received by the Sole Point of Contact by the Deadline for Submitting Questions or Requests for Clarification set forth in RFA Section 7.1, Schedule of Events (See RFA Section 7.3, RFA Questions and Requests for Clarification).
- Responses to questions or other written requests for clarification will be consolidated and HHSC will post responses in one or more Addenda on the [HHS Grants RFA website](#).
- Responses will **not** be provided individually to requestors. It is Applicant's responsibility to check the [HHS Grants RFA website](#).

See RFA Section 7.5, Responses to Questions or Request for Clarifications for additional details.



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Question Deadline

- Questions are due by **5:00PM on July 29, 2022** (See RFA Section 7.1, Schedule of Events).
- Questions that are received by HHSC after the Deadline for Submitting Questions or Requests for Clarification (date and time) will not be accepted.
- An addendum will be posted to the [HHS Grants RFA website](#) with HHSC's answers to accepted questions by **August 12, 2022**, the Tentative Date Answers to Questions or Requests for Clarification Posted (See RFA Section 7.1, Schedule of Events).



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Important Details - Questions and Answers

- Out of fairness to all potential Applicants, HHSC limits interaction with the public about procurements that are open or under development.
- The Question-and-Answer period is a formal process where potential Applicants submit written questions in the format below to the Sole Point of Contact (only), a process that is followed for all HHS procurements:
 1. RFA number;
 2. Section or paragraph number from this solicitation;
 3. Page number of this solicitation;
 4. Exhibit or other attachment and section or paragraph number from the exhibit or other attachment, as applicable;
 5. Page number of the exhibit, as applicable;
 6. Language, topic, section heading being questioned; and
 7. Question.
- Reminder: Submitted questions that do not include the information above may not be accepted.



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Important Details - Questions and Answers

- It is the Applicant's responsibility to read the RFA package and submit any questions to the Sole Point of Contact before the Deadline for Submitting Questions or Requests for Clarification (date and time).
- There will not be another opportunity for potential Applicants to ask questions and receive a response from HHSC.
- The Question-and-Answer period begins on the RFA posting date and ends on the Deadline for Submitting Questions or Requests for Clarification (date and time). See RFA Section 7.1, Schedule of Events for specific dates.
- HHSC will accept questions from potential Applicants beginning on the RFA posting date, July 20, 2022.



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Important Details - Questions and Answers

- Questions received before the RFA posting date will not be accepted or responded to; these questions need to be resubmitted to the Sole Point of Contact at PCSHHS0011339@hhs.texas.gov after the RFA posting date and before the Deadline for Submitting Questions or Requests for Clarification (date and time).
- Reminder: Responses to questions from HHSC will not be provided individually to requestors (See RFA Section 7.5, Responses to Questions or Requests for Clarification). This is a standard process for all HHS procurements.



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Important Details - Questions and Answers

- After HHSC's answers to accepted questions post on the [HHS Grants RFA website](#) as an addendum, in accordance with Section 7.1, Schedule of Events (see Tentative Date Answers to Questions or Requests for Clarification Posted), no additional or follow-up questions from potential Applicants will be accepted or responded to.
- It is the Applicant's responsibility to prepare all questions they have about the RFA package, submitting an application, etc. and timely submit those questions to the Sole Point of Contact in accordance with the requirements outlined in the RFA Article VII, RFA Administrative Information and Inquiries.
- If a potential Applicant has questions about what a term in the RFA means, refer to the RFA Section 1.2, Definitions and Acronyms.



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Selection Process

RFA HHS0011339

Final Selection

Based on its responses to multiple choice questions in the Application, each Applicant will receive a Scoring Criteria score and a Statement of Need Criteria score.

Scoring Criteria Score:

- A. Scoring Criteria score lower than four = Not awarded.
- B. Scoring Criteria score greater than or equal to four = Eligible for award consideration.

Statement of Need Criteria Score:

Statement of Need Criteria scores will range from zero to six, with lower scores indicating lower need and higher scores indicating greater need.

See RFA Section 10.1, Final Selection for additional details.



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Execution of Funding Agreements

- The System Agency intends to award multiple Funding Agreements as a result of this RFA. However, not all Applicants who are deemed eligible to receive funds are assured of receiving a Funding Agreement.
- System Agency will notify each Applicant that is selected to receive an award by sending a Notice of Award, also referred to as a Funding Agreement, to the Applicant via email.
- The Applicant will have two business days from the date the Notice of Award is sent to reject the award by sending an email to System Agency at providerfinancedept@hhs.texas.gov.
- An Applicant will be deemed to have accepted the Notice of Award and all its terms when the Applicant draws down or otherwise obtains funds from the grant payment system.
- A sample Notice of Award is attached to the RFA as Exhibit D, Sample Notice of Award.

See RFA Section 10.2, Execution and Announcement of Funding Agreements for additional details.



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Closing Comments

RFA HHS0011339

Closing Comments

- No exceptions or assumptions are allowed for this RFA.
- The presentation from this Applicant conference will be posted to the [HHS Grants RFA website](#) as an Addendum to this RFA in the coming days.



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Closing Comments

- All changes, amendments and modifications or cancellation to this RFA will be posted by Addendum on the [HHS Grants RFA website](#).
- It is the responsibility of each Applicant to periodically check the [HHS Grants RFA website](#) for any additional information regarding this RFA.
- See RFA Section 7.6, Changes, Amendment or Modification to RFA for additional details.

HHS Grants RFA Website:

<https://apps.hhs.texas.gov/PCS/HHS0011339/>



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Thank you!

Request for Applications No. HHS0011339
Home Health Agencies - COVID-19 in Healthcare Relief