



# TEXAS

## Health and Human Services

**Cecile E. Young, Executive Commissioner**

**Request for Applications (RFA)**

**Grant for  
Substance Use Treatment Services  
RFA No. HHS0015355**

**DEADLINE FOR SUBMISSION OF APPLICATIONS**

*January 14, 2025, 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 Substance Use Treatment programs for Treatment for Adults (TRA), Treatment for Specialized Females (TRF) and Treatment for Youth (TRY).

Applicants may apply for one or more of the program types listed above. Funds plan to be awarded in all Health and Human (HHS) Health Services Regions of the State.

The purpose of these programs is to provide Substance Use treatment and behavioral health Services to promote and support recovery.

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:	Substance Use Treatment Services
RFA No.:	HHS0015355
Deadline for Submission of Applications:	January 14, 2025, by 10:30 a.m.
Deadline for Submitting Questions or Requests for Clarifications:	December 6, 2024 by 2:00 p.m.
Estimated Total Available Funding:	\$117,611,843.00 per State Fiscal Year
Estimated Total Number of Awards:	Multiple
Estimated Max Award Amount:	\$588,059,215.00
Match Required	Five Percent (5%)
Anticipated Project Start Date:	September 1,2025
Length of Project Period:	Five (5) Years

Eligible Applicants:	Refer to <b>Section III. Applicant Eligibility Requirements.</b>
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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 **Section 7.1, Schedule of Events**, or subsequent Addenda. See **Section 9.2, Initial Compliance Screening of Applications**, 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.

“Adult” means an individual 18 years of age or older.

“Appendix” is information and/or forms that are available in the back of the solicitation.

“Applicant” or “Applicants” 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” or “Respondents.”

“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.”

“Assessment” means an ongoing process through which a qualified professional collaborates with the client and others to gather and interpret information necessary for developing and revising a Service Plan and evaluating client progress toward achievement of goals identified in the Service Plan, resulting in a comprehensive identification of the client's strengths, weaknesses, and problems/needs.

“Brief Intervention” means a short (5-30 minutes) purposeful, non-confrontational conversation about an issue.

“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 System Agency-approved Budget executed in the final Grant Agreement.

“Budget Period” Means the time interval from the start date of a funded portion of an award to the end date of the funded portion during which Grantee is authorized to expend the funds awarded.

“Business Day(s)” means any day in which HHSC normal business operations are conducted (excludes State holidays and weekends).

“Calendar Day(s)” means each day shown on the calendar beginning at 12:00 Midnight, including Saturdays, Sundays, and holidays.

“Care Coordination” means organizing an individual’s care activities and sharing information among all participants concerned with the individual’s care to achieve safer and more effective care.

“Categorical Budget” means the financial plan for the award that HHSC approves, which documents expenditures for the following categories: Personnel, Fringe Benefits, Travel, Supplies, Contractor, Other and Indirect costs.

“Case Management” means services that assist and support persons receiving services from a program provider in developing skills to gain access to and obtain services from needed medical, social, educational and other service providers essential to meeting basic human needs. This function consists of assessment of needs, appropriate referrals, follow-up on referrals, and a plan of action with clear goals.

“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.

“Clinical Management for Behavioral Health Services (CMBHS)” the web-based clinical record-keeping system for State-contracted Substance Use service providers.

“Closed Complete” means complete all the required data fields under each CMBHS tab and save the document as closed complete.

“CMBHS Security Attestation Form” is a form through which a Grantee confirms adherence to privacy and security requirements for using CMBHS and notifies the System Agency of changes to key staff positions responsible for such adherence.

“Colonias” a residential area along the Texas-Mexico border that lacks basic living needs, such as potable water and sewer systems, electricity, paved roads, and safe and

sanitary housing. Colonias, while frequently found in unincorporated areas of the counties, are also found within city limits.

[“Comprehensive Case Management Services \(CCMS\)”](#) means a program that assists and supports clients eligible for intensive residential treatment in gaining access to needed resources, improving independent decision-making, complete treatment and engage in long-term recovery.

[“Culturally and Linguistically Appropriate Services \(CLAS\) Standards”](#) means the standards that aim to enhance health equity, facilitate service access and utilization, improve quality and behavioral health outcomes, and help eliminate health disparities among populations served. Grantees may find additional online resources regarding the CLAS Standards and related educational guidance. Examples of online resources include, but not limited to the U.S. Department of Health & Human Services webpages at: <https://thinkculturalhealth.hhs.gov/clas/standards>.

[“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.

[“Due Date”](#) means the deadline for submission of a document or deliverable. If deadline falls on a weekend or holiday the due date is the next business day.

[“Eligible Population”](#) means the group of people, described demographically, who are qualified to receive program services.

[“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 \$10,000. See §200.1 for Capital assets, Computing devices, General purpose equipment, Information technology systems, Special purpose equipment, and Supplies.

[“Evidenced Based”](#) means integrating professional expertise with the best external evidence from research to improve the quality of services.

[“Federal Priority Population Admission Timelines”](#) include Pregnant women who inject drugs and must be admitted within 48 hours, pregnant individuals who do not inject drugs must be admitted within 48 hours; and non-pregnant individuals who inject drugs must be admitted within 14 Calendar Days.

[“Financial Status Reports \(FSR\)”](#) are reports submitted to the System Agency according to a schedule detailed in the grant agreements. The FSR reflects the grant agreements



approved Categorical Budget, cumulative allowable costs incurred through the end of the reporting quarter by Budget category (e.g., personnel, equipment, supplies, etc.), Budget variances, the System Agency's share of program income, and non-System Agency funding.

"Fiscal Year" means the State of Texas's Fiscal Year, September 1 – August 31, unless otherwise specified.

"Grant Agreement" means the agreement entered into by the System Agency 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.

"Implementation Plan" is a plan that describes how services will be delivered to the Eligible Population and includes specifics such as what types of participants will be served, who will be responsible for the work, timelines for completion of activities, and how services will be evaluated when complete. Implementation plans should include ways to monitor progress and consistent implementation of strategies, address capacity-building steps, and factor in adaptations necessary to consider the needs of the population being served.

"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.

"Interim Services" or "Interim Substance Abuse Services" means services that are provided until an individual is admitted to a substance use treatment program.

"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.

"Memorandum of Understanding" A written document that represents the understanding and agreement of the parties regarding the subject matter of the document and does not

usually involve the transfer of funds in exchange for services but may document the transfer of funds required by statute.

“Priority Population” means a subset of the Eligible Population proposed by the Applicant and approved by the System Agency to receive treatment services specified for each program type.

“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 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.

“Quarterly Report” means a report that is a quarterly reflection of an organization’s activities.

“Region” is an HHS administrative service area made up of one of eleven geographic subdivisions of the state. Also referred to as “Health and Human Services Regions.”

“RFA” means this Request for Applications, including all parts, exhibits, forms, attachments and addendum posted on the HHS Grants RFA (<https://resources.hhs.texas.gov/rfa>). May also be referred to as “Solicitation.”

“Secured Environment” means incarceration in a local or state jail, or local state hospital or federal prison.

“Service Day(s)” means a day when a Client receives services. For residential services, this includes every day the Client is present in the residence, and for outpatient services this includes every day the Client receives Outpatient services.

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

“State Custody” means the State of Texas has assumed legal responsibility for the care and custody of a child.

“State Priority Population Admission Timelines” include individuals identified as being at high risk for overdose must be admitted to requested services within 72 hours; individuals referred by DFPS must be admitted to requested services within 72 hours; and individuals experiencing housing instability or homelessness must be admitted to requested services within 72 hours.

“Substance Abuse and Mental Health Services Administration (SAMHSA)” is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

“Substance Use Prevention, Treatment, and Recovery Services Block Grant” is a grant, administered by SAMHSA, is intended to help plan, implement, and evaluate activities that prevent and treat substance abuse. (More information can be found at <https://www.samhsa.gov/grants/block-grants/sabg>.)

“Substance Use” means the continued use of alcohol, illegal drugs, or the misuse of prescription or over-the-counter medicines leading to negative consequences.

“Substance Use Disorder (SUD)” means a condition in which the use of one or more substances leads to a clinically significant impairment or distress.

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

“Treatment Episode” means a period of time an individual is admitted and then discharged from a planned, structured, and organized chemical dependency program/service designed to initiate and promote a person's chemical-free status or to maintain the person free of illegal drugs.

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

“Youth” means people between the ages of 13 through 17.

### 1.3 STATUTORY AUTHORITY

Federal funding for this Grant Project is authorized under the Public Health Services (PHS) Act, as amended and codified in Article 1921 of Title XIX, Part B, Subpart II and III, which established the Substance Use Prevention, Treatment, and Recovery Block Grant (SUPTRS) and [Texas Government Code, Chapter 531](#).

All awards are subject to the availability of appropriated federal funds and any modifications or additional requirements that may be imposed by law. Federal funding awarded to the System Agency is through the program(s) listed below:

<b>Federal Grant Program:</b>	Substance Use Treatment Services
<b>Federal Awarding Agency:</b>	U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services

	Administration Center for Substance Abuse Treatment
<b>Funding Opportunity No.:</b>	1B08TI087067-01
<b>Assistance Listing Number and Program Title:</b>	93.959, Substance Use Prevention Treatment and Recovery Services (SUPTRS)

## 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

The purpose of these Substance Use Treatment funded programs is to provide Substance Use treatment and behavioral health Services to promote and support recovery.

Grantees of this RFA will work together with other System Agency-funded Grantees to address substance use problems and promote behavioral health and wellness by increasing the capacity of the statewide treatment system within the 11 HHS regions. Accessible substance use treatment services which will eliminate or reduce substance-use-related negative outcomes such as emergency room visits, overdose deaths and admissions to hospital care, support active participation in services, and encourage long-term engagement in recovery.

This grant offers the following program types:

- A. TRA – Substance Use Disorder (SUD) treatment services for adult men and women, ages 18 and up, who are not responsible for the care of a child.
- B. TRF – SUD treatment services for pregnant women and women who are responsible for the care of a dependent child under the age of 18 (including children in State Custody).
- C. TRY – SUD treatment services for youth ages 13-17.

- D. CCMS – SUD case management services for individuals eligible for intensive residential treatment regardless of whether they are on the Grantees’ waitlist or enrolled in such services.

## 2.2 PROGRAM BACKGROUND

Negative outcomes associated with Substance Use affect millions of Americans and imposes an enormous economic and social burden on states and communities across the country. According to a 2020 (SAMHSA) survey<sup>1</sup>, an estimated 11.3 million people in Texas were living with a substance use disorder. Also in 2020, deaths due to overdose increased to 14.3 deaths per 100,000 people from 9.5 deaths per 100,000 people in 2015.<sup>2</sup> Estimates of the annual economic impact of substance use in the U.S. range from \$740 billion on the low end to upwards of \$3.73 trillion at the peak in tangible costs (e.g., substance use treatment, productivity loss, criminal justice activity, etc.) as well as intangible costs (e.g. decreased quality of life).<sup>3, 4</sup> For Texas, a report from the Centers for Disease Control and Prevention estimated that opioid use disorders and fatal overdoses alone cost the state \$49.1 billion each year. Given that death by overdose has been escalating, this cost is likely even higher now.

To address Substance Use across the country, SAMSHA funds states through The Substance Use Prevention, Treatment, and Recovery Services Block Grant (“Block Grant”) implement substance prevention, intervention, treatment, and recovery. The goal of the Block Grant is to help plan, implement, and evaluate activities that prevent and treat substance use.

This grant for Substance Use treatment and recovery services is based on federal law ([45 CFR §93.959](#)) that requires states to provide evidence-based treatment practices that lead to reduction in use of substances, active participation in services, and engagement in recovery.

Recovery from SUD is not solely an issue of stopping the use of substances, treatment, counseling, and support lead to more successful recovery by identifying situations that contribute to the SUD, linking to needed services, offering peer support, and introducing new behavioral strategies for recovery. Availability of a continuum of options for individuals necessitates choice of services and supports across the State of Texas.

The FY26 RFA plan is consistent with the HHSC Behavioral Health Services Strategic Plan for Fiscal Years 2022-2026. <sup>5</sup>This strategic plan aims to make improvements to the

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<sup>1</sup> <https://www.samhsa.gov/data/release/2020-national-survey-drug-use-and-health-nsduh-releases>

<sup>2</sup> <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/texas/>

<sup>3</sup> <https://archives.nida.nih.gov/research-topics/trends-statistics/costs-substance-abuse>

<sup>4</sup> <https://recoverycentersofamerica.com/resources/>

<sup>5</sup> <https://www.hhs.texas.gov/reports/2022/11/texas-statewide-behavioral-health-strategic-plan-2022-2026>

behavioral health system and close the gaps identified in the 2022-2026 Strategic Plan. Specifically, this procurement will address the following gaps:

- A. Access to Appropriate Behavioral Health Services (Gap 1);
- B. Access to Timely Treatment Services (Gap 6) ;
- C. Implementation of Evidence-Based Practices (Gap 7) ;
- D. Social Determinants of Health and Other Barriers to Care (Gap 10); and
- E. Shared and Usable Data (Gap 14) .

If awarded funds, grantees will implement treatment services to eligible individuals in accordance with Texas Administrative Code (TAC), [Chapter 321 Subchapter C, Substance Use Services, Treatment](#) and [Chapter 564, Chemical Dependency Facilities](#), the most current Diagnostic and Statistical Manual of Mental Disorders (DSM) and the American Society of Medicine (ASAM) criteria and make available the following SUD services:

- A. Residential and Ambulatory Withdrawal/Detoxification Management.
- B. Intensive Residential and Comprehensive Case Management.
- C. Supportive Residential.
- D. Outpatient Services.

### **2.2.1 Changes in the FY26 Treatment RFA**

- A. As part of the FY26 Treatment RFA, HHSC will not make awards by Program ID and Service Type as in prior procurements but will award grantees by Program ID who have the available capacity to serve the specific population needing SUD Services (i.e., youth, adults, or specialized females). This allows grantees the flexibility they need to be responsive to their communities while also maintaining accountability to the state for provision of expected contracted services. Grantees will be required to submit annual implementation plans for HHSC approval as outlined in **Exhibit P, Treatment Services Scope of Grant Project Services**. Awards will be awarded based on the scoring referenced in **Section 9.4, Evaluation Criteria**. Also refer to **Section 5.1, Grant Funding Source and Available Funding**.
- B. HHSC will award consolidated contracts for Treatment Services for Adults (TRA), Treatment Services for Females (TRF), and Treatment Services for Youth (TRY) services as documented in **Exhibit P, Treatment Services Scope of Grant Project Services**.
- C. The Co-Occurring Psychiatric and Substance Use Disorder (COPSD) and Comprehensive, Continuum of Care for Females (CCC) programs expire on August 31, 2025. HHSC is replacing these programs with the Comprehensive Case Management Services program. The CCMS program funds will be an automatic addition to those grantees who are awarded a contract for intensive residential

services. The amount awarded will be a percentage based upon the intensive residential contract award amount and bed capacity. **Exhibit P-1, Comprehensive Case Management Services (CCMS) Scope of Grant Project Services** provides the scope and requirements of the CCMS program.

- D. Beginning in September 2025, HHSC will fund medications for opioid use disorder (MOUD) treatment services and substance use recovery support services (RSS) services through intergovernmental, university contracts procured through a competitive process. The Neonatal Abstinence Syndrome- Medication Assisted Treatment (NAS-MAT), Medication Assisted Treatment (MAT), and Youth Recovery Community (YRC) programs awarded by HHSC will expire on August 31, 2025. These programs will be awarded through the selected university(ies). The awarded university(ies) will subcontract for these services with the provider base across the state.
- E. All interested providers with the Texas Certified Community Behavioral Health Clinic (T-CCBHC) certification must apply for continued treatment funds through this procurement and will be given priority in awards selection; taking into account the highest score within a geographic location and in accordance with the funding allocations and their licensed capacity to deliver services to the designated population(s).
- F. HHSC added financial oversight requirements, **Exhibit R, Fee-For-Service Financial Status Report and Match Report (FSR) Template** and **Exhibit R-1, Financial Status Report-FSR FORM 269A Sample** contracts as required by 45 CFR 96.30(a). Additional information about these requirements can be found at <https://www.samhsa.gov/grants/oversight>.

## 2.3 ELIGIBLE POPULATION

The eligible population to be served under this RFA are Texas residents who are below the 200% federal poverty level and meet HHSC Client Eligibility for substance use disorder services in accordance with applicable TAC requirements, the most current Diagnostic and Statistical Manual of Mental Disorders (DSM) and the American Society of Medicine (ASAM) criteria groups of TRA, TRF, and TRY.

Based on federal priority populations established by the Block Grant regulations (45 CFR §96.131), of the eligible population in Texas, the following are prioritized for admissions to substance use treatment services:

- A. Pregnant individuals who inject drugs shall be given preference to admission to treatment services. If a treatment facility is not able to admit the woman, the facility must make interim services available including a referral for prenatal care no later than 48 hours after the woman seeks treatment services;



- B. Pregnant individuals who use substances shall be given preference to admission to treatment services. If a treatment facility is not able to admit the woman, the facility must make interim services available including a referral for prenatal care no later than 48 hours after the women seeks treatment services; and
- C. Individuals who inject drugs must be admitted within 14 Calendar Days.

Texas has established four (4) priority populations for entering state-funded SUD services. State priority populations are secondary to the SAMHSA priority populations and include:

- A. Individuals identified as being at high risk for overdose must be admitted to requested services within 72 hours;
- B. Individuals referred by DFPS must be admitted to requested services within 72 hours;
- C. Individuals experiencing housing instability or homelessness must be admitted to requested services within 72 hours; and
- D. All other populations.

## 2.4 ELIGIBLE SERVICE AREAS

The service areas eligible for project funding under this RFA are the eleven (11) HHS service regions in Texas, excluding Dallas, Ellis, Hunt, Kaufman, Navarro, Rockwall and Collin counties which are covered by two Local Behavioral Health Authorities (LBHAs), North Texas Behavioral Health Authority (NTBHA) and LifePath Systems, which are statutorily required to oversee substance use services in these areas. The LBHAs will have allocations set aside for the counties in their respective services areas, according to the funding methodology for all regions, and applicants which are interested in providing treatment services in these counties will be eligible to subcontract with the LBHA.

The service areas eligible for funding are supported by the HHS regions which are documented in the map found in **Exhibit O, Health and Human Services (HHS) Offices by County.**

## 2.5 ELIGIBLE ACTIVITIES

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

If awarded funds, grantees must implement treatment services to eligible individuals and make available the following SUD services:



- A. Withdrawal Management for individuals who need assistance in the safe withdrawal from the physical effects from alcohol and or other substances.
- B. Residential Services for individuals who meet the need for treatment services in a residential setting that facilitates recovery from substance use disorders. This may include children accompanying the person responsible for their care.
- C. Outpatient Services for clients who do not require a more structured environment such as residential services to meet treatment goals.
- D. Comprehensive Case Management Services for individuals eligible for intensive residential services and in need of support services to fully engage in treatment and long-term recovery.

HHSC reserves the right to adjust service types and eligible populations for treatment services throughout the term of the Grant Agreement awarded as a result of this RFA.

## 2.6 PROGRAM REQUIREMENTS

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

### 2.6.1 Grantee Responsibilities

A. Grantee shall:

- 1. Provide all services in accordance with:
  - a. The most current Diagnostic and Statistical Manual of Mental Disorders (DSM)<sup>6</sup>;
  - b. American Society of Medicine (ASAM) criteria<sup>7</sup>;
  - c. Title 26, Part 1, Chapter 564, or the most current TAC rule named by Health and Human Services Commission Licensing and Regulation unit for Standards of Care for the services to be provided under this Contract<sup>8</sup>;
  - d. Title 25, Chapter 140, Subchapter I (Licensed Chemical Dependency Counselor)<sup>9</sup>;
  - e. Title 22, Part 30, Chapter 681 (Professional Counselors)<sup>10</sup>;
  - f. Title 22, Part 34, Chapter 781 (Social Worker Licensure)<sup>11</sup>;

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<sup>6</sup> <https://www.psychiatry.org/psychiatrists/practice/dsm/updates-to-dsm/updates-to-dsm-5-tr-criteria-text>

<sup>7</sup> <https://www.asam.org/>

<sup>8</sup> [https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=4&ti=26&pt=1&ch=564](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=26&pt=1&ch=564)

<sup>9</sup> [https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=25&pt=1&ch=140&sch=I&rl=Y](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=140&sch=I&rl=Y)

<sup>10</sup> <https://bhec.texas.gov/texas-state-board-of-examiners-of-professional-counselors/>

<sup>11</sup> <https://bhec.texas.gov/texas-state-board-of-social-worker-examiners/>

- g. Title 22, Part 35, Chapter 801 (Licensure and Regulation of Marriage and Family Therapists)<sup>12</sup>;
  - h. Title 1 Part 15, Chapter 354, Subchapter N (Peer Specialist Services)<sup>13</sup>; and
  - i. Title 26, Part 1, Chapter 321, (Substance Use Services)<sup>14</sup>.
2. Complete and submit an Implementation Plans which:
    - a. Is submitted initially, as part of the application process and is comprised of the **Form E, Narrative Proposal, Form A, Respondent Information** and **Exhibit K, Treatment Fee-For-Service Unit Rates**.
    - b. Must be submitted 30 Calendar Days prior to significant changes wherein the Grantee contemplates Programs or services would be impacted 25% or more during the fiscal year, using the form required by HHSC.
    - c. Is submitted annually, using the form required by HHSC, prior to the beginning of each fiscal year.
    - d. Describes regions and populations served (including those who are under-served, isolated, or vulnerable), program and services provided, how the Grantee must implement evidence-based practices, the ways that local and regional community service agencies will be engaged to support recovery and in the event of a significant change, the nature and impact of such change.
    - e. Must be approved by HHSC prior to the beginning of service delivery or implementing significant changes in service delivery.
  3. Use an approved HHSC program template and submit Quarterly Activity Reports per program type. The Grantee shall document accomplishments, barriers (including gaps in local resources), good-faith efforts to work with under-served populations, and progress towards goals during the implementation of programmatic activities in Quarterly Reports due December 15, March 15, June 15, and September 15.
  4. Develop policies and procedures as required by TAC § 392.511<sup>15</sup> and make them available for inspection by HHSC. Follow the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care<sup>16</sup> and demonstrate good-faith efforts to reach out to under-served populations. Grantee will document any demonstration good faith effort on working with under-served populations in the Quarterly Reports. Underserved Populations include individuals:

<sup>12</sup> <https://bhec.texas.gov/texas-state-board-of-examiners-of-marriage-and-family-therapists/>

<sup>13</sup> [https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=1&pt=15&ch=354&sch=N](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=1&pt=15&ch=354&sch=N)

<sup>14</sup> [https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=321&sch=C&rl=Y](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=321&sch=C&rl=Y)

<sup>15</sup>

[https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p\\_dir=&p\\_rloc=&p\\_tloc=&p\\_ploc=&pg=1&p\\_tac=&ti=1&pt=15&ch=392&rl=511](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=1&pt=15&ch=392&rl=511)

<sup>16</sup> <https://thinkculturalhealth.hhs.gov/clas/standards>

- a. Of color;
  - b. With low educational or socioeconomic status;
  - c. With limited English Proficiency;
  - d. With disabilities;
  - e. Of Native American Tribes;
  - f. Holding military and veteran status and their families;
  - g. Who live in Colonias; and/or
  - h. Who identify as lesbian, gay, bisexual, transgender, and queer.
5. Utilize CMBHS components/functionality specified in **Exhibit Q, Clinical Management for Behavioral Health Services (CMBHS) Requirements.**
6. Conduct an anonymous client satisfaction survey after discharge, compile results into an Annual Client Satisfaction Survey Summary to reflect overall client satisfaction, including sections for each Program ID the Grantee serves, identify areas for improvements and submit to HHSC.
7. Obtain, maintain and review annually, agreements with:
- a. Texas Medicaid through all local Managed Care Organizations (MCO) in the Grantee's service area and seek one-time service authorizations from other MCOs as required to provide services to individuals covered under Medicaid.
  - b. The local Department of Family Protective Services (DFPS) regional offices within six months of the original contract execution through a Local Agreement which must address:
    - i. Communication on referrals;
    - ii. Transportation needs; and
    - iii. Communication on status.
  - c. The Outreach, Screening Assessment and Referral (OSAR) in the Grantee's region through an MOU that includes:
    - i. Daily capacity management and treatment availability reporting to each OSAR in the region;
    - ii. Referral procedures when immediate capacity is not available;
    - iii. Confidentiality requirements;
    - iv. The provision of Interim Services to individuals on the waitlist or after completion of treatment;
    - v. Management of individuals on the waitlist, particularly when they are removed;
    - vi. Quarterly updates by staff who handle day-to-day placement activities;

- vii. Implementation and expiration dates; and
  - viii. Signatures by both parties.
- d. Local Mental Health Authority (LMHA) or Local Behavioral Health Authority (LBHA) in the Grantee's region that includes:
- i. Objectives, roles, and responsibilities of each party;
  - ii. Scope of services provided by each party to meet the needs of the clients served;
  - iii. Adherence to confidentiality requirements;
  - iv. Description of how quality and efficacy of services provided will be assessed;
  - v. Priority Populations for Treatment Programs and admission requirements;
  - vi. Documentation of referral and referral follow-up in CMBHS;
  - vii. Non-duplication of services;
  - viii. Emergency referrals and transportation assistance for clients in crisis;
  - ix. Coordination of enrollment and engagement of clients in LMHA and LBHA services;
  - x. Coordination of concurrent and subsequent services;
  - xi. Implementation and expiration dates; and
  - xii. Signatures by both parties.
- e. Local Community Health Organization that includes:
- i. Objectives, roles, and responsibilities of each party;
  - ii. Scope of services provided by each party to meet the needs of the clients served;
  - iii. Adherence to confidentiality requirements;
  - iv. Documentation of referral and referral follow-up in CMBHS;
  - v. Coordination of concurrent and subsequent services;
  - vi. Implementation and expiration dates; and
  - vii. Signatures by both parties.
- f. TRA, TRF, and TRY HHSC-funded Grantee(s) in Grantee's region that includes:
- i. Appropriate referrals to and from Grantee and Recovery Support Services (RSS) and Youth Recovery Communities (YRC) for indicated services;
  - ii. Coordination of the enrollment and engagement of clients;

- iii. Coordination of non-duplication of services;
    - iv. Collaboration between treatment staff and recovery support services for improved participant outcomes;
    - v. Documentation of referral, referral outcome and other case management services provided in CMBHS;
    - vi. Implementation and expiration dates; and
    - vii. Signatures by both parties.
8. Attend and ensure appropriate participation in:
  - a. OSAR quarterly regional collaborative meetings to share representative knowledge about the Grantee's services and coverage area and provide documentation of attendance upon request; and
  - b. Meetings and technical assistance or service-related calls held by HHSC and ensure that Grantee's Program Director or a delegate that holds the same qualification and understanding of substance use participates in such meetings and calls.
9. Post in a prominent location, legible prohibitions against firearms, weapons, alcohol, and illegal drugs, illegal activities, and violence at program sites that do not have the existing prohibitions posted.
10. Ensure sign language services (telephone language services or interpreters) are available to clients who are deaf or hard-of-hearing and receiving SUD treatment services.
  - a. If required, sign language interpreter services must also be used for parent/guardian participating in a HHSC-funded, family-focused curriculum.
  - b. Grantee must follow the instructions on the Deaf and Hard of Hearing Services Request for Interpreter Services Form Instructions to request interpreter services for a hearing-impaired person when needed. To access the HHSC Deaf and Hard of Hearing service request form click on link: <https://www.hhs.texas.gov/providers/behavioral-health-services-providers/substance-use-service-providers>.
  - c. The Request for Interpreter Services Form should be completed and submitted to the assigned contract manager, via the HHSC SUD Mailbox at: [Substance\\_Use\\_Disorder@hhs.texas.gov](mailto:Substance_Use_Disorder@hhs.texas.gov).
11. Disclose to HHSC within two (2) Business days of when Grantee becomes aware of a Conflict of Interest and if Grantee does not disclose the conflict to HHSC, such nondisclosure will be considered a material breach of the Contract. Such breach may be submitted to the Office of the Attorney General, Texas.
12. Enroll as a provider with Texas Medicaid and Healthcare Partnership (TMHP) and all Medicaid Managed Care organizations in Grantee's service region within

the first quarter of this procurement term and maintain through the procurement term.

13. Maintain current personnel documentation on each employee and ensure that:
  - a. All documents are factual and accurate. Health-related information must be stored separately with restricted access as appropriate under Texas Government Code §552.102.
  - b. Training records may be stored separately from the main personnel file but must be easily accessible upon request.
  - c. Required documentation includes the following, as applicable:
    - i. A copy of the current job description signed by the employee;
    - ii. Application or resume with documentation of required qualifications and verification of required credentials;
    - iii. Verification of work experience;
    - iv. Annual performance evaluations;
    - v. Personnel data that includes date hired, rate of pay, and documentation of all pay increases and bonuses;
    - vi. Documentation of appropriate screening and/or background checks, to include probation or parole documentation and notice of and authorized by System Agency for employees, volunteers or subcontractors as referenced in **Section 2.6.2, Policies and Procedures, D.** prior to such individuals having direct contact with clients or participants;
    - vii. Signed documentation of initial and other required training; and
    - viii. Records of any disciplinary actions.
  - d. Include signature, credentials when applicable, and date with all document authentications. If the document relates to past activity, the date of the activity must also be recorded. Documentation must be permanent and legible. When it is necessary to correct a required document, the error must be marked through with a single line, dated, and initialed by the writer.
14. Take all steps necessary to protect the health, safety, and welfare of its clients and participants, including notification to appropriate authorities of any allegations of abuse, neglect, or exploitation as required by 25 TAC § 448.703.
15. Ensure that facility clinics are approved and assigned clinic numbers by the System Agency Assigned Contract Manager before billing can occur. To facilitate adding or removing clinics or clinic services, Grantee must submit **Exhibit L, Clinic Request Form.**

## B. Staffing and Staff Competencies

1. Grantee shall ensure all personnel receive the training and supervision necessary to ensure compliance with HHSC rules, provision of appropriate and individualized treatment, and protection of client health, safety, and welfare.
2. Grantee shall ensure that all direct care staff reviews all policies and procedures related to the program or organization on an annual basis.
3. Grantee shall ensure that all direct care staff receive a copy of this statement of work.
4. Grantee shall employ or contract with a medical director who is a Texas licensed physician if providing Withdrawal Management/Detoxification services. The medical director shall be responsible for admission, diagnosis, medication management, and client care.
5. Grantee must comply with TAC Chapter 564, Subchapter F (Personnel Practices and Development).
6. Grantee must ensure within 90 Business Days of hire and prior to service delivery direct care staff have specific documented training in the following:
  - a. Motivational interviewing techniques or Motivational Enhancement Therapy;
  - b. Trauma-informed care;
  - c. Cultural competency;
  - d. Harm reduction training;
  - e. Informed consent for treating substance use disorders, including opioid use disorders and Medications for Opioid Use Disorder; and
  - f. Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR Part 2<sup>17</sup> (Confidentiality of SUD Patient Records) training.
7. Grantee must ensure all direct care staff complete annual education on HIPAA and 42 CFR Part 2.
8. Grantee must ensure each state fiscal year, all direct care staff completes a minimum of 10 hours of training from any combination of the following:
  - a. Motivational interviewing techniques;
  - b. Cultural competencies;
  - c. Reproductive health education;
  - d. Risk and harm reduction strategies;
  - e. Trauma-informed care; or
  - f. Suicide prevention and intervention.

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<sup>17</sup> <https://www.ecfr.gov/current/title-42/chapter-I/subchapter-A/part-2>

9. Grantee must ensure individuals responsible for planning, directing, or supervising treatment services are a Qualified Credentialed Counselor (QCC).
10. Grantee must ensure SUD counseling is provided by a QCC, or Chemical Dependency Counselor Intern under the direct supervision of a QCC. Substance use disorder education and life skills training shall be provided by counselors or individuals who have been trained in the education. All counselor interns shall work under the direct supervision of a QCC.
11. Grantee must ensure that no Licensed Chemical Dependency Counselor provides services outside the licensee's scope of practice of licensure or uses techniques that exceed the person's license authorization or professional competence.
12. Grantee must have a clinical program director known as a "Program Director" with at least two years of post-QCC licensure experience providing SUD treatment.
13. Grantee shall develop a policy and procedure on how to train staff to ensure information is gathered from clients in a respectful, non-threatening, and culturally competent manner. Make policy and procedure available to HHSC upon request.
14. Grantee must ensure for HIV Residential Grantees;
  - a. All counseling staff have one (1) year of experience working with persons living with HIV or the at-risk population.
  - b. Specific training for direct care staff, annually, in harm, risk reduction, and overdose training.
  - c. The Registered Nurse (RN), Licensed Vocational Nurse (LVN), or Physician's Assistant must have at least two years' experience working with persons living with HIV. All shifts must be staffed with either a LVN or RN.
  - d. Food service staff include at least one (1) full time employee who has a certification in food service management and the ability to plan and accommodate diets recommended for individuals served by Grantee Contract.

## **2.6.2 POLICIES AND PROCEDURES**

Grantee shall establish and follow policies and procedures outlined below and make them available to HHSC upon request:

- A. Develop policies and procedures to perform the activities documented in this RFA and make them available for inspection by HHSC.
- B. Develop and implement policies and age-appropriate procedures to protect the rights of children, families, and adults participating in substance use treatment services.
- C. Develop and maintain current written policies and procedures for employees, contracted labor, and volunteers who work directly or indirectly with participants. The written policies and procedures must address participant safety, including requirements related to abuse, neglect and exploitation and ensure that all activities with participants are conducted in a respectful, non-threatening, non-judgmental, and confidential manner.



- D. Develop and implement written policies and procedures that address the delivery of services by employees, subcontractors, or volunteers on probation or parole.
1. Submit to the SUD email box, SUD.Contracts@hhs.texas.gov, notice of any of its employees, volunteers or subcontractors who are on parole or probation if the employee, volunteer, or subcontractor provides or will provide direct client or participant services or who has or may have direct contact with clients or participants.
  2. Maintain copies of all notices required under this section for System Agency review.
  3. Ensure that any person who is on probation or parole is prohibited from performing direct client/participant services or from having direct contact with clients or participants until authorized by System Agency.
- E. Develop and implement written confidentiality policies and procedures in compliance with **Exhibit B, Health and Human Services (HHS) Uniform Terms and Conditions—Grant Version 3.5, Exhibit C, Health and Human Services (HHS) Additional Provisions – Grant Funding V.1.0**, if providing direct services to individual youth and families. This must include procedures to securely store and maintain privacy and confidentiality of information and records concerning participants and their family members and ensuring all employees and volunteers follow the agency’s confidentiality policies, procedures, and requirements.
- F. Establish written policies and procedures outlining how the Grantee will adhere to the National CLAS Standards.
- G. In accordance with applicable laws, develop policies and procedures regarding participant consent, including consent for travel. Grantee must document consent in accordance with Grantee policies and procedures, using a form or process created by Grantee. Grantee must maintain all relevant consent documentation on file for review by HHSC upon request.
- H. Develop, maintain, and adhere to current written policies and procedures addressing the requirements for criminal background checks as a condition for employment for Applicants, contractors, interns, and volunteers who work directly with youth, families or other participants and include:
1. Pre-employment criminal background checks;
  2. Standards detailing hiring decisions when there is a background check finding; and
  3. Requirements reporting post-employment instances that would negatively impact subsequent background checks including but not limited to arrest, conviction, investigation or any other legal involvement.

### **2.6.3 Clinical Management for Behavioral Health Services (CMBHS) Components**

Grantee is required to utilize CMBHS components/functionality specified in **Exhibit Q, Clinical Management for Behavioral Health Services (CMBHS) Requirements.**

### **2.6.4 Program Minimum Requirements**

- A. Program requirements for all TRA, TRF and TRY programs are listed in **Exhibit P, Treatment Services Scope of Grant Project Services** and **Exhibit M, Financial Requirements.**
- B. Program requirements affecting all treatment programs are listed in **Exhibit P, Treatment Services for Grant Project Services.**
- C. Comprehensive Case Management Services (CCMS) program minimum requirements are listed in **Exhibit P-1, Comprehensive Case Management Services (CCMS) Scope of Grant Project Services.**

### **2.6.5 Quality Management Requirements**

Grantee must:

- A. Comply with quality management requirements as directed by HHSC.
- B. Develop and implement a Quality Management Plan (QMP) that conforms with 26 TAC §564.504 and make the QMP available to HHSC upon request. The QMP must be developed no later than the end of the first quarter of the Grant agreement term.
- C. Update and revise the QMP each biennium or sooner, if necessary. Grantee's governing body must review and approve the initial QMP, within the first quarter of the Grant agreement term, and each updated and revised QMP thereafter. The QMP must describe Grantee's methods to measure, assess, and improve.
  - 1. Implementation of evidence-based practices, programs and research-based approaches to service delivery;
  - 2. Client/participant satisfaction with the services provided by Grantee;
  - 3. Service capacity and access to services;
  - 4. Client/participant continuum of services; and
  - 5. Accuracy of data reported to the HHSC.
- D. Participate in continuous quality improvement (CQI) activities as defined and scheduled by the state including, but not limited to data verification, performing self-reviews; submitting self-review results and supporting documentation for the state's desk reviews; and participating in the state's onsite or desk reviews.
- E. Submit plan of improvement or corrective action plan and supporting documentation as requested by HHSC.

- F. Participate in and actively pursue CQI activities that support performance and outcomes improvement.
- G. Respond to consultation recommendations by HHSC, which may include, but are not limited to the following:
  - 1. Staffing training;
  - 2. Self-monitoring activities guided by HHSC, including use of quality management tools to self-identify compliance issues; and
  - 3. Monitoring of performance reports in HHSC's electronic clinical management system.
- H. Implement quality management and oversight requirements for subcontractors as follows:
  - 1. Develop policies and procedures on quality management that meet the requirements of TAC §564.504, and upon HHSC's request, provide all quality management policies and procedures. The oversight and monitoring policies and procedures must address, at a minimum, the following:
    - a. How the Grantee determines when subcontractors require monitoring reviews;
    - b. How to conduct a monitoring review;
    - c. How to document a monitoring review;
    - d. Reporting requirements of subcontractors;
    - e. Follow-up monitoring based on review findings; and
    - f. Liquidated damages or recoupment of funds used to bring subcontractors into compliance.
  - 2. For subcontractors underperforming or noncompliant as identified during monitoring, submit plan of improvement or corrective action plan and supporting documentation, as requested by HHSC.
  - 3. Monitor all subcontractors' financial and programmatic performance and maintain pertinent records that must be made available for inspection by HHSC upon request.
  - 4. Monitor all subcontracts to ensure compliance with all applicable Texas Health and Safety Codes, including laws related to drug paraphernalia under Health & Safety Code Chapter 481.
  - 5. Develop a quarterly review schedule and ensure all subcontractors are reviewed at least once per fiscal year (FY).
  - 6. Submit the Quality Management Activities Report annually, documenting the quality management activities performed during the reporting previous fiscal year. More frequent reporting may be required for Grantees with

underperforming subcontractors. At a minimum, the Quality Management Activities Report must include the name and contract number of the Grantee and include the following:

- a. Date of review;
  - b. Name of subcontractor;
  - c. Unique subcontractor's Identifier for the review;
  - d. Type of review;
  - e. Name of staff conducted review;
  - f. List of findings;
  - g. Number of monitoring reviews conducted;
  - h. Types of monitoring reviews conducted;
  - i. Summary evaluation of findings and Grantee plan of oversight to bring the subcontractor into compliance, if applicable;
  - j. Number and nature of complaints received subcontractors with resolutions for the complaints; and
  - i. List of significant subcontractor findings that must, at a minimum, include the following:
    - i. Immediate risk to health or safety;
    - ii. Participant abuse, neglect, or exploitation;
    - iii. Fraud, waste, or abuse reports; and
    - iv. Report criminal activity of any subcontractor's staff.
- I. Develop and utilize a quality management monitoring tool that must be completed to document all quality reviews. All completed tools with corrective actions documentation must be stored and made available to HHSC upon request.

## **2.7 REQUIRED REPORTS**

The System Agency will monitor Grantee's performance, including, but not limited to, through review of financial and programmatic reports and performance measures, under any Grant Agreement awarded as a result of this RFA.

- A. Grantee must use System Agency system to submit all deliverables to Clinical Management Behavioral Health Services (CMBHS) and/or any alternative method required by System Agency. Grantee is required to maintain access to required systems or platforms for the term of this Grant Agreement.
- B. Grantee shall submit all claims, invoices and reports through the CMBHS system in accordance with the Contract, unless otherwise noted.
- C. Grantee must submit additional deliverables when requested by HHSC in accordance with federal and/or state requirements.

- D. Grantee’s duty to submit documents will survive the termination or expiration of this Contract.
- E. If the due date is on a weekend or holiday, the due date is the next Business Day.
- F. Grantee awarded a Grant Agreement as a result of this RFA must submit the following reports by the noted due dates and methods:

<b>Deliverable</b>	<b>Due Date</b>	<b>Submission Method</b>
Security Attestation Form and List of Authorized Users	<u>Each FY</u> September 15 <sup>th</sup> March 15 <sup>th</sup>	CMBHS
HHSC Staffing Form	<u>Each FY</u> September 15 <sup>th</sup>	CMBHS
Implementation Plans	<u>FY26 Initial</u> Will be included in contract negotiations.  <u>FY27- FY30</u> <u>Annually</u> June 15 <sup>th</sup>	CMBHS
Quarterly Activity Reports	<u>Each FY &amp; Program</u> Q1: December 15 <sup>th</sup> Q2: March 15 <sup>th</sup> Q3: June 15 <sup>th</sup> Q4: September 15 <sup>th</sup>	CMBHS
Performance Measures	The 15 <sup>th</sup> day of the month following the month being reported	CMBHS
Annual Client Satisfaction Survey Summary	<u>End of Each FY</u> September 15 <sup>th</sup>	CMBHS
Quality Management Activities Report	<u>End of Each FY</u> September 15 <sup>th</sup>	CMBHS
Fee-For-Service (FFS) Financial Status and Match Report	<u>Each FY &amp; Program</u> Q1: December 15 <sup>th</sup> Q2: March 15 <sup>th</sup> Q3: June 15 <sup>th</sup> Q4: September 15 <sup>th</sup>	CMBHS

<b>Deliverable</b>	<b>Due Date</b>	<b>Submission Method</b>
General Ledger (FFS)	<u>Each FY &amp; Program</u> Q1: December 15 <sup>th</sup> Q2: March 15 <sup>th</sup> Q3: June 15 <sup>th</sup> Q4: September 15 <sup>th</sup>	CMBHS
Financial Status Report (CCMS)	<u>Each FY</u> Q1: December 31 <sup>st</sup> Q2: March 31 <sup>st</sup> Q3: June 30 <sup>th</sup> Q4: September 30 <sup>th</sup>	CMBHS
General Ledger (CCMS)	<u>Each FY</u> Q1: December 31 <sup>st</sup> Q2: March 31 <sup>st</sup> Q3: June 30 <sup>th</sup> Q4: September 30 <sup>th</sup>	CMBHS
FSR to GL Worksheet (CCMS)	<u>Each FY</u> Q1: December 31 <sup>st</sup> Q2: March 31 <sup>st</sup> Q3: June 30 <sup>th</sup> Q4: September 30 <sup>th</sup>	CMBHS
FY Close-out	<u>Each FY &amp; Program</u> October 15 <sup>th</sup>	CMBHS

Failure to comply with submission deadlines for required reports, Financial Status Reports (FSRs) or other requested information may result in System Agency, in its sole discretion, placing the Grantee on financial hold without first requiring a corrective action plan in addition to pursuing any other corrective or remedial actions under the Grant Agreement.

## **2.8 PERFORMANCE MEASURES AND MONITORING**

The System Agency 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.

Grantees must calculate performance and outcome measures using the definitions and calculations documented in the **Exhibit N, Performance and Outcome Measures and Definitions.**

Grant Agreement(s) awarded as a result of this RFA are subject to the System Agency’s performance monitoring activities throughout the duration of the Grant Project Period. This evaluation may include a reassessment of 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 resulting Grant Agreement, or as otherwise specified by System Agency. Grantees must submit the necessary information and documentation regarding all requirements, including reports and other deliverables and will be expected to report on the following measures:

A. Program Performance Measures

1. CCMS (Required for awarded intensive residential contractors).

<b>Comprehensive Case Management Services (CCMS)</b>					
<b>Measure</b>	<b>1<sup>st</sup> Quarter</b>	<b>2<sup>nd</sup> Quarter</b>	<b>3<sup>rd</sup> Quarter</b>	<b>4<sup>th</sup> Quarter</b>	<b>Annual</b>
Number of unduplicated CCMS clients served (open cases)	24	24	24	24	96
Number of CCMS clients admitted to treatment					
Number of CCMS clients enrolled that completed treatment.					

2. TRA, TRF and TRY

<b>TRA, TRF and TRY</b>			
<b>Program</b>	<b>Service</b>	<b>Measure</b>	<b>Target</b>
TRA/TRF/TRY	Intensive Residential	Percent of clients receiving on average 10 hours of group counseling and 10 hours of group education weekly during their treatment episode	95%

TRA/TRF/TRY	Intensive/Supportive Residential, Outpatient	Percent of Treatment Plans closed on or before the 5th Service Day	100%
TRA/TRF/TRY	Intensive/Supportive Residential, Outpatient	Percent of discharge follow ups completed no sooner than 60 Calendar Days after discharge and no later than 90 Calendar Days after discharge.	100%
TRA/TRF	Withdrawal Management	Percent of discharge follow ups no sooner than 60 Calendar Days after discharge and no later than 90 Calendar Days after discharge.	100%

B. Program Outcome Measures

1. CCMS (Required for awarded intensive residential contractors).

<b>Comprehensive Case Management Services (CCMS)</b>	
Outcome Measure	Target
Percent of open CCMS cases admitted to residential treatment	10%
Percentage of CCMS client discharged/admitted or involved in ongoing treatment/recovery	60%
Percentage of CCMS clients discharged to stable housing	80%
Percentage of CCMS clients with a minimum of one referral	80%

2. TRA, TRF and TRY Intensive Residential

<b>TRA, TRF, and TRY Intensive Residential</b>		
Program	Outcome Measure	Percentage
TRA/TRF/TRY	Percent who successfully complete treatment services	45%
TRA/TRF/TRY	Percent abstinent at discharge	95%
TRA/TRF	Percent discharging to stable housing	85%
TRY	Percent discharging to stable housing	75%
TRA/TRF/TRY	Percent admitted to/involved in ongoing treatment/recovery episode (supportive residential, outpatient, 12-step groups, and	95%



	other RSS)	
TRA/TRF/TRY	Percent with no arrest since admission	95%
TRA and TRF	Percent employed at discharge	25%
TRY	Percent attending school or vocational training	85%

### 3. TRA, TRF and TRY Supportive Residential

<b>TRA, TRF and TRY Supportive Residential</b>		
Program	Outcomes Measure	Percentage
TRA and TRF	Percent who successfully complete treatment services	60%
TRY	Percent who successfully complete treatment services	70%
TRA/TRF/TRY	Percent abstinent at discharge	95%
TRA and TRF	Percent discharging to stable housing	90%
TRY	Percent discharging to stable housing	75%
TRA/TRF/TRY	Percent admitted to/involved in ongoing treatment/recovery episode (supportive residential, outpatient, 12-step groups, and other RSS)	95%
TRA/TRF/TRY	Percent with no arrest since admission	95%
TRA and TRF	Percent employed at discharge	60%
TRY	Percent attending school or vocational training	75%

### 4. TRA, TRF and TRY Outpatient

<b>TRA, TRF and TRY Outpatient</b>		
Program	Outcomes Measure	Percentage

<b>TRA, TRF and TRY Outpatient</b>		
TRA/TRF/TRY	Percent who successfully complete treatment services	35%
TRA/TRF/TRY	Percent abstinent at discharge	90%
TRA/TRF/TRY	Percent discharging to stable housing	95%
TRA/TRF/TRY	Percent admitted to/involved in ongoing treatment/recovery episode (supportive residential, outpatient, 12-step groups, and other RSS)	55%
TRA/TRF/TRY	Percent with no arrest since admission	95%
TFA and TRF	Percent employed at discharge (TRA and TRF)	70%
TRY	Percent attending school or vocational training (TRY)	85%

5. TRA and TRF Residential Withdrawal/ Detoxification

<b>TRA and TRF Residential Withdrawal/Detoxification</b>	
Outcome Measure	Target
Number of sessions using Motivational Interviewing Techniques per Client with multiple withdrawal management/ detoxification episodes (average count)	3
Percent who complete withdrawal management/ detoxification services	75%
Percent of referral to another level of care for Clients in an initial withdrawal management/detoxification episode	60%
Percent of referral to another level of care for Clients with multiple withdrawal management/ detoxification episodes	60%

6. TRA and TRF Ambulatory Withdrawal/Detoxification

<b>TRA and TRF Ambulatory Withdrawal/Detoxification</b>	
Outcome Measure	Percentage

Percent who complete withdrawal management/ detoxification services	85%
Percent of Clients with concurrent admission to outpatient treatment services	100%

If requested by System Agency, the Grantee shall report on the progress towards completion of the grant project and other relevant information as determined by System Agency during the Grant Project Period. To remain eligible for renewal funding, if any, the Grantee must be able to show 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.

## 2.9 FINANCIAL STATUS REPORTS (FSRs)

For all Grant Agreements, Grantee shall submit quarterly FSRs to System Agency by the required deliverable date and submission method for System Agency review and financial assessment for both Fee-For-Service and Cost Reimbursement programs.

Through submission of a FSR, Grantee certifies that:

- A. All 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;
- B. All Grantee-performed services have been completed in compliance with the terms of the Grant Agreement;
- C. That the amount of the FSR added to all previous approved FSRs does not exceed the maximum liability of the Grant Award;
- D. All expenses shown on the FSR are allocable, allowable, actual, reasonable, and necessary to fulfill the purposes of the Grant Agreement; and
- E. Underlying expenses related to Fee-For-Service billings can be traced to expenditures to ensure that such funds have not been used in violation to the restrictions and prohibitions of SAMSHA, SUPTRS grant funding<sup>18</sup>.

## 2.10 FINAL BILLING SUBMISSION

Unless otherwise directed by the System Agency, Grantee shall submit a reimbursement or payment request as a final close-out invoice not later 45 Calendar Days following the

<sup>18</sup> <https://www.samhsa.gov/grants/oversight>

end of the term of the Grant Agreement. Reimbursement or payment requests received after the deadline may not be paid.

## **2.11 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) v 8.5 or Exhibit D-1, Governmental Entity Version HHS Data Use Agreement v 8.5**, including but not limited to the terms and conditions regarding **Exhibit D-2, Texas HHS System Data Use Agreement-Attachment 2, Security and Privacy Inquiry (SPI)**, attached to this RFA.

## **2.12 LIMITATIONS ON GRANTS TO UNITS OF LOCAL GOVERNMENT**

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

- A. 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 region in accordance with **Exhibit O, Health and Human Services Offices by County.**

### **3.2 APPLICATION SCREENING REQUIREMENTS**

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

- A. Documentation from the U.S. Internal Revenue Service to support the organizations legal entity type (i.e., government, non-profit).
- B. Documentation from the U.S. Internal Revenue Service and the Texas Secretary of State to support the organization is in good standing.
- C. A completed and signed **Form A, Respondent Information.**
- D. A copy of the chemical dependency treatment facility license from the Texas Health and Human Services Health Care Regulatory, for each license listed on **Form A, Respondent Information** confirming the license is active unless the respondent is a faith-based organization, in which case they:
  1. Are not required to obtain a facility license from the Texas licensing authority to provide TRA, TRF, TRY treatment services.
  2. Must register with the Texas Licensing Authority to become exempt from the licensing requirement using the “Faith-Based Chemical Dependency Treatment Program Application for Exemption Registration.”
  3. Must submit the Texas licensing authority letter issued to the facility upon the approval of their residence registration.
- E. Respondent must hold a current license from the Texas Licensing Authority or if subcontracting for services at the time of application, the subcontractor must hold a current license from the Texas Licensing Authority at the time of application with an entity that meets items A- D or be designated by HHSC as a faith-based organization to treat clients in TRA, TRF and or TRY programs.
- F. Respondents must be established as an appropriate legal entity as described in the paragraph above, under state statutes and must have the authority and be in good standing to do business in Texas and to conduct the activities described in this RFA.
- G. Respondents must have a Texas address and a physical location in the region applying to serve.
- H. Respondent is not eligible to apply for funds under this RFA if currently debarred, suspended or otherwise excluded or ineligible for participation in federal or state assistance programs.

- I. The General Service Administration’s (GSA) system for award management for parties excluded from receiving federal contracts, certain subcontracts and from certain types of federal financial and non-financial assistance and benefits.  
<https://sam.gov/content/home>
- J. Office of Inspector General (OIG) list of excluded individual entities. Search: <https://oig.hhsc.state.tx.us/oigportal2/Exclusions> and Texas CPA Debarment List located at: <https://comptroller.texas.gov/purchasing/programs/vendor-performance-tracking/debarred-vendors.php>.

### **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.
- F. Respondents must continue to meet the eligibility conditions throughout the selection and funding process. HHSC expressly reserves the right to review and analyze the documentation submitted and to request additional documentation and determine the respondent’s eligibility to compete for the contract award.

### **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**

### **4.1 PROJECT PERIOD**

The Project Period is **September 1, 2025**, through **August 31, 2030**.

The grant term shall not exceed five (5) years unless an extension is granted.

<b>Year</b>	<b>Fiscal Year</b>	<b>Fiscal Term Begins</b>	<b>Fiscal Terms Ends</b>
1	2026	September 1, 2025	August 31, 2026
2	2027	September 1, 2026	August 31, 2027
3	2028	September 1, 2027	August 31, 2028
4	2029	September 1, 2028	August 31, 2029
5	2030	September 1, 2029	August 31, 2030

**Extension of Project Period:** The System Agency may, at its sole discretion, extend the Project Period for up to one (1) year to allow for the full expenditure of awarded funding and completion of Grant activities. Approved Projects may not exceed a one (1) year past the Project Period.

### **4.2 PROJECT CLOSEOUT**

System Agency will programmatically and financially close the grant award and end the Grant Agreement when System Agency 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 System Agency.

## **Section V. Grant Funding and Reimbursement Information**

### **5.1 GRANT FUNDING SOURCE AND AVAILABLE FUNDING**

The total amount of State and federal funding available for the Substance Use Prevention and Behavioral Health Promotion Services Grant Program is **\$588,059,215.00** for the entire Project Period. It is the System Agency's intention to make multiple awards to Applicants that successfully demonstrate the need, capacity and plan to provide Substance Use Treatment Services.

Actual award amounts may vary, not only in response to the number of successful RFA Applicants for the program types needed but will also be allocated based on region and location.

The following has been the calculation for regional award percentages:

- A. County population x 200% Poverty rate percentage x Substance use percentage = Population to be served.
- B. All counties within each region = regional population to be served.
- C. Regional population to be served/ total of regional populations to be served = region allocation percentage.
- D. Region allocation percentage x total award dollars = regional funding level.

Funds not awarded within a region as originally planned may be re-allocated to other regions and program types or may be reallocated to other region(s) with demonstrated need and capacity.

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. Spending or costs incurred prior to the effective date of the Grant Agreement will be allowed to the extent that the costs would have been allowable if incurred after the date of award and only with the written approval of the System Agency through a Pre-Agreement Cost Letter.

No spending or costs incurred prior to the effective date of the award will be eligible for reimbursement. Only grant-funded activities authorized under this RFA and awarded Grant Agreements are eligible for reimbursement.

Additional Grantee Financial Requirements are listed in **Exhibit M, Financial Requirements**.

## **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. Entertainment, amusement, or social activities and any associated costs including but not limited to admission fees or tickets to any amusement park, recreational activity or sporting event unless such costs are incurred for components of a program approved by the grantor agency and are directly related to the program's purpose;
- G. Costs of promotional items, and memorabilia, including models, gifts, and souvenirs;
- H. Food, meals, beverages, or other refreshments, except for eligible per diem associated with grant-related travel, where pre-approved for working events, or where such costs are incurred for components of a program approved by the grantor agency and are directly related to the program's purpose;
- I. Membership dues for individuals;
- J. Any expense or service that is readily available at no cost to the grant Project;
- K. Any activities related to fundraising;
- L. Equipment and other capital expenditures such as capital improvements, property losses and expenses, real estate purchases, mortgage payments, remodeling, the acquisition or construction of facilities, or other items that are unallowable pursuant to 2 CFR 200.439;
- M. Any other prohibition imposed by federal, state, or local law; and
- N. Other unallowable costs as listed under TxGMS, Appendix 7, Selected Items of Cost Supplement Chart and/or 2 CFR 200, Subpart E – Cost Principles, General Provisions for Selected Items of Cost, where applicable.

### **5.4 COST SHARING OR MATCHING REQUIREMENTS**

Applicants will Budget and provide a five percent (5%) match based on the amount requested to be awarded for each Program Type and curriculum. Match may be provided

either in cash or in-kind. Cash match must be made from funds eligible to be used as matching funds.

Match must be treated consistently with grant funds and used only for allowable and allocable purposes.

All cost sharing or matching funds and contributions must meet all the following criteria:

- A. Are verifiable from the Grantee's records;
- B. Are not included as contributions for any other state or federal award;
- C. Are necessary and reasonable for accomplishment of Grant Project objectives;
- D. Are allowable under the Grant Agreement;
- E. Are not paid by the State or federal government; and
- F. Are provided for in the approved Grant Project Budget.

**Donations:** The value of donated services may be used to meet cost sharing or matching requirements. If a third party donates supplies, the contribution will be valued at the market value of the supplies at the time of donation. If a third party donates the use of equipment or space in a building, but retains title, the contribution will be valued at the fair rental rate of the equipment or space. If a third party donates equipment, building, or land, and title passes to Grantee, the treatment of the donated property will be determined based on TxGMS, Cost Sharing or Matching Section.

Unrecovered indirect costs, including indirect costs on cost sharing or matching, may be included as part of cost sharing or matching. Unrecovered indirect cost means the difference between the amount charged to the award and the amount which could have been charged to the award under the Applicant's indirect cost rate.

Refer to Title 2 CFR Subtitle A, Chapter II, Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards and TxGMS issued by the Texas Comptroller of Public Accounts for additional Match information and requirements.

## 5.5 PAYMENT METHOD

### 5.5.1 For fee-for-service

The fee-for-service payment method is based on the approved service code used with acceptable submission of all required documentation, forms, and/or reports. Grantees will be reimbursed using the fee-for-service method by submitting claims for actual and eligible services provided to Clients, which will be reviewed and paid by System Agency. Service codes can be found in **Exhibit K, Treatment Fee-for-Service Unit Rates.**

### 5.5.2 Cost Reimbursement

The cost reimbursement funding method is based on 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. No additional payments will be rendered unless an advanced payment is approved. Comprehensive Case Management Services (CCMS) will be reimbursed using the Cost Reimbursement method.

HHSC reserves the right to adjust the method of payment for treatment services during the term of the Grant Agreement awarded as a result of this RFA.

## **Section VI. Application Exhibits and Forms 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

Applicants shall provide a narrative summary and describe their proposed activities, processes, and methodologies to satisfy all objectives described in **Section II, Scope of Grant Project**, including the responding to the question prompts in **Form E, Narrative Proposal**. Applicants should identify all proposed tasks to be performed, including all Project activities, during the Grant Project Period. Applicants must complete and submit all required attachments:

### 6.2 REQUESTED BUDGET

Attached **Form F, Requested Budget Template**, of this RFA is the template for submitting the Requested Budget for the CCMS program. Applicants must develop the Requested Budget to support the CCMS Proposed Project and in alignment with the requirements described in this RFA.

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, **Form F, Requested Budget Template**, base requested budget on a case manager to client ratio of 1:12 for Intensive Residential services, and identify all budget line items and matching costs. Budget categories must be broken out into specific budget line items that allow System Agency to determine if proposed costs are reasonable, allowable, and necessary for the successful performance of the Project. Budget must be submitted in the original Excel format.

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

**Submission of Form F, Requested Budget Template, if providing CCMS 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 for intensive residential providing CCMS, 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 G, Texas Health and Human Services System Indirect Costs Rate (ICR) Questionnaire**, with required supporting documentation. The questionnaire initiates the acknowledgment or approval of an ICR for use with the System Agency cost-reimbursable contracts. Entities declining the use of indirect cost cannot recover indirect costs on any System Agency award or use unrecovered indirect costs as match.

HHS typically accepts the following approved ICRs:

- A. Federally Approved Indirect Cost Rate Agreement
- B. State of Texas Approved Indirect Cost Rate

The System Agency, 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 15% 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 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 – 15% 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.

##### **A. 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, HHS Solicitation Affirmations. 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.

##### **B. Financial Management and Administrative Questionnaire**

Applicant must complete **Form H, Financial Management and Administrative Questionnaire** and submit with its Application.

*The remainder of this page is left blank intentionally.*

## **Section VII. RFA Administrative Information and Inquiries**

### **7.1 SCHEDULE OF EVENTS**

<b>EVENT</b>	<b>DATE/TIME</b>
Funding Announcement Posting Date  Posted to HHS Grants RFA and Texas eGrants websites	November 19, 2024
Applicant Conference  Attendance is Optional	November 22, 2024, at 2:00 p.m. Central Time
Deadline for Submitting Questions or Requests for Clarification	December 6, 2024, by 2:00 p.m. Central Time
Tentative Date Answers to Questions or Requests for Clarification Posted	December 20, 2024
<b>Deadline for Submission of Applications</b>  <b>NOTE: Applications must be <u>RECEIVED</u> by HHSC by this deadline if not changed by subsequent Addenda to be considered eligible.</b>	<b>January 14, 2025, by 10:30 a.m. Central Time</b>
Anticipated Notice of Award	August 2025
Anticipated Project Start Date	September 2025

**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 of Applications will be**

published by posting an addendum to the [HHS Grants RFA](#) website. After the **Deadline for Submission of Applications**, 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:

<b>Name</b>	Michele Rivers
<b>Title</b>	Grant Specialist, HHSC Procurement and Contracting Services
<b>Address</b>	Procurement and Contracting Services Building 1100 W 49th St. MC: 2020 Austin, TX 78756
<b>Phone</b>	512-406-2449
<b>Email</b>	Michele.Rivers@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 HHSC 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 for Submitting Questions or Requests for Clarification established in **Section 7.1, Schedule of Events**, or as may be amended in Addenda, if any, posted to the HHSC 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:

- A. RFA Number;
- B. Section or Paragraph number from this Solicitation;
- C. Page Number of this Solicitation;
- D. Exhibit or other Attachment and Section or Paragraph number from the Exhibit or other Attachment;
- E. Page Number of the Exhibit;
- F. Language, Topic, Section Heading being questioned; and
- G. Question

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

- A. Name of individual submitting question or request for clarification;
- B. Organization name;
- C. Phone number; and
- D. E-mail address.

**Questions or other written requests for clarification must be received by the Sole Point of Contact by the Deadline for Submitting Questions or Requests for Clarification 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 and Requests for Clarification. 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

Applicants are highly encouraged, in lieu of including exceptions in their Applications, to address all issues that might be advanced by way of exception by submitting an **Exhibit E, Exceptions** or 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 the System Agency.

## 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 72 hours before the meeting in order to have reasonable accommodations made by HHSC.

The conference may be held by webinar, conference call or both. 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.

### **WEBINAR INFORMATION:**

The conference will be held through GoToWebinar, which may be accessed at: <https://attendee.gotowebinar.com/register/2252208175327308638>.

### **Webinar Instructions:**

- A. Enter Webinar ID: 339-387-451.
- B. Enter Attendee's business email.
- C. To register, the participants must have the following information ready:
  1. First and last name of each attendee/registrant;
  2. E-mail address for the attendee/registrant;
  3. Applicant's legal name; and
  4. 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 of Applications.

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 G, 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 **Form F, Requested Budget Template** if providing CCMS program, 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-Application Disclosure Requirements**, 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.”
- B. USB drive must include the completed **Form F, Requested Budget Template** if providing CCMS services, in its original Excel format.
- C. 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-Application Disclosure Requirements**. 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:

- A. RFA Number
- B. RFA Title
- C. Deadline for Submission of Applications
- D. Sole Point of Contact’s name
- E. 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: Michele Rivers Tower Building Room 108 1100 W. 49th St., MC 2020 Austin, Texas 78756	Health and Human Services Commission ATTN: Michele Rivers 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:

- A. Be responsive to all RFA requirements;
- B. Be clearly legible;
- C. 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;
- D. Include page numbering for each section of the proposal; and
- E. 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.
- F.

#### 8.6 APPLICATION ORGANIZATION

The complete application file.pdf must:

- A. 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”)

1. **Form F, Requested Budget Template**, if providing CCMS, is to be submitted in its original Excel format.
  2. Each Application section must have a cover page with the Applicant's legal name, RFA number, and Name of Grant identified.
- B. 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:

- A. Withdraw its Application by submitting a written request to the Sole Point of Contact; or
- B. Modify its Application by submitting an entirely new submission, complete in all respects, using the method 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:

- A. Application screening to determine whether the Applicant meets the minimum requirements of this RFA;
- B. Evaluation based upon specific criteria; and
- C. 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 v 2.4**, or **Form F, Requested Budget Template**).

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

System Agency 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. System Agency 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 F, Evaluation Tool**.

**Scoring Criteria:** Qualified Applications shall be evaluated based upon:

- A. Organizational (10%);
- B. Experience and Access (45%); and
- C. Community Needs (45%).

## 9.5 PAST PERFORMANCE

System Agency reserves the right to request additional information and conduct investigations as necessary to review 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 System Agency.

System Agency 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.

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

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

- A. Notices of termination;
- B. Cure notices;
- C. Assessments of liquidated damages;
- D. Litigation;
- E. Audit reports; and
- F. 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:

- A. 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,
- B. Applicant is currently under a corrective action plan through HHSC or DSHS, OR,
- C. Applicant has had repeated, negative vendor performance reports for the same reason, or,



- D. Applicant has a record of repeated non-responsiveness to vendor performance issues, or,
- E. Applicant has contracts or purchase orders that have been cancelled in the previous 12 months for non-performance or substandard performance, or
- F. 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 System Agency'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:

### **A. 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).

### **B. 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://sam.gov/content/home>.

### **C. 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>

Companies that boycott Israel;

1. Companies with Ties to Sudan;
2. Companies with Ties to Iran;

3. Foreign Terrorist Organizations; and
4. Companies with Ties to Foreign Terrorist Organizations.

#### **D. 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.state.tx.us/oigportal2/Exclusions>

#### **E. 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**, the System Agency 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, the System Agency may consult with internal and external subject matter experts. The funding methodology for issuing final Grant Agreements will include funding allocated by Program ID at the Region level as determined by a formula that uses the following resources:

- A. Population – latest census by county, Texas Demographic Center.
- B. Poverty rate percentage – latest data on poverty percentages by county, Texas Association of Counties.
- C. Substance use disorder percentage of population, United States National Survey on Drug Use and Health (NSDUH).

After applications are scored:

- A. The application will be ranked against other applications within the same Region Program ID, and Geographic area within the region.
- B. Applications will be considered for funding based on score and availability of funds within each Region and Program Type group.

The System Agency will make final funding decisions based on Applicant eligibility, evaluation rankings, Region served, the funding methodology above, geographic distribution of service capacity across the state, funding availability, cost-effectiveness, and any other relevant factors that ensure alignment with HHSC priorities.

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

Actual award amounts by region may vary from the targeted allocation amount depending on the application received through the RFA process. Funds not awarded within a Region as allocated may be re-allocated to other Regions and Program types or may be reallocated to another Region(s) with demonstrated need and capacity.

## 10.2 NEGOTIATIONS

After selecting Applicants for award, the System Agency may engage in negotiations with selected Applicants. As determined by System Agency, 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 System Agency 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:

- A. An in-depth discussion of the submitted Application, Treatment Services to be provided, and Requested Budget; and
- B. Requests from the System Agency 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 the System Agency 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 the System Agency 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](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 the System Agency 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 to the System Agency with the signed Grant Agreement, the System Agency is prohibited by law from executing a contract, even if the potential Grantee is otherwise eligible for award. The System Agency, 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)**

The System Agency intends to award multiple 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, System Agency 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 System Agency.

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, the System Agency, 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 substance use treatment 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, System Agency 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/>.

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## **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 System Agency 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:

#### **A. Mark Original Application:**

1. 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
2. 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);

#### **B. Certify in Original Application – HHS Solicitation:** Certify, in the designated section of the **Exhibit A, HHS Solicitation Affirmations v 2.4**, Applicant’s confidential information assertion and the filing of its Public Information Act Copy; and

#### **C. 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:

1. 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);
2. Each portion Applicant claims is exempt from public disclosure must be redacted (blacked out); and
3. Applicant must identify, adjacent to each redaction, the claimed exemption from disclosure. Each identification provided as required in Subsection (C) of this section must be identical to those set forth in the Original Application as required in Subsection A(2), 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 v 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 System Agency’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 System Agency, 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 the System Agency and all other state agencies, without cost or liability.

The System Agency 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. The System Agency 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. The System Agency 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.**

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**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 v.2.4** (completed and signed), and **Form F, Requested Budget Template** (completed) for those applying to provide CCMS, 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:

**A. Administrative Applicant Information**

- 1. Form A: Respondent Information \_\_\_\_\_
- 2. Form B-1: Governmental Entity, if applicable \_\_\_\_\_
- 3. Form B-2: Non-Governmental Entity, if applicable \_\_\_\_\_
- 4. Form C: Administrative Information \_\_\_\_\_
- 5. Form D: Contact Person Information \_\_\_\_\_
- 6. Form H: Financial Management & Administrative Questionnaire \_\_\_\_\_

**B. 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.**

Form E: Narrative Proposal \_\_\_\_\_

**C. Requested Budget**

**This Requested Budget Template is mandatory for CCMS only and must be submitted with the Application, in the original format (Excel), for the Application to be considered responsive. Applications received without the completed Requested Budget Template will be disqualified.**

Form F: Requested Budget Template (CCMS only) \_\_\_\_\_

**D. Indirect Costs**

Form G: Texas HHS Indirect Cost Rate (ICR) Questionnaire (CCMS only) \_\_\_\_\_

**E. Exhibits to be Completed, Signed, and Submitted with Application**

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

2. Exhibit D: HHS Data Use Agreement (DUA)v.8.5 or  
Exhibit D-1: Governmental Entity Version HHS Data Use Agreement v8.5 \_\_\_\_\_

3. Exhibit D-2: Texas HHS System-Data Use Agreement-Attachment 2,  
Security and Privacy Inquiry (SPI) \_\_\_\_\_

4. Exhibit E: Exceptions, if applicable \_\_\_\_\_

5. Exhibit H: Assurances – Non-Construction Programs \_\_\_\_\_

6. Exhibit I: Certification Regarding Lobbying \_\_\_\_\_

7. Exhibit J: Federal Funding Accountability and Transparency Act  
(FFATA) Certification \_\_\_\_\_

8. Exhibit K: Treatment Fee-For-Service Unit Rates \_\_\_\_\_

**F. Signed Addenda:** Each Addendum, if any, must be signed and submitted with the Application. \_\_\_\_\_

## **Section XIV. List of Exhibits and Forms Attached to RFA**

### **Exhibits**

Exhibit A: HHS Solicitation Affirmations version 2.4  
Exhibit B: HHS Uniform Terms and Conditions – Grant, version 3.5  
Exhibit C: Additional Provisions – Grant Funding, version 1.0  
Exhibit D: HHS Data Use Agreement (DUA) – Version 8.5  
Exhibit D-1: Governmental Entity Version 8.5 HHS Data Use Agreement (DUA)  
Exhibit D-2: Texas HHS System-Data Use Agreement-Attachment 2, Security and Privacy Inquiry (SPI)  
Exhibit E: Exceptions  
Exhibit F: Evaluation Tool  
Exhibit G: HHS Online Bid Room  
Exhibit H: Assurances – Non-Construction Programs  
Exhibit I: Certification Regarding Lobbying  
Exhibit J: Federal Funding Accountability and Transparency Act (FFATA) Certification  
Exhibit K: Treatment Fee-for-Service Unit Rates  
Exhibit L: Clinic Request Form  
Exhibit M: Financial Requirements  
Exhibit N: Performance and Outcome Measures and Definitions  
Exhibit O: Health and Human Services Offices by County  
Exhibit P: Treatment Services Scope of Grant Project Services  
Exhibit P-1: Comprehensive Case Management Services (CCMS) Scope of Grant Project Services  
Exhibit Q: Clinical Management for Behavioral Health Services (CMBHS) Requirements  
Exhibit R: Fee-For-Service Financial Status Report and Match Report (FSR) Template  
Exhibit R-1: Financial Status Report-FSR FORM 269A SAMPLE

### **Forms**

Form A: Respondent Information  
Form B-1: Governmental Entity – Authorized Officials  
Form B-2: Non-Governmental Entity – Authorized Officials  
Form C: Administrative Information  
Form D: Contact Person Information  
Form E: Narrative Proposal  
Form F: Requested Budget Template (CCMS Only)  
Form G: Texas HHS Indirect Cost Rate (ICR) Questionnaire (CCMS Only)  
Form H: Financial Management & Administrative Questionnaire