

Attachment to Addendum 3-PCS 134-G

Applicant Questions and Answers

RFA Number		RFA/Grant Name		
HHS0016125		Healthy Community Collaborative (HCC) Grant Program		
PCS Grant Specialist Name			PCS Grant Specialist Email	
Michele Rivers			Michele.Rivers@hhs.texas.gov	
+/- Row	#	Reference	Applicant Question	Agency/Program Response
<div>+ -</div>	1		The RFA HHS0016125 notes that \$250M is available for the entire Project Period of 5 years which would be \$50M per year. Please review to ensure the available funding is in tracking of Senate Bill 1, it appears there is \$19M per year available for Healthy Community Collaborative instead of \$50M per year.	Refer to RFA Section 10.1 Final Selection. Amounts are estimated. Refer to Addendum 1.
<div>+ -</div>	2	Section III (3.2), Application Screening Requirements, Each Applicant may only submit one (1) Grant Application. In order to be considered an Applicant eligible for evaluations, Applicant must meet the following minimum requirements: D. Applicant is a Local Government entity, non-profit community organization, or a faith-based community organization.	Is this for non-profit organizations only or can private entities apply? Meaning entities under contract with the State.	Refer to Section 3.2 (D) Application Screening Requirements.
<div>+ -</div>	3.		Who would I send questions to regarding specific questions about program functionality?	Refer to Section 7.2 Sole Point of Contact.
<div>+ -</div>	4.		Is it required that applicants have a number of years doing business in Texas?	Refer to Section III. Applicant Eligibility Requirements.
<div>+ -</div>	5.		For applicants awarded this grant, would their agency be collaborating directly with HHSC in a way that does not interfere with their existing HCBS services?	This question is not within the scope of this RFA.
<div>+ -</div>	6.		Regarding eligibility, am I correct in understanding that collaborators under this grant would create their own process to confirm eligibility? For example, confirming a diagnosis through documentation from a psychiatrist, the Harris Center, or another provider of psychiatric services. Would this documentation alone be sufficient to establish eligibility (i.e., confirming a mental illness, substance use disorder, or risk of homelessness)? What specific documentation or proof would HHSC require to confirm eligibility?	Providers will create their own process to confirm eligibility. Refer to RFA Section II. Scope of Grant Project, and Section 2.4, Eligible Population.

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<div>+ -</div>	8.		Regarding the reimbursement process, my understanding from the Statement of Work is that reimbursement applies to services rendered, but can also cover startup costs. Would allowable startup costs include expenses such as office space, technology for intake/caseload management, and resources used in verifying client eligibility (e.g., transportation to appointments, short-term supports like respite for families)? Additionally, would reimbursement also cover direct resources for participants if needed, such as hygiene items, toiletries, or rental assistance? Is this correct?	Refer to RFA Section 2.5, Eligible Activities, Section 5.3 Grant Funding Prohibitions, and Attachment A, Statement of Work, Section II. Grantee Responsibilities, (E).
<div>+ -</div>	9.		Lastly, regarding matching funds: if my service county has more than 200,000 residents (e.g., Harris County), would a 100% match requirement mean that if I were reimbursed \$2,000 for technology, I would need to show \$2,000 in matching funds (either in cash or in-kind contributions such as my salary or staff time)?	Refer to RFA Section 5.4, Cost Sharing or Matching Requirements, Section 6.2, Requested Budget, Attachment A-4, Example Match Reimbursement Certification Form and Exhibit E, Requested Annual Budget Template
<div>+ -</div>	10.	Section 8.5 Application Composition pg. 28, C. Be presented using font type Verdana, Arial, or Times New Roman, font size 12 pt., with one (1) inch margins and 1.5 line spacing; the sole 12-point font size exception is no less than size 10 pt. for tables, graphs, and appendices." Form D	Section 8.5 Application Composition pg. 28, C. Be presented using font type Verdana, Arial, or Times New Roman, font size 12 pt., with one (1) inch margins and 1.5 line spacing; the sole 12-point font size exception is no less than size 10 pt. for tables, graphs, and appendices." Form D	Refer to Addendum 2.
<div>+ -</div>	11.	RFA, Section 2.1 Purpose	Can we use with our collaborative a tracking data system already in place such as HMIS or CMBHS (a state system) for our shared measurement strategies? (Just FYI [REDACTED] is the HMIS lead agency to [REDACTED].) These are systems that are already in place and make for efficiency.	This question is not within the scope of this RFA.
<div>+ -</div>	12.	RFA, Section 8.3 Required Submission Method	The application method per the RFP is using the Online Bid Room. However, on July 14 the [REDACTED] received an email notice regarding a new grant management system launch on Sept 1, which may include grant applications. Do applicants also need to use a new grant management system for submission?	Refer to RFA Section 8.3, Required Submission Method and Exhibit H, Online Bid Room Instructions. Any changes would be posted using Section 7.6, Changes, Amendment Or Modification to RFA.

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<div>+ -</div>	14.	RFA, Section II, 2.3. Eligible Populations, pg.11, Eligible Population – Requirement for Clinical Diagnosis	<p>The RFA states that eligible individuals must have a "clinical diagnosis of a Mental Illness and/or Substance Use Disorder." However, Section 2.3 Eligible Population also states that the HCC Program supports "individuals experiencing homelessness with Unmet Behavioral Health Needs." The definition of "Unmet Behavioral Health Needs" includes "diagnosed or suspected behavioral health needs that are not being clinically addressed or are not being adequately addressed."</p> <ul style="list-style-type: none"> To reduce barriers to access and ensure timely service delivery, as well as recognizing that non-LMHA applicants may not have access to clinical diagnostic infrastructure, can HHSC confirm that validated screening tools and/or client self-report will be sufficient for establishing eligibility in lieu of a formal clinical diagnosis? If not, what professional certifications or licenses are considered valid for providing said diagnosis, and what documentation will be required and/or accepted as evidence of eligibility? 	Refer to Addendum 1
<div>+ -</div>	15.	RFA, Section II, 2.3. Eligible Populations, pg.11, Use of diagnostic codes/ social determinant indicators	<p>In previous versions of the HCC program, eligibility could be established using Z59.01 (Sheltered Homelessness) and Z59.02 (Unsheltered Homelessness) as part of the diagnostic framework.</p> <ul style="list-style-type: none"> Can HHSC clarify whether these codes—or similar social determinant indicators—may still be used to support eligibility under the current definition of "clinical diagnosis" or "suspected behavioral health need"? 	This question is not within the scope of this RFA.
<div>+ -</div>	16.	Form G, Performance Measures, 13H, Social Business	Are applicants required to establish a minimum number of Social Businesses? Would this be a Social Business to support program participants or would program participants need to establish Social Businesses themselves as part of this RFA?	Refer to RFA Section 2.8, Performance Measure Monitoring, Attachment A, Statement of Work, and Exhibit F, Behavioral Health Services Matching Grants Performance Measures and Form G, Performance Measures.
<div>+ -</div>	17.	Attachment A, Statement of Work, III Performance Measures	<p>"Grantee shall include at least four (4) of the eight (8) measures listed in Texas Government Code, Section 547A.0004"</p> <p>QUESTION: Are applicants required or encouraged to include the same 4 out of 8 measures listed throughout the five-year period of performance?</p>	Refer to RFA Section 2.8, Performance Measure Monitoring, and Attachment A, Statement of Work.
<div>+ -</div>	18.	Attachment A, Statement of Work, II. Grantee Responsibility, G. Matching Funds	<p>"Projects providing or coordinating services in a county with a population of 250,000 or greater must match 100% of the amount of state funds awarded"</p> <p>QUESTION: Could awardees coordinate with local, city, or county government to compliment initiatives serving the same populations in RFA No. HHS0016125 and consider those funds as matching funds?</p>	Refer to RFA Section 5.3, Grant Funding Prohibitions, 5.4, Cost Sharing or Matching Requirements, Section 6.2, Requested Budget, Attachment A-4, Example Match Reimbursement Certification Form and Exhibit E, Requested Annual Budget Template