

# HHS Responses to Questions



**Solicitation Title: Substance Use Treatment Services**

**Solicitation Number: HHS0015355**

#	Reference	Question	Response
1.		My question was whether this RFP is targeted specifically for the FFS Members that TX Medicaid manages and not any associated and enrolled with Managed Medicaid MCOs / Payers correct?	Refer to RFA Section 2.6.1, Grantee Responsibilities, A.12.
2.	Section 3.2, Application Screen Requirements, pg. 37	"Documentation from the US Internal Revenue Service to support the organization legal entity type (i.e., government, non profit". My question is does this subsection preclude for profit organizations from applying for this grant opportunity?	Refer to Form A, Respondent Information. and RFA Section 3.2, Application Screening Requirements.

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3.	Section 5.4, pg.42	<p>"Unrecovered indirect costs, including indirect costs or cost sharing or matching, may be included as part of the cost sharing or matching. Unrecovered cost means the difference between the amount charged to the award and the amount which could have been charged to the award under the Applicant's indirect cost rate"</p> <p>That would seem to indicate that as a for profit we could include a percentage of pro-bono services for patients that could be included as part of the matching funds. Is that assessment accurate or how or what would be the expectation of a for profit provider be in the realm of matching funds?</p>	<p>Refer to RFA Section 5.4, Cost sharing or Matching Requirements, Form F, Requested Budget Template, and Form G, Texas health and Human Services System Indirect Costs Rate (ICR) Questionnaire.</p>
4.		<p>██████████ is the designated Local Behavioral Health Authority (LBHA) for Collin County and as the designated authority, would the agency be required to apply for funding through the RFA or would funding be automatically designated for ██████████</p>	<p>Refer to RFA Section 2.4, Eligible Services Areas.</p>
5.		<p>As the authority we manage the funds for the provider network, do we need to submit a response to the RFA on behalf of the providers in the network i.e. residential and detox? We are not a direct provider of intensive residential and detox services, but we currently manage the TRA, TRF, and TRY funds for those services.</p>	<p>Local Mental Health Authority (LMHA) or other providers that intend to hold the contract with HHSC for these services and subcontract in a catchment area, those must apply for this RFA and complete the applicable forms outlining your intended subcontractor(s) eligibility.</p> <p>Refer to RFA Section 2.4 Eligible Services Areas.</p>

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6.		<p>If we are required to apply for funding through the RFA, does this mean that we can request an increase to our current contracted amounts?</p>	<p>Refer to RFA Section 5.1, Grant Funding Source and Available Funding and Addendum 8.</p>
7.		<p>Also, [REDACTED] (as the Methadone Clinic of East Texas) has a contract with TX HHS to deliver MAT under the MOUD-SA/MAT program, [REDACTED]. It is my understanding from our Contract Manager [REDACTED] that this contract will go up for competition for FY26 and will be awarded through a university.</p> <p>Is announcement HHS0015355 Substance Use Treatment Services the competition for the MOUD-SA/MAT program? Or a separate grant program?</p>	<p>The funding from this RFA HHS0015355, is allowable for MOUD.</p> <p>Refer to RFA Section 2.2.1, Changes in the FY26 Treatment D. RFA.</p>
8.		<p>Do you know if there is any indication when the MOUD and NAS-MAT RFA will be available for submission or if it is already available? [REDACTED] has been monitoring the HHS Grant Opportunities webpage and we've only seen the RFA for TRA and TRF (SUD Programs Planning &amp; Policy Admin <a href="https://www.hhs.texas.gov/programs-services/substance-use-treatment-services">HHS0015355</a>) available for application. We do not want to miss out applying for MOUD &amp; NAS-MAT Contracts.</p>	<p>Refer to RFA Section 2.2.1, Changes in the FY26 Treatment RFA D.</p>

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#	Reference	Question	Response
9.	Section 2.2.1 Changes in the FY26 Treatment RFA, (D) pg. 15	<p>Beginning in September 2025, HHSC will fund medications for opioid use disorder (MOUD) treatment services and substance use recovery support services (RSS) services through intergovernmental, university contracts procured through a competitive process.</p> <p>Question: Based on this language from the RFA, Medication Assisted Treatment (MAT) providers are not eligible to apply for grant funding provided for in RFA Number HHS0015355; is that correct? If so, is there an estimated time of when that competitive process will take place?</p>	<p>Medication Assisted Treatment (MAT) providers are not eligible to apply for grant funding provided for in this RFA.</p> <p>Refer to RFA Section 2.2.1, Changes in the FY26 Treatment RFA, D.</p>

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#	Reference	Question	Response
10.	Exhibit P, pg. 18 of 30 Section 8 and Section IV,	<p>We are looking at this RFA for 2025 and are wondering if this RFA pertains to Opioid Treatment Programs that utilize Methadone or buprenorphine in the treatment of opioid use disorder</p> <p>The only mention of medication management mentioned is in Exhibit P, page 18 of 30 Section 8, of Withdrawal management, where it talks about ambulatory withdrawal or residential withdrawal. There is no mention of stabilization and maintenance on medication. In staffing requirements in section IV of section P, there another mention of withdrawal management as maintain by a doctor, and also the identification of MOUD in Item 6 e, as it describes the informed consent for MOUD.</p> <p>If this RFA pertains to our program, we would like to apply, as we do utilize MOUD to provide stabilization and maintenance services for opioid users.</p>	Refer to RFA Section 2.2.1, Changes in the FY26 Treatment RFA, D Refer to Addendum 9.

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#	Reference	Question	Response
11.		<p>I work for an LMHA that has TRA and TRF contracts currently for outpatient SUD counseling and residential. Our center doesn't yet provide Medication Assisted Treatment (MAT). There are no state funded MAT providers in our Region 6.</p> <p>Is it allowable under the new RFA for an LMHA to be the applicant for a grant funded MAT program?</p> <p>I read on page 15 where it seems to indicate that only a university can be the applicant for MAT.</p>	<p>Refer to RFA Section 2.2.1, Changes in the FY26 Treatment RFA, D.</p>
12.		<p>I am the [REDACTED] a private Methadone clinic in Houston, Texas. We would like to know if [REDACTED] can apply for the grant due January 14, 2025 for the Texas Health and Human Services Commission Procurement &amp; Contracting Solicitation grant? Of do we need to subcontract under some other entity?</p>	<p>Refer to RFA Section 2.2.1, Changes in the FY26 Treatment RFA, D.</p>
13.		<p>Are grantees required to submit multiple Complete proposal applications?</p>	<p>Refer to RFA Section 3.1, Legal Authority to Apply and Addendum 5.</p>

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#	Reference	Question	Response
14.	Executive Summary pg. 5	If we are wanting to apply for all 3 programs Substance Use Treatment programs for Treatment for Adults(TRA), Treatment for Specialized Females (TRF) and Treatment for Youth (TRY), do we need to submit 3 applications or can we submit 1 application for all 3 programs?	Refer to RFA Section 3.1, Legal Authority to Apply and Addendum 5
15.	Form E: Narrative	<p>It is not clear if one program narrative proposal is needed for each Program Type (TRA, TRF, TRY) requested or one program narrative for any of the three program types.</p> <p>Is the instructions for just one program narrative based on one program type?</p> <p>In other words, Do I need one narrative proposal for each program type (TRA, TRF, TRY)? Or is it s combined program narrative for applicable program types being applied for?</p>	Refer to Addendum 5.
16.		If we plan on applying to both TRA and TRY, do we submit two separate online bids/applications or do we combine this request as one application?	Refer to RFA Section 3.1, Legal Authority to Apply and Addendum 5

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#	Reference	Question	Response
17.	Narrative Proposal	A change in the FY 26 Treatment RFA is that consolidated contracts will be awarded for TRA, TRF and TRY. Does this mean the Form E should be consolidated as well or should we submit a separate Form E for each?	Refer to RFA Section 3.1, Legal Authority to Apply and Refer to Addendum 5
18.	Narrative Proposal, Section VI, paragraph 6.1, pg.43	Applicants shall provide a narrative summary and describe their proposed activities, processes, and methodologies to satisfy all objectives described in Section II, Scope of Grant Project, including the responding to the question prompts in Form E, Narrative Proposal. Question 1: Should the applicant provide a separate narrative proposal in addition to Form E, Narrative Proposal, or only give answers to all questions in Form E? If an additional narrative proposal is required, is there a specific template that should be followed? Question 2: Should a cover letter be included in the application packet?	Refer to Addendum 5.
19.		Do we need to provide all three categories (TRA, TRF, TRY) of service to be competitive or is it ok to apply for two program types/ population?	Applicants may apply for any or all of the three program types (TRA, TRF, TRY), Refer to RFA Section 1.1, Executive Summary and Form A, Respondent to select Program types/ID.



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#	Reference	Question	Response
20.		We are unclear about the language regarding which services must be provided under the grant. We have been a recipient of COPSD funding, but it appears that funding is not going to be renewed. Can we apply for TRY and TRA services only, or is there a requirement that we apply for TRF services as well.	Refer to RFA Section 1.1, Executive Summary and Section 2.2.1, Changes in the FY26 Treatment RFA, C, and Form A, Respondent to select Program types/ID.
21.	Section 2.2 Program Background, Section 2.5 Eligible Activities and Exhibit P, pg. 14;16-17	Whether all listed services must be offered by applicant or whether an organization that only offers outpatient substance use disorder treatment is eligible to apply Are health centers that offer outpatient substance use disorder treatment eligible to apply for funds under this RFA? Or does the program require that all services, including residential services, are offered under the grant funded program and subsequent agreement?	Refer to RFA Section 1.1, Executive Summary and Form A, Respondent to select Program types/ID.
22.	RFA Section 2.5, 16&17	May residential sites ONLY apply for one funding source (TRA/TRF), etc? Our facility is an RTC that is currently contracted for TRA and TRF. We currently receive both types of funds as we have separate wings on property to serve separate populations. It appears that an RTC may only apply for one type of funding.	Refer to RFA Section 1.1, Executive Summary and Form A, Respondent to select Program types/ID.
23.		Is the solicitation for both detox and residential services?	Refer to RFA Section 1.1, Executive and Form A, Respondent Information for Project types/ID.

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#	Reference	Question	Response
24.	Form E, Narrative Proposal	Do we have one page for each response for each program type and population or do we have one page for each question for all program types/ populations we are proposing. Example: Form E: Question #1: We are applying for TRF and TRA. Do we utilize 2 pages for that response or one 1 page?	Refer to Addendum 5.
25.	Form E, Narrative Proposal #2 pg. 1-9, Question 1-4	Do we have one page for each response for each category or one page for each question for all service types we are proposing? Example: Form E: Question #1: We are applying for TRY, TRF, and TRA. Do we utilize three pages for that response or one page?	Refer to Addendum 5.
26.	Form E, Narrative Proposal pg. 1-9	Applicant shall answer the following questions below. Each response has a limit of one (1) page and focuses solely on the program types and populations the applicant is applying for (i.e., Treatment for Adults (TRA), Treatment for Specialized Females (TRF), Treatment for Youth (TRY). Is the limit one page per program type or one page per program type? For example one page for TRA, one page for TRF and one page for CCMS	Refer to Addendum 5.
27.	Section 6.1 pg. 43 Of 67, Form E Narrative Proposal	“Each response has a limit of one (1) page” Question – Is it acceptable to leave each page with a prompt blank and begin the response on the subsequent page, thus allowing the full allotment of one page?	HHSC does not have a preference to leave each page with a prompt blank and begin the response on the subsequent page, thus allowing the full allotment of one page in how the applications are numbered.

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#	Reference	Question	Response
28.	Form E Narrative Proposal pg. 2	Can you please clarify what is being asked in the Experience and Access, Question 1, which states “Describe your experience providing Evidence-Based curriculums, promising and implement plans for the populations served with the Treatment Services.” Does “promising” refer to curriculums? Should “implement plans” be “implementing plans”?	Refer to Addendum 5.
29.	Form E, Narrative Proposal pg. 6	Can you please clarify more specifically what is being asked in Community Needs, Question 1, which states “Describe how the organization will provide treatment services to people with limited transportation options traveling to the organization treatment facility with walking distance or bus lines”?	Refer to Addendum 5.
30.	Form E, Narrative Proposal pg. 1	Can respondents delete the instructions at the top of page 1, prior to answering Organizational Question 1?	No Applicant should make any revisions to any form or exhibits of this RFA.

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31.	Requested Budget	<p>“This Requested Budget Template is mandatory for CCMS only and must be submitted with the Application, in the original format (Excel), for the Application to be considered responsive. Applications received without the completed Requested Budget Template will be disqualified. Form F: Requested Budget Template (CCMS only)”</p> <p>Double checking/confirming that if we are only applying to TRA/TRY we don’t need to submit a budget template Form F? Is there a different budget we need to submit in place of it? Does Exhibit K Fee-For-Service work as a budgetary submission?</p>	. Refer to Addendum 10.
32.	Exhibit K, Treatment Fee-For-Service Rate, Sheet TRA TRF TRY, Row 38 H2036 Youth Residential Supportive, Column K, L, M	Is there an error with the formula in sheet “TRA TRF TRY” Row 38 Youth Residential Supportive, Columns K,L,M? When we fill in this line, we get an error “REF!” message. Something seems to be wrong with the formulas.	Applicants are not to enter anything in Columns K, L, or M. The value entered in Column H will determine the numbers in KLM.

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33.		<p>The service areas eligible for project funding under this RFA are the eleven (11) HHS service regions in Texas, excluding Dallas, Ellis, Hunt, Kaufman, Navarro, Rockwall and Collin counties which are covered by two Local Behavioral Health Authorities (LBHAs), [REDACTED] and [REDACTED], which are statutorily required to oversee substance use services in these areas. The LBHAs will have allocations set aside for the counties in their respective services areas, according to the funding methodology for all regions, and applicants which are interested in providing treatment services in these counties will be eligible to subcontract with the LBHA.</p> <p>Does this mean we are now excluded from applying directly to HHSC? In the past, we have always contracted with HHSC and NTBHA.</p>	<p>Refer to RFA Section 2.4, Eligible Service Areas and Exhibit O, Health and Human Services (HHS) Offices by County.</p>
34.	Section 8.5 (D), pg. 53 of 67	<p>“Include page numbering for each section of the proposal” Question – Should the page numbers run sequentially throughout the entire proposal, or should they start over beginning in each section?</p>	<p>HHSC does not have a preference in how the applications are numbered.</p>
35.		<p>We have applied for inpatient residential and outpatient license, can we submit application for funding if we are awaiting licensure. At this point we only have licensure for the medical detoxification beds.</p>	<p>Refer to RFA Section 3.2, Application Screening Requirements, E.</p>

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36.	Pg. 37, Section 3.2	<p>In order to be considered an Applicant eligible for evaluations, Applicant must meet the following minimum requirements: A. Documentation from the U.S. Internal Revenue Service to support the organizations legal entity type (i.e., government, non-profit). B. Documentation from the U.S. Internal Revenue Service and the Texas Secretary of State to support the organization is in good standing. C. A completed and signed Form A, Respondent Information. D. A copy of the chemical dependency treatment facility license from the Texas Health and Human Services Health Care Regulatory, for each license listed on Form A, Respondent Information confirming the license is active...” [REDACTED] is currently constructing a new Service Facility in [REDACTED]. We have incorporated into our facility design specific space for TRA and TRY services. The facility is expected to be complete in May of 2025 and it is our intent to license both the Adult and Youth space for SUD treatment. Our current facility in [REDACTED] was constructed in the early 1970s and will not meet licensing requirements. Can the Center apply for the TRA and TRY program for [REDACTED] using our current SUD licensed facilities in [REDACTED] Texas? If so, how would we note that on the application? If we cannot apply using our existing licensed facilities, is there a mechanism to apply for this location as a part of this grant?</p>	<p>Refer to RFA Section 3.2, Application Screening Requirements, E.</p>

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#	Reference	Question	Response
37.	Section 3.2 pg. 37 Application Screening Requirement, Item D	Currently our license doesn't have adolescent listed on it but we plan adding that in the next 6 to 8 months, do we need to request TRY on our submission?	Refer to RFA Section 3.2, Application Screening Requirements, E.
38.		Do we need to submit a HUB SUB plan?	HUB Subcontracting Plans are not requirement for this RFA.

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#	Reference	Question	Response
39.		<p>As you may be aware from the Special Legislative Session discussion as a part of the 88<sup>th</sup> Legislature, Liberty County is home to what [REDACTED] [REDACTED] the ‘largest colonia in the United States’ which is estimated by some to have as many as 75,000 non-citizen residents, many from Central or South America. In your RFP, you have defined a colonia in the following way:                      “Colonias” a residential area along the Texas-Mexico border that lacks basic living needs, such as potable water and sewer systems, electricity, paved roads, and safe and PCS 560 HHS RFA Template Version 1.60 RFA No. HHS0015355 Page 8 of 67 Revision Date 11/14/2023 sanitary housing. Colonias, while frequently found in unincorporated areas of the counties, are also found within city limits.”                      We believe that [REDACTED], the Colonia in [REDACTED] [REDACTED] Texas should be considered in any special consideration given to colonias on the Texas-Mexico border. In addition, we know that this colonia has been a focus of the [REDACTED] and [REDACTED] [REDACTED] because of the significant problems with drug overdoses, including overdoses at Cleveland High School which led to special HHSC focus on this service area in 2023 and 2024. Can the definition for a Colonia be expanded to include the Colonia in Liberty County, Texas?</p>	<p>Refer to RFA Section 1.2, Definitions and Acronyms, page 7.</p>



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40.		Based on the language in the application, eligibility for TRA is limited to adult men and women, who are not responsible for the care of a child. What is the standard for determining if an adult is responsible for the care of a child? Also, females are eligible for TRF services, but if a male is determined to be the caregiver of a child, what services are they eligible for?	Refer to Exhibit P, Treatment Services Scope of Grant Project Services
41.		As a governmental entity in Texas, we are unable to ban fire arms at our facilities. We understand that there may be legislation to address this at some point, and would eagerly welcome this legislation, but it is difficult to meet the standard below: Post in a prominent location, legible prohibitions against firearms, weapons, alcohol, and illegal drugs, illegal activities, and violence at program sites that do not have the existing prohibitions posted. Our current practice is to post these statements in our SUD treatment area and to address this requirement in procedure. Will this meet current application standards?	This question is not relevant to the application process.
42.	Section 2.9 pg. 35, Financial Status Report (FSR)	Just to clarify, this is required for Fee for Service Programs as well as the cost reimbursement programs and is not required for the RFA submission?	I FSR is not required for the application. Refer to Section 2.7, Required Reports

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43.	Section 2.7 pg. 29, HHS Staffing Form	Will this be a new requirement for all programs and will HHSC supply the template?	This is a new requirement. HHSC will provide the template to be used.
44.	Section 8.5 pg. 53, Application Composition	Can a table of contents be included after the cover page outlining the sections and documents in each for the submission?	HHSC does not have a preference on providing a table of content.
45.	Section 8.3, pg. 52, Required Submission Method, Submission Option #2	For the USB submission, you want all required sections and documents in one single PDF file?	Refer to 8.3, Required Submission Method.
46.	Section VIII, Section 8.3 Required Submission Method	Does HHSC prefer a specific required submission method, option #1 or option #2?	HHSC does not have a preferred method for submitting applications.
47.	Section VIII, Section 8.3 Required Submission Method	Would using both methods to ensure receipt be acceptable? We hand-delivered for the last RFA and would prefer to hand-deliver again.	HHSC recommends submitting one of the options in RFA Section 8.3, Required Submission Method.
48.	Section VIII, Section 8.3 Required Submission Method	Can we submit by both options to ensure receipt (through the portal and by mailing a flash drive)?	HHSC recommends submitting one of the options in RFA Section 8.3, Required Submission Method.

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49.	Exhibit G	If we submit electronically how do we ensure receipt of proposal?	Refer to Exhibit G, HHS Online Room for instructions.
50.	Section 3.2 Application Screening Requirements pg.37 A&B	What is the specific good-standing documentation for the IRS and SOS? We have the original formation documentation. Is that sufficient?	Yes. Secretary of State, Official documentation with the entities existence or authority to transact business in Texas and the entities current legal name. IRS official documentation of filing status.
51.	Section 3.2 pg. 37 Form A Respondent Information, Section III. Pg. 4, HHSC License Numbers	In our Region we have multiple clinics and each has a licensure, do we list each one on separately on the Service Group Table or all on online since the award is by Region not clinic?	Please include each license on Form A, Respondent Information confirming each clinic is active.
52.	Exhibit P-1, Section (Goal) pg.1	Do you have to be an intensive residential provider to provide CCMS? Can OP provider propose to provide CCMS for those in Intensive Residential?	Refer to RFA Section 2.1 and Section 2.2.1
53.		Do you have to be an intensive residential provider to provide CCMS? Can an outpatient treatment provider propose to provide CCMS for those in Intensive Residential?	Refer to RFA Section 2.1 and Section 2.2.1
54.	2.1 Purpose pg. 13 (D)	CCMS – SUD Case management services for individuals eligible for intensive residential treatment regardless of whether they are on the Grant'ee's waitlist or enrolled in such services. Does CCMS services include males?	CCMS provides services to individuals eligible for intensive residential services, regardless of whether they are on the Grantees waitlist or enrolled in such services.  Refer to RFA Section 2.1 Purpose and Exhibit P-1

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#	Reference	Question	Response
55.	RFA pg. 13	<p>“SUD case management services for individuals eligible for intensive residential treatment regardless of whether they are on the Grantees’ waitlist or enrolled in such services.”</p> <p>Does this mean that we can provide CCMS to clients who meet the criteria for intensive residential services but</p> <ol style="list-style-type: none"> <li>1) Refuse to participate in intensive residential treatment but are willing to receive a lower level of care (e.g., Outpatient and/or MAT) or</li> <li>2) Are in a waitlist for intensive residential and receiving interim services while they wait for a bed?</li> </ol>	Refer to Exhibit P-1, II. Goals
56.	Section 2.5 (D) pg.17	<p>The wording “Comprehensive Case Management Services for individuals eligible for intensive residential services and in need of support services to fully engage in treatment and long-term recovery.”</p> <p>Does this mean a client can be in outpatient services yet is eligible for residential and may be on waitlist can have the services? What if client is eligible yet refuses Residential services? What about upon discharge from Residential, do they still have access to this service if linked to OP to support and continue their recovery process?</p>	Refer to Exhibit P-1, II. Goals

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57.	Exhibit P-1, Section VI, #2 Pre-Entry Services pg. 9	The wording “Grantee shall ensure for eligible clients who are not admitted to intensive residential services.” G. Questions: Does this mean a client can be in outpatient services yet is eligible for residential and may be on waitlist can have the services? What if client is eligible yet refuses Residential services? What about upon discharge from Residential, do they still have access to this service if linked to OP to support and continue their recovery process?	Refer to Exhibit P-1, II. Goals
58.	Budget	If there is no budget or measures to submit with the proposal, how will you know how much we need or are requesting?	If applying, under any program type/ID, for intensive residential services, then <b>Form F, Requested Budget Template</b> is required for the CCMS program. <b>Exhibit K, Treatment Fee-For-Service Rates</b> is required for all other services. Refer to Addendum 10.

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<p>59.</p>	<p>Exhibit P-1, Exhibit P-1 – CCMS Scope of Grant Project Services – VI - Comprehensive Case Management Service Delivery pg. 10-10.4</p>	<p>60. Grantee shall ensure for clients who have been discharged from intensive residential service. That CMBHS discharge follow-up is completed on CCMS clients as stated in 26</p> <p>60. TAC s section 564.805: i. No sooner than 60 Calendar Days; and</p> <p>ii. No later than 90 Calendar Days after discharge.</p> <p>b. That the CMBHS Discharge assessment provides information on the posttreatment services and documents if the client is enrolled in services listed in the discharge assessment.</p> <p>G. Question - 1</p> <p>The way the above section reads, there are no allowable services after discharge from residential with the exception of a follow-up. This is a near-sighted requirement, as the transition from residential to outpatient can be fraught with difficulty for the client and it would be very important for the relationship built between the CM and patient in the ensuing weeks of service would be vital to ensure that the patient becomes engaged in follow-up services and continued recovery.</p> <ol style="list-style-type: none"> <li>1. Can you clarify that the only service allowed post residential in a follow-up contact between 60-90 days?</li> <li>2. Will there be flexibility allowed for CM services to be continued while in outpatient treatment for a period of time?</li> </ol>	<p>After discharge from residential services, follow-up is the only allowable service under CCMS. The client may step down to a lower level of care after residential treatment, depending on their needs, including outpatient services.</p>
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<p>60.</p>	<p>Section or Paragraph number from this Solicitation; 2.6.4</p> <p>C. Page Number of this Solicitation; 26</p> <p>D. Exhibit or other Attachment and Section or Paragraph number from the Exhibit or other Attachment; Exhibit M, Section Q.1-3</p> <p>E. Page Number of the Exhibit; page 6</p> <p>F. Language, Topic, Section Heading being questioned; and</p> <p>Q. Comply with the following regarding Budget Program Adjustments (BPAs):</p>	<p>Will more detail be provided on how funds will be moved between service types (TRA, TRF, TRY) since the contracts are now unified? This language is the standard language from past contracts, but provides no guidance on what percentage of funds can be moved between service types during the BPA process. Additional clarification would be helpful.</p>	<p>There are no cap on % of funds that can moved around. Refer to Exhibit M, Financial Requirements, Q. Comply with the following regarding Budget Program Adjustments (BPAs).</p>
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<p>1. Grantee may request the following types of budget revisions by submitting the HHSC Budget Program Adjustment form to HHSC Contract Manager:</p> <ul style="list-style-type: none"> <li>a. Request to transfer funding between Program ID; and</li> <li>b. Request funding changes (less/more funding).</li> </ul> <p>2. HHSC will review the request to determine if the request is allowable under the RFA, and if the request is approved or denied by HHSC. The estimated timeline for HHSC to review and provide written communication on</p>		
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	<p>the results of the BPA request is 30 calendar days from receiving an accepted form.</p> <p>3. Each Fiscal Year (FY), the deadline to submit BPA's is March 1st.</p> <p>G. Question - 1</p>		
61.		<p>We are [REDACTED], based in Dallas. Currently we offer SUD Intensive Outpatient and Partial Hospitalization, as well as sober living. We are also considering opening a small detox facility in 2025.</p> <p>Would this solicitation apply to our services?</p>	<p>Yes, applies to SUD Intensive Outpatient.</p> <p>For small detox facility, refer to RFA Section 2.2.1, Changes in the FY26 Treatment RFA, D. Withdrawal management (formerly known as "detoxification" or "detox") is a service type within this RFA.</p>
62.	Narrative Proposal	<p>A change in the FY 26 Treatment RFA is that consolidated contracts will be awarded for TRA, TRF and TRY. Does this mean the Form E should be consolidated as well or should we submit a separate Form E for each?</p>	<p>Refer to RFA Section 3.1, Legal Authority to Apply and Refer to Addendum 5.</p>

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63.	Narrative Proposal, Section VI, paragraph 6.1, pg.43	<p>Applicants shall provide a narrative summary and describe their proposed activities, processes, and methodologies to satisfy all objectives described in Section II, Scope of Grant Project, including the responding to the question prompts in Form E, Narrative Proposal.</p> <p>Question 1: Should the applicant provide a separate narrative proposal in addition to Form E, Narrative Proposal, or only give answers to all questions in Form E? If an additional narrative proposal is required, is there a specific template that should be followed?</p> <p>Question 2: Should a cover letter be included in the application packet?</p>	Refer to Addendum 5.
64.	Section 8.5, pg. 53	There is nothing listed under section F. Is there a missing requirement for this section?	No. There is no information under F.
65.	8.5 Application Composition pg. 53	F. is blank. What else should applicants be aware of for the application's composition.	No. There is no information under F.
66.	(RFA, section 2.8.A.2, page 32) and days (Exhibit N, section I.B.4, page 2).	There are two time frames listed to complete follow ups for withdrawal management: 60-90 days (RFA, section 2.8.A.2, page 32) and 10 days (Exhibit N, section I.B.4, page 2). Please advise.	Refer to Addendum 6.

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67.	Exhibit B, Article XI, 11.4.B, pg. 22	How do we apply for or obtain a waiver from System Agency?	Refer to Section 7.7 Exceptions and Exhibit E, Exceptions.
68.		Does each section require a response, such as NA? Or if that section does not apply do we leave it blank?	This question has no reference so a complete response cannot be given.
69.	Exhibit F, 3.1, pg. 1	<p>“Evaluate how the Applicant's will provide treatment Services accessible to people with limited transportation options traveling to the Applicant's treatment facility within walking distance or bus lines.”</p> <p>This criteria is not worded clearly and it is difficult to determine the intended subject. Is it asking about:</p> <ol style="list-style-type: none"> <li>1. People that CAN access our facilities by bus or reasonably by walking? Or,</li> <li>2. People that CANNOT access our facilities by bus or reasonably by walking?</li> </ol>	Refer to Addendum 7.
70.		The RFA purpose states that the grantees of this RFA will work together with other SA funded grantees to address SUD. Does this mean that the grant funds cannot serve only the entity applying? Must funding or programs the funding supports be combined with other agencies?	The awarded funds are only for the awarded grantee. Awarded funds may not be combined with other funds.

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#	Reference	Question	Response
71.		Is the purpose of this grant to support general operating expenses of existing SUD providers in the area? Or is the purpose to create new SUD providers? Or potentially, is the intention for the funds to expand an existing SUD provider's service?	Refer to RFA Section 1.1, Executive Summary and Section 2.1 Purpose.
72.		If the applicant has already begun their fiscal year 2025 and the funding from this RFA begins September 2025, would the applicant have to be starting a new program to avoid supplanting?	Refer to RFA Section 4.1, Project Period for the fiscal year breakdown.
73.	Section 5.5, Payment Method	If grant award funds must not replace funds that have been budgeted for the same purpose, how could this grant be paid out on a reimbursement basis? Can you please provide examples of approved activities that would not be considered supplanting?	CCMS is for case management services and not to replace counseling services paid under the Treatment RFA awards.
74.	Section 2.2.1 Changes in the FY26 Treatment RFA pg. 15 (F)	HHSC added financial oversight requirements, Exhibit R, Fee-For-Service Financial Status Report and Match Report (FSR) Template and Exhibit R-1, Financial Status Report-FSR FORM 269A Sample contracts as required by 45 CFR 96.30(a) Will providers be required to submit FSR for fee-for-service contracts?	Yes, providers will be required to submit FSR for fee-for-service contracts.  Refer to RFA Section 2.7, Required Reports and Section 2.9, Financial Status Reports (FSRs).

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#	Reference	Question	Response
75.	Section 2.2.1 Changes in the FY26 Treatment RFA pg. 14-15 (C)	The CCMS program funds will be an automatic addition to those grantees who are awarded a contract for intensive residential services. The amount awarded will be a percentage based upon the intensive residential contract award amount and bed capacity. Will “bed capacity” consider and calculate those on a waitlist who also receive interim services? RFA	The amount awarded will be based upon the intensive residential bed capacity.
76.	Section 2.2.1 Changes in the FY26 Treatment RFA pg. 14-15 (C)	The CCMS program funds will be an automatic addition to those grantees who are awarded a contract for intensive residential services. The amount awarded will be a percentage based upon the intensive residential contract award amount and bed capacity. Will award amounts based on “bed capacity” take into consideration plans or projections for increasing bed capacity and/or opening additional facilities over the 5-year contract period?	The amount awarded will be based upon the current licensed residential bed capacity.
77.	Section 2.2.1 Changes in the FY26 Treatment RFA pg. 14 (A)	As part of the FY26 Treatment RFA, HHSC will not make awards by Program ID and Service Type as in prior procurements but will award grantees by Program ID who have the available capacity to serve the specific population needing SUD Services (i.e., youth, adults, or specialized females). Will award amounts take into consideration workforce expansion and retention to increase capacity to serve greater numbers?	Refer to Addendum 8.

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#	Reference	Question	Response
78.	Section XIII Submission Checklist pg. 56, Form D Contract Person Information	In RFA No. HHSS0013447 from 2023, the Contact Person Information was a Word document with 2 columns running vertically longways. This time for HHS0015355, Form D is an Excel sheet with 6 columns running horizontally per name (12 columns for 2 Contact Persons and so on). What is the minimum number of Contact Persons, and how should applicates include Form D in our final submission? RFA	<p>Contact Persons should be those responsible for performing services under the Award. There is no minimum number.</p> <p>Refer to RFA Section 6.4, Administrative Applicant Information, Section 8.3, Required Submission Method, Section 8.5, Application Composition, Section 8.6, Application Organization and Section XIII. Submission Checklist.</p>
79.	5.4 Costing Sharing or Matching Requirements pg.41 (F)	Applicants will Budget and provide a five percent (5%) match based on the amount requested to be awarded for each Program Type and curriculum Will CCMS require a five percent (5%) match itself?	<p>Yes, CCMS requires a 5% match.</p> <p>Refer to Addendum 10and Exhibit M, Financial Requirement, (O).</p>
80.	Grant Funding Sources and Available Funding pg. 39	Actual award amounts may vary, not only in response to the number of successful RFA Applicants for the program types needed but will also be allocated based on region and location. Will telehealth also be considered and allowable?	<p>Yes, telehealth is considered and allowable as long it is provided within the applicant’s region.</p>

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#	Reference	Question	Response
81.	Exhibit A, HHS Solicitation Affirmations v 2.6 pg.12 #56	<p>No Felony Criminal Convictions. Respondent represents that neither Respondent nor any of its employees, agents, or representatives, including any subcontractors and employees, agents, or representative of such subcontractors, have been convicted of a felony criminal offense or that if such a conviction has occurred Respondent has fully advised System Agency in writing of the facts and circumstances surrounding the convictions. 1) Is the Agency asking for a listing of all employees that have ever been convicted of a Felony Offense no matter how long ago?</p> <p>2) Is the System Agency requesting a report of the disposition of such felony offenses?</p> <p>3) Define a writing of the facts and circumstances surrounding the convictions.</p>	<p>1. Yes, Felony convictions must be reported.</p> <p>2. The System Agency is not requesting a report of the disposition of such felony offenses.</p> <p>3. Describe any relevant facts or circumstances related to the conviction.</p>



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#	Reference	Question	Response
82.	Exhibit P-1 Section VI #5 c,I,ii, Pg. 11	<p>Grantee shall provide necessary supplies/basic needs items for clients enrolled in residential substance use treatment services, which may include but are not limited to prescription medications, reading glasses, hearing needs, hygiene supplies, clothing, or educational items</p> <p>If the grantee is to provide the necessary supplies/basic needs for all clients enrolled in residential services as referenced in 5, c and c-i, but limited to 250.00 as stated in c-ii, which including pre-engagement services, are all of those supposed to be included the 250.00 referenced in 5, c-ii?</p>	<p>Refer to Exhibit P-1, Comprehensive Case Management Services (CCMS), CCMS Scope of Grant Project Services, Section IV: VI. 5. c. ii.</p>