



TEXAS

Health and Human Services

Cecile E. Young, Executive Commissioner

Request for Applications (RFA)

Grant for

Aging and Disability Resource Center (ADRC) Services

Focused RFA

RFA No. HHS0014507

APPLICATION SUBMISSION DEADLINE

June 4, 2024 by 10:30 a.m. Central Time

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Section I. Executive Summary, Definitions, and Statutory Authority

1.1 EXECUTIVE SUMMARY

The Texas Health and Human Services Commission (HHSC), the System Agency, is accepting Applications for the Aging and Disability Resource Center (ADRC) Program. ADRCs are part of Texas' No Wrong Door (NWD) System. The NWD System initiative is a collaborative effort of Administration for Community Living (ACL), the Centers for Medicare & Medicaid Services (CMS), and the Veterans Health Administration (VHA). The NWD System initiative builds upon the ADRC program and CMS' Balancing Incentive Program NWD requirements that support state efforts to streamline access to long-term services and support (LTSS) options for older adults and individuals with disabilities. NWD Systems simplify access to LTSS and are a key component of LTSS systems reform. The ADRC core services include: Specialized Information, Referral, and Assistance (IR&A); Referrals to respite care services; Local Contact Agency services to provide assistance to non-Medicaid, Medicare, and private pay nursing facility residents to transition into community living; Housing Navigator Services to increase accessible and affordable housing; and Outreach Activities under the Medicare Improvement for Patients and Providers Act (MIPPA) to educate Medicare beneficiaries with limited incomes who may be eligible for the Low-Income Subsidy program (LIS), Medicare Savings Program (MSP), and Medicare Prescription Drug Coverage (Part D), as well as disease prevention and wellness promotion.

There are 7 ADRC Planning and Service Areas (PSAs) in scope for this RFA. Funding will be awarded to one ADRC for each ADRC PSA that will serve the counties designated within each PSA.

The purpose of this Grant Project is to serve people of all ages, incomes, and disabilities by providing one-on-one counseling on the full range of long-term services and supports in Texas.

Applicants should reference **Section II, Scope of Grant Project**, for further detailed information regarding the purpose, background, eligible population, eligible activities, and requirements.

Grant Name:	Aging and Disability Resource Center (ADRC) Services
RFA No.:	HHS0014507
Deadline for Applications:	June 4, 2024 by 10:30 a.m. Central Time
Deadline for Submitting Questions or Requests for Clarifications:	May 15, 2024 at 2:00 PM Central Time

Estimated Total Available Funding:	\$8,866,200.00
Estimated Total Number of Awards:	7
Estimated Max Award Amount:	No award will exceed the amount available for each of the 7 ADRC PSAs and Counties set forth in <u>Exhibit B, ADRC PSA Regions and Funding Estimates</u>
Match Required, if any:	No match is required
Anticipated Project Start Date:	September 1, 2024
Length of Project Period:	The Grant Agreements will be awarded for an initial three-year term. HHSC, may, at its sole discretion, extend the Grant Term for up to two (2) years, not to exceed the five-year Grant Term.
Eligible Applicants:	Limited to non-profit and governmental organizations located in the State of Texas.

To be considered for screening, evaluation, and award, Applicants must provide and submit all required information and documentation as set forth in **Section VIII, Application Organization and Submission Requirements** and **Section XIII, Submission Checklist** by the Deadline for Submission of Applications established in **Schedule of Events (Section 7.1)**, or subsequent Addenda. See **Initial Compliance Screening for Applications (Section 9.2)**, for further details.

1.2 DEFINITIONS AND ACRONYMS

Unless a different definition is specified, or the context clearly indicates otherwise, the definitions and acronyms given to a term below apply whenever the term appears in this RFA. All other terms have their ordinary and common meaning.

Refer to all exhibits to this RFA for additional definitions.

“Addendum” means a written clarification or revision to this RFA, including exhibits, forms, and attachments, as issued and posted by HHSC to the HHS Grants RFA website. Each Addendum will be posted and must be signed by the Applicant and returned with its Application.

“Aging and Disability Resource Center” or “ADRC” serves as a single point of entry into the long-term services and supports (LTSS) system for older adults, people with disabilities, caregivers, veterans, and families. Some states refer to ADRCs as “access points” or “No Wrong Door” systems.

“Alliance of Information and Referral Systems” or “AIRS” is the professional membership association for community Information and Referral (I&R) serving the nonprofit and government sectors.

“Applicant” means any person or legal entity that submits an Application in response to this RFA. The term includes the individual submitting the Application who is authorized to sign the Application on behalf of the Applicant and to bind the Applicant under any Grant Agreement that may result from the submission of the Application. May also be referred to in this RFA as “Respondent.”

“Application” means all documents the Applicant submits in response to this RFA, including all required forms and exhibits. May also be referred to in this RFA as “Solicitation Response.”

“Budget” means the financial plan for carrying out the Grant Project, as formalized in the Grant Agreement, including awarded funds and any required Match, submitted as part of the Application in response to this RFA. An Applicant’s requested Budget may differ from the HHSC-approved Budget executed in the final Grant Agreement.

“Business Day” means Monday through Friday, from 8:00 a.m. to 5:00 p.m. local time. Business Day excludes Saturday, Sunday, and State-approved holidays (i.e., federal, state, or agency-designated holidays).

“Calendar Day” means every day shown on the calendar.

“CFR” means the Code of Federal Regulations which is the codification of the general and permanent rules published in the Federal Register by the executive departments and agencies of the Federal Government.

“Client” means a member of the target population to be served under a Grant Agreement as a result of this RFA. For the purposes of this Solicitation, a client is an older person, a person of any age with a disability, and family members who contact the ADRC for assistance.

“Contract Monitoring Questionnaire” or “CMQ” means the questionnaire Grantee provides to HHSC with detailed information regarding the Grantee’s internal controls and general processes important to HHSC contracting. HHSC uses the CMQ as part of the contract risk evaluation process.

“Controlled Asset” is an item with an estimated life of greater than one year and a value between \$500 to \$4,999.99. Controlled Assets purchased with ADRC Grant Project funds will be tracked on HHSC Inventory Log.

“Direct Cost” means those costs that can be identified specifically with a particular final cost objective under the Grant Project responsive to this RFA or other internally or externally funded activity, or that can be directly assigned to such activities relatively easily with a high degree of accuracy. Costs incurred for the same purpose in like circumstances must be treated consistently as either direct or indirect costs. Direct costs include, but are not limited to, salaries, travel, equipment, and supplies directly benefiting the grant-supported project or activity.

“Equipment” pursuant to 2 CFR § 200.1, means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. See §200.1 for Capital assets, Computing devices, General purpose equipment, Information technology systems, Special purpose equipment, and Supplies.

“Fiscal Year” means the State Fiscal Year that begins on September 1st and ends on August 31st of the following year. For this RFA, the Fiscal Year aligns with the starting and ending dates of the Project Period.

“Grant Agreement” means the agreement entered into by the HHSC and the Grantee as a result of this RFA, including the Signature Document and all attachments and amendments. May also be referred to in this RFA as “contract.”

“Grantee” means the Party receiving funds under any Grant Agreement awarded under this RFA. May also be referred to as “Subrecipient” or “Contractor.”

“HHS” includes both the Health and Human Services Commission (HHSC) and the Department of State Health Services (DSHS).

“HHSC” means the Health and Human Services Commission.

“Housing Navigator” or “HN” is a program that assists local communities in increasing the overall inventory of accessible, affordable, and integrated housing.

“Indirect Cost” means those costs incurred for a common or joint purpose benefitting more than one cost objective, and not readily assignable to the cost objectives specifically benefitted, without effort disproportionate to the results achieved. Indirect costs represent the expenses of doing business that are not readily identified with the Grant Project responsive to this RFA but are necessary for the general operation of the organization and the conduct of activities it performs.

“Indirect Cost Rate” is a device for determining in a reasonable manner the proportion of indirect costs each program should bear. It is the ratio (expressed as a percentage) of the Grantee’s indirect costs to a direct cost base.

“Local Contact Agency” or “LCA” provides transition planning and person-centered options counseling to assist non-Medicaid nursing facility residents in transition into community living. ADRCs serve as LCAs in their PSA Region.

“Match” is the non-federal and/or non-state share of costs the Grantee is required to contribute to accomplish the purpose of the Grant Project.

“Medicare Improvement for Patients and Providers Act” or “MIPPA” is a program that supports states and tribes through grants to provide outreach and assistance to eligible Medicare beneficiaries to apply for benefit programs that help to lower the costs of their Medicare premiums and deductibles. This initiative includes targeted outreach to rural areas and tribes.

“No Wrong Door System” or “NWD” is a collaborative effort of the U.S. Administration for Community Living (ACL), the Centers for Medicare & Medicaid Services (CMS), and the Veterans Health Administration (VHA).

“Project” or “Grant Project” means the specific work and activities that are supported by the funds provided under the Grant Agreement as a result of this RFA.

“Project Cost” means the total cost to complete the proposed Project.

“Project Period” is the initial period of time set forth in the Grant Agreement during which grantees may perform approved grant-funded activities to be eligible for reimbursement or payment. Unless otherwise specified, the Project Period begins on the Grant Agreement effective date and ends on the Grant Agreement termination or expiration date, and represents the base Project Period, not including extensions or renewals. When referring to the base project period plus anticipated renewal or extension periods, “Grant Term” is used.

“RFA” means this Request for Applications, including all parts, exhibits, forms, attachments and addenda posted on the HHS Grants RFA website. May also be referred to herein as “Solicitation.”

“State” means the State of Texas and its instrumentalities, including the System Agency and any other state agency, its officers, employees, or authorized agents.

“System Agency” means HHSC, DSHS, or both, that will be a party to any Grant Agreement resulting from the RFA.

“Texas Lifespan Respite Care Program” or “TLRCP” is a program to increase the availability of respite services for family members who care for a person of any age with a chronic health condition or disability. Respite services are targeted toward the needs of each caregiver and can be in the form of in-home or out-of-home respite care. There are no age or income eligibility requirements. TLRCP is administered statewide through the 28 ADRC programs.

“TxGMS” means the Texas Grant Management Standards published by the Texas Comptroller of Public Accounts.

1.3 STATUTORY AUTHORITY

The authority for this Solicitation and the resulting Contract is based on Section 10202 of the Patient Protection and Affordable Care Act (Pub. L. 111-148, also known as The Affordable Care Act) (<https://www.congress.gov/111/plaws/publ148/PLAW-111publ148.pdf>), which authorizes incentives to states to increase access to non-institutionally-based LTSS. This Solicitation and resulting Grant Agreements are also governed by federal, state, and local laws, including, but not limited to, the following:

Federal funding for this Grant Project is authorized under the Older Americans Act (OAA) of 1965, Public Law 89-73, as amended through P.L. 116-131, and enacted on March 25, 2020. All awards are subject to the availability of appropriated federal funds and any modifications or additional requirements that may be imposed by law.

Federal Grant Program:	FY2021 MIPPA: Priority 3 for ADRCs
Federal Awarding Agency:	Administration for Community Living
Funding Opportunity No.:	2101TXMIDR-02
Assistance Listing Number and Program Title:	93.071, Medicare Enrollment Assistance Program
Federal Grant Program:	Texas Money Follows the Person Demo
Federal Awarding Agency:	Centers for Medicare & Medicaid Services
Funding Opportunity No.:	1LICMS300151-01-22
Assistance Listing Number and Program Title:	93.791, Money Follows the Person Rebalancing Demonstration

1.4 STANDARDS

Awards made as a result of this RFA are subject to all policies, terms, and conditions set forth in or included with this RFA as well as applicable statutes, requirements, and guidelines including, but not limited to applicable provisions of the Texas Grant Management Standards (TxGMS) and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR Part 200).

Section II. Scope of Grant Project

2.1 PURPOSE

1. This funding opportunity invites grant Applications requesting funding for ADRCs in support of the Texas “No Wrong Door” system.

ADRCs serve as key points of access to specialized information, referrals, and assistance and are a one-stop resource for people who need help finding long-term care services. ADRCs serve people of all ages, incomes, and disabilities by providing one-on-one counseling on the full range of long-term services and supports in Texas.

2. The following are the goals and outcomes that HHSC seeks to achieve by funding the ADRC services across Texas:
 - A. Improve the lives of individuals by providing available options for services and assist individuals and their caregivers in making informed decisions about healthcare, housing, transportation, and other long-term care services and supports;
 - B. Increase the number of individuals who can continue to live successfully in their community by using the objective information and assistance provided by the ADRC to help them access the care they need;
 - C. Increase awareness of resources available to support the needs of family caregivers;
 - D. Increase the number of family caregivers that utilize available resources to help them maintain a balanced lifestyle.

2.2 PROGRAM BACKGROUND

1. ADRCs provide:
 - A. A person-centered, community-based environment that promotes independence and dignity for individuals;
 - B. Easy access to information and one-on-one counseling options to assist individuals in exploring a full range of long-term services and supports to meet their needs and situations; and
 - C. Resources and services that support the needs of family caregivers.
2. ADRCs across Texas seek to address the frustrations many older adults, people with disabilities, and family members experience when trying to learn about and access long-term services and supports.
3. ADRCs raise visibility about the full range of available options by:
 - A. Provide objective information, advice, counseling, and assistance;
 - B. Empower people to make informed decisions about their long-term services and supports; and
 - C. Help people access public and private programs.
4. ADRCs provide unbiased, reliable information and counseling to people of all income levels.

5. ADRCs are an important part of the NWD system model. A collaboration between ACL, the CMS, and the Veterans Health Administration, the NWD initiative supports states working to streamline access to long-term services and supports for older adults, people with disabilities, and their families.

2.3 ELIGIBLE POPULATION

The eligible population to be served under this RFA comprises of:

- A. Individuals who are 60+ years;
- B. Individuals with intellectual disabilities, developmental disabilities, physical, and/or chronic diseases or conditions;
- C. Family caregivers;
- D. Veterans;
- E. Families with children with disabilities; and
- F. Other individuals planning for future LTSS needs.

2.4 ELIGIBLE SERVICE AREAS

The eligible service areas or counties that must be served under each ADRC PSA are identified in **Table 1** of **Exhibit B, ADRC PSA Regions and Funding Estimates**.

2.5 ELIGIBLE ACTIVITIES

1. This Grant Project will 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.
2. The following core services are eligible activities under the ADRC Grant Project:
 - A. Specialized Information, Referral, and Assistance (IR&A) – To provide individuals with current information on the LTSS services and resources available to them in their communities. IR&A specialists must use a person-centered approach to assess the capacities and challenges of clients and provide objective information and assistance to help them make informed decisions about their long-term care needs.
 - B. Referral to Respite Care services – To provide respite care supports for family members caring for an individual of any age with a chronic health condition or a disability. ADRCs must assess the caregivers' eligibility for services and provide referrals to community providers for respite care and other services that support caregivers, which will allow caregivers to take a break while a provider cares for their loved ones.
 - C. Local Contact Agency services – To provide, as the Local Contact Agency (LCA), transition planning and person-centered options counseling to assist non-Medicaid, Medicare, and private-pay nursing facility residents who need assistance transitioning into community living. LCA services are more in-depth and usually require follow-up sessions with clients to ensure successfully meeting their goals.

- D. Housing Navigator activities – To provide Housing Navigator activities focused on providing opportunities to increase accessible, integrated, and affordable housing in the local area. ADRC staff must maintain inventories of available housing in their areas, participate in local coalitions that advocate for affordable housing, and develop and maintain working relationships with key stakeholders, including housing authorities, property owners, developers, and state and local lawmakers. In addition, Housing Navigator staff must analyze complex housing policies and plans and provide public input to city planners and policymakers.
- E. Outreach and education activities under the Medicare Improvements for Patients and Providers Act – To facilitate and participate in community events to provide outreach and education to Medicare beneficiaries, particularly those with limited incomes who may be eligible for the LIS program, MSP, and Medicare Prescription Drug Coverage (Part D). Outreach activities must also provide information on disease prevention and wellness promotion.
- F. Local initiatives, Pilot Programs, and Special Projects – To provide other allowable activities or services that meet the unique needs of their communities. **Eligible Populations (Section 2.3)** should be prioritized in delivering services for local initiatives, pilot programs, and special projects. ADRCs may also serve other vulnerable and underserved populations. Pilot programs and special projects can be local initiatives or directed by HHSC.
- G. Collaborative Efforts – To establish collaborative relationships with Area Agencies on Aging (AAAs) and other community-based organizations in the ADRC service region to provide quality comprehensive services to older individuals and individuals with disabilities.

Please see **Provision of Core Services (Section 2.6.14)** for additional information for each eligible service listed above.

2.6 PROGRAM REQUIREMENTS

All Grant Projects funded under this RFA must meet the following program requirements:

2.6.1 ADRC Infrastructure

1. Physical Location and Hours of Operation

Grantee shall maintain a physical ADRC location accessible to the public on Business Days, as established in section 662.003 of the Texas Government Code.

2. Holidays

Grantee may observe other holidays if written notice is provided to HHSC thirty (30) Calendar Days in advance of the holiday.

2.6.2 Data System

1. Grantee shall provide a data system, including computer hardware and software, to carry out the provisions of the Grant Agreement. The data system must:
 - A. Track, maintain, and protect client referral and services information to ensure operational efficiency and effectiveness;
 - B. Have the capacity to produce the program and financial information necessary for regular data assessment and analysis to determine if the ADRC is meeting performance benchmarks and to provide required performance reports; and
 - C. Have adequate electronic back-up systems, schedules, and procedures, as well as virus protection software that is continually updated to prevent the loss or corruption of system data.
2. Grantee shall include a termination or out clause in all data system subcontractor agreements. HHSC funds may not be used for a data system contract if HHSC provides an information management system for data collection and reporting. HHSC is not responsible for any costs associated with the termination of the data system subcontractor agreements.
3. HHSC reserves the right to require ADRCs to utilize a common information management system provided by HHSC to standardize data collection and reporting.

2.6.3 Database

- A. Grantee shall ensure access to a comprehensive resource database that provides current and accurate information regarding service providers and services that may assist the ADRC target population. The 2-1-1 database is one example of an acceptable resource database.
- B. Grantee shall set up any agreement for shared database usage, and Grantee shall notify HHSC if Grantee enters into an agreement with another HHSC contractor for shared database usage.
- C. Grantee shall develop and maintain a database that includes the current services and resources specific to the local ADRC service area and target populations.

2.6.4 Data Use Agreement & System Security

Grantee shall develop and implement a secure database and procedures to safeguard all confidential information in accordance with the applicable HHS Data Use Agreement (DUA). Additionally, Grantee shall ensure that each of its subrecipients or subcontractors to sign the “Subcontractor Agreement Form” referenced in the DUA.

2.6.5 Financial Systems

Grantee must have financial systems in place to maintain internal controls, ensure proper management of federal and state funds, maximize non-federal resources, and maintain solvency. Grantee's accounting and internal control systems must meet the following requirements:

- A. The system must consist of source documents, a chart of accounts, journals, ledgers, and routine financial reports;
- B. The system must be capable of producing expenditure reports, cost center analyses, budget formats, and automated reports as required by, and without additional support from, HHSC;
- C. The system must have an internal control system that safeguards the Applicant's assets, produce accurate accounting data, promote efficient operations, and encourage adherence to prescribed accounting policies and procedures;
- D. The system must have an effective internal control system that involves separation of duties for employees and use standards such as procurement policies, internal procedures, validation checks, and other security measures; and

2.6.6 Maintenance of an ADRC Toll-Free Line and Voicemail System

1. Grantee must maintain a phone line that can accept transferred calls from the statewide toll-free phone line (1-855-YES-ADRC or 1-855-937-2372). The individual answering the phone must be able to identify the calls transferred from the toll-free phone line and answer the phone with a greeting that includes the name of the ADRC.
2. Grantee must ensure that individuals calling the ADRC never receive a busy signal or a message to call back later. Therefore, Grantee must maintain a voicemail system dedicated to the ADRC toll-free phone line, which meets the following requirements:
 - A. The voicemail system must be available to accept messages when other phone lines are in use and when the ADRC office is closed;
 - B. The voicemail recording must state the name of the ADRC receiving the call and a statement about information and access to LTSS. HHSC reserves the right to approve the voicemail message script;
 - C. The voicemail recording must not include the name of an individual; and
 - D. 90% of voicemails received must be returned within two (2) Business Days of receipt.

3. Grantee shall have a call volume contingency plan for situations where the call volume increases to a level that prohibits ADRC staff from returning voicemails within two (2) Business Days or where Grantee fails to meet the performance measures in **Performance and Data Reporting (Section 2.6.19)** for ten (10) consecutive Business Days. The plan must include a process for notifying HHSC within five (5) Business Days and developing strategies to address the issue. The developed plan must be approved by HHSC prior to implementation.

2.6.7 Call Rolling or Transferring

- A. Grantee shall not assign or transfer the responsibility of answering calls received through the ADRC toll-free phone line to other entities without a subcontracting agreement in place.
- B. Prior to formally subcontracting the responsibility of answering calls, Grantee shall submit for HHSC review and approval the name of the potential subcontractor and a call volume contingency plan to ensure the subcontractor meets the requirements of the Grant Agreement.

2.6.8 Plan of Operation

1. Grantee shall submit a final Plan of Operation in accordance with **Exhibit F, Deliverables**. Grantee shall maintain an HHSC-approved Plan of Operation. Ongoing updates and changes to the Plan of Operation must be submitted to HHSC for approval at least thirty (30) Calendar Days before a change becomes effective.
2. **Applicant must submit a draft Plan of Operation with the Application.**
3. The Plan of Operation must include the following:
 - A. Hours of operation and the location (e.g., address and city) in which the services are provided;
 - B. Job titles and contact information for all staff and their responsibilities related to fulfilling obligations under the Grant Agreement;
 - C. Number and job classifications of staff delivering services;
 - D. Qualifications and competencies of each staff member to be paid for under this Grant Agreement;
 - E. Comprehensive description of Applicant's policies and procedures for each of the core services to be provided under the Grant Agreement;
 - F. Comprehensive description and delivery method for services that will be provided to clients;
 - G. Comprehensive strategies for formally collaborating with the AAA(s) in the ADRC region to provide quality services to older individuals; and
 - H. Demonstrate how staff in the ADRC Program meet the required qualifications outlined in **Staffing Plan (Section 2.6.20)**.

2.6.9 Cultural Competence

1. Grantee shall submit an updated Cultural Competence Plan to HHSC in accordance with **Exhibit F, Deliverables**, for equitably serving all individuals on file and make available the document for HHSC review upon request.
2. **Applicant must submit a draft Cultural Competence Plan with the Application.**
3. The Cultural Competence Plan must address how the entity will:
 - A. Meet the needs of individuals of various cultures, races, ethnic backgrounds, and religions who reside in the local area;
 - B. Tailor services based on the intellectual functioning, literacy, level of education, and comprehension ability of each individual to ensure all information is presented in a way that meets their needs;
 - C. Provide services in the individual's primary language, whether provided directly or through a translator; and
 - D. Ensure services are provided to all individuals in a manner that recognizes and affirms their worth and protects and preserves their dignity.

2.6.10 Disaster Recovery and Business Continuity Plan

1. Grantee shall submit a final Disaster Recovery and Business Continuity Plan in accordance with **Exhibit F, Deliverables**. Grantee shall implement and maintain the HHSC-approved Disaster Recovery and Business Continuity Plan specific to the transition and ongoing operations, including addressing provision of uninterrupted service delivery to clients, and update the. HHSC-approved plan must be in place prior to start of any services being provided. Any updates to the Disaster Recovery and Business Continuity Plan must be submitted within thirty (30) Calendar Days for review prior to implementation, and the current plan must be on file and available for HHSC review upon request.
2. **Applicant must submit a draft Disaster Recovery and Business Continuity Plan with the Application.**
3. The Disaster Recovery and Business Continuity Plan must include the following:
 - A. Procedure for informing HHSC within one (1) Business Day of an unplanned catastrophe that affects the performance of operations and a timeframe for initiating the Disaster Recovery and Business Continuity Plan;
 - B. A description of potential issues that may realistically occur during operations, including, but not limited to, instances such as natural disasters or situations when a facility is no longer available;

- C. An outline of courses of action to address and resolve the anticipated problems;
- D. A description of the approach to determining disaster recovery site location, which must be in the continental United States. The description must include the location of the disaster recovery site and its proximity to the central site;
- E. A description of backup and recovery procedures that specify timeframes for restoring service and whether the service restored will be complete or partial;
- F. A contingency plan addressing interruption to the established plan of operations and outlining communication processes, short- and/or long-term resolutions, action steps, and response timeframes;
- G. A description of the documentation and tracking instruments that will allow HHSC to determine if performance measures are met;
- H. A proposed reporting mechanism specific to disaster recovery and contingency operations;
- I. The process for informing HHSC contacts of the initiated disaster recovery and contingency operations; and
- J. A commitment to participate annually (or more frequently if required by HHSC) in an enterprise-wide test of the disaster recovery solution.

2.6.11 Incident Reports

If Grantee experiences a system outage interrupting service due to any cause (e.g., Internet failure or power outage), it must notify HHSC within thirty (30) minutes and provide at least two (2) daily updates and if a change of circumstance update(s) to HHSC until the identified incident is resolved. If a system outage lasts two (2) hours or more, then Grantee shall submit an incident report including the following information:

- A. Details of the outage or incident;
- B. When and how the outage or incident was discovered;
- C. Impact on operations, systems, client services, and staff;
- D. Actions taken to mitigate the impact on client services;
- E. Root cause of the outage or incident, including verifying documentation from the provider responsible for the outage; and
- F. Detailed corrected measures taken by Grantee to mitigate the problem and long-term corrective actions to detect and prevent future incidents, including identification of alternative providers of the failed services, if feasible and/or available.

2.6.12 Transition Plan

1. Grantee shall submit and maintain a comprehensive HHSC-approved Transition Plan that explains how Grantee will provide uninterrupted service for current ADRC clients in accordance with **Exhibit F, Deliverables**.

Ongoing plan updates and changes to the Transition Plan must be submitted to HHSC for approval at least thirty (30) Calendar Days before a change becomes effective.

2. Grantee shall coordinate and facilitate all transition activities with HHSC. HHSC and the new grantee will work together throughout the transition phase to establish a detailed schedule for all activities and define expectations for the content and format of the contract transition deliverables.
3. **Applicant must submit a draft Transition Plan with the Application.**
4. The Transition Plan must include the following:
 - A. Identification of risks related to readiness for operations assumption and a description of how those risks will be managed and mitigated;
 - B. Comprehensive and detailed step-by-step actions for the successful transition of current operations from the Grantee to the new grantee through collaboration facilitated by HHSC;
 - C. Activities the new grantee must conduct between the execution date and the Effective Date of the new grantee's contract to ensure the continuation of services to current ADRC consumers;
 - D. Roles and responsibilities of current Grantee; and
 - E. Detailed schedule of continued business operations for all transition functions and requirements.

2.6.13 Community Collaboration

1. The success of a “No Wrong Door” system is achieved through community collaboration and the meaningful involvement of key stakeholders. Grantee shall develop and establish processes to enable external stakeholder groups and individuals, including representatives of the targeted populations, to provide input on program design and ongoing ADRC operations, with emphasis on collaboration with other HHSC-contracted programs.
2. Required ADRC Partners
 1. Grantee must establish and maintain collaborative working relationships with representatives on the ADRC's Local Advisory Group (see **Subsection 2.6.13(C)**) and the regional partners listed below:
 - A. Local Intellectual and Developmental Disability Authorities (LIDDAs);
 - B. Local Area Agencies on Aging (AAAs); and
 - C. Local HHSC offices to be identified by HHSC.
 2. Grantee shall meet monthly with AAAs, either in person or by conference call. These meetings aim to identify areas of overlap in service provision and the strategies that will be implemented to create efficiencies and improve services. Grantee shall also collaborate with AAAs on

- opportunities to implement state and local initiatives to serve the targeted population better.
3. If Grantee does not provide AAA services, then Grantee shall establish formal agreements with AAAs in the same regional areas outlining these requirements and the roles and responsibilities of each organization. If Grantee has the same parent agency as the local AAA, this requirement is waived.
 4. ADRC Local Advisory Group
 - A. Grantee must establish or designate a local advisory group to assist in developing, implementing, and continuously improving ADRC services. The primary purpose of the local advisory group is to bring expertise and perspective to the Work. While the advisory group may discuss and make recommendations to Grantee, it does not have decision-making authority.
 - B. The local advisory group must include individuals representing the eligible populations served by Grantee (**see Section 2.3 (Eligible Populations)**) and the required partner agencies.
 - C. Local service providers must also be represented in the advisory group, as well as other key stakeholders, which may include:
 - a. Managed Care Organizations;
 - b. Transportation providers;
 - c. Local Mental Health Authorities (LMHAs);
 - d. Home health agencies;
 - e. Affordable housing coalitions;
 - f. Food pantries; and
 - g. Other appropriate organizations.
 5. Community Collaboration Plan
 - A. Grantee shall submit a final Community Collaboration Plan during the Grant Term in accordance with **Exhibit F, Deliverables**. The Plan is subject to HHSC approval. If the list is determined to be inadequate by HHSC, then HHSC may require additional representation for local advisory group members.
 - B. **Applicant must submit a draft Community Collaboration Plan with the Application.**
 - C. The Community Collaboration Plan must contain the names and stakeholder designations of their local advisory group members.

2.6.14 Provision of Core Services

1. ADRCs play an important role in connecting people who need assistance with long-term care to the resources and services available in their communities. All services must be provided using a person-centered approach that promotes individual choice and self-determination.
2. Information, Referral, and Assistance Services:

- A. IR&A specialists will have the knowledge and skills to ask individuals questions to determine and clarify their LTSS needs. They may engage in problem-solving to identify alternative strategies that may be helpful.
- B. IR&A specialists will provide clients with objective information about available resources to empower them to make informed decisions about their own care.
- C. To ensure adequate coverage of ADRC operations, Grantee shall:
 - a. Provide at least one (1) staff person to answer the ADRC toll-free phone line during the hours of operation as indicated in Section 2.6.1.
 - b. Make every effort to have a staff person answering calls from 12:00 p.m. - 1:00 p.m. CST but may use voicemail during this period.
 - c. Ensure at least one (1) staff person is available to receive walk-in clients during the hours of operation. The staff person responsible for assisting walk-ins may have other duties, but ADRC walk-ins must be at least one individual's priority.
 - d. Establish policies and procedures to accommodate individuals who require a scheduled in-person meeting from 12:00 pm to 1:00 pm.
- D. Grantee's performance will be measured by the percentage of calls to the ADRC answered by a staff person or calls, resulting in voicemail, that receive a response by the next Business Day from when the call was initially received. A staff person should answer at least ninety (90) percent of ADRC calls, or if not answered by a staff person, a response to a voicemail should be provided the next Business Day from when the call was initially received. See additional data elements for reporting in **Section 2.6.19.A. (Performance and Data Reporting)**.

3. Texas Lifespan Respite Care Program Services

The 81st Legislature initiated the Texas Lifespan Respite Care Program (TLRCP) to increase the availability of respite services for family members who care for a person of any age with a severe chronic health condition or disability and who needs assistance with one or more activities of daily living. TLRCP offers short-term respite care services to provide a brief period of relief or rest for eligible caregivers. Services are targeted toward the needs of each caregiver and can be in the form of in-home or out-of-home respite care. Other allowable activities include outreach and education events, volunteer training, and other caregiver support activities.

- A. TLRCP-eligible caregivers are those individuals not eligible for or unable to participate in any other existing program that provides respite services. Caregivers who actively receive respite through LIDDAs, AAA caregiver support programs, Medicaid waiver programs, or other resources are not eligible to receive respite services under TLRCP. However, consideration will be given to the caregivers on waitlists for the above respite programs or who have reached the maximum limit and/or duration of services. Caregivers must be related to the care recipients within the second degree of consanguinity or affinity. The following family caregivers are eligible to participate in the TLRCP:

- a. Spouses;
 - b. Parents, parents-in-law, stepparents, and foster parents;
 - c. Adult children, children-in-law, and stepchildren;
 - d. Siblings, siblings-in-law, and stepsiblings;
 - e. Adult grandchildren, grandchildren-in-law,
 - f. and step-grandchildren; and
 - g. Grandparents, grandparents-in-law, and step-grandparents
- B. Grantee shall develop and submit a TLRCP Project Plan to provide TLRCP services HHSC for review and approval and in accordance with **Exhibit F, Deliverables**. The TLRCP Project Plan must detail the processes for:
- a. Maintaining and providing information to individuals regarding available respite services;
 - b. Assessing caregiver eligibility for participation in the TLRCP program;
 - c. Connecting caregivers participating in the program with available respite services;
 - d. Encouraging caregivers to complete the Caregiver Experience Survey;
 - e. Building partnerships with respite service providers in the ADRC service area; and
 - f. Conducting public awareness activities regarding available respite services.
4. Local Contact Agency Services
- A. The LCA program is a key component of the Money Follows the Person (MFP) initiative funded by the CMS. ADRCs are the point of contact for nursing facilities, hospitals, intermediate-care facilities, and other partners to refer non-Medicaid individuals interested in exploring the possibility of transitioning from the facility to community-based living. Additionally, ADRC options counselors play a pivotal role in helping interested residents explore community living options and available long-term services and supports to help them realize their goals.
- B. As the LCA point of contact, Grantee shall:
- a. Provide options counseling services to the non-Medicaid individuals referred to the ADRC. Options counseling is a more in-depth service in which ADRC staff work with individuals to develop an LCA Action Plan using HHSC-prescribed format. The LCA Action Plan must:
 - i. Document the individual's preferences and goals for transitioning to the community;
 - ii. Identify the individual's strengths, needs, and cultural preferences, as well as the exploration of options available to the individual and specific activities or decisions that may impact the individual's stated goals;
 - iii. Identify specific challenges related to the individual's choices and potential options;

- iv. Identify the formal and informal supports the individual will need to transition and remain in the community successfully;
 - v. Identify specific ideas and backup plans for mitigating potential challenges;
 - vi. Indicate the date(s) when ADRC staff will follow up with the individual to assess progress toward the identified goals; and
 - vii. Document follow-up activities to assess progress and address any issues that may impede the transition.
- b. Serve as a resource for hospital and nursing facility discharge planners and make referrals to the LIDDA for individuals identified as potentially having an intellectual disability or related condition.
 - c. Strengthen coordination between other ADRCs, Ombudsmen, relocation Grantees, AAAs, Centers for Independent Living, LIDDAs, local mental and behavioral health authorities, HHSC regional community services offices, managed care organizations, and other partner agencies.
 - d. Enhance existing community resources to serve Medicare, non-Medicaid, and private pay individuals, including developing relationships with service providers to help meet the needs of individuals transitioning out of nursing facilities.
 - e. Create media or other publications for community outreach and education that support the objectives of the LCA function.

6. Housing Navigator Program

One of the primary reasons individuals cannot relocate from a nursing facility (or similar institution) into a community setting is the lack of affordable, accessible, and integrated housing. Housing Navigator, another key program under the MFP initiative, enables ADRCs to focus on opportunities to increase the availability of affordable, accessible, and integrated housing options for individuals transitioning from an institutional setting to the community and for other individuals with housing needs. Grantee shall perform the following activities in support of the Housing Navigator function by:

- 1. Creating and regularly updating an inventory of independent integrated, accessible, and affordable housing options within each county of the ADRC's service region. Grantee must research and utilize existing inventories from the Texas Department of Housing and Community Affairs and the U.S. Department of Housing and Urban Development when developing and maintaining this inventory;
- 2. Advocating for necessary changes in housing policies, practices, and procedures that will help expand housing opportunities for older adults, persons with disabilities (including, but not limited to, persons with disabilities transitioning from institutions, persons with intellectual and developmental disabilities, and persons with behavioral health disabilities), and homeless individuals. This includes conducting outreach activities to state and local officials and policymakers to educate them on

- the challenges of ensuring affordable, accessible, and integrated housing for these vulnerable populations;
3. Contributing to the development of affordable, accessible, and integrated housing for individuals with disabilities by reviewing and providing written comments on local Consolidated Plans, local Public Housing Authority administrative plans, Low-Income Housing Tax Credit Program applications, local Community Development Block Grants, and other complex housing policies and plans at the state and local levels;
 4. Initiating or participating in local coalitions consisting of community members who will work toward increasing affordable, accessible, and integrated housing;
 5. Providing support to ADRC LCA staff, MCO Relocation Contractors or Specialists, Local Mental Health Authorities, Local Behavioral Health Authorities, LIDDAs, and Local Homeless Coalitions Continuums of Care working in the ADRC's service area;
 6. Developing and maintaining working relationships with each local public housing authority representing each county within the ADRC service area;
 7. Developing and maintaining working relationships with housing developers, landlord associations, property managers, and other housing providers to address local needs for accessible, affordable, and integrated housing;
 8. Attending HHSC Community Transition Team (CTT) meetings if held in the ADRC's local area;
 9. Attending the annual Housing Navigator Conference in Austin, Texas;
 10. Providing verbal and written testimony during the state, city, and county hearings and meetings regarding the housing needs of people with disabilities and older adults; and
 11. Tracking the number of individuals provided housing referrals and how many of those individuals successfully found placements.
7. Services Provided Under the Medicare Improvement for Patients and Providers Act
- Activities provided under the MIPPA grant must focus on outreach to individuals to inform them about the benefits available under Medicare Part D, MSP, and the LIS. In addition, Grantee shall provide outreach and education on disease prevention and wellness promotions. Target populations include Medicare beneficiaries with limited incomes and those in rural areas. Grantee must fulfill responsibilities related to MIPPA grant funding and any additional ADRC roles required by HHSC.
- A. Grantee must conduct the following MIPPA activities in the local service area:
 - a. Outreach and assistance efforts for all Medicare beneficiaries who may be eligible for LIS and/or MSP programs, focusing on rural and limited-income care beneficiaries;

- b. Outreach and education activities related to preventing disease and promoting wellness through Medicare Preventive Benefits awareness;
 - c. Outreach related to Medicare Part D; and
 - d. Assistance to beneficiaries applying for benefits.
 - B. Grantee must attend the HHSC-sponsored annual MIPPA conference.
- 8. Community Outreach.
 - A. Community outreach and awareness of ADRC services are important to ensure that target populations, local partners, and other stakeholders have options for community-based and consumer-directed LTSS. Each of the core services requires some form of outreach, which is typically conducted at minimum through participation in community events, facilitation of training workshops, development of brochures and other media, on-site visits to partner sites, and other activities. Grantee must conduct outreach and education activities that specifically target the following:
 - a. Underserved populations in the service region, including veterans, family caregivers, children and youth with disabilities, non-Medicaid eligible individuals, and other individuals who may experience challenges accessing services; and
 - b. Professionals in partner agencies and other stakeholder organizations that may make referrals to the ADRC and to whom the ADRC may refer clients (e.g., area LTSS and respite providers, managed care organizations, nursing facilities, housing coalitions, etc.).
 - B. Grantee shall maintain records that include:
 - a. Event type;
 - b. Date and location of the event;
 - c. Targeted populations; and
 - d. Number of individuals attending the event.
 - C. Grantee shall submit a request for approval of all outreach items before costs can be incurred. Costs for outreach items that do not receive prior approval by HHSC will not be reimbursed.

2.6.15 Contract Monitoring Questionnaire

- A. Grantee must comply with all applicable cost principles, audit requirements, and administrative requirements listed under the terms and conditions. HHSC utilizes a risk-based contract monitoring system to ensure compliance with these requirements. The Contract Monitoring Questionnaire (CMQ) is part of the risk evaluation process and provides detailed information regarding internal controls and other general processes important to contracting.
- B. Grantee shall submit the CMQ in accordance with **Exhibit F, Deliverables**.

2.6.16 Client Feedback

- A. Grantee shall submit a final Client Feedback Plan in accordance with **Exhibit F, Deliverables**. Grantee must maintain a current Client Feedback Plan on file and be available for HHSC review upon request.
- B. **Applicant must submit a draft Client Feedback Plan with the Application.**
- C. Client Feedback Plan must include the method used to document and track:
(a) the process for identifying and communicating to HHSC any unmet client needs so the ADRC can collaborate with HHSC to address them; and (b) the procedure for notifying HHSC within 10 Calendar Days of any complaint against the ADRC or any ADRC staff, and notifications must include the following:
1. Contact name and other identifying information;
 2. Date contact received;
 3. Method of receipt (fax, phone, email, etc.);
 4. Reason for contact (in line with standard definitions developed by the Health and Human Services Office of the Ombudsmen);
 5. Details to isolate potential trends such as location or particular service;
 6. Resolution actions;
 7. Date of resolution (if the complaint is not resolved within 10 Calendar Days, the entity must notify HHSC of the resolution upon the final communication with the client);
 8. Determination of whether complaints are substantiated or not; and
 9. Record of final communication with the consumer, including date and method.
- D. Client Feedback Process
If, after a reasonable faith effort by a ADRC to resolve the complaint, the complaint has not been resolved to the client's satisfaction, then ADRC must provide the following contact information for HHSC Office of Ombudsman to the client:

Health and Human Services Commission
Office of the Ombudsman
MC H-700
P.O. Box 13247
Austin, Texas 78711-3247

Phone: 1-877-787-8999
Relay Texas for individuals with a hearing or speech disability: 7-1-1
or 1-800-735-2989
Fax: 1-888-780-8099
Website Address: <https://hhs.texas.gov/ombudsman>

HHSC reserves the right to change the client feedback process and may require any feedback to be directed to HHSC staff in addition to the ADRC.

2.6.17 Other Federal Funding Opportunities

HHSC may request Grantee participate in other appropriate federal programs. Grantee must comply with the standards and reporting requirements for all federal grants requiring ADRC participation or grants through which the ADRC receives funds.

2.6.18 Invoicing and Budget Requirements

- A. Grantee shall invoice HHSC monthly using the HHSC-provided Request for Reimbursement workbook (“RfR”) with supporting documentation, unless otherwise specified in the Grant Agreement. Grantee shall submit the RfR provided by HHSC and supporting documentation in accordance with **Exhibit F, Deliverables**, following the month in which the expenditures were incurred, or services were provided. HHSC will not process invoices that include expenditures from multiple months.
- B. Grantee will be reimbursed for expenditures on a cost reimbursement basis for reasonable, allowable, and allocable Grant Project Costs. Under the cost reimbursement payment method, Grantee is required to finance operations and will only be reimbursed for actual, allowable, and allocable costs incurred monthly and supported by adequate documentation. Adequate documentation includes (1) a clear description of the expense, (2) a straightforward itemization of the cost(s) and (3) management authorization for the incurred expense. HHSC, at its discretion, may require Grantee to submit additional supporting documentation or information deemed necessary to validate any expenditures submitted for reimbursement.
- C. Grantee shall submit the following supporting documentation with the RfR template provided by HHSC:
 - 1. General Ledger (GL) with Summary Page, which includes only the funding sources and expenditures for the ADRC program. The GL Summary Page must consist of current and cumulative charges by major cost categories including direct labor, overhead, travel, Equipment, other direct costs, and indirect costs associated with the project.
 - 2. Payroll documentation for employee funding source validation.
 - 3. For operational and Equipment costs, Grantee shall provide invoices for operational Equipment with the identified amounts charged to each ADRC grant funding source.
 - 4. For outreach items approved by HHSC, Grantee shall provide all HHSC pre-approvals for outreach items purchased by the ADRC.
 - 5. For travel reimbursement requests, Grantee shall provide travel reimbursement forms and receipts used to reimburse staff for mileage. All

associated travel costs submitted for reimbursement, for the month in which expenditures occurred, must be documented on a Grantee travel template approved and signed by an authorized designee. The travel template consists of:

- a. A trip record log of the date of travel, purpose of travel, to and from destinations, beginning and ending odometer readings (supported with MapQuest or similar map or travel service), air travel details (supported by invoice for airline ticket and destination details); and
 - b. Lodging and meals log containing invoices for lodging costs, receipts for per diem reimbursement, and receipts for incidentals.
- D. All copies of invoices and receipts submitted for supporting documentation must include the following:
1. Grantee's Name, to include assigned PSA #;
 2. Grantee's Address;
 3. Invoice Date;
 4. Date of Purchase or Date Services were rendered;
 5. Item Description or Services rendered;
 6. Unit Price or Unit Cost/Rate for Services; and
 7. Credit Card Bills (only a complete statement with the items highlighted expenditures and funding sources charged would be accepted).
- E. All supporting documentation must be organized by date and funding source and clearly labeled upon submission.
- F. When Grantee submits an RfR with multiple funding sources, Grantee shall identify the funding sources used to pay for an item and include the amount being applied to each funding source. Grantee shall also ensure that the amounts requested for reimbursement from each funding source match the costs on the supporting documentation submitted with the request for reimbursement. Supporting documentation submitted for which Grantee requests reimbursement from multiple funding sources must be organized by date and clearly labeled.
- G. Grantee must submit the RfR and the documentation supporting the expenditures and provision of services using the Secure File Transfer Portal (SFTP).
- H. The following naming convention must be used for the subject line of the email: "ADRC PSA #. PSA Region. Legal Entity Name. Invoice #. Month Year." For example, an invoice submitted to HHSC for the month of September must be submitted as follows: "PSA#1. Panhandle. ADRC Name. Invoice#1. September 2024." The invoice must include the following:
1. A unique identification (invoice) number;
 2. The word "invoice;"
 3. Date of the invoice;

4. Grantee’s name, address, and contact information;
 5. The service dates for when the services were rendered;
 6. A description of the services provided;
 7. The amount requested for reimbursement; and
 8. The PO Number.
- I. Grantee shall include in the RfR the reimbursement amount requested from HHSC and costs to be matched. Costs on the supporting documentation must be broken out by funding source and to the degree that is sufficient to determine if costs are reasonable, allowable, and necessary for the successful performance of the project, as indicated in “Allowable and Non-Allowable Costs” in **Exhibit M, HHS Uniform Terms and Conditions – Grant Version 3.3** and under Title 2 CFR Part 200 and the Texas Grant Management Standards (TxGMS).
 - J. Grantee shall submit invoices no later than the forty-five (45) Calendar Days after the end of each State Fiscal Year. At the completion of the Grant Term, Grantee shall submit invoices no later than the end of the Grant Term or the event of early Grant Agreement termination.
 - K. Grantee shall submit a revised budget and request approval for budgetary adjustments exceeding cumulatively twenty-five (25) percent of the ADRC’s total budget period funding allocation. Grantee must submit a request for a budget revision or budget amendment in accordance with the guidelines established by HHSC.
 - L. Grantee shall submit an HHSC Inventory Control Log in accordance with **Exhibit F, Deliverables**, which must include all Controlled Assets and capital Equipment purchased with HHSC funds. The threshold for Controlled Assets is \$500 - \$4,999.99, and the threshold for capital Equipment is \$5,000.00 or more. HHSC Inventory Control Log must be reconciled at the end of each Fiscal Year closeout.
 - M. Grantee shall submit a proposed budget allocation prior to the beginning of the budget period and as directed by HHSC.

2.6.19 Performance and Data Reporting

- A. Grantee shall submit the ADRC Quarterly and Fiscal Performance Report to HHSC following the end of each State Fiscal Year quarter of the quarter being reported in accordance with **Exhibit F, Deliverables**. The ADRC Quarterly and Fiscal Performance Report must report the data elements by category outlined in **Table 1**.

Table 1: Required Data Elements

Performance Category	Data Elements to be Reported
ADRC Interactions	Number of calls answered by a staff person during the quarter.
	Number of voicemails responded to by the next Business Day from when the call was initially received.
	Number of voicemails not responded to by the next Business Day, but that was answered by the second Business Day.
	Number of calls received on the ADRC toll-free line.
	Number of calls received on other ADRC telephone lines.
	Number of walk-in clients assisted.
	Number of fax/email/other referral sources responded to.
	Number of LTSS referrals received.
	Number of valid LTSS referrals responded to within five (5) Business Day.
	Number and types of referrals made to the AAA(s) in the ADRC's region.
	Number of validated complaints issued against the ADRC or its staff.
Number of Medicaid, SNAP, and TANF applications for which the ADRC provided active assistance.	
Collaboration with AAA	Dates of monthly meetings with the AAA(s) in the ADRC's service region.
	List of attendees at the monthly meetings with the AAAs.
Outreach/Education Activities	Number of ADRC outreach and community education events related to respite.
Performance Category	Data Elements to be Reported
Respite Services	Number of unduplicated caregivers provided per caregiver respite services this quarter.
	Date of respite service provided per caregiver.
	Total number of respite hours provided per caregiver this quarter.
	Total amount cost on direct service per caregiver respite this quarter.
	Location in which respite service was provided.
	Number of caregivers receiving in-home and out-of-home respite services.

Performance Category	Data Elements to be Reported
	Relationship of caregiver to care recipient.
	Caregiver demographics.
	Caregiver military service status.
	Care recipient demographics.
	Care recipient military service status.
LBB Metrics	Number of calls received on the ADRC toll-free line.
	Total number of ADRC interactions.
	Total expenditures for all ADRC interactions.
	Total number of veterans served by the ADRC.
	Number of veterans 59 years of age and under served by the ADRC.
	Number of veterans 60 years of age and older served by the ADRC.
	Number of veterans having a disability served by the ADRC.
	Veteran-related expenditures.

B. Grantee shall submit the Quarterly MFP Local Contact Agency Report to HHSC following the end of each calendar year quarter of the quarter being reported in accordance with **Exhibit F, Deliverables**. The Quarterly MFP Local Contact Agency Report must report the data elements by category outlined in **Table 2**.

Table 2: Required Data Elements

Category	Data Elements to be Reported
LCA Contact Activities	Outreach materials developed.
	Coordinating activities with community partners.
	On-site visits to nursing facilities, hospitals, and other referrals sources.
	Other outreach contracts made.
	Travel log details.

Category	Data Elements to be Reported
LCA Referrals	Number of referrals received from nursing facilities, hospital discharge planners, collateral entities, and other sources.
	Number of referrals responded to within 14 Calendar Days.

- C. Grantee shall submit the Quarterly MFP Housing Navigator Report to HHSC following the end of each calendar year quarter in accordance with **Exhibit F, Deliverables**. The Quarterly MFP Housing Navigator Report must report the data elements by category outlined in **Table 3**.

Table 3: Required Data Elements

Category	Data Elements to be Reported
Housing Navigator Advocacy Activities	Outreach materials developed.
	Development/regular update of housing inventory.
	Housing coalition meetings initiated and attended during the quarter.
	Advocacy activities to effect necessary changes in housing policies, practices, and procedures to expand housing opportunities for vulnerable populations. Includes outreach and education of state and local officials and other policymakers.
	Housing developers, property owners, and landlords outreached during the quarter regarding accessible, affordable, and integrated housing issues.
	Coordination and support of LCA staff, MCO Relocation Contractors/Specialists, LMHAs, LBHAs, LIDDAs, and local homeless coalitions and Continuums of Care.
	Number of individuals provided housing referrals and the number of those that resulted in successful placements.
	Community Transition Team meetings attended.
	Travel log details.
Review and Public Comment Activities	Hearings and meetings attended during the reporting period to provide verbal or written testimony regarding the housing needs of people with disabilities.
	The numbers of consolidated plans, Public Housing Authority plans, Community Development Block Grants, Low Income Housing Tax Credit Program applications, and other state and local complex housing policies and plans reviewed and commented on.

- D. Grantee shall submit the Annual MIPPA Plan to HHSC in accordance with **Exhibit F, Deliverables**, regarding the data elements by category outlined in **Table 4** and using the template provided by HHSC.

Table 4: Required Data Elements

Category	Data Elements to be Reported
Annual MIPPA Plan	Plan for MIPPA-related activities to conduct during the upcoming State Fiscal Year.
	Plan for Outreach efforts to the targeted population and other stakeholders.
	Plan to establish collaborative partnerships.
	Plan for development of Outreach materials to be used during the Fiscal Year.

- E. Grantee shall submit the Mid-Year and Year End MIPPA Reports to HHSC in accordance with **Exhibit F, Deliverables**, regarding the data elements by category outlined in **Table 5** and using the reporting template provided by HHSC.

Table 5: Required Data Elements

Category	Data Elements to be Reported
Mid-Year and Year-End MIPPA Reports	MIPPA-related activities conducted during the quarter.
	Outreach efforts to the targeted population and other stakeholders.
	Collaborative partnerships established and those in process.
	Outreach materials developed.

- F. Grantee shall track other required data and reporting elements as determined by HHSC and report on progress and service related to additional initiatives or federal grant deliverables introduced during the Grant Term.
- G. HHSC reserves the right to change reporting formats and to require tracking of additional data elements.

2.6.20 Staffing Plan

- A. Grantee shall submit a final Staffing Plan, subject to HHSC approval, in accordance with **Exhibit F, Deliverables**, and update the Staffing Plan as required. Ongoing Staff Training Plan updates and changes shall be documented and maintained in the employee personnel file and available for HHSC review on request.

B. Applicant must submit a draft Staffing Plan with the Application.

- C. The Staffing Plan must:
1. Outline the organizational chart identifying lines of reporting and key personnel;
 2. Define the required qualifications, skills, and duties of each staff position, including the skills needed to serve the target populations and individuals who are difficult to serve;
 3. Indicate what position(s) is full-time or part-time;
 4. Indicate which positions are filled by paid employees and which are filled by volunteers;
 5. Identify key personnel by name and position and propose the percentage of time allocated to Work under this Grant Agreement (for example, if a staff person's time will be dedicated 100 percent to this Grant Agreement, they would not be permitted to manage, oversee, or participate in other projects and contracts);
 6. Demonstrate sufficient ADRC staffing to support the service area, unique populations within the service area, phone-call volume, and other ADRC services to fulfill performance requirements under the Grant Agreement.

2.6.21 Staff Development and Training

- A. Grantee shall ensure that staff meets specific qualifications necessary to carry out to functions of each of the core services and various ADRC functions, commits to ongoing training to develop, enhance staff capacity, and maintain adequate personnel documentation in accordance with standard human resources best practices.
- B. Grantee shall develop and maintain a Staff Training Plan in accordance with **Exhibit F, Deliverables**, to ensure training and continuing education opportunities for ADRC staff to expand professional capacity and in-depth expertise. At a minimum, the Staff Training Plan must address the job-related knowledge and competencies required to achieve organizational goals and objectives and the requirements set forth herein. The Staff Training Plan must be submitted to HHSC through the ADRC Helpdesk at adrc.help@hhs.texas.gov.
- C. Changes in Staffing
1. Grantee must report in a timely manner and in writing any potential organizational changes that result in a restructure of the organization or redirection of key personnel to perform functions other than the responsibilities of their current position, either temporarily or permanently.
 2. Additionally, Grantee shall:
 - a. Notify in writing HHSC of key staff personnel changes and/or vacancies to HHSC within five (5) Calendar Days.

- b. Notify in writing to HHSC whenever key personnel is temporarily redirected to perform functions other than the responsibilities of their current position within five (5) Calendar Days.
- c. Maintain a core staff sufficient for successful fulfillment of contract and performance requirements with experience in systems, operations, policy, and procedures and the functional areas in which they work.
- d. Maintain list of key personnel and their percentage of time to the Grant Agreement, which is subject to HHSC approval.
- e. Ensure appropriate ADRC staff are available to meet with HHSC without restriction.
- f. Maintain current organizational charts, current Staffing Plan, and list of key personnel for the project on file and make the information available for HHSC review upon request.

D. General Knowledge and Skills Requirements

- 1. Grantee shall ensure their staff have demonstrated skills and knowledge commensurate with their job responsibilities at the time of employment or have the potential to achieve the required skills and knowledge through training.
- 2. Grantee shall ensure their staff demonstrate proficiency in interpersonal communication, both oral and written. At a minimum, they must also have a general knowledge of the purpose of the ADRC program and the services it provides and including the following:
 - a. The aging process;
 - b. Disability definitions, concepts, etiquette, and independent living philosophy;
 - c. Person-centered concepts;
 - d. Characteristics of the target populations served by the ADRC;
 - e. Interviewing techniques;
 - f. Cultural competence;
 - g. Children's service delivery systems;
 - h. Veterans service delivery systems;
 - i. The indications of abuse and exploitation;
 - j. Mandated reporting protocols of Adult Protective Services and Child Protective Services;
 - k. Crisis intervention systems available through local mental health authorities;
 - l. Crisis intervention techniques;
 - m. Client's rights and grievance procedures;
 - n. The Texas aging service delivery system, including long-term care;
 - o. Disability-related service delivery systems such as Independent Living Centers, developmental disability resources, and mental health resources; and
 - p. Other services funded by HHSC and service delivery systems within the community.

E. Military Cultural Competence Training

Grantee shall ensure all staff has military and cultural competence training to assist them in better understanding, communicating with, and effectively interacting with service members and their families. ADRC staff must complete this training requirement within three (3) months of the Effective Date of the Grant Agreement. Employees hired after the Effective Date must complete this requirement within three (3) months from their date of hire. The course must provide an overview of military culture, including:

1. Organizational structure;
2. Rank;
3. Branches of service;
4. Core values;
5. Demographics; and
6. Similarities and differences between the Active and Reserve components.

F. Additional Staff Training Requirements

1. In addition to the general knowledge and skills requirements (see **Subsection D of Section 2.6.21 (Staff Development and Training)**), Grantee shall ensure staff receive additional training on the unique challenges and service needs of the following special populations (e.g., children and youth with disabilities, family caregivers, and non-Medicaid clients). HHSC reserves the right to add additional training requirements related to serving children and youth with disabilities and their families.
2. Grantee shall participate in additional training as deemed necessary by HHSC. Content may be related to new projects, initiatives, performance measures, or additional quality improvement activities.

G. Other Requirements

Grantee shall participate in additional activities as deemed necessary by HHSC in support of the ADRC functions, such as:

1. Advisory Committee Meetings: Grantee must participate in quarterly meetings of the state ADRC Advisory Committee to provide input and consult with Committee members regarding ADRC strategic plan goals, operational design, and implementation of special initiatives.
2. Bimonthly ADRC Webinar Meetings: Grantee must participate in meetings every other month with HHSC staff via webinar. No monthly meetings will be held in the months during which the Advisory Committee meets.
3. Participation in Time Studies: Grantee must participate in any time studies required by HHSC pertaining to ADRC services.

H. Information, Referral, and Assistance Staff Requirements

1. ADRC staff with less than two (2) years of experience providing information, referral, and assistance services must have the “Certification for IR&A Specialists in Aging/Disabilities” (CIRS-A/D) provided

through the (AIRS) (<http://www.airs.org/>). This certification is designed for staff who meet the basic criteria for an IR&A specialist and have in-depth knowledge of working directly with clients and caregivers within the aging and/or disabilities area.

2. ADRC staff who do not have the CIRS-A/D certification when hired must be prepared to take the certification exam within two (2) years of starting employment, dependent upon meeting additional criteria including, but not limited to, educational level and length of employment. Staff with three (3) years of experience working with the Older Americans Act programs and two (2) years of direct client service experience with health and human services organizations will be considered in place of the AIRS certification.
3. ADRC staff must obtain and maintain a current “Certification for IR&A Specialists in Aging/Disabilities (CIRS-A/D).” To meet this requirement, staff may attend local trainings or the (AIRS) Conference.

I. Additional Requirements for Housing Navigator Staff

Grantee staff conducting Housing Navigator activities must have the following qualifications or the potential to achieve them within the first year of employment:

1. Knowledge of U.S. Housing and Urban Development (HUD) programs and policies;
2. Knowledge of Public Housing Authorities (PHAs) programs, policies, and procedures;
3. The ability to review, analyze, and provide public comments on consolidated plans, Public Housing Authority plans, and Low-Income Housing Tax Credit Program applications;
4. An understanding of LTSS and Medicaid criteria;
5. Knowledge of services available for individuals with disabilities;
6. The ability to facilitate meetings on complex housing issues; and
7. Skills in advocating for affordable, accessible, and integrated housing for individuals with disabilities.

J. Criminal Background Check

1. Grantee shall develop a written Criminal Background Check Policy to ensure criminal background checks are performed on all potential staff and volunteers. Grantee shall submit the Criminal Background Check Policy in accordance with **Exhibit F, Deliverables**.
2. The Criminal Background Check Policy must address the kinds of conduct that will disqualify an individual from being employed or volunteering to provide ADRC services and include Grantee’s steps to conduct the background check.
3. The policy is subject to HHSC review and approval. HHSC will review the Criminal Background Check Policy and may require revisions.
4. Grantee shall maintain the current Criminal Background Check Policy on file and make it available for HHSC review upon request. Any changes to

Criminal Background Check must be submitted to HHSC for review thirty (30) Calendar Days before implementation.

K. Staff and Volunteer Personnel Files

Grantee shall create and maintain a personnel file for each ADRC staff person and volunteer that includes:

1. Evidence of a criminal background check;
2. An up-to-date job description outlining responsibilities, essential job functions, and lines of accountability;
3. Training documentation; and
4. Standardized observation and performance appraisal forms. Staff evaluations must address specific responsibilities, roles, and job functions outlined in the individuals' job descriptions and will be conducted, at a minimum, on an annual basis.

2.6.22 Turnover Plan

A. "Turnover" is defined as the required activities Grantee must perform to transition contract operations to a subsequent entity or HHSC. Grantee must ensure that HHSC and consumer populations do not experience any adverse impact from the transfer of services to another entity or HHSC.

B. Turnover activities include, but are not limited to:

1. The transfer of information (including data, if applicable) such as data entry or case file software (if utilized); third-party software and modifications (if utilized); documentation relating to software and interfaces; functional business process flows; and operational information pertaining to the delivery of services to consumers;
2. Transfer of all pertinent documentation (in written and electronic formats), including, but not limited to, policies and procedures, case files, spreadsheets, and reports;
3. Transfer of all training schedules and materials in electronic format, including, but not limited to: development methodology; curriculum materials; training class statistics; outcomes and documentation; materials in development and supporting documentation; best practice materials; all other training and curriculum development documentation and data related to the required training of ADRC staff;
4. Any other information that would ensure a comprehensive and complete knowledge transfer to HHSC or successor entity of all components Grant Agreement;
5. The implementation of a quality assurance process to monitor turnover activities; and
6. Training HHSC and/or successor entity staff in the operation of business processes and any supporting processes related to the Grant Agreement.

- C. Grantee shall submit to HHSC a final Turnover Plan and a “ready to execute” Turnover Plan in accordance with **Exhibit F, Deliverables**. Grantee must maintain a current plan on file and be available for review by HHSC upon request.
- D. **Applicant must submit a draft Turnover Plan with the Application.**
- E. The Turnover Plan must define the activities required through the end of the Grant Term plus six (6) months from the end of the Grant Term. Grantee must keep, maintain, and share any knowledge learned during the Grant Term to avoid potential pitfalls during turnover and facilitate a successful transition to the successor entity. The Turnover Plan must include:
 - 1. Turnover approach;
 - 2. Defined tasks and subtasks for the turnover, including staffing and resource requirements;
 - 3. Turnover schedule;
 - 4. List all data, program, and consumer documentation and case files, including documentation maintenance and work currently in progress in the ADRC;
 - 5. Current inventories, correspondence, documentation of outstanding issues, and other operations support documentation;
 - 6. Staff training schedules and materials;
 - 7. List all employees including hiring documentation, credentials (if applicable), and employment and payroll records;
 - 8. Statement of resource requirements that must be met by a successor entity or HHSC to take over the program, including staffing and resource requirements necessary to perform the operations of the program;
 - 9. Knowledge transfer to a successor entity or HHSC; and
 - 10. Any other information needed for an orderly transfer of services.
- F. Upon notification by HHSC that turnover activities are required, Grantee shall complete 100 percent of all turnover activities and obtain HHSC approval before final payment to the Grantee.

2.6.23 Quality Monitoring Plan

- A. Grantee must maintain a Quality Monitoring Plan to monitor the service quality provided by the ADRC staff. The final Quality Monitoring Plan must be submitted to HHSC in accordance with **Exhibit F, Deliverables**, for review and approval. Grantee must maintain a current Quality Monitoring Plan on file and be available for HHSC review upon request.
- B. **Applicant must submit a draft Quality Monitoring Plan with the Application.**
- C. The Quality Monitoring Plan must include:

1. The processes used to assess the overall quality of priorities, activities, and staff and system capacity to accomplish Project performance data for each of the core services provided by ADRC staff, including IR&A, Respite, LCA, Housing Navigator, MIPPA, and Community Outreach and Education services.
 2. The process for implementing person-centered assistance and client-directed service concepts and methodologies. ADRC staff must use this approach and encourage it among partner agencies through cross-training and participation in state-level training, as prescribed.
 3. The process for assisting individuals with food, cash, and healthcare assistance benefits applications submitted through the “Your Texas Benefits” website.
- D. Any changes to the Quality Monitoring Plan must be submitted to HHSC at least thirty (30) Calendar Days before a change becomes effective.
- E. HHSC may prescribe additional methods for ensuring quality services and Grantee must implement HHSC-directed additions or modifications into the Quality Monitoring Plan.

2.6.24 Grantee Performance and Compliance

- A. Grantee shall inform HHSC within seven (7) Calendar Days from when the certain conditions occur including, but not limited to:
1. Problems, delays, or adverse conditions which materially impair Grantee’s ability to meet the objectives or timelines under the Grant Agreement;
 2. Legal or financial difficulties (e.g., lawsuit, IRS involvement) that involve Grantee or could affect Grantee’s ability to perform services the program;
 3. Change in location or physical location for work under the Grant Agreement;
 4. Any changes in key personnel; or
 5. Any other condition that may impede or hinder Grantee from fulfilling the requirements outlined under the Grant Agreement.
- B. Grantee’s written notification must include the following information:
1. Discovery date of condition;
 2. Duration of the problem, delay, or adverse condition;
 3. Impacts on operations, systems, or staff;
 4. Root cause for the delay or adverse condition; and
 5. Detailed corrective action taken and/or the long-term corrective action.
- C. Grantee shall:
1. Ensure services are provided at or above the level established in **Exhibit N, Key Performance Requirements**; and
 2. That all required deliverables and reports are submitted in accordance with the due dates set forth in **Exhibit F, Deliverables**.

2.7 PERFORMANCE MEASURES AND MONITORING

HHSC will look solely to Grantee for the performance of all Grantee obligations and requirements in a Grant Agreement resulting from this RFA. Grantee shall not be relieved of its obligations for any nonperformance by its subgrantees or subcontractors, if any.

Grant Agreement is subject to the HHSC performance monitoring activities throughout the duration of the Grant Project Period. This evaluation may include a reassessment of Grant Project activities and services to determine whether they continue to be effective throughout the Grant Term.

Grantees must regularly collect and maintain data that measures the performance and effectiveness of activities under a Grant Agreement resulting from this RFA in the manner, and within the timeframes specified in this RFA and the resulting Grant Agreement, if any, or as otherwise specified by HHSC. Grantees must submit the necessary information and documentation regarding all requirements, including reports and other deliverables and will be expected to report quarterly, semiannually, or annually in accordance with this RFA. See **Exhibit F, Deliverables** and **Exhibit N, Key Performance Requirements**.

If requested by HHSC, Grantee shall report on the progress towards completion of the Grant Project and other relevant information as determined by HHSC during the Grant Term. To remain eligible for renewal funding, if any, Grantee must be able to have shown the scope of services provided and their impact, quality, and levels of performance against approved goals, and that Grantee's activities and services effectively address and achieve the Project's stated purpose.

HHSC's ability to fund the Grant Agreement is contingent on the availability of federal and State funding. HHSC will monitor Grantee's expenditures and reserves the right to redirect funds across ADRC PSA Regions. If Grantee expenditures are below projections or the allocated amount of the budget year, then HHSC, in its sole discretion, may reduce Grantee's budget for the remainder of the Grant Term.

2.8 FINANCIAL STATUS REPORTS (FSRs)

Except as otherwise provided, for Grant Agreements with categorical budgets, Grantee shall submit quarterly FSRs to HHSC by the 20th Calendar Day of the month following the end of each State Fiscal Year quarter for HHSC review and financial assessment. Through submission of a FSR, Grantee certifies that (1) any applicable invoices have been reviewed to ensure all grant-funded purchases of goods or services have been completed, performed or delivered in accordance with Grant Agreement requirements; (2) all Grantee-performed services have been completed in compliance with the terms of the Grant Agreement; (3) that the amount of the FSR added to all previous approved FSRs does not exceed the maximum liability of the Grant Award; and (4) all expenses shown on the FSR are allocable, allowable, actual, reasonable, and necessary to fulfill the purposes of the Grant Agreement. The Quarterly FSRs must be submitted to (ADRC.Help@hhs.texas.gov).

2.9 FINAL BILLING SUBMISSION

Unless otherwise directed by the HHSC, Grantee shall submit a reimbursement or payment request as a final close-out invoice not later than forty-five (45) Calendar Days following the end of the term of the Grant Agreement. The final close-out invoice must be submitted to (ADRC.Help@hhs.texas.gov). Reimbursement or payment requests received after the deadline may not be paid.

2.10 DATA USE AGREEMENT

By submitting an Application in response to this RFA, Applicant agrees to be bound by the terms of Exhibit D, HHS Data Use Agreement (DUA), or Exhibit D-1, HHS Data Use Agreement - Governmental Entity Version, as applicable, including but not limited to the terms and conditions regarding Exhibit E, Security and Privacy Inquiry (SPI), Attachment 2 to the DUA, attached to this RFA.

2.11 LIMITATIONS ON GRANTS TO UNITS OF LOCAL GOVERNMENT

Pursuant to the General Appropriations Act, Article IX, Section 4.04,

In each Grant Agreement with a unit of local government, grant funds appropriated under the General Appropriations Act will be expended subject to limitations and reporting requirements similar to those provided by:

- (1) Parts 2, 3, and 5 of Article IX of the General Appropriations Act (except there is no requirement for increased salaries for local government employees);
 - (2) §§556.004, 556.005, and 556.006, Government Code; and
 - (3) §§2113.012 and 2113.101, Government Code.
- (b) In this section, "unit of local government" means:
- (1) a council of governments, a regional planning commission, or a similar regional planning agency created under Chapter 391, Local Government Code;
 - (2) a local workforce development board; or
 - (3) a community center as defined by Health and Safety Code, §534.001(b).

Section III. Applicant Eligibility Requirements

3.1 LEGAL AUTHORITY TO APPLY

By submitting an Application in response to this RFA, Applicant certifies that it has legal authority to apply for the Grant Agreement that is the subject of this RFA and is eligible to receive awards. Further, Applicant certifies it will continue to maintain any required legal authority and eligibility throughout the entire duration of the Grant Term, if awarded. All requirements apply with equal force to Applicant and, if the recipient of an award, Grantee and its subgrantees or subcontractors, if any.

Each Applicant may only submit one Grant Application per ADRC PSA Region.

3.2 APPLICATION SCREENING REQUIREMENTS

In order to be considered an Applicant eligible for evaluations, Applicant must meet the following minimum requirements:

- A. Applicants must be a government or Non-profit Entity.
- B. Applicants must be authorized to do business in the State of Texas.
- C. Submit two (2) years of Independent Single Audits.

3.3 GRANT AWARD ELIGIBILITY

By submitting an Application in response to this RFA, Applicant certifies that:

- A. Applicant and all of its identified subsidiaries intending to participate in the Grant Agreement are eligible to perform grant-funded activities, if awarded, and are not subject to suspension, debarment, or a similar ineligibility determined by any state or federal entity;
- B. Applicant is in good standing under the laws of Texas and has provided HHS with any requested or required supporting documentation in connection with this certification;
- C. Applicant shall remain in good standing and eligible to conduct its business in Texas and shall comply with all applicable requirements of the Texas Secretary of State and the Texas Comptroller of Public Accounts;
- D. Applicant is currently in good standing with all licensing, permitting, or regulatory bodies that regulate any or all aspects of Applicant's operations; and
- E. Applicant is not delinquent in taxes owed to any taxing authority of the State of Texas as of the effective date of this Grant Agreement.

3.4 GRANTS FOR POLITICAL POLLING PROHIBITED

Pursuant to the General Appropriations Act, Article IX, Section 4.03, none of the funds appropriated by the General Appropriations Act may be granted to or expended by any entity which performs political polling. This prohibition does not apply to a poll conducted by an academic institution as part of the institution's academic mission that is not conducted for the benefit of a particular candidate or party. By submitting a response to this RFA, Applicant certifies that it is not ineligible for a Grant Agreement pursuant to this prohibition.

Section IV. Project Period and Grant Term

4.1 PROJECT PERIOD

The Grant Project Period is **September 1, 2024** through **August 31, 2027**.

The Grant Agreements will be awarded for an initial three-year term. HHSC, may, at its sole discretion, extend the Grant Term for up to two (2) years, not to exceed a five-year Grant Term.

4.2 GRANT TERM

HHSC may, at its sole discretion, extend the Grant Term for any period(s) of time through Grant Agreement extensions or renewals with funded Project Periods, provided the Grant Term, including all extensions or renewals, does not exceed five (5) years.

4.3 PROJECT CLOSEOUT

HHSC will programmatically and financially close the grant award and end the Grant Agreement when HHSC determines Grantee has completed all applicable actions and work in accordance with Grant Agreement requirements. The Grantee must submit all required financial, performance, and other reports as required in the Grant Agreement. The project close-out date is 45 Calendar Days after the Grant Agreement end date, unless otherwise noted in the original or amended Grant Agreement. Funds not obligated by Grantee by the end of the Grant Agreement term and not expended by the Project close-out date will revert to HHSC.

Section V. Grant Funding and Reimbursement Information

5.1 GRANT FUNDING SOURCE AND AVAILABLE FUNDING

The estimated total funds to be distributed across all contracts for the five-year Grant Term is **\$8,866,200.00**. The estimated yearly allocation is \$1,773,240.00 across all 7 ADRC PSA Regions. Of this amount, \$484,438.00 is Federal funding and \$1,288,802.00 is State funding. The funds available for each ADRC PSA Region are identified in **Exhibit B, ADRC PSA Regions and Funding Estimates**.

It is HHSC's intention to make multiple awards to Applicants that successfully demonstrate their ability to improve the lives of individuals by providing available options for services and assist individuals and their caregivers in making informed decisions about healthcare, housing, transportation, and other long-term care services and supports.

All awards are subject to the availability of appropriated Federal and State funds and any modifications or additional requirements that may be imposed by law. The estimated amounts of funding available for each ADRC region and the funding sources are identified in **Exhibit B, ADRC PSA Regions and Funding Estimates**.

Applicants are strongly cautioned to only apply for the amount of grant funding they can responsibly expend during the Project Period to avoid lapsed funding at the end of the Grant Term. Successful Applications may not be funded to the full extent of Applicant's requested budgets in order to ensure grant funds are available for the broadest possible array of communities and programs.

Reimbursement will only be made for actual, allowable, and allocable expenses that occur within the Project Period. No spending or costs incurred prior to the effective date of the award will be eligible for reimbursement.

5.2 NO GUARANTEE OF REIMBURSEMENT AMOUNTS

There is no guarantee of total reimbursements to be paid to any Grantee under any Grant Agreement, if any, resulting from this RFA. Grantees should not expect to receive additional or continued funding under future RFA opportunities and should maintain sustainability plans in case of discontinued grant funding. Any additional funding or future funding may require submission of a new Application through a subsequent RFA.

Receipt of an Application in response to this RFA does not constitute an obligation or expectation of any award of a Grant Agreement or funding of a grant award at any level under this RFA.

5.3 GRANT FUNDING PROHIBITIONS

Grant funds may not be used to support the following services, activities, and costs:

- 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. Weapons, ammunition, tracked armored vehicles, weaponized vehicles, or explosives (exceptions may be granted when explosives are used for bomb squad training);
- G. 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;
- H. Costs of promotional items, and memorabilia, including models, gifts, and souvenirs, with the exception of promotional items, explicitly used to market an allowable ADRC service or activity which will require HHSC approval;
- I. 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;
- J. Membership dues for individuals;
- K. Any expense or service that is readily available at no cost to the Grant Project;
- L. Any activities related to fundraising;
- M. 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;
- N. Any other prohibition imposed by federal, state, or local law; and
- O. 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.

5.4 COST SHARING OR MATCHING REQUIREMENTS

There is no match requirement for this Grant Project.

5.5 PAYMENT METHOD

Grant Agreement(s) awarded under this RFA will be funded on a cost reimbursement basis for reasonable, allowable, and allocable Grant Project Costs. Under the cost reimbursement payment method, Grantee is required to finance operations and will only be reimbursed for

actual, allowable, and allocable costs incurred on a monthly basis and supported by adequate documentation. Adequate documentation includes (1) a clear description of the expense; (2) a straightforward itemization of the cost(s); and (3) management authorization for the incurred expense. HHSC, at its discretion, may require additional supporting documentation or information deemed necessary to validate any expenditures submitted for reimbursement.

Section VI. Application Forms and Exhibits for Submission

Note: Applicants must refer to **Section XIII, Submission Checklist**, for the complete checklist of documents that must be submitted with an application under this RFA.

6.1 NARRATIVE PROPOSAL

Using **Form D, Narrative Proposal** attached to this RFA, Applicants must provide an executive summary and describe their proposed activities, processes, and methodologies to satisfy all objectives described in **Section II, Scope of Grant Project**, of the RFA, to: (1) describe their organization's mission and purpose and its alignment with the purpose and goal of the ADRC core services; (2) problem statement describing the need for ADRC services; (3) describe experience and organizational capacity, (4) whether Applicant has access to a comprehensive resource database, and (5) understanding of the Project goals and objectives described in **Section II, Scope of Grant Project**, of the RFA. If Applicant does not have access to a comprehensive resource database, then Applicant must demonstrate commitment of its intent to enter into a formal agreement with a database provider if the Applicant intends to contract for the database service.

The Narrative Proposal is limited to 30 pages.

6.2 REQUESTED BUDGET

Attached **Exhibit P, Budget Workbook**, of this RFA is the template for submitting the Requested Budget. Applicants must develop the Requested Budget to support their Proposed Project and in alignment with the requirements described in this RFA. The requested budget may not exceed the funding amount included in **Exhibit B, ADRC PSA Regions and Funding Estimates**.

Applicants must ensure that Project Costs outlined in the Requested Budget are reasonable, allowable, allocable, and developed in accordance with applicable state and federal grant requirements. Reasonable costs are those if, 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. See 2 CFR Part 200.403 or TxGMS Cost Principles, Basic Considerations (pgs. 32-33), for additional information related to factors affecting allowability of costs.

Applicants must utilize the budget template provided, **Exhibit P, Budget Workbook**, and identify all budget line items and matching costs. Applicants must enter all costs in the Budget tables and explain why the cost is required and how the cost is established. Budget

categories must be broken out into specific budget line items that allow HHSC to determine if proposed costs are reasonable, allowable, and necessary for the successful performance of the Project.

If selected for a grant award under this RFA, only HHSC-approved budget items in the Requested Budget may be considered eligible for reimbursement.

Submission of Exhibit P, Budget Workbook, is mandatory. Applicants that fail to submit a Requested Budget as set forth in this RFA with their application will be disqualified.

6.3 INDIRECT COSTS

Applicants must have an approved indirect cost rate (ICR) or request the de minimis rate to recover indirect costs. All Applicants are required to complete and submit **Form E, HHS Indirect Cost Rate Questionnaire**, with required supporting documentation. The questionnaire initiates the acknowledgment or approval of an ICR for use with the HHSC cost-reimbursable contracts. Entities declining the use of indirect cost cannot recover indirect costs on any HHSC award or use unrecovered indirect costs as match.

HHS typically accepts the following approved ICRs:

- Federally Approved Indirect Cost Rate Agreement
- State of Texas Approved Indirect Cost Rate

HHSC, at its discretion, may request additional information to support any approved ICR agreement.

If the Applicant does not have an approved ICR agreement, the Applicant may be eligible for the ten percent (10%) de minimis rate or may request to negotiate an ICR with HHS.

For Applicants requesting to negotiate an ICR with HHS, the ICR Proposal Package will be provided by the HHS Federal Funds Indirect Cost Rate Group to successful Grantees. The ICR Proposal Package must be completed and returned to the HHS Federal Funds Indirect Cost Rate Group no later than three (3) months post-award.

The HHS Federal Funds Indirect Cost Rate group will contact applicable Grantees after Grant Agreement execution to initiate and complete the ICR process. Grantees should respond within thirty (30) business days, or the request will be cancelled, and indirect costs may be disallowed.

Once HHS acknowledges an existing rate or approves an ICR, the Grantee will receive one of the three indirect cost approval letters: ICR Acknowledgement Letter, ICR Acknowledgement Letter – Ten Percent De Minimis, or the ICR Agreement Letter.

If an Indirect Cost Rate Letter is required but it is not issued at the time of Grant Agreement execution, the Grant Agreement will be amended to include the Indirect Cost Rate Letter after the ICR Letter is issued.

Approval or acceptance of an ICR will not result in an increase in the amount awarded or affect the agreed-upon service or performance levels throughout the life of the award.

6.4 ADMINISTRATIVE APPLICANT INFORMATION

Using **Forms A** through **D** attached to this RFA, Applicant must provide satisfactory evidence of its ability as an organization to manage and coordinate the types of activities described in this RFA.

1. Litigation and Contract History

Applicant must include in its application a complete disclosure of any alleged or significant contractual or grant failures.

In addition, Applicant must disclose any civil or criminal litigation or investigation pending over the last five (5) years that involves Applicant or in which Applicant has been judged guilty or liable. Failure to comply with the terms of this provision may disqualify Applicant. See, **Exhibit A, HHS Solicitation Affirmations Version 2.4.** Applicant certifies it does not have any existing claims against or unresolved audit exceptions with the State of Texas or any agency of the State of Texas.

Application may be rejected based upon Applicant's prior history with the State of Texas or with any other party that demonstrates, without limitation, unsatisfactory performance, adversarial or contentious demeanor, or significant failure(s) to meet contractual or grant obligations.

2. Internal Controls Questionnaire

Applicant must complete **Form C, Internal Controls Questionnaire**, and submit with its Application.

Section VII. RFA Administrative Information and Inquiries

7.1 SCHEDULE OF EVENTS

EVENT	DATE/TIME
Funding Announcement Posting Date Posted to HHS Grants RFA and Texas eGrants websites	May 6, 2024
Applicant Conference Attendance is Optional	May 13, 2024 at 10:00 a.m. Central Time
Deadline for Submitting Questions or Requests for Clarification	May 15, 2024 at 2:00 p.m. Central Time
Date Answers to Questions or Requests for Clarification Posted	Tentative Date: May 22, 2024
Application Submission Deadline NOTE: Applications must be <u>RECEIVED</u> by HHSC by this deadline if not changed by subsequent Addenda to be considered eligible.	June 4, 2024 by 10:30 a.m. Central Time
Anticipated Notice of Award	Aug 2024
Anticipated Project Start Date	September 1, 2024

Applicants must ensure their applications are received by HHSC in accordance with the Deadline for Submission of Applications (date and time) indicated in this Schedule of Events or as changed by subsequent Addenda posted to the [HHS Grants RFA](#) website.

All dates are tentative and HHSC reserves the right to change these dates at any time. At the sole discretion of HHSC, events listed in the Schedule of Events are subject to scheduling changes and cancellation. Scheduling changes or cancellation determinations made prior to the Deadline for Submission will be published by posting an addendum to the [HHS Grants RFA](#) website. After the Deadline for Submission, if there are delays that significantly impact the anticipated award date, HHSC, at its sole discretion, may post updates regarding the anticipated award date

to the [Procurement Forecast](#) on the HHS Procurement Opportunities [web page](#). Each Applicant is responsible for checking the HHS Grants RFA website and Procurement Forecast for updates.

7.2 SOLE POINT OF CONTACT

All requests, questions or other communication about this RFA shall be made by email **only** to the Grant Specialist designated as HHSC's Sole Point of Contact listed below:

Name	Julia Solis
Title	Grant Specialist, HHSC Procurement and Contracting Services
Address	Procurement and Contracting Services Building 1100 W 49th St. MC: 2020 Austin, TX 78756
Phone	512-776-2951
Email	julia.solis@hhs.texas.gov

Applicants shall not use this e-mail address for submission of an Application. Follow the instructions for submission as outlined in Section VIII, Application Organization and Submission Requirements.

However, if expressly directed in writing by the Sole Point of Contact, Applicant may communicate with another designated HHS representative, e.g., during grant negotiations as part of the normal grant review process, if any.

Prohibited Communications: Applicants and their representatives shall not contact other HHS personnel regarding this RFA.

This restriction (on only communicating in writing by email with the sole point of contact identified above) does not preclude discussions between Applicant and agency personnel for the purposes of conducting business unrelated to this RFA.

Failure of an Applicant or its representatives to comply with these requirements may result in disqualification of the Application.

7.3 RFA QUESTIONS AND REQUESTS FOR CLARIFICATION

Written questions and requests for clarification of this RFA are permitted if submitted by email to the Sole Point of Contact by the deadline established in **Section 7.1, Schedule of Events**, or as may be amended in Addenda, if any, posted to the HHS Grants RFA websites.

Applicants' names will be removed from questions in any responses released. All questions and requests for clarification must include the following information. Submissions that do not include this information may not be accepted:

1. RFA Number;
2. Section or Paragraph number from this Solicitation;
3. Page Number of this Solicitation;
4. Exhibit or other Attachment and Section or Paragraph number from the Exhibit or other Attachment;
5. Page Number of the Exhibit;
6. Language, Topic, Section Heading being questioned; and
7. Question

The following contact information must be included in the e-mail submitted with questions or requests for clarification:

1. Name of individual submitting question or request for clarification
2. Organization name
3. Phone number
4. E-mail address

Questions or other written requests for clarification must be received by the Sole Point of Contact by the deadline set forth in this Section 7.1, Schedule of Events, or as may be amended in Addenda, if any, posted to the HHS Grants RFA website.

HHSC may review and, at its sole discretion, may respond to questions or other written requests received after the deadline.

7.4 AMBIGUITY, CONFLICT, DISCREPANCY, CLARIFICATIONS

Applicants must notify the Sole Point of Contact of any ambiguity, conflict, discrepancy, exclusionary specification, omission or other error in the RFA in the manner and by the deadline for submitting questions. Each Applicant submits its Application at its own risk.

If Applicant fails to properly and timely notify the Sole Point of Contact of any ambiguity, conflict, discrepancy, exclusionary specification, omission or other error in the RFA, Applicant, whether awarded a Grant Agreement or not:

- a. Shall have waived any claim of error or ambiguity in the RFA and any resulting Grant Agreement;
- b. Shall not contest the interpretation by the HHSC of such provision(s); and
- c. Shall not be entitled to additional reimbursement, relief, or time by reason of any ambiguity, conflict, discrepancy, exclusionary specification, omission, or other error or its later correction.

7.5 RESPONSES TO QUESTIONS OR REQUEST FOR CLARIFICATIONS

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 or contact the Sole Point of Contact for a copy of the Addendum with the amended answers.

7.6 CHANGES, AMENDMENT OR MODIFICATION TO RFA

HHSC reserves the right to change, amend, modify or cancel this RFA. All changes, amendments and modifications or cancellation will be posted by Addendum on the HHS Grants RFA website.

It is the responsibility of each Applicant to periodically check the HHS Grants RFA website for any additional information regarding this RFA. Failure to check the posting website will in no way release any Applicant or awarded Grantee from the requirements of posted Addenda or additional information. No HHS agency will be responsible or liable in any regard for the failure of any individual or entity to receive notification of any posting to the websites or for the failure of any Applicant or awarded Grantee to stay informed of all postings to these websites. If the Applicant fails to monitor these websites for any changes or modifications to this RFA, such failure will not relieve the Applicant of its obligation to fulfill the requirements as posted.

7.7 EXCEPTIONS AND ASSUMPTIONS

Applicants are highly encouraged, in lieu of including exceptions in their Applications, to address all issues that might be advanced by way of exception or assumptions by submitting questions or requests for clarification pursuant to **Section 7.3, RFA Questions and Requests for Clarification**.

No exception, nor any other term, condition, or provision in an Application that differs, varies from, or contradicts this RFA, will be considered to be part of any Grant Agreement resulting from this RFA unless expressly made a part of the Grant Agreement in writing by HHSC.

7.8 APPLICANT CONFERENCE

HHSC will conduct an Applicant conference on the date and time set out in **Section 7.1, Schedule of Events** to review the key elements of this RFA. Attendance is optional and not required, however, is strongly encouraged.

People with disabilities who wish to attend the meeting and require auxiliary aids or services should contact the Sole Point of Contact identified in **Section 7.2, Sole Point of**

Contact, at least seventy-two (72) hours before the meeting in order to have reasonable accommodations made by HHSC.

The conference will be held through webinar call. Attendees are required to sign a conference attendance log and those joining via conference call are required to send an email to the Sole Point of Contact (see **Section 7.2, Sole Point of Contact**) advising of participation in the conference. Whether signing the conference attendance log in person or sending email notification, each attendee must provide his/her name, attendee's company name, and attendee email address.

All questions and requests for clarification must be presented in writing at the conference. Reference **Section 7.3, RFA Questions and Requests for Clarification** for the required format and information to be included.

During the conference, HHSC may provide responses; however, HHSC will consolidate the official responses to all questions and requests for clarifications received during the conference and include in an Addendum posted on the HHS Grants RFA website.

HHSC reserves the right to amend responses to questions and requests for clarification after posting 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.

WEBINAR INFORMATION:

The conference will be held through GoToWebinar, which may be accessed at:

<https://www.gotomeeting.com/webinar/join-webinar>.

Webinar Instructions:

1. Enter Attendee's business email.
2. To register, the participants must have the following information ready:
 - a. First and last name of each attendee/registrant;
 - b. E-mail address for the attendee/registrant;
 - c. Applicant's legal name; and
 - d. Job title of attendee/registrant.

Section VIII. Application Organization and Submission Requirements

8.1 APPLICATION RECEIPT

Applications must be received by HHSC by the Deadline for Submission of Applications specified in **Section 7.1, Schedule of Events**, or subsequent Addenda. HHSC will date and time stamp all Applications upon receipt. Applications received after the Deadline for Submission of Applications may be ruled ineligible. Applicants should allow for adequate time for submission before the posted Deadline for Submission.

No HHS agency will be held responsible for any Application that is mishandled prior to receipt by HHSC. It is the Applicant's responsibility to ensure its Application is received by HHSC before the Deadline for Submission of Applications. No HHS agency will be responsible for any technical issues that result in late delivery, non-receipt of an Application, inappropriately identified documents, or other submission issue that may lead to disqualification.

Note: All Applications become the property of HHSC after submission and receipt and will not be returned to Applicant.

Applicants understand and acknowledge that issuance of this RFA or retention of Applications received in response to this RFA in no way constitutes a commitment to award Grant Agreement(s) as a result of this RFA.

8.2 APPLICATION SUBMISSION

By submitting an Application in response to this Solicitation, Applicant represents and warrants that the individual submitting the Application and any related documents on behalf of the Applicant is authorized to do so and to binds the Applicant under any Grant Agreement that may result from the submission of an Application.

8.3 REQUIRED SUBMISSION METHOD

Applicants must submit their completed Applications by the Deadline for Submission of Applications provided in the **Section 7.1, Schedule of Events**, or subsequent Addenda, using the approved method identified below. Applications submitted by any other method (e.g., facsimile) will not be considered and will be disqualified.

Submission Option #1 HHS Online Bid Room: Applicants shall upload the following documents to the Online Bid Room utilizing the procedures in **Exhibit L, HHS Online Bid Room.** **File Size Limitation:** Restriction to 250MB per file attachment.

- a. One (1) copy marked as "Original Application" that contains the Applicant's entire application in a Portable Document Format (".pdf") file.
- b. One (1) copy of the completed **Exhibit P, Budget Workbook**, in its original Excel format.
- c. One (1) copy of the complete Application marked as "Public Information Act Copy," if applicable, in accordance with **Section 12.1, Texas Public Information Act**, in a Portable Document Format (".pdf") file.

Submission Option #2 Sealed Package with USB Drives: Applicants shall submit each of the following on separate USB drives:

- a. One (1) USB drive with the complete Application file marked as "Original Application" in a Portable Document Format (".pdf") file. Include the USB in a separate envelope within the sealed Application package and mark the USB and envelope with "Original Application." USB drive must include the completed **Exhibit P, Budget Workbook**, in its original Excel format.

- b. One (1) USB drive with a copy of the complete Application file marked as “Public Information Act Copy,” if applicable and in accordance with **Section 12.1, Texas Public Information Act**. The copy must be in a Portable Document Format (“.pdf”) file. Include the USB in a separate envelope within the sealed package and mark the USB and envelope with “Public Information Act Copy” or “PIA Copy.”

Sealed packaged must be clearly labeled with the following:

- 1) RFA Number
- 2) RFA Title
- 3) Application Response Deadline
- 4) Sole Point of Contact’s name
- 5) Applicant’s legal name

Applicants are solely responsible for ensuring the USB drives are submitted in sealed packaging that is sufficient to prevent damage to contents and delivered by U.S. Postal Service, overnight or express mail, or hand delivery to the addresses below. No HHS agency will be responsible or liable for any damage.

Overnight/Express/Priority Mail	Hand Delivery
Health and Human Services Commission ATTN: Julia Solis Tower Building Room 108 1100 W. 49th St., MC 2020 Austin, Texas 78756	Health and Human Services Commission ATTN: Julia Solis Procurement & Contracting Services Building 1100 W. 49th St., MC 2020 Austin, Texas 78756

8.4 COSTS INCURRED FOR APPLICATION

All costs and expenses incurred in preparing and submitting an Application in response to this RFA and participating in the RFA selection process are entirely the responsibility of the Applicant.

8.5 APPLICATION COMPOSITION

All Applications must:

- 1. Be responsive to all RFA requirements;
- 2. Be clearly legible;

3. 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;
4. Include page numbering for each section of the proposal; and
5. Include signature of Applicant's authorized representative on all exhibits and forms requiring a signature. Copies of the Application documents should be made after signature.

8.6 APPLICATION ORGANIZATION

The complete application file .pdf must be organized in the order outlined in the **Section XIII, Submission Checklist**, and include all required sections (e.g., "Administrative Information," "Narrative Proposal," "Exhibits to be Submitted with Application," and "Addenda")

- **Exhibit P, Budget Workbook**, is to be submitted in its original Excel format.
- Each Application section must have a cover page with the Applicant's legal name, RFA number, and Name of Grant identified.
- Include all required documentation, exhibits, and forms completed and signed, as applicable. Copies of forms are acceptable, but all copies must be identical to the original. All exhibits must be submitted and obtained directly from the posted RFA package; previous versions and copies are not allowed or acceptable.

8.7 APPLICATION WITHDRAWALS OR MODIFICATIONS

Prior to the Deadline for Submission of Applications set forth in **Section 7.1, Schedule of Events**, or subsequent Addenda, an Applicant may:

1. Withdraw its Application by submitting a written request to the Sole Point of Contact; or
2. Modify its Application by submitting an entirely new submission, complete in all respects, using [the method/one of the approved methods] of submission set forth in this RFA. The modification must be received by HHSC by the Deadline for Submission of Applications set forth in **Section 7.1, Schedule of Events**, or subsequent Addenda.

No withdrawal or modification request received after the Deadline for Submission of Applications, set forth in **Section 7.1, Schedule of Events**, or subsequent Addenda, will be considered. Additionally, in the event of multiple Applications received, the most timely received and/or modified Application will replace the Applicant's original and all prior submission(s) in its entirety and the original submission(s) will not be considered.

Section IX. Application Screening and Evaluation

9.1 OVERVIEW

A three-step selection process will be used:

1. Application screening to determine whether the Applicant meets the minimum requirements of this RFA;
2. Evaluation based upon specific criteria; and
3. Final selection based upon State priorities and other relevant factors, as outlined in **Section 10.1, Final Selection**.

9.2 INITIAL COMPLIANCE SCREENING OF APPLICATIONS

All Applications received by the Deadline for Submission of Applications as outlined in **Section 7.1, Schedule of Events**, or subsequent Addenda, will be screened by HHSC to determine which Applications meet all the minimum requirements of this RFA and are deemed responsive and qualified for further consideration. See **Section 3.2, Application Screening Requirements**.

At the sole discretion of HHSC, Applications with errors, omissions, or compliance issues may be considered non-responsive and may not be considered. The remaining Applications will continue to the evaluation stage and will be considered in the manner and form as which they are received. HHSC reserves the right to waive minor informalities in an Application. A “minor informality” is an omission or error that, in the determination of HHSC if waived or modified, would not give an Applicant an unfair advantage over other Applicants or result in a material change in the Application or RFA requirements. **Note:** Any disqualifying factor set forth in this RFA does not constitute an informality (e.g., **Exhibit A, HHS Solicitation Affirmations Version 2.4, or Exhibit P, Budget Workbook**).

HHSC, at its sole discretion, may give an Applicant the opportunity to submit missing information or make corrections at any point after receipt of Application. The missing information or corrections must be submitted to the Sole Point of Contact e-mail address in **Section 7.2, Sole Point of Contact**, by the deadline set by HHSC. Failure to respond by the deadline may result in the rejection of the Application and the Applicant’s not being considered for award.

9.3 QUESTIONS OR REQUESTS FOR CLARIFICATION FOR APPLICATIONS

HHSC reserves the right to ask questions or request clarification or revised documents for a submitted Application from any Applicant at any time prior to award. HHSC reserves the right to select qualified Applications received in response to this RFA without discussion of the Applications with Applicants.

9.4 EVALUATION CRITERIA

Applications will be evaluated and scored in accordance with the following scoring criteria using **Exhibit H, Evaluation Tool**.

Scoring Criteria: Qualified Applications shall be evaluated based upon:

- a. Qualifications and Experience (20%);
- b. Project Work Plan (50%); and
- c. Requested Budget Cost (30%)

9.5 PAST PERFORMANCE

HHSC reserves the right to request additional information and conduct investigations as necessary to evaluate any Application. By submitting an Application, the Applicant generally releases from liability and waives all claims against any party providing information about the Applicant at the request of HHSC.

HHSC may examine Applicant's past performance which may include, but is not limited to, information about Applicant provided by any governmental entity, whether an agency or political subdivision of the State of Texas, another state, or the Federal government.

HHSC, at its sole discretion, may also initiate investigations or examinations of Applicant performance based upon media reports. Any negative findings, as determined by HHSC in its sole discretion, may result in HHSC removing the Applicant from further consideration for award.

Past performance information regarding Applicants may include, but is not limited to:

1. Notices of termination;
2. Cure notices;
3. Assessments of liquidated damages;
4. Litigation;
5. Audit reports; and
6. Non-renewals of grants or contracts based on Applicant's unsatisfactory performance.

Applicants also may be rejected as a result of unsatisfactory past performance under any grant(s) or contract(s) as reflected in vendor performance reports, reference checks, or other sources. An Applicant's past performance may be considered in the initial screening process and prior to making an award determination.

Reasons for which an Applicant may be denied a Grant Agreement at any point after application submission include, but are not limited to:

1. If applicable, Applicant has an unfavorable report or grade on the CPA Vendor Performance Tracking System (VPTS). VPTS may be accessed at:

<https://comptroller.texas.gov/purchasing/programs/vendor-performance-tracking/>, OR,

2. Applicant is currently under a corrective action plan through HHSC or DSHS, OR,
3. Applicant has had repeated, negative vendor performance reports for the same reason, OR,
4. Applicant has a record of repeated non-responsiveness to vendor performance issues, OR,
5. Applicant has contracts or purchase orders that have been cancelled in the previous 12 months for non-performance or substandard performance, OR
6. Any other performance issue that demonstrates that awarding a Grant Agreement to Applicant would not be in the best interest of the State.

9.6 COMPLIANCE FOR PARTICIPATION IN STATE CONTRACTS

Prior to award of a Grant Agreement as a result of this RFA and in addition to the initial screening of Applications, all required verification checks will be conducted.

The information (e.g., legal name and, if applicable, assumed name (d/b/a), tax identification number, DUNS number) provided by Applicant will be used to conduct these checks. At HHSC's sole discretion, applicants found to be barred, prohibited, or otherwise excluded from award of a Grant Agreement may be disqualified from further consideration under this Solicitation, pending satisfactory resolution of all compliance issues.

Checks include:

1. State of Texas Debarment and Warrant Hold

Applicant must not be debarred from doing business with the State of Texas (<https://comptroller.texas.gov/purchasing/programs/vendor-performance-tracking/debarred-vendors.php>) or have an active warrant or payee hold placed by the Comptroller of Public Accounts (CPA).

2. U.S. System of Award Management (SAM) Exclusions List

Applicant must not be excluded from contract participation at the federal level. This verification is conducted through SAM, the official website of the U.S. Government which may be accessed at: <https://www.sam.gov/SAM/pages/public/searchRecords/search.jsf>

3. Divestment Statute Lists

Applicant must not be listed on the Divestment Statute Lists provided by CPA, which may be accessed at: <https://comptroller.texas.gov/purchasing/publications/divestment.php>

- a. Companies that boycott Israel;
- b. Companies with Ties to Sudan;
- c. Companies with Ties to Iran;
- d. Foreign Terrorist Organizations; and
- e. Companies with Ties to Foreign Terrorist Organizations.

4. HHS Office of Inspector General

Applicant must not be listed on the HHS Office of Inspector General Texas Exclusions List for people or businesses excluded from participating as a provider: <https://oig.hhsc.texas.gov/exclusions>

5. U.S. Department of Health and Human Services

Applicant must not be listed on the U.S. Department of Health and Human Services Office of Inspector General's List of Excluded Individuals/Entities (LEIE), excluded from participation as a provider, unless a valid waiver is currently in effect: <https://exclusions.oig.hhs.gov/>.

Additionally, if a subrecipient under a federal award, the Grantee shall comply with requirements regarding registration with the U.S. Government's System for Award Management (SAM). This requirement includes maintaining an active SAM registration and the accuracy of the information in SAM. The Grantee shall review and update information at least annually after initial SAM registration and more frequently as required by 2 CFR Part 25.

For grantees that may make procurements using grant funds awarded under the Grant Agreement, Grantee must check SAM Exclusions that contain the names of ineligible, debarred, and/or suspended parties. Grantee certifies through acceptance of a Grant Agreement it will not conduct business with any entity that is an excluded entity under SAM.

HHSC reserves the right to conduct additional checks to determine eligibility to receive a Grant Agreement.

Section X. Award of Grant Agreement Process

10.1 FINAL SELECTION

After initial screening for eligibility and Application completeness, and initial evaluation against the criteria listed in **Section 9.4, Evaluation Criteria**, HHSC may apply other considerations such as program policy or other selection factors that are essential to the process of selecting Applications that individually or collectively achieve program objectives. In applying these factors, HHSC may consult with internal and external subject matter experts. The funding methodology for issuing final Grant Agreements will include the following identified factors:

1. Applicant demonstrates the capacity to serve all counties within the ADRC PSA Region the Applicant proposed to serve; and
2. Applicant's Project Costs in the requested budget do not exceed the estimated funding available for the ADRC PSA Region the Applicant proposed to serve.

The HHSC will make final funding decisions based on Applicant eligibility, evaluation rankings, the funding methodology above, and geographic distribution across the state, state priorities, reasonableness, availability of funding, cost-effectiveness, and other relevant factors.

All funding recommendations will be considered for approval by the HHSC Program Deputy Executive Commissioner, or their designee/DSHS Deputy Commissioner, or their designee.

10.2 NEGOTIATIONS

After selecting Applicants for award, the HHSC may engage in negotiations with selected Applicants. As determined by HHSC, the negotiation phase may involve direct contact between the selected Applicant and HHS representatives by virtual meeting, by phone and/or by email. Negotiations should not be interpreted as a preliminary intent to award funding unless explicitly stated in writing by the HHSC and is considered a step to finalize the application to a state of approval and discuss proposed grant activities. During negotiations, selected Applicants may expect:

1. An in-depth discussion of the submitted Application and Requested Budget; and
2. Requests from HHSC for revised documents, clarification or additional detail regarding the Applicant's submitted Application. These clarifications and additional details, as required, must be submitted in writing by Applicant as finalized during the negotiation.

10.3 DISCLOSURE OF INTERESTED PARTIES

Subject to certain specified exceptions, Section 2252.908 of the Texas Government Code, Disclosure of Interested Parties, applies to a contract of a state agency that has a value of

\$1 million or more; requires an action or vote by the governing body of the entity or agency before the contract may be signed; or is for services that would require a person to register as a lobbyist under Chapter 305 of the Texas Government Code.

One of the requirements of Section 2252.908 is that a business entity (defined as “any entity recognized by law through which business is conducted, including a sole proprietorship, partnership, or corporation”) must submit a Form 1295, Certificate of Interested Parties, to HHSC at the time the business entity submits the signed contract.

Applicant represents and warrants that, if selected for award of a Grant Agreement as a result of this RFA, Applicant will submit to HHSC a completed, certified and signed Form 1295, Certificate of Interested Parties, at the time the potential Grantee submits the signed Grant Agreement.

The Form 1295 involves an electronic process through the Texas Ethics Commission (TEC). The on-line process for completing the Form 1295 may be found on the TEC public website at: https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm.

Additional instructions and information to be used to process the Form 1295 will be provided by HHSC to the potential Grantee(s). Grantee may contact Sole Point of Contact or designated Contract Manager for information needed to complete Form 1295.

If the potential Grantee does not submit a completed, certified and signed TEC Form 1295, Certificate of Interested Parties, with the signed Grant Agreement, HHSC is prohibited by law from executing a contract, even if the potential Grantee is otherwise eligible for award. HHSC, as determined in its sole discretion, may award the Grant Agreement to the next qualified Applicant, who will then be subject to this procedure.

10.4 EXECUTION AND ANNOUNCEMENT OF GRANT AGREEMENT(S)

HHSC intends to award one or more Grant Agreements as a result of this RFA. However, not all Applicants who are deemed eligible to receive funds are assured of receiving a Grant Agreement.

At any time and at its sole discretion, HHSC reserves the right to cancel this RFA, make partial award, or decline to award any Grant Agreement(s) as a result of this RFA.

The final funding amount and the provisions of the grant will be determined at the sole discretion of HHSC.

HHSC may announce tentative funding awards through an “Intent to Award Letter” once the HHSC Program Deputy Executive Commissioner and relevant HHSC approval authorities have given approval to initiate and/or execute grants. Receipt of an “Intent to Award Letter” does not authorize the recipient to incur expenditures or begin project activities, nor does it guarantee current or future funding.

Upon execution of a Grant Agreement(s) as a result of this RFA, HHSC will post a notification of all grants awarded to the [HHS Grants RFA](#) website.

Section XI. General Terms and Conditions

11.1 GRANT APPLICATION DISCLOSURE

In an effort to maximize state resources and reduce duplication of effort, HHSC, at its discretion, may require the Applicant to disclose information regarding the application for or award of state, federal, and/or local grant funding to the Applicant or subgrantee or subcontractor (i.e. organization who will participate, in part, in the operation of the Project) within the past two years to provide ADRC Services.

11.2 TEXAS HISTORICALLY UNDERUTILIZED BUSINESSES (HUBS)

In procuring goods and services using funding awarded under this RFA, Grantee must use HUBs or other designated businesses as required by law or the terms of the state or federal grant under which this RFA has been issued. See, e.g., 2 CFR 200.321. If there are no such requirements, HHSC encourages Applicant to use HUBs to provide goods and services.

For information regarding the Texas HUB program, refer to CPA's website: <https://comptroller.texas.gov/purchasing/vendor/hub/>.

Section XII. Application Confidential or Proprietary Information

12.1 TEXAS PUBLIC INFORMATION ACT – APPLICATION DISCLOSURE REQUIREMENTS

Applications and resulting Grant Agreements are subject to the Texas Public Information Act (PIA), Texas Government Code Chapter 552, and may be disclosed to the public upon request. Other legal authority also requires HHSC to post grants and applications on its public website and to provide such information to the Legislative Budget Board for posting on its public website.

Under the PIA, certain information is protected from public release. If Applicant asserts that information provided in its Application is exempt from disclosure under the PIA, Applicant must:

1. **Mark Original Application:**
 - a. Mark the Original Application, at the top of the front page, with the words "CONTAINS CONFIDENTIAL INFORMATION" in large, bold, capitalized letters (the size of, or equivalent to, 12-point Times New Roman font); and
 - b. Identify, adjacent to each portion of the Application that Applicant claims is exempt from public disclosure, the claimed exemption from disclosure (NOTE: no redactions are to be made in the Original Application);
2. **Certify in Original Application – HHS Solicitation:** Certify, in the designated section of the **Exhibit A, HHS Solicitation Affirmations Version 2.4**, Applicant's confidential information assertion and the filing of its Public Information Act Copy; and

3. **Submit Public Information Act Copy of Application:** Submit a separate “Public Information Act Copy” of the Original Application (in addition to the original and all copies otherwise required under the provisions of this RFA). The Public Information Act Copy must meet the following requirements:
 - a. The copy must be clearly marked as “Public Information Act Copy” on the front page in large, bold, capitalized letters (the size of, or equivalent to, 12-point Times New Roman font);
 - b. Each portion Applicant claims is exempt from public disclosure must be redacted (blacked out); and
 - c. Applicant must identify, adjacent to each redaction, the claimed exemption from disclosure. Each identification provided as required in **Subsection (3) of this section** must be identical to those set forth in the Original Application as required in **Subsection 1(b)**, above. The only difference in required markings and information between the Original Application and the “Public Information Act Copy” of the Application will be redactions – which can only be included in the “Public Information Act Copy.” There must be no redactions in the Original Application.

By submitting an Application under this RFA, Applicant agrees that, if Applicant does not mark the Original Application, provide the required certification in Exhibit A, HHS Solicitation Affirmations Version 2.4, and submit the Public Information Act Copy, the Application will be considered to be public information that may be released to the public in any manner including, but not limited to, in accordance with the Public Information Act, posted on the HHSC’s public website, and posted on the Legislative Budget Board’s public website.

If any or all Applicants submit partial, but not complete, information suggesting inclusion of confidential information and failure to comply with the requirements set forth in this section, the HHSC, in its sole discretion, reserves the right to (1) disqualify all Applicants that fail to fully comply with the requirements set forth in this section, or (2) to offer all Applicants that fail to fully comply with the requirements set forth in this section additional time to comply.

No Applicant should submit a Public Information Act Copy indicating that the entire Application is exempt from disclosure. Merely making a blanket claim that the entire Application is protected from disclosure because it contains any amount of confidential, proprietary, trade secret, or privileged information is not acceptable, and may make the entire Application subject to release under the PIA.

Applications should not be marked or asserted as copyrighted material. If Applicant asserts a copyright to any portion of its Application, by submitting an Application, Applicant agrees to reproduction and posting on public websites by the State of Texas, including HHSC and all other state agencies, without cost or liability.

HHSC will strictly adhere to the requirements of the PIA regarding the disclosure of public information. As a result, by participating in this RFA, Applicant acknowledges that all information, documentation, and other materials submitted in its Application may be subject to public disclosure under the PIA. HHSC does not have authority to agree that any information submitted will not be subject to disclosure. Disclosure is governed by the PIA and by rulings of the Office of the Texas Attorney General. Applicants are advised to consult with their legal counsel concerning disclosure issues resulting from this process and to take precautions to safeguard trade secrets and proprietary or otherwise confidential information. HHSC assumes no obligation or responsibility relating to the disclosure or nondisclosure of information submitted by Applicants.

For more information concerning the types of information that may be withheld under the PIA or questions about the PIA, please refer to the Public Information Act Handbook published by the Office of the Texas Attorney General or contact the attorney general's Open Government Hotline at (512) 478-OPEN (6736) or toll-free at (877) 673-6839 (877-OPEN TEX). To access the Public Information Act Handbook, please visit the attorney general's website at <http://www.texasattorneygeneral.gov>.

12.2 APPLICANT WAIVER – INTELLECTUAL PROPERTY

SUBMISSION OF ANY DOCUMENT TO ANY HHS AGENCY IN RESPONSE TO THIS SOLICITATION CONSTITUTES AN IRREVOCABLE WAIVER, AND AGREEMENT BY THE SUBMITTING PARTY TO FULLY INDEMNIFY THE STATE OF TEXAS AND HHS FROM ANY CLAIM OF INFRINGEMENT REGARDING THE INTELLECTUAL PROPERTY RIGHTS OF THE SUBMITTING PARTY OR ANY THIRD PARTY FOR ANY MATERIALS SUBMITTED TO HHS BY THE SUBMITTING PARTY.

Section XIII. Submission Checklist

HHSC, in its sole discretion, will review all Applications received and will determine if any or all Applications which do not include complete, signed copies of these exhibits and/or addenda, will be disqualified or whether additional time will be permitted for submission of the incomplete or missing exhibits. If additional time is permitted, Applicants will be notified in writing of the opportunity to provide the missing documentation by a specified deadline. Failure by an Applicant to submit the requested documentation by the deadline WILL result in disqualification. Applications that do not include Exhibit A, HHS Solicitation Affirmations Version 2.4 (completed and signed), and Exhibit P, Budget Workbook, (completed), will be disqualified. See Section 9.2, Initial Compliance Screening of Applications for further detail.

This Submission Checklist identifies the documentation, forms and exhibits that are required to be submitted as part of the Application.

The Application must be organized in the order below and include each required section and the forms and exhibits identified within a section:

1. Administrative Information

- a. Form A: Applicant Information (Face Page) _____
- b. Form B: Administrative Information _____
- c. Form B-1: Authorized Officials Governmental Entity, if applicable _____
- d. Form B-2: Authorized Officials Nonprofit Entity, if applicable _____
- e. Form C: Internal Controls Questionnaire _____
- f. Form E: HHS Indirect Cost Rate Questionnaire _____

2. Narrative Proposal [The Narrative Proposal must be titled “Narrative Proposal” and include the Applicant’s Legal Name, the RFA No., and the name of the Grant Program. Use the titles below for each required section.]

- a. Form D: Narrative Proposal _____

3. Exhibits to be Completed, Signed, and Submitted with Application

- a. Exhibit A: HHS Solicitation Affirmations Version 2.4 _____

Per Section 3.2, Application Screening Requirements, Exhibit A is mandatory and must be completed, signed and submitted for the Application to be considered responsive. Applications received without Exhibit A or with an unsigned Exhibit A will be disqualified.

- b. Exhibit C: Contract Monitoring Questionnaire _____

- c. Exhibit D: HHS Data Use Agreement _____
- d. If applicable, Exhibit D-1, HHS Data Use Agreement - Governmental Entity Version _____
- e. Exhibit E, Security and Privacy Inquiry, Attachment 2 to DUA _____
- f. Exhibit I, Federal Assurances – Non-Construction _____
- g. Exhibit J, Federal Funding Accountability and Transparency Act (FFATA) Certification _____
- h. Exhibit O, Certification Regarding Lobbying _____

This Requested Budget Template is mandatory 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.

- i. Exhibit Q, ADRC Staff and Funding Allocation Workbook _____

This ADRC Staff and Funding Allocation List is mandatory 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.

4. Addenda: Each Addendum, if any, must be signed and submitted with the Application.

5. Draft Plans:

- a. Plan of Operation
- b. Cultural Competence Plan
- c. Disaster Recovery and Business Continuity Plan
- d. Transition Plan
- e. Community Collaboration Plan
- f. Client Feedback Plan
- g. Staffing Plan
- h. Turnover Plan
- i. Quality Monitoring Plan

Section XIV. List of Forms and Exhibits Attached to RFA

Forms

Form A, Applicant Information (Face Page)

Form B, Administrative Entity Information

Form B-1, Authorized Officials - Governmental Entity

Form B-2, Authorized Officials – Nonprofit or For-Profit Entity

Form C, Internal Controls Questionnaire

Form D, Narrative Proposal

Form E, HHS Indirect Cost Rate Questionnaire

Exhibits

Exhibit A, HHS Solicitation Affirmations Version 2.4

Exhibit B, ADRC PSA Regions and Funding Estimates

Exhibit C, Contract Monitoring Questionnaire

Exhibit D, HHS Data Use Agreement

Exhibit D-1, HHS Data Use Agreement – Governmental Version

Exhibit E, Security and Privacy Inquiry (SPI), Attachment 2 to DUA

Exhibit F, Deliverables

Exhibit G, Exceptions Form

Exhibit H, Evaluation Tool

Exhibit I, Federal Assurances Non-Construction

Exhibit J, Federal Funding Accountability and Transparency Act (FFATA) Certification

Exhibit K, HHS Additional Provisions – Grant Funding Version 1.0

Exhibit L, HHS Online Bid Room

Exhibit M, HHS Uniform Terms and Conditions – Grant Version 3.3

Exhibit N, Key Performance Requirements

Exhibit O, Lobbying Certification

Exhibit P, Budget Workbook (Excel)

Exhibit Q, ADRC Staff and Funding Allocation Workbook