

Exhibit C, Rural Hospital Grants Questionnaire

Questionnaire Page 1

1. Is the facility a rural hospital that is located in a county with 68,750 or fewer persons according to the 2020 US Census?

☐ Yes ☐ No

2. Is the facility a rural hospital that is designated by the Centers for Medicare and Medicaid Services (CMS) as a Critical Access Hospital (CAH), a Sole Community Hospital (SCH), or a Rural Referral Center (RRC) that is not located in a Metropolitan Statistical Area (MSA), as defined by the U.S. Office of Management and Budget?

☐ Yes

☐ No

3. Please mark all boxes that apply to the facility:

☐ Has 100 or fewer beds

☐ Is designated by Medicare as a Critical Access Hospital (CAH), a Sole Community Hospital (SCH), or a Rural Referral Center (RRC)

☐ Is located in a Metropolitan Statistical Area

☐ All of the above

4. Has the facility been awarded a Rural Emergency Hospital (REH) Financial Stabilization Grant from the Health and Human Services Commission (HHSC)?

☐ Yes

☐ No

5. Is the facility designated by the Centers for Medicare and Medicaid Services (CMS) as a Rural Emergency Hospital (REH)?

☐ Yes

☐ No

6. If no, is the facility in the process of converting to a Rural Emergency Hospital (REH)?

☐ Yes

☐ No

7. If the facility has converted to, or is in the process of converting to, a Rural Emergency Hospital (REH), will an application also be submitted for the Maternal Care Operations Grant?

☐ Yes

☐ No

8. Is the facility the sole licensed general or special hospital in the county?

☐ Yes

☐ No

9. Is the facility licensed for 25 or fewer beds?

☐ Yes

☐ No

10. Is the facility a part of a health care system?

☐ Yes

☐ No

11. If awarded grant funding, is the facility able to provide management reports, including cash flow reports, profit and loss accounts, and balance sheets, to demonstrate the full financial position of its business?

- ☐ Yes
- ☐ No

Questionnaire Page 2

Hospital Identifiers

Location

1. Rural Hospital Name (Complete legal name, including any "DBA").	<input type="text"/>	11. Rural Hospital Physical Address (Not a P.O. Box):	<input type="text"/>
2. Rural Hospital National Provider Identifier (NPI) (10 digits)	<input type="text"/>	City	<input type="text"/>
3. Rural Hospital License Number (2 to 6 digits):	<input type="text"/>	State	<input type="text" value="Tx."/>
4. Rural Hospital General Email Address:	<input type="text"/>	Zip	<input type="text"/>
5. Rural Hospital Texas Identification Number (TIN) (Must start with a "1", Must be 11 digits):	<input type="text"/>		
6. Federal Employer Identification Number	<input type="text"/>		
7. Texas Franchise Number	<input type="text"/>		
8. Texas Secretary of State Filing Number	<input type="text"/>		
9. DUNS Number	<input type="text"/>		
10.SAM.gov Unique Entity Identifier (UEI)	<input type="text"/>		

Applicant Contact Information

Applicant must identify by name and title the following points of contact for Applicant:

12. Person authorized to sign the Application

13. Title of person authorized to sign the Application

14. Primary contact's name for questions regarding the application

15. Financial Officer name

16. Accounts Payable name

17. Contract Management name

18. Alternate contact for Contract Management name

Applicant Contact Information Continued

	Mailing Address	Phone Number	E-Mail Address
19. Financial Officer's:			
20. Accounts Payable's:			
21. Primary contact for questions:			
22. Contract Management:			
23. Alternate contact for Contract Management:			

Ownership

24. At the time of Application, is this Rural Hospital undergoing a Change of Ownership?

☐ Yes

☐ No

25. Is it anticipated that this Rural Hospital will undergo a Change of Ownership during the Project Period?

☐ Yes

☐ No

26. If "Yes," what is the effective date of the Change of Ownership for this Rural Hospital?

(MM/DD/YYYY)

Additional Hospital Information (This information will not be used to determine eligibility)

27. At the time of Application, has this Rural Hospital completed billing for all Potential Payers for any services rendered by this Rural Hospital 30 calendar days prior?

☐ Yes

☐ No

28. At the time of Application, will this Rural Hospital be in compliance with federal transparency laws, including the requirements in 45 CFR Sections 180.10 -180.60?

☐ Yes

☐ No

29. Has this Rural Hospital had to stop providing certain services or procedures (e.g.: obstetrics, gynecology, etc.) and/or delay or defer procedures within the last two years?

☐ Yes

☐ No

Questionnaire Page 3

Financial Performance

1. What is the facility's operating margin for Texas State Fiscal Year 2023?

2. The rural hospital's operating margin for Texas State Fiscal Year 2022 or Texas State Fiscal Year 2023 is:

☐ Greater than 0 percent and less than 5 percent.

☐ Less than or equal to 0 percent.

☐ Less than or equal to 0 percent for multiple consecutive years.

3. Which of the following best describes the days of Cash on Hand the rural hospital has for the most recent quarter?

☐ Less than 60 days

☐ Less than 30 days

☐ 0 days

4. At any time during Texas State Fiscal Year 2022 or Texas State Fiscal Year 2023, this rural hospital has forecasted Unprofitability due to reduced income for:

☐ Greater than 6 months

☐ Less than 6 months

- ☐ 6 months
- ☐ Has not reported Unprofitability

5. A Rolling 13-week Cash Flow Forecast demonstrates the rural hospital operating at a loss at any time during Texas State Fiscal Year 2022 or Texas State Fiscal Year 2023 in an amount:

6. Applicant must upload management reports, such as cash flow statements, profit and loss accounts, and balance sheets, at any time during Texas State Fiscal Year 2022 or Texas State Fiscal Year 2023 to reflect the rural hospital's complete financial position

Upload a file

7. Applicant must provide evidence for question 5 above for a rolling 13-week cash flow at any time during Texas State Fiscal Year 2022 or Texas State Fiscal Year 2023.

Upload a file

8. Applicant must show any forecasted report for Unprofitability due to reduced income at any time during Texas State Fiscal Year 2022 or Texas State Fiscal Year 2023.

Upload a file

Attestations

9. Applicant understands the Applicant's requested funding amount may be adjusted based on the amount allowed per each Rural Hospital. Applicant understands the requested funding amount may be adjusted at the discretion of HHSC with regard to submitted documentation and evidence.

- ☐ Agree
- ☐ Disagree

10. Applicant represents and warrants that it is not aware of and has received no notice of any court or governmental agency proceeding, investigation, or other action pending or threatened against the Applicant or any of its principals, officers, directors, shareholders, partners, owners, agents, employees, subcontractors, independent contractors, and any other representatives who may provide services under, who have a financial interest in, or are otherwise interested in this Request For Application or any agreement resulting from this Request For Application within the five calendar years immediately preceding the submission of this Application that would or could impair Applicant's performance under any agreement resulting from this Request For Application, relate to the contracted or similar goods or services, or otherwise be relevant to the Health and Human Services Commission (HHSC) consideration of entering into an agreement.

If Applicant is unable to make the preceding representation and warranty, then Applicant must submit a complete, detailed disclosure of any such court or governmental agency proceeding, investigation, or other action that would or could impair Applicant's performance under an agreement awarded as a result of this Request For Application, relate to the contracted or similar goods or services, or otherwise be relevant to HHSC's consideration of entering into an agreement. Applicant must submit the disclosure to the following email address:
HHSCruralhospitalfinance@hhs.texas.gov.

Applicant acknowledges this is a continuing disclosure requirement. In addition, Applicant represents and warrants that, if it receives an award under this Request For Application, Applicant shall notify HHSC in writing within five business days of any changes to the representations or warranties in this clause and understands that failure to so timely update HHSC shall constitute breach of contract and may result in immediate contract termination.

☐ Agree

☐ Disagree

11. Applicant certifies that it and its principals are not suspended or debarred from doing business with the state or federal government as listed on the State of Texas Debarred Vendor List maintained by the Texas Comptroller of Public Accounts and the System for Award Management maintained by the General Services Administration.

☐ Agree

☐ Disagree

12. Applicant agrees to the Solicitation Affirmations attached as Exhibit A to the RFA.

- ☐ Agree
- ☐ Disagree

13. Applicant agrees to the Uniform Terms and Conditions attached as Exhibit B to the RFA.

- ☐ Agree
- ☐ Disagree

14. The Texas Legislature appropriated \$25 million per year for the 2024-25 biennium for rural hospital grants beginning September 1, 2023. The grants will be used for financial stabilization, maternal care operations and for alternative payment model readiness for rural hospitals. The Rural Hospital Financial Stabilization and the Maternal Care Operations grants are grant programs created with these funds. These grants are intended to provide time-limited financial support for operational costs to support the hospital attain long-term financial solvency and sustainability and to support maternal care operations services. If the facility receives these grant funds, it acknowledges that these grant funds are time-limited and that the allocation methods for the funds will vary from year-to-year and there is no guarantee of future funding beyond the duration for which the funding is awarded.

- ☐ Agree
- ☐ Disagree

15. Notice of Criminal Activity

Applicant must provide confirmation that the Applicant, any person with ownership or controlling interest, their agent, employee, subcontractor or volunteer who will be providing any required services are not:

- a. Engaged in any activity that could constitute a criminal offense equal to or greater than a Class A misdemeanor or grounds for disciplinary action by a state or federal regulatory authority; or
- b. Been placed on community supervision, received deferred adjudication, or been indicted for or convicted of a criminal offense relating to involvement in any financial matter, federal or state program, or sex crime.

- ☐ Agree
- ☐ Disagree

16. Notice of Insolvency or Indebtedness

Applicant must provide detailed written descriptions of any insolvency, incapacity, and outstanding unpaid obligations of Applicant owed to the Internal Revenue Service (IRS) or the State of Texas, or any agency or political subdivision of the State of Texas. Applicant must submit the applicable descriptions to the following email address: HHSCruralhospitalfinance@hhs.texas.gov.

- ☐ Agree
- ☐ Disagree

17. Public Information Act Copy of Application

If Applicant asserts that information provided in its Application is exempt from disclosure under the PIA, in accordance with **Section 7.8, Texas Public Information Act – Application Disclosure Requirements**, Applicant must upload into the HHSC Grants Portal a Public Information Act copy of the Application.

Upload a file

18. Signature

By submitting this Application, Applicant represents and warrants that the individual submitting this document and the documents made part of this Application is authorized to sign such documents on behalf of the Applicant and to bind the Applicant under any agreement that may result from the submission of this Application.

Person authorized to sign the Application

Title of person authorized to sign the Application

Date