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# Pre-Submittal Applicant Conference

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**Request for Applications No. HHS0013483**  
**HIV Clinical HIV/STI Prevention in Community Health Centers**  
**November 17, 2023, at 10:30 AM CT**





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# Agenda

1. Introductions
2. Housekeeping Items
3. Project Overview & Scope
4. Funding Stream Updates & Tracking
5. Grant Term
6. Program Requirements & Allowable Activities
7. Prohibitions
8. Closing Comments



# Introductions

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## Speakers

- **Julia Solis**, Grants Specialist  
Sole Point of Contact for RFA  
Health and Human Services Commission (HHSC) Procurement and Contracting Services (PCS)
- **Melissa Rios Canon**, Interim HIV Prevention Manager  
Department of State Health Services (DSHS)  
HIV Prevention Services



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# Procurement Roles

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## Procurement Team

- Health and Human Services Commission (HHSC) Procurement and Contracting Services (PCS) is responsible for all procurement and solicitation activities.
- The HIV Prevention Program is responsible for contract management activities throughout the life of the Grant Agreements including, contract development, execution, and monitoring.
- The HIV Prevention Program is responsible for project scope, requirements, performance, results, and monitoring.



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# Schedule of Events

## Deadline for Submitting Questions

December 1, 2023, by 5:00PM

Any questions arising prior to the question deadline must be submitted in writing to [julia.solis@hhs.texas.gov](mailto:julia.solis@hhs.texas.gov)



## Tentative Date Answers to Questions Posted

Estimated: On or after December 15, 2023



## Deadline for Submission of Solicitation Applications

January 31, 2024, by 10:30 AM



## Anticipated Grant Agreements Start Date

January 1, 2025



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# Solicitation Access

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

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

HHSC reserves the right to cancel this RFA, or to make no award if it determines such action is in the best interest of the State.

HHSC may, in its discretion, reject any and all applications or portions thereof.



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# Sole Point of Contact

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- All communications relating to this RFA must be directed in writing to Julia Solis, Sole Point of Contact at [julia.solis@hhs.texas.gov](mailto:julia.solis@hhs.texas.gov)
- All communications between applicants and HHSC staff members, or any other HHS staff members, concerning this RFA are **strictly prohibited**.
- Failure to comply with these requirements may result in application disqualification.



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# Executive Summary of Program

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The State of Texas by and through the Texas Department of State Health Services (DSHS or System Agency) announces the expected availability of state and federal funding for grants to provide human immunodeficiency virus (HIV) prevention services as set forth in this Request for Applications (RFA). The projects supported through this RFA reflect the priorities and strategies in the Texas HIV Plan and the National HIV/AIDS Strategy.

This RFA includes the following two (2) Activities:

1. Biomedical HIV Prevention in Community Health Settings
2. Express HIV/STI/HCV testing services



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# Available Funding

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## HIV Clinical HIV/STI Prevention in Community Health Centers

Anticipated Number of Awards: 16

\$8,400,000 for Year 1 (Project Period)

Anticipated Award Amounts and Award Caps can be found in Section 5.1, Table 2 of the RFA.



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# Grant Term

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- Anticipated Project Start Date: January 1, 2025
- Project End Date: December 31, 2025 (base term)

\*Following the base term, DSHS, at its sole discretion, may extend any resulting Grant Agreements for up to four (4) one-year renewals.



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# Eligible Populations

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- The eligible population to be served under this RFA consists of individuals who are the most vulnerable to the acquisition of HIV based on the most recent local HIV epidemic profile. These populations are referenced as "Priority Populations." For the how the populations were determined please reference **Appendix 3, Selecting Locally Relevant Populations**.
- Priority populations are determined for each HSDA using a scoring system based on the area's epidemiological profile. Refer to **Appendix 3, Selecting Locally Relevant Focus Populations**, for more details on how priority populations are determined. Applicants are required to primarily market and tailor their services to at least one of the priority populations in their area. This is not to say that applicants are limited to providing services only to priority populations: Services must be made available to all individuals regardless of population membership.
- Populations other than the priority populations may also benefit from focused services. For this reason, funding may be awarded to applicants who choose to target an eligible "Optional Additional Population." These eligible populations are determined by DSHS as detailed in **Appendix 3, Selecting Locally Relevant Focus Populations** (see Table 2). Applicants must follow the same requirements for priority populations should they choose to focus on an optional additional population.



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# Eligible Services Areas

The State of Texas is divided into twenty-six (26) HSDAs, see **Appendix 1: Texas Counties in HIV Service Delivery Areas (HSDA)**. Twenty HSDA's are eligible for grant funding under this RFA.

Eligible HSDA's for program activities, described in **Section 2.5, Eligible Activities** , are: Dallas, San Antonio, Austin, Fort Worth, Houston (without City of Houston), El Paso, Brownsville, Tyler, Galveston, Beaumont-Port Arthur, Temple- Killeen, Corpus Christi, Permian Basin, Waco, Amarillo, Laredo, Lubbock, Lufkin, Bryan-College Station, and Texarkana.

Eligible HSDA's for program activity 2, described in Section 2.5, Eligible Activities , are: Houston; Dallas; San Antonio; Austin; Fort Worth; El Paso HSDA's.

Note: Awards for providers in the Houston HSDA will be limited as this HSDA receives direct federal funding. If Applicant is currently receiving federal funds for HIV prevention from the City of Houston, it is not eligible to receive grant funding under this RFA.

Refer to **Appendix 2, Determination of Eligible HSDAs based on HIV Morbidity Scores** for more details on funding eligibility criteria and scoring of HSDAs.

Applicant shall be physically located the HSDA it proposes to serve and apply to serve at least one (1) county within an eligible HSDA. See **Appendix 1, Texas Counties in HIV Service Delivery Areas** for a list of counties in eligible HSDAs.



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# Eligible Activities and Program Descriptions

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This grant program may fund activities and costs as allowed by the laws, regulations, rules, and guidance governing fund use identified in the relevant sections of this RFA. Only grant-funded activities authorized under this RFA are eligible for reimbursement and payment under any Grant Agreement awarded as a result of this RFA.

## Activity 1: Biomedical HIV Prevention Services in Community Health Settings

### Objective:

To provide individuals and communities most vulnerable to HIV and STIs with access to comprehensive HIV, STI and HCV testing as well as expand the availability of biomedical HIV prevention to communities who most need them.

### Model/Description:

Community health settings are well-poised to expand access to HIV/STI/HCV testing and treatment as well as biomedical prevention for priority populations. Community health settings provide HIV/STI prevention and care services to underserved populations, especially those who lack health insurance to seek comprehensive sexual health. Community-based organizations (CBOs), federally qualified health centers (FQHCs), and non-profit organizations are poised to better serve communities who have not been able to access PrEP and PEP by leveraging various funding sources to provide biomedical prevention services. Community health settings also often are in locations that are more easily accessible to the priority populations and have long-standing relationships with the communities, addressing the need to build trust, rapport, and longevity within historically underserved communities. Recent pandemics have shown that community health providers are an essential part of public health infrastructure and vital partners in responding to emergent public health issues or syndemics that impact sexual health and populations most affected by HIV/STIs/HCV such as monkeypox (mpox) or COVID-19.



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# Eligible Activities and Program Descriptions

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Activity one will prioritize grantees who operate status-neutral clinical HIV/STI/HCV prevention services among priority populations that have the most expressed need for biomedical HIV prevention and STI testing and treatment. Activities in this scope of work should aim to facilitate the uptake and maintenance of PrEP and PEP and reduce existing barriers among populations who are most vulnerable to HIV. Grantees should also be able to provide culturally and linguistically competent care to members of priority populations. At minimum, grantees funded under this activity shall:

- A. Screen, diagnose and treat STIs according to the current clinical guidelines.
- B. Provide HIV and HCV testing and prevention services and link to care in cases of a positive diagnosis.
- C. Provide PrEP and PEP services in accordance with the most current clinical guidelines,
- D. Accept and provide referrals as necessary from internal and external sources for social and support needs.
- E. Provide education on biomedical prevention and STI basics and ensure that messaging is culturally responsive and medically accurate.
- F. Provide client support and navigation services to assist clients in accessing related care.

Special consideration will be given to programs who have the capacity to respond to emergent public health issues or syndemics that affect sexual health or populations affected by HIV/STI/HCV (e.g., mpox). Grantees may direct some of their funding toward syndemic activities and any proposed activities should be defined in the workplan and budget.



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# Eligible Activities and Program Descriptions

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## Activity 2: Express HIV/STI/HCV Testing Services

### Objective:

To reduce administrative barriers to comprehensive HIV/STI/HCV testing services by streamlining intake, testing and treatment procedures.

### Model/Description:

Grantees implementing this activity shall model their workflows on a status-neutral express service model that reduces administrative barriers to HIV and STI testing. For more information of Express STI service models see, STI Express Initiative - NACCHO. Express service models streamline the testing of HIV and STIs through implementation of triage-based, STI testing without a full clinical examination. This process de-emphasizes risk-reduction counseling and limits enhanced assessments of client risks and vulnerabilities. In an express service model, Grantees may: have clients self-report their recent activity on a form; utilize FDA-approved, CLIA-waived point-of-care testing; and self-collect laboratory specimens for HIV and STIs without a need to speak to a tester, nurse or clinician.

Figure 1 provides a sample express service workflow that details how an individual may be routed through such a clinical set up.



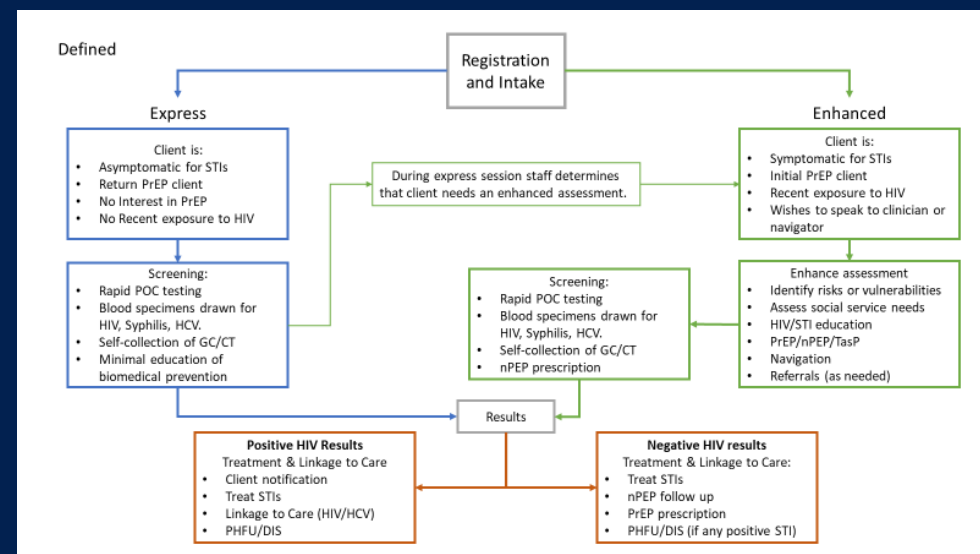
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# Eligible Activities and Program Descriptions

Ideal clients for express testing may be: asymptomatic; having routine testing for PrEP follow-up; clients who regularly test for HIV/STIs; clients not interested in PrEP; people living with HIV who are already receiving HIV care and treatment; or those not eligible for PEP. These clients would move straight to screening with little need for an enhanced assessment. Some education may be provided in an express testing session but the emphasis is on providing a low-barrier testing option.

Enhanced assessments would only need to be performed in instances that require more conversation and context. Clients who could benefit from an enhanced testing session would be: symptomatic of STIs; interested in starting PrEP; have had a recent exposure to HIV and are eligible for PEP; or who test positive on a point-of-care HIV rapid test. These clients would be routed out of express testing, so that they may speak with a nurse, tester or clinician and receive a more in-depth assessment and linkage to care if applicable.

Clinics may propose their own workflow or adapt the sample workflow in Figure 1 to their own staffing needs and capacity when demonstrating how they will implement express services. In either case, Grantees will need to ensure their workflows account for the timely linkage to care for individuals who are diagnosed with HIV and detail which staff are assigned to the different stages of their workflow.



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# Program Income and Sustainability

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Program income: Income earned by an organization from a support activity generated by or earned from an award during the performance period.

DSHS receives federal grant funds through the Centers for Disease Control and Prevention (CDC) and state general revenue funds to provide HIV-related prevention and support services to low-income residents of Texas. Federal and state laws and policies require that Texas DSHS funds be used as payer of last resort (PoLR). These funds may not be used for any item or service for which payment has been made or can be expected to be made by any other payer or other funding source. Other payers or funding sources include public or private health insurance coverage including Medicaid, Medicare, CHIP, Marketplace and employer-based health insurance and program income. Grantees who implement this activity may be collecting additional funds because of their activities, this may include administrative service fees, third-party billing, and recouping prescription savings via participation in HRSA's 340b program.

Program income generated through this component is considered additive and must be used for activities that enhance current services or further the goals outlined in this grant. Program income must be used in the grant year in which it is received. Any program income earned in one grant year must be expended before usage of DSHS funds awarded for the next grant year. This Contract may be used to purchase or making pharmaceutical co-pays/co-insurance payments; purchasing PrEP and PEP medications to assist clients who do not qualify for available patient assistance, medication assistance or other resources for PrEP medications; laboratory fees for needed diagnostics associated with biomedical HIV prevention with prior written authorization from DSHS.

Program income may be used for the following but is not limited to purchasing or making pharmaceutical co-pays/co-insurance payments; purchasing PrEP and PEP medications to assist clients who do not qualify for available patient assistance, medication assistance or other resources for PrEP medications; laboratory fees for needed diagnostics associated with biomedical HIV prevention. Program income expenses do not require prior authorization from DSHS.

Programs are encouraged to utilize other funding sources, grants, or program income to expand or sustain services without relying solely on DSHS funding. DSHS grant funds are payor of last resort and grantees should exhaust all available funds (e.g. 340b Program Income) before using grant funds. Grantees may utilize this program income to implement activities within the grant year that enhance current services and further the goals of this activity. Program income must be reported according the DSHS policy: LIDS 2021.001 Program Income | Texas DSHS. Program income procedures and training will be provided to awardees prior to contract start.



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# Required Reports

Each Grantee awarded a Grant Agreement as a result of this RFA shall submit the following reports by the noted due dates (further outlined in Sections 2.11 and 2.12):

REPORT	REPORTING PERIOD	DUE DATE
LRP Security Assessment	January 1, 2025 – June 30, 2025	July 15, 2025
Financial Status Report	January 1, 2025 – June 30, 2025	July 31, 2025
LRP Security Assessment	July 1, 2025 – December 31, 2025	January 15, 2026
Financial Status Report	July 1, 2025 – December 31, 2025	February 15, 2026
Annual Progress Report	January 1, 2025 – December 31, 2025	February 15, 2026



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# Evaluation Process

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A three-step selection process will be used:

1. Eligibility screening based upon Section 3.3, Grant Award Eligibility, and Section 3.2, Application Screening Requirements
2. Evaluation based upon Section 9.4, Evaluation Criteria
3. Final Selection is based upon Section 10.1, Final Selection.



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# Evaluation Criteria

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Per Section 9.4, all eligible applications will be evaluated based upon:

1. Organizational Capacity (Form C, Organizational Capacity) – 10%
2. Organizational Approach (Form D, Organizational Approach) – 10%
3. Performance Measures (Form E, Performance Measures and Standards) – 10%
4. Work Plan (Form F, Work Plan; Form F-1 Clinical Client Support Services)– 60%
5. Budget (Form G, Requested Budget Template) – 10%



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# Submission of Exhibits and Forms

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Applicants must complete and submit the exhibits and forms in accordance with the RFA, Article XIII, Submission Checklist.



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# Prohibitions

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## Grant funds may not be used to support the following services, activities, and costs as outlined in Section 5.3 below:

- A. Any use of grant funds to replace (supplant) funds that have been budgeted for the same purpose through non-grant sources;
- B. Inherently religious activities such as prayer, worship, religious instruction, or proselytization;
- C. Lobbying or advocacy activities with respect to legislation or to administrative changes to regulations or administrative policy (cf. 18 U.S.C. § 1913), whether conducted directly or indirectly;
- D. Any portion of the salary of, or any other compensation for, an elected or appointed government official;
- E. Vehicles for general agency use; to be allowable, vehicles must have a specific use related to Project objectives or activities;
- F. Entertainment, amusement, or social activities and any associated costs including but not limited to admission fees or tickets to any amusement park, recreational activity or sporting event unless such costs are incurred for components of a program approved by the grantor agency and are directly related to the program's purpose;
- G. Costs of promotional items, and memorabilia, including models, gifts, and souvenirs where pre-approved for working events, or where such costs are incurred for components of a program approved by the grantor agency and are directly related to the program's purpose;
- H. Food, meals, beverages, or other refreshments, except for eligible per diem associated with grant-related travel, where pre-approved for working events, or where such costs are incurred for components of a program approved by the grantor agency and are directly related to the program's purpose;



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# Prohibitions (con't)

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- **Grant funds may not be used to support the following services, activities, and costs as outlined in Section 5.3 below:**
  - I. Membership dues for individuals;
  - J. Any expense or service that is readily available at no cost to the Grant Project;
  - K. Any activities related to fundraising;
  - L. Equipment and other capital expenditures such as capital improvements, property losses and expenses, real estate purchases, mortgage payments, remodeling, the acquisition or construction of facilities, or other items that are unallowable pursuant to 2 CFR § 200.439;
  - M. Any other prohibition imposed by federal, State, or local law; and
  - N. Other unallowable costs as listed under TxGMS, Appendix 7, Selected Items of Cost Supplement Chart and/or 2 CFR 200, Subpart E – Cost Principles, General Provisions for Selected Items of Cost, where applicable.



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# Delivery for Submission Option

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Applicant must correctly deliver Solicitation Responses by the method below:

- **Submission Option #1:** Applicant shall submit the application through the HHS Online Bid Room utilizing the procedures identified in Exhibit J, HHS Online Bid Room Instructions.
- **Submission Option #2 with USB Drives:** Applicants shall submit each of the following on separate USB drives to the correct mailing address, which is dependent upon mailing method identified in this section (see mailing address options in the RFA, Section 8.3, Required Submission Method).



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# Questions and Answers

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All questions **must** be submitted in writing to the Sole Point of Contact using the formatting below from the RFA, Section 7.3, RFA Questions and Requests for Clarification:

- A. Identifying Solicitation number;
- B. Section number;
- C. Paragraph number;
- D. Page number;
- E. Text of passage being questioned; and
- F. Question;

Submit via email to: [julia.solis@hhs.texas.gov](mailto:julia.solis@hhs.texas.gov) by **5:00PM**   
**on December 1, 2023.**



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# Question Deadline

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- Questions are due by **5:00PM on Friday, December 1, 2023.**
- Questions received after this deadline cannot be responded to.
- An addendum will be posted to the HHS Grants Website with the answers to questions **on or after December 15, 2023.**



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# Closing Comments

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- Applicants are responsible for meeting the RFA requirements, including any addendums.
- All Addendums must be signed and submitted with the original application.
- Applicants must check the HHS Grants website frequently for any addendums that may have been added to this solicitation.



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## **HHS Grants Website**

The link is: <https://resources.hhs.texas.gov/rfa>





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# Thank you!

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**Request for Applications No. HHS0013483**

**HIV Clinical HIV/STI Prevention in Community Health  
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