

**Applicant Question and Answers
HHS0011339 Home Health Agencies – COVID-19 in Healthcare Relief**

RFA #: HHS0011339

RFA/Grant Name: Home Health Agencies – COVID-19 in Healthcare Relief

PCS Grant Specialist Name: Kristen Thatcher

PCS Grant Specialist Email: Kristen.thatcher@hhs.texas.gov

#	Reference	Applicant Question	Agency/Program Response
1	Exhibit C, Copy of Application	Is there any way to get a document that shows all of the questions required for the Grant RFA? As it is now, it is a survey monkey form, you have to complete sections at a time. This makes it difficult for us to advise providers how to handle the application process, provide assistance, etc. A list of the questions asked would be helpful if at all possible.	Exhibit C, Copy of the Application, of this Solicitation provides a full overview of the questions included in the Application. The Solicitation and all exhibits can be found here: https://apps.hhs.texas.gov/PCS/HHS0011339/ .
2	Exhibit C, Copy of Application, Question #13 RFA Section 5.1, Funding Source and Available Funding RFA Section 6.1, Project Costs	We are a home healthcare agency, and the grant is asking for an amount that we must fill in that we are requesting. What is that criteria based upon. Struggling to figure out what formula we should use to set the amount we are asking for. Can you assist in the methodology to arrive at a grant request number?	As stated in Section 1.1, Executive Summary, of the Solicitation, the minimum award is \$230 per active Home Health Services Client in the Applicant's Unduplicated Client Census and 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 Home Health Agency. As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, "Unduplicated Client Census" means the number of Clients receiving Home Health Services from the HHA at the time of Application, with Clients who experience multiple spells of illnesses, multiple discharges and admissions, or who receive services from multiple categories of service within the Project Period counted only once. As stated in Section 6.2, Project Costs, of the Solicitation, Applicants must ensure that Project costs are reasonable, allowable, and allocable. Reasonable costs are those that, in nature and amount, do not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time

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			<p>the decision was made to incur the cost. A cost is allocable to a particular cost objective if the cost is chargeable or assignable to such cost objective in accordance with relative benefits received.</p> <p>As stated in Section 5.1, Funding Source and Available Funding, of the Solicitation, Applicants are strongly cautioned to only apply for the amount of funding they can responsibly expend during the Project Period to avoid lapsed funding at the end of the Project Period.</p>
3	<p>Exhibit C, Copy of Application, Question #6</p> <p>RFA Section 2.3, Eligible Applicants</p> <p>RFA Section 3.2, Application Screening Requirements</p> <p>RFA Section 6.2, Administrative Applicant Information</p>	<p>We are a LHH and PAS agency Our TIN is [REDACTED ## - #####] EIN : [REDACTED - ##-#####]</p> <p>Do we qualify to submit for this RFA? The first questions specified that TIN must start with a "1".</p>	<p>As stated in Section 2.3, Eligible Applicants, of the Solicitation, applicants must meet the following eligibility to apply for this RFA: 1. Be a Home Health Agency that is actively licensed in the State of Texas at the time of Application; 2. Be a Home Health Agency that received its initial license in the State of Texas prior to November 9, 2021; and 3. Be a Home Health agency with an active Unduplicated Client Census for Home Health Services that is greater than zero at the time of Application.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, "Home Health Agency" or "HHA" means a licensed public or provider agency that is licensed under Chapter 142, Health and Safety Code, to provide Home Health Services, and is licensed by HHSC under one or more of the following categories: licensed and Certified Home Health Services, licensed and Certified Home Health Services with home dialysis designation, licensed Home Health Services, or licensed Home Health Services with home dialysis designation.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, "Unduplicated Client Census" means the number of Clients receiving Home Health Services from the HHA at the time of Application, with Clients who experience multiple spells of illnesses, multiple</p>

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			<p>discharges and admissions, or who receive services from multiple categories of service within the Project Period counted only once.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, "Home Health Service" means the provision of one or more of the following health services delivered by a HHA as required by an individual in a residence or independent living environment: nursing, including blood pressure monitoring and diabetes treatment; physical, occupational, speech, or respiratory therapy; medical social service; intravenous therapy; dialysis; service provided by unlicensed personnel under the delegation or supervision of a licensed health professional; the furnishing of medical equipment and supplies, excluding drugs and medicines; or nutritional counseling. This does not include services provided by a HCSSA under a personal assistance services (PAS) licensure designation or under a hospice licensure designation.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, "Texas Identification Number" or "TIN" means 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.</p> <p>A valid TIN of a business entity is 11 digits long and begins with a "1". For a business entity that is applying for a TIN, HHSC generates the TIN based on the 9-digit Employer Identification Number as assigned by the IRS, and then adds a "1" at the beginning and a unique "check digit" at the end of the string.</p> <p>For further information on how to obtain or verify the TIN, visit COVID-19 in Healthcare Relief Grants Texas Health and Human Services under the section</p>

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			<p>"Texas Identification Number" and follow the instructions.</p>
4	RFA Section 2.3, Eligible Applicants	Is this only for Home Health Agencies or can Hospice and PPECC also apply for this??	<p>As stated in Section 2.3, Eligible Applicants, of the Solicitation, applicants must meet the following eligibility to apply for this RFA: 1. Be a Home Health Agency that is actively licensed in the State of Texas at the time of Application; 2. Be a Home Health Agency that received its initial license in the State of Texas prior to November 9, 2021; and 3. Be a Home Health agency with an active Unduplicated Client Census for Home Health Services that is greater than zero at the time of Application.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, "Home Health Agency" or "HHA" means a licensed public or provider agency that is licensed under Chapter 142, Health and Safety Code, to provide Home Health Services, and is licensed by HHSC under one or more of the following categories: licensed and Certified Home Health Services, licensed and Certified Home Health Services with home dialysis designation, licensed Home Health Services, or licensed Home Health Services with home dialysis designation.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, "Unduplicated Client Census" means the number of Clients receiving Home Health Services from the HHA at the time of Application, with Clients who experience multiple spells of illnesses, multiple discharges and admissions, or who receive services from multiple categories of service within the Project Period counted only once.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, "Home Health Service" means the provision of one or more of the following health services delivered by a HHA as required by an</p>

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			<p>individual in a residence or independent living environment: nursing, including blood pressure monitoring and diabetes treatment; physical, occupational, speech, or respiratory therapy; medical social service; intravenous therapy; dialysis; service provided by unlicensed personnel under the delegation or supervision of a licensed health professional; the furnishing of medical equipment and supplies, excluding drugs and medicines; or nutritional counseling. This does not include services provided by a HCSSA under a personal assistance services (PAS) licensure designation or under a hospice licensure designation.</p> <p>This definition does not include the hospice licensure designation or Prescribed Pediatric Extended Care Center (PPECC) license. Therefore, only an HHA, as defined in Section 1.2, Definitions and Acronyms, is eligible to apply for this RFA.</p>
5	RFA Section 2.3, Eligible Applicants	Good afternoon. Please advise if our agency is eligible to apply. Our license number is [REDACTED - #####]. Our entity name is [REDACTED].	<p>As stated in Section 2.3, Eligible Applicants, of the Solicitation, applicants must meet the following eligibility to apply for this RFA: 1. Be a Home Health Agency that is actively licensed in the State of Texas at the time of Application; 2. Be a Home Health Agency that received its initial license in the State of Texas prior to November 9, 2021; and 3. Be a Home Health agency with an active Unduplicated Client Census for Home Health Services that is greater than zero at the time of Application.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, "Home Health Agency" or "HHA" means a licensed public or provider agency that is licensed under Chapter 142, Health and Safety Code, to provide Home Health Services, and is licensed by HHSC under one or more of the following categories: licensed and Certified Home Health Services, licensed and Certified Home Health Services with home</p>

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			<p>dialysis designation, licensed Home Health Services, or licensed Home Health Services with home dialysis designation.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, “Unduplicated Client Census” means the number of Clients receiving Home Health Services from the HHA at the time of Application, with Clients who experience multiple spells of illnesses, multiple discharges and admissions, or who receive services from multiple categories of service within the Project Period counted only once.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, “Home Health Service” means the provision of one or more of the following health services delivered by a HHA as required by an individual in a residence or independent living environment: nursing, including blood pressure monitoring and diabetes treatment; physical, occupational, speech, or respiratory therapy; medical social service; intravenous therapy; dialysis; service provided by unlicensed personnel under the delegation or supervision of a licensed health professional; the furnishing of medical equipment and supplies, excluding drugs and medicines; or nutritional counseling. This does not include services provided by a HCSSA under a personal assistance services (PAS) licensure designation or under a hospice licensure designation.</p>
6	<p>RFA Section 8.3, Required Submission Method</p> <p>Exhibit C, Copy of Application</p>	<p>We have been identified as an agency that can submit an RFA HHS0011339 however I do not see a link to fill out an application. I was wondering if we need create an RFA or if there will be forms that we need to fill out. Any help will appreciate.</p>	<p>As stated in Section 8.3, Required Submission Method, of the Solicitation, Applicants shall access and complete the Application by clicking on the SurveyMonkey hyperlink below: https://www.surveymonkey.com/r/HHACVID19</p>

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7	RFA Section 6.2, Administrative Applicant Information	WHERE DO I FIND THE APPLICANT'S IDENTIFICATION NUMBER FOR [REDACTED – Company Name]. TPI NUMBER?, TAX ID #?, NPI #, OR SOMETHING DIFFERENT.	<p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, "Texas Identification Number" or "TIN" means 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.</p> <p>A valid TIN of a business entity is 11 digits long and begins with a "1". For a business entity that is applying for a TIN, HHSC generates the TIN based on the 9-digit Employer Identification Number as assigned by the IRS, and then adds a "1" at the beginning and a unique "check digit" at the end of the string.</p> <p>For further information on how to obtain or verify the TIN, visit COVID-19 in Healthcare Relief Grants Texas Health and Human Services under the section "Texas Identification Number" and follow the instructions.</p> <p>HHSC does not request the National Provider Identifier (NPI) or the Texas Provider Identifier (TPI) in this Solicitation.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, "HCSSA License Number" means "a HCSSA's HHSC-issued license number. The HCSSA License Number, which is another identifier requested in this Solicitation, is found on the HCSSA license. Per Texas Administrative Code Title 26 Section 558.211, regarding Display of License, the license must be displayed in a conspicuous place in the designated place of business.</p>
8	RFA Section 2.3, Eligible Applicants	Is there going to be an application for Hospice agencies?	The requested information pertaining to Hospice agencies is not within the scope of this Solicitation. Respondent's Solicitation response must be responsive to the requirements specified in this Solicitation.

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9	RFA Section 2.3, Eligible Applicants	<p>In reference to RFA HHS00111339 - Provider Type: Home Health Agency, would a PAS agency fall under this RFA or does this RFA apply only apply to Home Health Agencies - Skilled Care/Licensed and Certified?</p> <p>There is another RFA for Community Care attendants coming up sometime early August. Would a PAS agency fall under the community care RFA and not the Home Health RFA?</p> <p>In summary, if a provider has two HCSSA type agencies - Home Health and PAS, can you please clarify that these two agencies will have separate RFAs?</p>	<p>As stated in Section 2.3, Eligible Applicants, of the Solicitation, applicants must meet the following eligibility to apply for this RFA: 1. Be a Home Health Agency that is actively licensed in the State of Texas at the time of Application; 2. Be a Home Health Agency that received its initial license in the State of Texas prior to November 9, 2021; and 3. Be a Home Health agency with an active Unduplicated Client Census for Home Health Services that is greater than zero at the time of Application.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, "Home Health Agency" or "HHA" means a licensed public or provider agency that is licensed under Chapter 142, Health and Safety Code, to provide Home Health Services, and is licensed by HHSC under one or more of the following categories: licensed and Certified Home Health Services, licensed and Certified Home Health Services with home dialysis designation, licensed Home Health Services, or licensed Home Health Services with home dialysis designation.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, "Unduplicated Client Census" means the number of Clients receiving Home Health Services from the HHA at the time of Application, with Clients who experience multiple spells of illnesses, multiple discharges and admissions, or who receive services from multiple categories of service within the Project Period counted only once.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, "Home Health Service" means the provision of one or more of the following health services delivered by a HHA as required by an individual in a residence or independent living environment: nursing, including blood pressure monitoring and diabetes treatment; physical,</p>

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10	RFA Section 3.1, Legal Authority to Apply	Confirming that we submit one application per license, correct?	As stated in Section 3.1, Legal Authority to Apply, of the Solicitation, “Each Applicant should submit only one Application per 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.”
11	RFA Section 2.3, Eligible Applicants	Does Hospice business qualify for this Grant?	<p>As stated in Section 2.3, Eligible Applicants, of the Solicitation, applicants must meet the following eligibility to apply for this RFA: 1. Be a Home Health Agency that is actively licensed in the State of Texas at the time of Application; 2. Be a Home Health Agency that received its initial license in the State of Texas prior to November 9, 2021; and 3. Be a Home Health agency with an active Unduplicated Client Census for Home Health Services that is greater than zero at the time of Application.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, “Home Health Agency” or “HHA” means a licensed public or provider agency that is licensed under Chapter 142, Health and Safety Code,</p>

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			<p>to provide Home Health Services, and is licensed by HHSC under one or more of the following categories: licensed and Certified Home Health Services, licensed and Certified Home Health Services with home dialysis designation, licensed Home Health Services, or licensed Home Health Services with home dialysis designation.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, “Unduplicated Client Census” means the number of Clients receiving Home Health Services from the HHA at the time of Application, with Clients who experience multiple spells of illnesses, multiple discharges and admissions, or who receive services from multiple categories of service within the Project Period counted only once.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, “Home Health Service” means the provision of one or more of the following health services delivered by a HHA as required by an individual in a residence or independent living environment: nursing, including blood pressure monitoring and diabetes treatment; physical, occupational, speech, or respiratory therapy; medical social service; intravenous therapy; dialysis; service provided by unlicensed personnel under the delegation or supervision of a licensed health professional; the furnishing of medical equipment and supplies, excluding drugs and medicines; or nutritional counseling. This does not include services provided by a HCSSA under a personal assistance services (PAS) licensure designation or under a hospice licensure designation. This definition does not include the hospice licensure designation. Therefore, only an HHA, as defined in Section 1.2, Definitions and Acronyms, is eligible to apply for this RFA.</p>

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12	<p>RFA Section 3.1, Legal Authority to Apply</p> <p>RFA Section 10.1, Final Selection</p>	<p>I am reviewing the instructions for RFA No. HHS0011339 and need to get clarification on a few items please.</p> <p>Article III., Section 3.1 on Page 11 says ". . . submit only one Application per HCSSA License Number . . ."</p> <p>Article X., Section 10.1, 2. Statement of Need Criteria Score on Page 26 says "The Minimum Award Amount is \$230 per active Home Health Services Client in the Applicant's Unduplicated Client Census at the time of Application. The Maximum Award Amount is \$2,500 per active Home Health Services Client in the Applicant's Unduplicated Client Census at the time of Application, not to exceed \$999,999 per HHA. An Applicant may request less than the Maximum Award Amount when it submits its Application."</p> <p>[REDACTED – Entity Name] will be submitting five separate applications - one for each of our five HCSSA licenses. All five licenses operate under the same Tax ID number.</p> <p>My questions are:</p> <ul style="list-style-type: none"> - Is the money awarded per license (i.e., will we receive five separate Notice of Award Letters)? - If so, does the awarded money have to be allocated for staffing related needs associated to the clients served under that license/Notice of Award Letter? - Does the \$999,999 maximum award apply to each individual application? Or does that number apply to the entire organization based on our Tax ID? 	<p>As stated in Section 3.1, Legal Authority to Apply, of the Solicitation, "Each Applicant should submit only one Application per 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."</p> <p>For each individual Application that is selected for an award, the award amounts are determined individually, and the associated award funds are distributed individually. If five Applications are submitted for five different License Numbers, and all five of those Applications are selected for award, then the process of awarding those funds, including the distribution of the Notice of Award, will occur separately for each individual award. The maximum and minimum award amounts as stated in Section 1.1, Executive Summary, and Section 10.1, Final Selection, of the Solicitation, are the maximum and minimum amounts for each individual HHA that is selected for an award; for clarity, each HHA reflects a separate License Number.</p> <p>Awarded funds must be utilized for the needs of Staff that are working with the Home Health Services clients of the HHA designated in the Notice of Award. Section 2.5, Eligible Activities, of the Solicitation states the allowable utilization of funds for staffing needs, and Section 1.2, Definitions and Acronyms, of the Solicitation defines the term "Staff".</p>
13	Exhibit C, Copy of Application, Question #6	Per the instructions on the COVID 19 Healthcare Relief Grant page we have requested the TIN from Vendor@hhs.texas.gov.	As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, "Texas Identification Number" or "TIN" means 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.

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	<p>RFA Section 3.2, Application Screening Requirements</p> <p>RFA Section 6.2, Administrative Applicant Information</p>	<p>We also have called the number listed and was told that was not the correct number. Whoever assisted my client did not sound confident that the number given was accurate.</p> <p>Can someone please respond and confirm the TIN for both [REDACTED – Company Name #1] and [REDACTED – Company Name #2]? Client has also been told the the TIN is simply the Federal Tax ID with a 1 at beginning and end?</p> <p>Our home health agency (HHA) is trying to apply for an SB8 grant. The legal name of our agency is [REDACTED – Company Name #2] [REDACTED – Company Name #2’s DBA Name] and our HHSCA license # is [REDACTED Unique HHSCA License Number #1 – #####]. We need our Texas Identification Number (TIN) to complete the application.</p> <p>Our home health agency (HHA) is trying to apply for an SB8 grant. The legal name of our agency is [REDACTED – Company Name #1] and our HHSCA license # is [REDACTED Unique HHSCA License Number #2- #####]. We need our Texas Identification Number (TIN) to complete the application.</p>	<p>A valid TIN of a business entity is 11 digits long and begins with a “1”. For a business entity that is applying for a TIN, HHSC generates the TIN based on the 9-digit Employer Identification Number as assigned by the IRS, and then adds a “1” at the beginning and a unique “check digit” at the end of the string.</p> <p>Utilizing the contact information provided on the HHSC website (COVID-19 in Healthcare Relief Grants Texas Health and Human Services under the section “Texas Identification Number”) is the sole method to obtain a new TIN or verify a current TIN. If the entity has appropriately requested a new TIN through the TIN email address on the website, and the entity is still awaiting a response, then HHSC may still be working to set up a new TIN within an appropriate turnaround time. The entity may also follow up with HHSC using the contact information stated above to verify whether a new TIN has been created.</p>
14	<p>Exhibit C, Copy of Application, Question #13</p> <p>RFA Section 5.1, Funding Source and Available Funding</p> <p>RFA Section 6.1, Project Costs</p>	<p>Do you all have information for the PAS Providers on how to "calculate" the amount of funding to be requested by agencies?</p>	<p>In regard to Personal Assistance Services (PAS) Providers’ eligibility, please note the following:</p> <p>As stated in Section 2.3, Eligible Applicants, of the Solicitation, applicants must meet the following eligibility to apply for this RFA: 1. Be a Home Health Agency that is actively licensed in the State of Texas at the time of Application; 2. Be a Home Health Agency that received its initial license in the State of Texas prior to November 9, 2021; and 3. Be a Home Health agency with an active Unduplicated Client</p>

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			<p>Census for Home Health Services that is greater than zero at the time of Application.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, "Home Health Agency" or "HHA" means a licensed public or provider agency that is licensed under Chapter 142, Health and Safety Code, to provide Home Health Services, and is licensed by HHSC under one or more of the following categories: licensed and Certified Home Health Services, licensed and Certified Home Health Services with home dialysis designation, licensed Home Health Services, or licensed Home Health Services with home dialysis designation.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, "Unduplicated Client Census" means the number of Clients receiving Home Health Services from the HHA at the time of Application, with Clients who experience multiple spells of illnesses, multiple discharges and admissions, or who receive services from multiple categories of service within the Project Period counted only once.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, "Home Health Service" means the provision of one or more of the following health services delivered by a HHA as required by an individual in a residence or independent living environment: nursing, including blood pressure monitoring and diabetes treatment; physical, occupational, speech, or respiratory therapy; medical social service; intravenous therapy; dialysis; service provided by unlicensed personnel under the delegation or supervision of a licensed health professional; the furnishing of medical equipment and supplies, excluding drugs and medicines; or nutritional counseling. This does not include services provided by a HCSSA under a personal assistance services (PAS)</p>

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			<p>licensure designation or under a hospice licensure designation.</p> <p>A HCSSA providing services only under a PAS licensure designation is not eligible to apply for this RFA.</p> <p>To calculate the Project Costs, please refer to the following:</p> <p>As stated in Section 1.1, Executive Summary, of the Solicitation, the minimum award is \$230 per active Home Health Services Client in the Applicant’s Unduplicated Client Census and the Maximum Award Amount is \$2,500 per active Home Health Services Client in the Applicant’s in Unduplicated Client Census, not to exceed \$999,999 per Home Health Agency.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, “Unduplicated Client Census” means the number of Clients receiving Home Health Services from the HHA at the time of Application, with Clients who experience multiple spells of illnesses, multiple discharges and admissions, or who receive services from multiple categories of service within the Project Period counted only once.</p> <p>As stated in Section 6.2, Project Costs, of the Solicitation, Applicants must ensure that Project costs are reasonable, allowable, and allocable. Reasonable costs are those that, in nature and amount, do not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost. A cost is allocable to a particular cost objective if the cost is chargeable or assignable to such cost objective in accordance with relative benefits received.</p>

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			<p>As per Section 5.1, Funding Source and Available Funding, of the Solicitation, Applicants are strongly cautioned to only apply for the amount of funding they can responsibly expend during the Project Period to avoid lapsed funding at the end of the Project Period.</p>
15	<p>Exhibit C, Copy of Application, Question #6</p> <p>RFA Section 3.2, Application Screening Requirements</p> <p>RFA Section 6.2, Administrative Applicant Information</p>	<p>The RFA form has a request for Texas identification number (TIN) on its first page. [REDACTED – Company Name] does not have that number. We have never needed a TIN. But this is a requirement on this RFA form. So how do we navigate this?</p>	<p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, “Texas Identification Number” or “TIN” means 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.</p> <p>As stated in Section 5.3, Payment Method, of the Solicitation, Each Applicant must provide its TIN to HHSC at the time it submits its Application. No Applicant can receive an award without having a TIN set up at HHSC.</p> <p>A valid TIN of a business entity is 11 digits long and begins with a “1”. For a business entity that is applying for a TIN, HHSC generates the TIN based on the 9-digit Employer Identification Number as assigned by the IRS, and then adds a “1” at the beginning and a unique “check digit” at the end of the string.</p> <p>For further information on how to obtain or verify the TIN, visit COVID-19 in Healthcare Relief Grants Texas Health and Human Services under the section “Texas Identification Number” and follow the instructions.</p>
16	RFA Section 7.1, Schedule of Events	<p>Hello!</p> <p>Plz confirm deadlines for grant assistance, for I just got information such is available and awaiting my (tin) form to process, can I still apply and will I be considered or will need to reapply the next round?</p>	<p>Section 7.1, Schedule of Events, of the Solicitation, outlines anticipated dates for events associated with this Solicitation. This includes the deadline for the Application. As stated in Section 7.1, Schedule of Events, of the Solicitation, Scheduling changes or cancellation determinations made prior to the Deadline for Submission of Applications will be</p>

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			<p>published by posting an Addendum to the HHS Grants RFA website.</p> <p>As stated in Section 5.3, Payment Method, of the Solicitation, Each Applicant must provide its TIN to HHSC at the time it submits its Application. No Applicant can receive an award without having a TIN set up at HHSC.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, "Texas Identification Number" or "TIN" means 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.</p> <p>A valid TIN of a business entity is 11 digits long and begins with a "1". For a business entity that is applying for a TIN, HHSC generates the TIN based on the 9-digit Employer Identification Number as assigned by the IRS, and then adds a "1" at the beginning and a unique "check digit" at the end of the string.</p> <p>For further information on how to obtain or verify the TIN, visit COVID-19 in Healthcare Relief Grants Texas Health and Human Services under the section "Texas Identification Number" and follow the instructions.</p>
17	Exhibit C, Copy of Application RFA Section 7.1, Schedule of Events	Hello we did the application for COVID-19 Healthcare relief grant and sent it on this date 07/20/2022. Also what do we have to do next and what's the timeframe that you will get back to us? Also how do we check the statues of it?	Section 7.1, Schedule of Events, of the Solicitation, outlines anticipated dates for events associated with this Solicitation. This includes the date of the Anticipated Notice of Award.
18	RFA Section 8.6, Application	CORRECTION: An error was made during the competition of this application: the correct Agency Serviss is: [REDACTED – Entity Name]	As stated in Section 8.6, Application Withdrawals or Modifications, of the Solicitation, an Applicant may "Modify its application by submitting an entirely new

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	Withdrawals or Modifications	Sorry for any inconveniences this might cause you. Thank you. Regards.	submission, complete in all respects..." If the Applicant identifies that an error has occurred on their submitted Application prior to the submission deadline, then another Application with corrections can be submitted. If more than one Application is submitted for the same agency, then only the most recent Application will be considered for eligibility determination and award determination.
19	Exhibit C, Copy of Application, Question #22 RFA Section 9.4, Scoring Criteria	as the [REDACTED – HHA Name] HHA is a unit of the [REDACTED – Hospital District Name] it does not have a separate banking account; all funds are folded into the District's general revenue funds, all expenses are paid out of those accounts – are we to answer this question based on the District's Cash-on-Hand at the time of application?	As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, "Cash On Hand" means the amount of money that the Applicant's business has immediately available. Accordingly, if the Hospital District's Cash on Hand is immediately available to the HHA applying to this RFA, then the answer to Exhibit C, Question 22 should be based on the Hospital District's Cash on Hand.
20	Exhibit C, Copy of Application, Question #5 RFA Section 8.6, Application Withdrawals or Modification	The email address of [REDACTED – HHA Name] is [REDACTED – HHA Email]	As stated in Section 8.6, Application Withdrawals or Modifications, of the Solicitation, an Applicant may "Modify its application by submitting an entirely new submission, complete in all respects..." If the Applicant identifies that an error has occurred on their submitted Application prior to the submission deadline, then another Application with corrections can be submitted. If more than one Application is submitted for the same agency, then only the most recent Application will be considered for eligibility determination and award determination.
21	Exhibit C, Copy of Application	We submitted 3 separate RFA applications today for our entities and we did not receive any sort of confirmation. How can we confirm that our submissions were received? Submissions: 1. [REDACTED – Unique HHA Name #1] [REDACTED – Unique Tax ID Number #1]	Upon submission of an Application, SurveyMonkey provides a standard "thank you" message. An email is not provided. If the thank you message was displayed after the "Done" button was clicked, then the Application was received by HHSC.

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#	Reference	Applicant Question	Agency/Program Response
		2. [REDACTED – Unique HHA Name #2] [REDACTED – Unique Tax ID Number #2] 3. [REDACTED – Unique HHA Name #3] [REDACTED – Unique Tax ID Number #3]	
22	Exhibit C, Copy of Application, Question #6 RFA Section 3.2, Application Screening Requirements RFA Section 5.3, Payment Method RFA Section 6.2, Administrative Applicant Information	If we do not have a TIN and have applied. Can we still submit application as pending? If so, what numbers should I put on that section?	<p>As stated in Section 5.3, Payment Method, of the Solicitation, Each Applicant must provide its TIN to HHSC at the time it submits its Application. An Applicant will not receive an award without having a TIN set up at HHSC.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, “Texas Identification Number” or “TIN” means 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.</p> <p>A valid TIN of a business entity is 11 digits long and begins with a “1”. For a business entity that is applying for a TIN, HHSC generates the TIN based on the 9-digit Employer Identification Number as assigned by the IRS, and then adds a “1” at the beginning and a unique “check digit” at the end of the string.</p> <p>For further information on how to obtain or verify the TIN, visit COVID-19 in Healthcare Relief Grants Texas Health and Human Services under the section “Texas Identification Number” and follow the instructions.</p>
23	RFA Section 2.3, Eligible Applicants RFA Section 6.2, Administrative Applicant Information	The categories on our License are : (1) Licensed Home Health, (2) PAS. All our clients are PAS clients. Do we still qualify to apply for the Relief Fund? If yes, should I list the number of PAS clients under the Licensed Home Health? See Exhibit C item#14.	<p>If all clients served by a HCSSA license at the time of Application are Personal Assistance Service clients, then that HCSSA is not eligible to apply for this Solicitation under that license.</p> <p>As stated in Section 2.3, Eligible Applicants, of the Solicitation, applicants must meet the following eligibility to apply for this RFA: 1. Be a Home Health</p>

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	Exhibit C, Copy of Application, Question #14		<p>Agency that is actively licensed in the State of Texas at the time of Application; 2. Be a Home Health Agency that received its initial license in the State of Texas prior to November 9, 2021; and 3. Be a Home Health agency with an active Unduplicated Client Census for Home Health Services that is greater than zero at the time of Application.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, "Home Health Agency" or "HHA" means a licensed public or provider agency that is licensed under Chapter 142, Health and Safety Code, to provide Home Health Services, and is licensed by HHSC under one or more of the following categories: licensed and Certified Home Health Services, licensed and Certified Home Health Services with home dialysis designation, licensed Home Health Services, or licensed Home Health Services with home dialysis designation.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, "Unduplicated Client Census" means the number of Clients receiving Home Health Services from the HHA at the time of Application, with Clients who experience multiple spells of illnesses, multiple discharges and admissions, or who receive services from multiple categories of service within the Project Period counted only once.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, "Home Health Service" means the provision of one or more of the following health services delivered by a HHA as required by an individual in a residence or independent living environment: nursing, including blood pressure monitoring and diabetes treatment; physical, occupational, speech, or respiratory therapy; medical social service; intravenous therapy; dialysis; service provided by unlicensed personnel under the delegation</p>

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			<p>or supervision of a licensed health professional; the furnishing of medical equipment and supplies, excluding drugs and medicines; or nutritional counseling. This does not include services provided by a HCSSA under a personal assistance services (PAS) licensure designation or under a hospice licensure designation.</p>
24	<p>RFA Section 7.8, Applicant Conference Addendum 1</p>	<p>How can we get a copy of the HHSC RGA HHS0011339 Home Health Agencies - COVID -19 in Healthcare Relief webinar that is being presented right now by Kristen Thatcher? Would you please send this document to me by e-mail?</p>	<p>As stated in Section 7.8, Applicant Conference, of the Solicitation, "After the scheduled Applicant conference occurs, the presentation from the Applicant conference will be posted to the HHS Grants website as an Addendum to this RFA."</p> <p>As stated in Section 7.5, Responses to Questions or Request for Clarification, of the Solicitation, 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. HHSC reserves the right to amend answers previously posted at any time prior to the Deadline for Submission of Applications. Amended answers will be posted on the HHS Grants RFA website in a separate, new Addendum or Addenda. It is Applicant's responsibility to check the HHS Grants RFA website.</p> <p>Refer to Addendum No. 1 to the Solicitation.</p>
25	<p>Exhibit C, Copy of Application, Question #1 Exhibit C, Copy of Application, Question #3</p>	<p>I submitted my application for RFA for RFA number HHS0011339 for our agency [REDACTED – HHA Name] located in [REDACTED – City] Texas. I entered my IRS EIN number [REDACTED – EIN Number ##-#####]. Our Texas Taxpayer number is [REDACTED - #####], our Texas Provider identifier is [REDACTED - #####].</p>	<p>As stated in Section 5.3, Payment Method, of the Solicitation - Each Applicant must provide its TIN to HHSC at the time it submits its Application. No Applicant can receive an award without having a TIN set up at HHSC.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation: "Texas Identification Number" or "TIN" means an 11-digit number that identifies a State</p>

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	<p>Exhibit C, Copy of Application, Question #6</p> <p>RFA Section 6.2, Administrative Applicant Information</p> <p>RFA Section 8.6, Application Withdrawals or Modification</p>		<p>Payee. It is based on the identification number the Payee initially provides to the paying State agency.</p> <p>A valid TIN of a business entity is 11 digits long and begins with a "1". For a business entity that is applying for a TIN, HHSC generates the TIN based on the 9-digit Employer Identification Number as assigned by the IRS, and then adds a "1" at the beginning and a unique "check digit" at the end of the string.</p> <p>For further information on how to obtain or verify the TIN, visit COVID-19 in Healthcare Relief Grants Texas Health and Human Services under the section "Texas Identification Number" and follow the instructions.</p> <p>As stated in Section 8.6, Application Withdrawals or Modifications, of the Solicitation, an Applicant may "Modify its application by submitting an entirely new submission, complete in all respects..." If the Applicant identifies that an error has occurred on their submitted Application prior to the submission deadline, then another Application with corrections can be submitted. If more than one Application is submitted for the same agency, then only the most recent Application will be considered for eligibility determination and award determination.</p>
26	<p>Exhibit C, Copy of Application, Question #13</p> <p>RFA Section 2.5, Eligible Activities</p> <p>RFA Section 5.1, Funding Source</p>	<p>We are licensed in October, 2021 (Lic. no. [REDACTED - #####]) and have several full-time clinical and administrative positions open but the amount derived from the patient census may not be enough to cover the salaries and wages. How can we proceed in our case and request the funding amount that can reflect our staffing needs?</p>	<p>As stated in Section 1.1, Executive Summary, of the Solicitation, the minimum award is \$230 per active Home Health Services Client in the Applicant's Unduplicated Client Census and the Maximum Award Amount is \$2,500 per active Home Health Services Client in the Applicant's in Unduplicated Client Census, not to exceed \$999,999 per Home Health Agency.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, "Unduplicated Client Census" means</p>

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	<p>and Available Funding</p> <p>RFA Section 6.1, Project Costs</p>		<p>the number of Clients receiving Home Health Services from the HHA at the time of Application, with Clients who experience multiple spells of illnesses, multiple discharges and admissions, or who receive services from multiple categories of service within the Project Period counted only once.</p> <p>As stated in Section 6.2, Project Costs, of the Solicitation, Applicants must ensure that Project costs are reasonable, allowable, and allocable. Reasonable costs are those that, in nature and amount, do not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost. A cost is allocable to a particular cost objective if the cost is chargeable or assignable to such cost objective in accordance with relative benefits received.</p> <p>As per Section 5.1, Funding Source and Available Funding, of the Solicitation, Applicants are strongly cautioned to only apply for the amount of funding they can responsibly expend during the Project Period to avoid lapsed funding at the end of the Project Period.</p>
27	<p>RFA Section 7.8, Applicant Conference</p> <p>Addendum 1</p>	<p>I learned that you were hosting a webinar today regarding Applications for the COVID-19 Relief. Unfortunately, I learned about this webinar after it ended and I am seeking a recording.</p> <p>Is this something you'd be able to provide?</p>	<p>As stated in Section 7.8, Applicant Conference, of the Solicitation, "After the scheduled Applicant conference occurs, the presentation from the Applicant conference will be posted to the HHS Grants website as an Addendum to this RFA."</p> <p>As stated in Section 7.5, Responses to Questions or Request for Clarification, of the Solicitation, 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. HHSC reserves the right to amend answers previously posted at any time prior to the Deadline for Submission of Applications. Amended</p>

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			<p>answers will be posted on the HHS Grants RFA website in a separate, new Addendum or Addenda. It is Applicant’s responsibility to check the HHS Grants RFA website.</p> <p>Refer to Addendum No. 1 to the Solicitation.</p>
28	<p>Exhibit C, Copy of Application, Question #6</p> <p>RFA Section 3.2, Application Screening Requirements</p> <p>RFA Section 6.2, Administrative Applicant Information</p>	<p>Hello, my agency is completed the application for the COVID RFA - there is a blank on the form asking for the Texas ID number which should start with a '1' and contain 11 digits. The only number we have starts with a '3'. Is there somewhere else we should look?</p>	<p>As stated in Section 5.3, Payment Method, of the Solicitation, Each Applicant must provide its TIN to HHSC at the time it submits its Application. No Applicant can receive an award without having a TIN set up at HHSC.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, “Texas Identification Number” or “TIN” means 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.</p> <p>A valid TIN of a business entity is 11 digits long and begins with a “1”. For a business entity that is applying for a TIN, HHSC generates the TIN based on the 9-digit Employer Identification Number as assigned by the IRS, and then adds a “1” at the beginning and a unique “check digit” at the end of the string.</p> <p>For further information on how to obtain or verify the TIN, visit COVID-19 in Healthcare Relief Grants Texas Health and Human Services under the section “Texas Identification Number” and follow the instructions.</p>
29	<p>RFA Section 7.8, Applicant Conference</p> <p>Addendum 1</p>	<p>Is it possible to obtain a copy of today’s webinar regarding Home Health Agencies - COVID-19 in Healthcare Relief ?</p>	<p>As stated in Section 7.8, Applicant Conference, of the Solicitation, “After the scheduled Applicant conference occurs, the presentation from the Applicant conference will be posted to the HHS Grants website as an Addendum to this RFA.”</p>

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			Refer to Addendum No. 1 to the Solicitation.
30	Exhibit C, Copy of Application	I am emailing to ask if you have all of the questions the Survey Monkey applications ask so that I can submit it to the agency to have available for submission?	Exhibit C, Copy of the Application, of the Solicitation provides a full overview of the questions included in the Application. The Solicitation, all exhibits, and addendums can be found here: https://apps.hhs.texas.gov/PCS/HHS0011339/ .
31	Exhibit C, Copy of Application, Question #4 RFA Section 6.2, Administrative Applicant Information	On the applicant information, is the HCSSA License holder name the owners name or the agency name?	As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, "Home and Community Support Services Agency" or "HCSSA" means a licensed entity to which Chapter 142, Health and Safety Code, applies. This includes all categories of service. The HCSSA license holder is the name of the entity or agency the license was issued to.
32	Exhibit C, Copy of Application, Question #25 Exhibit C, Copy of Application, Question #26 RFA Section 9.5, Statement of Need Criteria	What qualifies as a vacancy? Does that consider a patient that is on a service break due to covid, hospitalized, or simply a lack of a provider due to pay?	As stated in Section 9.5, Statement of Need Criteria, of the Solicitation, the vacancy rates should be calculated at the time of application. For purposes of this RFA, the staffing vacancies calculations should be based on positions that have been vacated and not currently filled. To calculate the vacancy rate, divide the total number of vacant job positions by the total number of job positions at the time of Application. This equation will result in a decimal number which then needs to be converted to a percentage. For example, if there are 10 direct care staff positions and 5 of those direct care staff positions are vacant, then there is a 50% vacancy rate for direct care staff positions because 5 divided by 10 is 0.5 (50%).

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33	RFA Section 3.1, Legal Authority to Apply RFA Section 2.3, Eligible Applicants RFA Section 6.2, Administrative Applicant Information	Question, Does this RFA include PHC clients in our unduplicated census Or will PHC clients be included in a different RFA that has yet to be released?	Assuming (PHC) means the Primary Home Care, then (PHC) clients are provided care through a Home and Community Support Services Agency (HCSSA) that has a licensure category of Licensed Home Health Services or Licensed and Certified Home Health Services, then yes, PHC clients served by the Home Health Agency represented in the Application can be included in the Unduplicated Client Census. If the PHC clients are provided care through a HCSSA that has the licensure category of Personal Assistance Services, and not the licensure category of Licensed Home Health Services or Licensed and Certified Home Health Services, then those clients cannot be represented in an Application.
34	Exhibit C, Copy of Application, Question #6 RFA Section 3.2, Application Screening Requirements RFA Section 5.3, Payment Method RFA Section 6.2, Administrative Applicant Information	Is TIN the same as EIN	As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, "Texas Identification Number" or "TIN" means 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. A valid TIN of a business entity is 11 digits long and begins with a "1". For a business entity that is applying for a TIN, HHSC generates the TIN based on the 9-digit Employer Identification Number as assigned by the IRS, and then adds a "1" at the beginning and a unique "check digit" at the end of the string. For further information on how to obtain or verify the TIN, visit COVID-19 in Healthcare Relief Grants Texas Health and Human Services under the section "Texas Identification Number" and follow the instructions.
35	RFA Section 2.3, Eligible Applicants	[REDACTED – Entity Name] is a Home Health Agency where 99% of the services provided are Personal	If 99% of the Home and Community Support Services Agency's (HCSSA) clients are served under the Personal Assistance Services (PAS) licensure category,

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	<p>RFA Section 6.2, Administrative Applicant Information</p> <p>Exhibit C, Copy of Application, Question #14</p>	<p>Assistant Services. Is her organization eligible to apply for healthcare relief under this application?</p>	<p>but 1% are provided under the licensed and Certified Home Health Services, licensed and Certified Home Health Services with home dialysis designation, licensed Home Health Services, or licensed Home Health Services with home dialysis licensure category, then the entity may still be eligible to apply for the RFA for that 1% of clients and represent that 1% of clients in its Unduplicated Client Census. However, the entity must also meet the eligibility requirements of the RFA.</p> <p>As stated in Section 2.3, Eligible Applicants, of the Solicitation, applicants must meet the following eligibility to apply for this RFA: 1. Be a Home Health Agency that is actively licensed in the State of Texas at the time of Application; 2. Be a Home Health Agency that received its initial license in the State of Texas prior to November 9, 2021; and 3. Be a Home Health agency with an active Unduplicated Client Census for Home Health Services that is greater than zero at the time of Application.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, "Home Health Agency" or "HHA" means a licensed public or provider agency that is licensed under Chapter 142, Health and Safety Code, to provide Home Health Services, and is licensed by HHSC under one or more of the following categories: licensed and Certified Home Health Services, licensed and Certified Home Health Services with home dialysis designation, licensed Home Health Services, or licensed Home Health Services with home dialysis designation.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, "Unduplicated Client Census" means the number of Clients receiving Home Health Services from the HHA at the time of Application, with Clients who experience multiple spells of illnesses, multiple</p>

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			<p>discharges and admissions, or who receive services from multiple categories of service within the Project Period counted only once.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, "Home Health Service" means the provision of one or more of the following health services delivered by a HHA as required by an individual in a residence or independent living environment: nursing, including blood pressure monitoring and diabetes treatment; physical, occupational, speech, or respiratory therapy; medical social service; intravenous therapy; dialysis; service provided by unlicensed personnel under the delegation or supervision of a licensed health professional; the furnishing of medical equipment and supplies, excluding drugs and medicines; or nutritional counseling. This does not include services provided by a HCSSA under a personal assistance services (PAS) licensure designation or under a hospice licensure designation.</p>
36	RFA Section 8.6, Application Withdrawals or Modifications	<p>Hello! I apply the RFA Fund I want to change the answer No.15 (Eligibility Screening). The answer is Yes (Not No) Would you check and change for me? I send the attachment documents. Thank you for your help. Blessing you are.</p>	<p>As stated in Section 8.6, Application Withdrawals or Modifications, of the Solicitation, an Applicant may "Modify its application by submitting an entirely new submission, complete in all respects..." If the Applicant identifies that an error has occurred on their submitted Application prior to the submission deadline, then another Application with corrections can be submitted. If more than one Application is submitted for the same agency, then only the most recent Application will be considered for eligibility determination and award determination.</p>
37	Exhibit C, Copy of Application, Question #6	<p>We are a home health agency and do not sell anything that is taxable by the state. We do not have a TIN and we have not for 20 years. Are we eliminated if we dont have a TIN number that starts</p>	<p>As stated in Section 5.3, Payment Method, of the Solicitation - Each Applicant must provide its TIN to HHSC at the time it submits its Application. No Applicant can receive an award without having a TIN set up at HHSC.</p>

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	<p>RFA Section 3.2, Application Screening Requirements</p> <p>RFA Section 5.3, Payment Method</p> <p>RFA Section 6.2, Administrative Applicant Information</p>	<p>with a 1? Our state tax number starts with a 3 and that is the number I entered on the application.</p>	<p>As stated in According to Section 1.2, Definitions and Acronyms, of the Solicitation, "Texas Identification Number" or "TIN" means 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.</p> <p>A valid TIN of a business entity is 11 digits long and begins with a "1". For a business entity that is applying for a TIN, HHSC generates the TIN based on the 9-digit Employer Identification Number as assigned by the IRS, and then adds a "1" at the beginning and a unique "check digit" at the end of the string.</p> <p>For further information on how to obtain or verify the TIN, visit COVID-19 in Healthcare Relief Grants Texas Health and Human Services under the section "Texas Identification Number" and follow the instructions.</p>
38	<p>RFA Section 2.5, Eligible Activities</p> <p>RFA Section 1.2, Definitions and Acronyms</p>	<p>Can there be further clarification regarding the following identified purpose: staffing-related needs and costs of Staff Salaries and wages, including contracted Staff services?</p> <p>What is defined as a staffing related need?</p> <p>Can funds be used on payroll/direct wages paid to the staff and contractors?</p> <p>Can specific examples can be provided?</p>	<p>As stated in Section 2.5, Eligible Activities, of the Solicitation, Beneficiaries are permitted to use their discretion on how to utilize the funds for staffing related needs, provided they utilize funds for: Staffing-related needs and the costs of Staff salaries and wages, including contracted Staff services; One-time recruitment and retention bonuses for Staff; Overtime costs; and Travel-related costs of Staff directly related to provision of service to Clients.</p> <p>As stated in Section 2.6, Program Requirements, of the Solicitation, Beneficiaries funded under this RFA must agree to specific items, which include, but are not limited to, the Beneficiary recognizes that the funds are a one-time payment and will use the funds accordingly and the Beneficiary will not use the funds for permanent increases to Staff salaries.</p>

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			<p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, "Project Period" is the initial period of time set forth in the Funding Agreement during which Beneficiaries may perform approved Project-funded activities to be eligible for payment. Unless otherwise specified, the Project Period begins on the Funding Agreement effective date and ends on the Funding Agreement termination or expiration date, and represents the base Project Period.</p> <p>As stated in Section 5.1, Funding Source and Available Funding, of the Solicitation, Applicants are strongly cautioned to only apply for the amount of funding they can responsibly expend during the Project Period to avoid lapsed funding at the end of the Project Period. Successful Applications may not be funded to the full extent of Applicant's requested amount. Spending or costs incurred prior to the effective date of the Funding Agreement will not be allowed.</p> <p>The example provided of using the funds on payroll/direct wages is permitted, so long as the staff's salaries will not be permanently increased, and the funding is utilized during the project period.</p>
39	<p>RFA Section 2.5, Eligible Activities</p> <p>RFA Section 1.2, Definitions and Acronyms</p>	<p>Can there be further clarification regarding the following identified purpose: staffing-related needs and costs of Staff Salaries and wages, including contracted Staff services? What is defined as a staffing related need? Can the funds be used on payroll costs, including direct wages paid to the staff and contractors?</p> <p>Can specific examples of possible utilization of identified purpose Number 1. be provided for clarification?</p>	<p>As stated in Section 2.5, Eligible Activities, of the Solicitation, Beneficiaries are permitted to use their discretion on how to utilize the funds for staffing related needs, provided they utilize funds for: Staffing-related needs and the costs of Staff salaries and wages, including contracted Staff services; One-time recruitment and retention bonuses for Staff; Overtime costs; and Travel-related costs of Staff directly related to provision of service to Clients.</p> <p>As stated in Section 2.6, Program Requirements, of the Solicitation, Beneficiaries funded under this RFA must agree to specific items, which include, but are</p>

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			<p>not limited to, the Beneficiary recognizes that the funds are a one-time payment and will use the funds accordingly and the Beneficiary will not use the funds for permanent increases to Staff salaries.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, "Project Period" is the initial period of time set forth in the Funding Agreement during which Beneficiaries may perform approved Project-funded activities to be eligible for payment. Unless otherwise specified, the Project Period begins on the Funding Agreement effective date and ends on the Funding Agreement termination or expiration date, and represents the base Project Period.</p> <p>As stated in Section 5.1, Funding Source and Available Funding, of the Solicitation, Applicants are strongly cautioned to only apply for the amount of funding they can responsibly expend during the Project Period to avoid lapsed funding at the end of the Project Period. Successful Applications may not be funded to the full extent of Applicant's requested amount. Spending or costs incurred prior to the effective date of the Funding Agreement will not be allowed.</p> <p>The example provided of using the funds on payroll costs, including direct wages paid to the staff and contractors is permitted, so long as the staff's salaries will not be permanently increased, and the funding is utilized during the project period.</p>
40	<p>Exhibit C, Copy of Application</p> <p>RFA Section 8.1, Application Receipt</p>	<p>After the application is submitted via survey monkey, is there a way to verify if HHSC received the application as no submission or tracking number is provided?</p>	<p>Upon submission of an Application, SurveyMonkey provides a standard "thank you" message. An email is not provided. If the thank you message was displayed after the "Done" button was clicked, then the Application was received by HHSC.</p>

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41	<p>Exhibit C, Copy of Application</p> <p>RFA Section 8.1, Application Receipt</p>	<p>I was checking status on the application that we submitted for [REDACTED – Entity Name] on 7/22/2022 for the Covid-19 in Healthcare Relief. I also emailed the Provider Finance Department and they send me the email to contact regarding receipt of our application. Can you please let me know if it was received and if I need to submit any further paperwork? I would appreciate it. I can be reached at [REDACTED – Phone Number].</p>	<p>Upon submission of an Application, SurveyMonkey provides a standard “thank you” message. An email is not provided. If the thank you message was displayed after the “Done” button was clicked, then the Application was received by HHSC.</p>
42	<p>RFA Section 1.2, Definitions and Acronyms</p> <p>RFA Section 2.5, Eligible Activities</p>	<p>Under section 1.2 definitions and acronyms we noticed ATTENDANTS were included in the “direct care staff” definition, yet on for “Home health service” it says personal assistance services are not included. Could you please clarify if this means the personal care service line is not included in the RFA program?</p>	<p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, “Home and Community Support Services Agency” or “HCSSA” means a licensed entity to which Chapter 142, Health and Safety Code, applies. This includes all categories of service.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, a Home Health Agency is a HCSSA with one or multiple of the following licensure categories: licensed and Certified Home Health Services, licensed and Certified Home Health Services with home dialysis designation, licensed Home Health Services, or licensed Home Health Services with home dialysis designation. This definition does not include the Personal Assistance Services (PAS) licensure designation or the hospice licensure designation.</p> <p>As stated in Section 2.3, Eligible Applicants of the Solicitation, applicants must meet the following eligibility to apply for this RFA: 1. Be a Home Health Agency that is actively licensed in the State of Texas at the time of Application; 2. Be a Home Health Agency that received its initial license in the State of Texas prior to November 9, 2021; and 3. Be a Home Health Agency with an active Unduplicated Client Census for Home Health Services that is greater than zero at the time of Application.</p>

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			<p>Funding for this Solicitation is available only for “Home Health Agencies” and not all HCSSAs. HCSSAs with a Personal Assistance Services (PAS) and/or hospice licensure designation, but not one or more of the “Home Health Agency” licensure categories listed above, are not eligible to apply for this Solicitation.</p>
43	<p>RFA Section 4.1, Project Period</p> <p>RFA Section 5.1, Funding Source and Available Funding</p>	<p>Our next question is under Article IV project period section 4.1 “project period” it states this is a one-time award. Yet under Article V funding and payment information section 5.1 the article states the intention is to make multiple awards. Could you clarify this verbiage? If multiple awards are to be issued, how do we qualify for them?</p>	<p>As stated in Section 5.1, Funding Source and Available Funding, of the Solicitation, “It is the System Agency’s intention to make multiple awards to Applicants [cont.]” This indicates the total RFA funding will be awarded eligible Applicants through multiple Funding Agreements.</p> <p>As stated in Section 4.1, Project Period, of the Solicitation, this is a one-time award. There will not be any extensions or renewals allowed. This indicates multiple awards will not be issued to individual Applicants through this grant program.</p>
44	<p>RFA Section 12.2, Applicant Waiver –Intellectual Property</p> <p>Exhibit B, Uniform Terms and Conditions – Grant (v. 3.1), Article VI, Intellectual Property</p>	<p>Our last question under Article VI intellectual property, we would like to know that should we complete our intellectual property after 9-1-2022, are they subject to be claimed by HHSC? How will our IP be protected from this happening.</p>	<p>As stated in Section 1.1 of Exhibit B, HHS Uniform Terms and Conditions – Grant (v. 3.1), “Work Product” means any and all works, including work papers, notes, materials, approaches, designs, specifications, systems, innovations, improvements, inventions, software, programs, source code, documentation, training materials, audio or audiovisual recordings, methodologies, concepts, studies, reports, whether finished or unfinished, and whether or not included in the deliverables, that are developed, produced, generated or provided by Grantee in connection with Grantee’s performance of its duties under the Grant Agreement or through use of any funding provided under this Grant Agreement.</p> <p>As stated in Section 6.1.A of Exhibit B, HHS Uniform Terms and Conditions – Grant (v. 3.1), all right, title, and interest in the Work Product, including all Intellectual Property Rights therein, is exclusively</p>

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			<p>owned by System Agency. Grantee and Grantee’s employees will have no rights in or ownership of the Work Product or any other property of System Agency.</p> <p>Works by the Grantee that are not connected to the Grantee’s performance of its duties under the Grant Agreement, and that are not created through the use of any funding provided under the Grant Agreement, are not Work Product.</p>
45	RFA Section 2.3, Eligible Applicants	<p>HI! I am hoping you can help me. I am [REDACTED – First and Last Name], the owner and administrator of [REDACTED – Entity Name #1]. We are a Provider agency that provides PAS only. We are contracted with HMOs, HHSC, PCS, TMHP... but we do not do skilled nursing. Do we qualify for this Healthcare Relief? We did an attestation with [REDACTED – Entity Name #2] through an email they sent us, but I don't know if this is enough. Is the attestation all we have to do to qualify! Or do we have to complete an application? Can you please help me! I can not afford to lose out on this opportunity! I would really appreciate your help!</p>	<p>As stated in Section 2.3, Eligible Applicants, of the Solicitation, applicants must meet the following eligibility to apply for this RFA: 1. Be a Home Health Agency that is actively licensed in the State of Texas at the time of Application; 2. Be a Home Health Agency that received its initial license in the State of Texas prior to November 9, 2021; and 3. Be a Home Health agency with an active Unduplicated Client Census for Home Health Services that is greater than zero at the time of Application.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, “Unduplicated Client Census” means the number of Clients receiving Home Health Services from the HHA at the time of Application, with Clients who experience multiple spells of illnesses, multiple discharges and admissions, or who receive services from multiple categories of service within the Project Period counted only once.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, “Home Health Service” means the provision of one or more of the following health services delivered by a HHA as required by an individual in a residence or independent living environment: nursing, including blood pressure monitoring and diabetes treatment; physical, occupational, speech, or respiratory therapy; medical</p>

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			social service; intravenous therapy; dialysis; service provided by unlicensed personnel under the delegation or supervision of a licensed health professional; the furnishing of medical equipment and supplies, excluding drugs and medicines; or nutritional counseling. This does not include services provided by a HCSSA under a personal assistance services (PAS) licensure designation or under a hospice licensure designation.
46	RFA Section 2.3, Eligible Applicants	Is this grant (PCSHHS0011339) for Hospices as well? Not sure if we fall under the home health category.	<p>As stated in Section 2.3, Eligible Applicants, of the Solicitation, applicants must meet the following eligibility to apply for this RFA: 1. Be a Home Health Agency that is actively licensed in the State of Texas at the time of Application; 2. Be a Home Health Agency that received its initial license in the State of Texas prior to November 9, 2021; and 3. Be a Home Health agency with an active Unduplicated Client Census for Home Health Services that is greater than zero at the time of Application.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, "Home Health Agency" or "HHA" means a licensed public or provider agency that is licensed under Chapter 142, Health and Safety Code, to provide Home Health Services, and is licensed by HHSC under one or more of the following categories: licensed and Certified Home Health Services, licensed and Certified Home Health Services with home dialysis designation, licensed Home Health Services, or licensed Home Health Services with home dialysis designation.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, "Unduplicated Client Census" means the number of Clients receiving Home Health Services from the HHA at the time of Application, with Clients who experience multiple spells of illnesses, multiple</p>

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			<p>discharges and admissions, or who receive services from multiple categories of service within the Project Period counted only once.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, "Home Health Service" means the provision of one or more of the following health services delivered by a HHA as required by an individual in a residence or independent living environment: nursing, including blood pressure monitoring and diabetes treatment; physical, occupational, speech, or respiratory therapy; medical social service; intravenous therapy; dialysis; service provided by unlicensed personnel under the delegation or supervision of a licensed health professional; the furnishing of medical equipment and supplies, excluding drugs and medicines; or nutritional counseling. This does not include services provided by a HCSSA under a personal assistance services (PAS) licensure designation or under a hospice licensure designation.</p> <p>This definition does not include the hospice licensure designation. Therefore, only an HHA, as defined in Section 1.2, Definitions and Acronyms, is eligible to apply for this RFA.</p>
47	<p>RFA Section 6.2, Administrative Applicant Information</p> <p>Exhibit C, Copy of Application, Question #1</p> <p>Exhibit C, Copy of Application, Question #4</p>	<p>We want to clarify what is being requested when the grant application asks for our HHA Parent Agency Legal Name and HCSSA License Holder Name. These aren't the titles used on the eligibility list provided by HHS. Is the "Parent Agency Legal Name" what is called the "Legal Entity" on the eligibility list? And is the "HCSSA License Holder Name" what is labeled the "Parent Agency" on the eligibility list? Or is it vice versa?</p>	<p>The "HHA Parent Agency Legal Name" and the "HCSSA License Holder Name" requested in Exhibit C are in reference to the legal owner of the Parent Agency.</p> <p>The "HHA Parent Agency Assumed Business Name" requested in Exhibit C is equivalent to the name of the "Parent Agency" as defined in Section 1.2, Definitions and Acronyms, of the Solicitation, "a HHA's principal place of business, which is the location where an agency develops and maintains administrative controls and provides supervision of Branch Offices."</p>

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48	Exhibit C, Copy of Application RFA Section 8.1, Application Receipt	How can we go and check if the application we submitted went through or not?	Upon submission of an Application, SurveyMonkey provides a standard "thank you" message. An email is not provided. If the thank you message was displayed after the "Done" button was clicked, then the Application was received by HHSC.
49	RFA Section 8.6, Application Withdrawals or Modifications	This is [REDACTED – First and Last Name] of [REDACTED – Entity Name] I send the document again. 1, RFA No. : HHS0011339 2, Section 15 : The right answer is " Yes " 3, Page No. : 4 I send the attached document again. Thank you for your help.	As stated in Section 8.6, Application Withdrawals or Modifications, of the Solicitation, an Applicant may "Modify its application by submitting an entirely new submission, complete in all respects..." If the Applicant identifies that an error has occurred on their submitted Application prior to the submission deadline, then another Application with corrections can be submitted. If more than one Application is submitted for the same agency, then only the most recent Application will be considered for eligibility determination and award determination.
50	RFA Section 8.6, Application Withdrawals or Modifications	I have a question regarding the RFA No. HHS0011339 application that we submitted. We erroneously entered our NPI number instead of our TIN number. What is the proper procedure to have that information replaced on the application that was submitted? Our correct TIN for [REDACTED – Entity Name] is [REDACTED – TIN]. Please advise how we are to proceed getting that information amended.	As stated in Section 8.6, Application Withdrawals or Modifications, of the Solicitation, an Applicant may "Modify its application by submitting an entirely new submission, complete in all respects..." If the Applicant identifies that an error has occurred on their submitted Application prior to the submission deadline, then another Application with corrections can be submitted. If more than one Application is submitted for the same agency, then only the most recent Application will be considered for eligibility determination and award determination.
51	General Question	I took the cost report training yesterday and would like more information on how to get started, who to contact, will there be more training before the end of the year	The requested information pertaining to the cost report training is out of scope. Respondent's Solicitation response must be responsive to the requirements specified in this Solicitation.
52	RFA Section 6.2, Administrative	I reviewed the SurveyMonkey Application. We received monies from COVID-19 in the Healthcare	As stated in Section 1.1, Executive Summary, of the Solicitation, The purpose of this Request for

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	<p>Applicant Information</p> <p>Exhibit C, Copy of Application, Question #14</p>	<p>Relief RFA for PAS clients. We are licensed for L&C, LHH, and PAS. However in the application at the bottom of the first page PAS is not represented, only L&C, L&C with Dialysis, LHH, and LHH with Dialysis, no PAS. However we are eligible for this funding.</p> <p>How do we provide our active Unduplicated census?</p>	<p>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.</p> <p>As stated in Section 2.3, Eligible Applicants, of the Solicitation, applicants must meet the following eligibility to apply for this RFA: 1. Be a Home Health Agency that is actively licensed in the State of Texas at the time of Application; 2. Be a Home Health Agency that received its initial license in the State of Texas prior to November 9, 2021; and 3. Be a Home Health agency with an active Unduplicated Client Census for Home Health Services that is greater than zero at the time of Application.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, a Home Health Agency is defined as “a licensed public or provider agency that is licensed under Chapter 142, Health and Safety Code, to provide Home Health Services, and is licensed by HHSC under one or more of the following categories: licensed and Certified Home Health Services, licensed and Certified Home Health Services with home dialysis designation, licensed Home Health Services, or licensed Home Health Services with home dialysis designation.”</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, “Unduplicated Client Census” means the number of Clients receiving Home Health Services from the HHA at the time of Application, with Clients who experience multiple spells of illnesses, multiple discharges and admissions, or who receive services from multiple categories of service within the Project Period counted only once.</p> <p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, “Home Health Service” means the provision of one or more of the following health</p>

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			<p>services delivered by a HHA as required by an individual in a residence or independent living environment: nursing, including blood pressure monitoring and diabetes treatment; physical, occupational, speech, or respiratory therapy; medical social service; intravenous therapy; dialysis; service provided by unlicensed personnel under the delegation or supervision of a licensed health professional; the furnishing of medical equipment and supplies, excluding drugs and medicines; or nutritional counseling. This does not include services provided by a HCSSA under a personal assistance services (PAS) licensure designation or under a hospice licensure designation.</p> <p>Any clients served under the PAS licensure designation is excluded from the Unduplicated Client Census in the Application. If, at time of Application, the Applicant does not have any Home Health Services clients (under the licensed and Certified Home Health Services, licensed and Certified Home Health Services with home dialysis designation, licensed Home Health Services, or licensed Home Health Services with home dialysis designation), then the entity is not eligible to apply.</p>
53	Exhibit C, Copy of Application	I am not able to proceed to the next page in filling the application. What am i doing wrong? My number is [REDACTED – Phone Number] I will appreciate your assistance.	Please ensure all required fields are completed before trying to proceed to the next page of the Application. If a required field is not completed or is not submitted in the correct format (i.e., 11 digits), it will identify the questions with an exclamation mark above the required question.
54		How do we submit our census? I've already submitted our application. Please give me a call or via email as soon as possible.	As stated in Section 8.6, Application Withdrawals or Modifications, of the Solicitation, an Applicant may "Modify its application by submitting an entirely new submission, complete in all respects..." If the Applicant identifies that an error has occurred on their submitted Application prior to the submission

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			<p>deadline, then another Application with corrections can be submitted. If more than one Application is submitted for the same agency, then only the most recent Application will be considered for eligibility determination and award determination.</p>
55	RFA Section 1.2, Definitions and Acronyms	<p>Pertaining to 1.2 DEFINITIONS AND ACRONYMS “Unduplicated Client Census”, page 8: How would patients be included in census count across multiple licenses, i.e. patient receives nursing services under one license, but receives PT/OT/ST under another license. Would they be included in the census for one license or both?</p>	<p>As stated in Section 1.2, Definitions and Acronyms, of the Solicitation, “Unduplicated Client Census” means the number of Clients receiving Home Health Services from the HHA at the time of Application, with Clients who experience multiple spells of illnesses, multiple discharges and admissions, or who receive services from multiple categories of service within the Project Period counted only once.</p> <p>If the same Client is served by more than one eligible HHA License Number, that Client can be counted once in each individual Application. In other words, if a Client is served by two HHA License Numbers, that Client can be counted in two separate Applications. A single Client cannot be counted multiple times within the same HHA License Number.</p>
56	RFA Section 8.3, Required Submission Method	<p>Pertaining to 8.3 REQUIRED SUBMISSION METHOD, page 21: For those providers who will be required to make multiple submissions (entities with multiple TINs/NPIs/Licenses), can an offline form (.xlsx) be provided and used to consolidate submissions into a single response?</p>	<p>As stated in Section 8.3, Required Submission Method, of the Solicitation, Applications submitted by any other method (e.g., facsimile, email, mail) will not be considered and will be disqualified.</p>