

**Texas Health and Human Services**

**ADDENDUM #1**

#### To

**Open Enrollment**

**HHS0014260**

**For**

 **Federally Qualified Health Center Incubator Program**

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Notice is hereby given to prospective applicants to the above referenced open enrollment that changes have been made to requirements or information in the open enrollment, as noted in the addenda below.

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| **Addendum #1****01/17/24** |
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| **Item** | **Open Enrollment****Reference**  | **Previous**  | **Revised Language**  |

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| **1.** | Document HHS0014260– Open Enrollment FQHC IncubatorOpen Enrollment Introduction Page | Response Due: June 30, 2024, 5:00pm Central Time | Response Due: April 12, 2024, 5:00 pm Central Time  |
| **2.** | Document HHS0014260 – Open Enrollment FQHC IncubatorSection 1 Schedule of Events; Schedule of Events Table | Enrollment Period Closes (Final date for RECEIPT of Applications) June 30, 2024, 5:00 pm Central Time | Enrollment Period Closes (Final date for RECEIPT of Applications) April 12, 2024, 5:00 pm Central Time  |
| **3.** | Document HHS0014148 – Open Enrollment FQHC IncubatorSection 1 Schedule of Events; First Paragraph | Applications must be **received** by Texas Department of State Health Services (DSHS) prior to the closing date of June 30, 2024 as indicated in this Schedule of Events or as changed via an Addendum posted to the HHS Open Enrollment Opportunities webpage. Every Applicant is solely responsible for ensuring its Application is received before the submission period closes on June 30, 2024. DSHS is not responsible for lost, misdirected, or late applications. | Applications must be **received** by Texas Department of State Health Services (DSHS) prior to the closing date of April 12, 2024 as indicated in this Schedule of Events or as changed via an Addendum posted to the HHS Open Enrollment Opportunities webpage. Every Applicant is solely responsible for ensuring its Application is received before the submission period closes on April 12, 2024. DSHS is not responsible for lost, misdirected, or late applications. |

**This Addendum must be signed and submitted with the Application.**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_