

TEXAS Health and Human Services

## **Applicant Conference**

Epilepsy Services Grant Program Fiscal Year 2025 Request for Application No. HHS0015314



Version 1.20 Revision Date 10/10/2023

## Introductions



I EXAS Health and Human Services

#### **Speakers**

- Barbara Logan, Grant Contract Specialist HHSC Procurement and Contracting Services
- Jennifer Curtiss, Contract Manager, Specialty Health, HHSC Community Services



# Topics



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- Communication
- Schedule of Events
- Procurement Access
- Procurement Background
- Procurement Requirements
- Proposal Screening and Evaluation
- Reminders



#### **Executive Summary of Grant**



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- The Texas Health and Human Services Commission (HHSC), the System Agency is accepting applications for the Epilepsy Services Program (Program).
- The purpose of this program is to provide outpatient Epilepsy services to Texas Residents in 11 HHSC Regions with Epilepsy or seizure disorders in accordance with Texas Administrative Code (TAC) Title 26, Part 1, Chapter 355.



#### **Available Funding**



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- The total amount of state funding available for the Epilepsy Services Grant Program is **\$9,364,975.00** for the entire Project Period.
- It is the System Agency's intention to make multiple awards.
- Applicants are strongly cautioned to only apply for the amount of grant funding they can responsibly expend during the Project Period.
- Successful Applications may not be funded to the full extent of Applicant's requested Budgets.



#### **Project Period**



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- The grant funding period for this grant will be five years.
- It is anticipated that the grant funding period for this program will begin September 1, 2025, through August 31, 2030



#### **Scope of Grant Project**



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# The eligible population to be served under this RFA consists of individuals who:

- Have a diagnosis of Epilepsy, certified by a licensed physician, or a statement by a licensed physician that Applicant is suspected of having Epilepsy;
- Are a Texas Resident;
- Are in financial need based on a gross family income at or below 200% of the current FPL guidelines; and
- Are not eligible for other programs or benefits providing the same services, such as Medicaid, Medicare, or Children with Special Health Care Needs (CSHCN).



## Scope of Grant Project (Continued)



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- Successful Respondents shall provide comprehensive outpatient care to eligible low-income individuals with Epilepsy or a seizure disorder, as authorized by the Texas Health and Safety Code, Chapter 40.
- Grantee must provide the following Program benefits:
  - 1. Diagnosis and treatment of Epilepsy;
  - 2. Management of continuity of care;
  - 3. Integration of the personal, social, and vocational support services into the treatment plan; and
  - 4. Epilepsy education.



## Scope of Grant Project (Continued)



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Clinical services may include but are not limited to the following:

- 1. Medical history and risk assessment;
- 2. Health screening;
- 3. Client education;
- 4. Referral and follow up;
- 5. Laboratory tests and diagnostic evaluation; and
- 6. Treatment (including medical and drugs).

For a detailed description of contractually required Program services see **Exhibit J, Statement of Work**.



#### **Required Reports**



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 The System Agency will monitor Grantee's performance, including, but not limited to, thorough review of financial and programmatic reports and performance measures

REPORT	DUE DATE
Monthly Reporting Packet - Monthly	No later than 30 Calendar Days after the last day of the preceding month
Financial Status Report – Quarterly	By the last Business Day of the month following the end of each quarter except the final quarter, which is due 45 Calendar Days after the end of the contract period (Oct 15th). When October 15th falls on a weekend or holiday, the report is due on the previous Friday.
Progress Report (Data and Narrative) – Quarterly	By the last Business Day of the month following the end of each quarter except the final quarter, which is due 45 Calendar Days after the end of the contract period (Oct 15th). When October 15th falls on a weekend or holiday, the report is due on the previous Friday.

## Scope of Grant Project (Continued)



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- All Grant Projects funded under this RFA must meet the mission and objectives of the Epilepsy Grant Program.
- A Respondent must be in compliance with all Program requirements as set forth within:
  - The RFA
  - Exhibit J, Statement of Work
  - Exhibit K, Payment for Services Provided



## Applicant Screening Requirements



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In order to be considered an Applicant eligible for evaluations:

- Applicant must be a governmental entity, a federally qualified health center, or a nonprofit entity.
- Applicant must be a Medicaid provider or provide evidence with its Application that a Medicaid application has been submitted to obtain a National Provider Identifier (NPI) number.
- Applicant must have a Texas address.
- Applicant's staff members, including the executive director s must not serve as voting members on Respondent's governing board.

## Communication

#### **Sole Point of Contact**

All requests, questions, and other communication about the RFA must be made in writing to:

TEXAS Health and Human Services

#### Barbara Logan, CTCD, CTCM

HHSC Contract Specialist 1100 W. 49<sup>th</sup> Street, Mail Code 2020 Austin, TX 78756 Email: Barbara.logan@hhs.texas.gov



## Communication

#### **Sole Point of Contact**

• All communication related to the RFA must be directed to the sole point of contact, Barbara Logan.



 All communications between Respondents and other HHS staff members concerning the RFA are strictly prohibited.

• Failure to comply with these requirements may result in disqualification of the Respondent's proposal.



# **Schedule of Events**

Event	Date/Time	
RFA Release Date	February 4, 2025	
Deadline for Submitting Questions	February 13, 2025, at 5 PM Central Time	
Date Answers to Questions or Requests for Clarification Posted	February 20, 2025	
Deadline for Submission of Responses	March 5, 2025, by 10:30 AM. Central Time	
Anticipated Notice of Award	August 1, 2025	
Anticipated Contract Start Date	Upon execution of Grant Agreement	





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

#### HHS Grant website at https://resources.hhs.texas.gov/rfa/ HHS0015314

HHSC reserves the right to cancel this RFA, or to make no award if it determines such action is in the best interest of the State. HHSC may, in its discretion, reject any and all proposals or portions thereof.

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**Austin, TX 78756** 

#### **Submission Options**

**Option 1 - USBs** 

#### Option 2-Online Bid Room

<b>TEXAS</b> Health and Human Services	U.S. Postal Service	Express/ Overnight Delivery	HHS Online Bid Room
	HHSC Procurement & Contracting Services (PCS) Bid Room Attn: Barbara Logan P.O. Box 149166 Austin, TX 78714-9166	HHSC Procurement and Contracting Services (PCS) Bid Room Attn: Barbara Logan 1100 West 49th Street; Mail Code 2020 Building S	See Exhibit L, HHS Online Bid Room <u>https://hhs.texas.gov/doin</u> <u>g-business-hhs/contracting- hhs/hhs-online-bid-room</u>

# Items to submit for a RESPONSIVE response:



# **1. Exhibit A: HHS Solicitation Affirmations**

Ensure the document is <u>SIGNED</u>.

#### 2. Form L, Requested Budget Template (Excel)

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.

#### Items to submit for a RESPONSIVE proposal:

- a. Form A, Face Page Ensure the document is <u>SIGNED</u>.
- b. Form B, Administrative Information
- c. <u>Form B-1, Governmental Entity -</u> <u>Authorized Officials, if applicable</u>
- d. <u>Form B-2, Non Profit Entity Authorized</u> <u>Officials, if applicable</u>





Items to submit for a RESPONSIVE proposal:

e) Form F, Financial Management Questionnaire Ensure the document is <u>SIGNED</u>.

#### f) Form J, Point of Contact

g) Form M, HHS System Indirect Cost Rate Questionnaire Ensure the document is <u>SIGNED</u>.

h) Form N, Internal Controls Questionnaire





Items to submit for a RESPONSIVE proposal:

#### e) Exhibit C, HHS Data Use Agreement v. 8.5

<u>or</u>

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- **Exhibit C-1, Government Entity Version**
- HHS Data use Agreement v. 8.5 Ensure the document is <u>SIGNED</u>.
- e) Exhibit C-2, Security and Privacy Inquiry (SPI), Attachment 2 to DUA Ensure the
  - document is <u>SIGNED</u>.
- f) Signed Addenda: Ensure each Addendum, if any, must be <u>SIGNED</u>.



# Submissions must be received by HHSC no later than:

#### March 5, 2025, at 10:30 AM CT

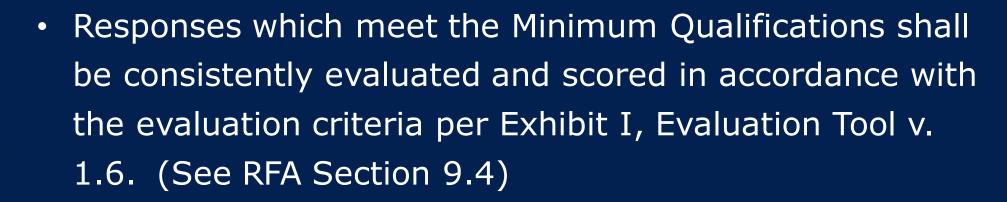


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#### **Proposal Screening & Evaluation**

#### **Evaluation and Award Process**

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## Reminders

- Read the RFA thoroughly and include all required documents.
- Deadline to Submit Questions: February 13, 2025, at 5:00
  p.m. Central Time,
- Date Responses to Questions Posted on HHS Grant Website: On or after February 20, 2025
- Application due: March 5, 2025, by 10:30 a.m. Central Time
- Late submissions will not be considered.



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# **Vendor Questions**

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.

- All questions must be submitted in writing to the Contract Specialist at: <u>Barbara.logan@hhs.Texas.gov</u>
- Refer to RFA Section 7.3, for the format of submitting questions
- Do not submit in PDF, do not password protect.
- Reminder: All additional questions, requests for clarification, etc., are due in writing no later than February 13, 2025, at 5:00 p.m. Central Time.

# **Closing Comments**

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- Respondents are responsible for meeting the RFA requirements, including any addenda.
- Respondents must check the HHS Grant webpage <u>frequently</u> for any addendum that may have been added to this solicitation.
- All Addenda must be signed and submitted with the original response.
- Vendor questions and answers will be posted to the HHS Grant webpage.



Thank You