

Attachment to Addendum3-Applicant Questions and Answers

RFA Number		RFA/Grant Name		
HHS0015874		Deaf and Hard of Hearing Access Services Grant		
PCS Grant Specialist Name			PCS Grant Specialist Email	
Julia Solis			julia.solis@hhs.texas.gov	
+/- Row	#	Reference	Applicant Question	Agency/Program Response
+ -	1	Sections 1.1, 7.1, 7.4 Page 5, 21-22, 24	The RFA states in Section 1.1 (p.5) and Section 7.1, Schedule of Events (p.21-22), that the Deadline for Submission of Applications is August 3, 2026, by 10:30 a.m. Central Time. During the July 9, 2026 Applicant Conference webinar, a different date (July 31, 2026) was stated verbally. Please confirm which date and time governs the Deadline for Submission of Applications, and if the deadline has changed, please confirm whether a formal Addendum will be posted to the HHS Grants RFA website and ESBD per Section 7.6.	Refer to Addendum 2.
+ -	2	Section or Paragraph number from this Solicitation; APPLICATION SCREENING REQUIREMENTS - Bullet point (a) Page Number of this Solicitation; 15	APPLICATION SCREENING REQUIREMENTS The eligibility criteria suggest that We currently provides preventive and primary health care services, case management, care coordination, and referrals for uninsured and low-income individuals and families. As part of our strategic planning, we are exploring opportunities to develop programs and services for individuals who are deaf, deafblind, or hard of hearing; however, we are not currently providing these specialized services. The RFP states that applicants must be entities that are currently providing deaf and hard of hearing-related services to individuals who are deaf, deafblind, or hard of hearing. Could you please clarify whether we, who has an established healthcare infrastructure and is actively planning to develop these specialized services but does not currently provide them, would be eligible to apply? Or is current, ongoing provision of deaf and hard of hearing-related services a mandatory eligibility requirement? We are currently providing preventive and primary health care. We also provide case management, referrals, care coordination and other relevant services for uninsured and low-income families. We are exploring options for adding services and resources for specialty need members of the community. This grant may be a great resource for our non-profit to develop this program. Please suggest, can we apply in this situation.	It is mandatory for Applicant to meet application screening requirements. Refer to RFA Sections 3.2, Application Screening Requirements, 9.2 Initial Compliance Screening of Applications, and <u>Form A, Face Page.</u>
+ -	3	Section 9.5 31 Page 31	For purposes of the Past Performance review described in Section 9.5, does HHSC evaluate only the Applicant's own contract/grant history, or does it also consider the history of named subcontractors/subgrantees identified in the Application?	The review of any past performance would be based on the specifics of this RFA.
+ -	4	Forms D, D-1, D-	Should the Narrative Proposal Forms D, D-1, and D-2 describe service delivery on a per-HHSC-region basis, or is a single statewide narrative supported by a regional staffing/subcontractor table sufficient to meet the requirements of these forms?	Both methods are acceptable.
+ -	5	Section 5.5 Page 19	Can HHSC clarify the typical turnaround time between invoice submission and payment under the fee-for-service reimbursement method described in Section 5.5, so that Applicants proposing a subcontracted, multi-region delivery model can plan subcontractor payment terms accordingly?	The question being asked is not within the scope of this RFA.

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 	6	Section 11.1 Page 36	What is the required format and level of detail for disclosing subgrantee/subcontractor grant funding history under Section 11.1 when the Applicant's proposed delivery model includes multiple subcontractors across different HHSC regions?	If HHSC requires an Applicant to disclose information about the Applicant, subGrantee or subContractor funding applications or awards, HHSC will inform an Applicant after the submission of an Application.
 	7	Section 6.2 Page 19-20	For a statewide service model delivered through multiple subcontractors, should Form E break out budget lines by individual subcontractor and/or region, or is a consolidated statewide budget accompanied by a narrative allocation acceptable?	A consolidated budget accompanied by a narrative allocation is acceptable if applying for more than one region. Refer to <u>Form E</u> , Requested Budget instructions and <u>Request Budget Template</u> .
 	8	Sections 1.2, 6.2 Page 7, 19-20	Does HHSC permit Applicants to apply the 10% de minimis indirect cost rate under 2 CFR Section 200.414(f) in the Requested Budget (Form E), consistent with the definitions of Indirect Cost and Indirect Cost Rate in Section 1.2?	Indirect costs are not allowable costs for this RFA
 	9	Sections 1.2, 6.2 Page 7, 19-20	If Grantee elects the de minimis indirect cost rate at Application, will there be an opportunity during the Grant Term to negotiate a Negotiated Indirect Cost Rate Agreement (NICRA) with HHSC or a cognizant federal agency in lieu of the de minimis rate?	Indirect costs are not allowable costs for this RFA
 	10	Sections 5.3, 5.5, 6.2 Page 18, 19, 19-20	Does the Requested Budget (Form E) permit inclusion of performance-based bonus or incentive funds tied to on-time delivery of deliverables, timely reporting, or subcontractor compliance? If not otherwise addressed under Section 5.3, Grant Funding Prohibitions, please confirm whether such costs are allowable, allocable, and reasonable under 2 CFR Part 200, Subpart E and TxGMS Cost Principles, or whether they are considered unallowable.	All allowable fees are listed on Form E, Requested Budget and <u>Attachment A-Contract Standards for Deaf and Hard of Hearing Access Services Grants</u> , Sections 9.6, 10.4, and 11.5.
 	11	Sections 2.8 and 5.5 Page 12-13,19	If monthly goals or performance targets are not met, how does HHSC calculate any payment or administrative fee impact, and what corrective action narrative or documentation is required?	Grantees will be reimbursed using the fee-for-service method by submitting claims for actual and eligible services provided to eligible individuals. The monthly report may require additional information regarding corrective action for unmet goals, per <u>Attachment A-Contract Standards for Deaf and Hard of Hearing Access Services Grants</u> , Section 9.7.14. Refer to RFA Section 5.1, Grant Funding Source and Available Funding and Section 5.5, Payment Method.
 	12	Section 6.1 Page 19	If one Grantee provides both Direct Communication Services and Resource Specialist Services, may referrals to a DHHS Resource Specialist be handled internally? What documentation is required to show client permission and referral completion?	There is no requirement or prohibition regarding the internal handling of referrals between Direct Communication Services staff and Resource Specialist staff included in the RFA.
 	13	Sections 2.8 and 11.1 Page 12,36	Are Applicants permitted to use subcontractors or subgrantees to provide regional coverage or specific service components? If yes, does HHSC have a preference for how subcontracted coverage should be geographically distributed, and must all subcontractors/subgrantees be identified and finalized at the time of Application submission? Alternatively, may an Applicant identify and seek HHSC approval for additional subcontractors/subgrantees after award for regions or service areas that are not fully finalized at submission?	Refer to RFA Section 3.1, Legal Authority to Apply. Applicants are permitted to use subcontractors or subgrantees. There is no requirement for them to be finalized at the time of Application submission. Those that are identified may be included in B. of the <u>Narrative Proposal Forms D, D-1, and D-2</u> . There is no requirement for geographical distribution.
 	14	Sections 2.8 and 2.11 Page 12,14	What specific flow-down provisions must be included in subcontracts, including record retention, audit access, confidentiality, DUA safeguards, breach reporting, and corrective action requirements? Does HHSC provide a required subcontract template or minimum clauses?	Refer to RFA Section 2.8, Performance Measures and Monitoring. All Grantee obligations and requirements must be met, whether performed by the Grantee, subGrantees, or subContractors, if any. Refer to <u>Exhibit B, HHS Uniform Terms and Conditions – Grant</u> .

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	15	Sections 2.11 and 9.7 Page 14,32-33	What privacy/security documentation must be available at the time of Application, at award, and during monitoring? For example, will HHSC require privacy/security policies, incident response plan, training records, encryption evidence, background checks for Authorized Users, or screenshots/system reports before work begins?	Refer to <u>Attachment A-1-Contract Standards for Deaf and Hard of Hearing Access Services Grants</u> , and <u>Data Use Agreements Exhibits C, C-1, and C-2</u> .
	16	Sections 2.5 and 2.8 Page 10-13	Must client-facing forms, websites, surveys, dashboards, training videos, and other electronic materials developed or used under the grant meet WCAG 2.0 AA or another accessibility standard? What evidence of accessibility compliance must be maintained?	Applicants must comply with all applicable federal and state accessibility requirements. The RFA does not prescribe a specific standard but requires compliance with accessibility laws and regulations. Documentation of compliance must be maintained by the Grantee and made available upon request.
	17	Sections 2.5 and 6.1 Page 10-11,19	What exact qualifications, certifications, confidentiality forms, conflict-of-interest checks, and post-service evaluation documentation are required for interpreter and CART providers under Direct Communication Services?	For qualifications and required certifications of CART providers, refer to <u>Attachment A-Contract Standards for Deaf and Hard of Hearing Access Services Grants</u> , Section 11.4.1 and Section 11.4.4.
	18	Sections 5.5 and 6.2 Page 19-20	For each fee-for-service line item, does the Applicant propose its own rate, use a fixed HHSC rate, or use a rate subject to negotiation after award? If HHSC has maximum rates or an approved fee schedule, where can Applicants access that schedule?	Refer to <u>Form E, Requested Budget Template</u> tabs. If applying for Resource Specialist Service, Applicant proposes its own rates and they will be subject to negotiation before the award. If awarded Direct Communication Services or Senior Citizens Services, Grantee must bill according to the rates posted at https://www.hhs.texas.gov/business/contracting-hhs/communication-services-state-agencies-cssa/cssa-maximum-rates and https://www.hhs.texas.gov/services/disability/deaf-hard-hearing/dhhs-senior-citizens-program .
	19	Sections 5.1, 5.5, 6.2 Page 17,19-20	The RFA states reimbursement is fee-for-service but also references actual, allowable, and allocable expenses. Will payment be based on approved unit fees for documented services, reimbursement of actual costs incurred, or a combination? How should Applicants reconcile unit-based fees with actual costs in the accounting system?	The reimbursement method will follow the terms outlined in the posted RFA and resulting Grant Agreement. Applicants should propose budgets consistent with allowable and allocable cost principles applicable to the funding source. Any clarification regarding reimbursement structure will be provided through the Grant Agreement negotiation phase.
	20	Sections 5.5, 6.2, 9.4 Page 19-20,31	What costs may be included in the monthly Administrative Fee? Are indirect costs, accessibility accommodations, travel, outreach materials, registration fees, and administrative staff time included in this fee, or should any of these costs be budgeted separately? Is there a cap or expected range for Administrative Fees?	Other costs not already covered by the fees listed in <u>Attachment A-Contract Standards for Deaf and Hard of Hearing Access Services Grants</u> , Sections 9.6, 10.4, and 11.5 may be calculated into the monthly Administrative Fee. Applicants may propose an Administrative Fee on <u>Form E, Requested Budget Template</u> . Indirect costs are not allowed under this RFA.
	21	Sections 2.7 and 2.9 Page 11-14	Section 2.7 lists Financial Status Report – Monthly due by the 7th calendar day following the end of the month, but Section 2.9 states quarterly FSRs are not anticipated while reserving the right to require them. Please clarify the required financial reporting frequency, format, and due dates.	Refer to RFA Section 2.9, Financial Status Reports (FSRs) last paragraph.
	22	Sections 2.5, 5.5, 6.1 Page 10-11,19	For the Communication Services for One-Time Events Fee, is the maximum \$5,000 per event inclusive of interpreter/CART provider fees, travel, administrative costs, and other related expenses? Are recurring events categorically excluded, and how should Applicants document that an event is one-time and eligible?	There is no pre-determined maximum amount for one-time events. Refer to <u>Attachment A Contract Standards, Contract Standards for Deaf and Hard of Hearing Access Services Grants</u> , Section 11.2.4 and 11.4.3. After award, DHHS will provide a form for Grantee to use for service approval requests, and Grantee will include estimated cost with their monthly funds request.
	23	Sections 2.8, 6.1, 9.4 Page 12-13, 19, 31	Are performance goals and minimum monthly goals established by HHSC, proposed by the Applicant, or negotiated after award? Should goals be proposed by service type, by HHSC Region, by county, or statewide? What data should Applicants use to justify proposed goals?	Refer to <u>Forms C, Executive Summary, Narrative Proposal Forms D, D-1, and D-2</u> and may be negotiated prior award. Required Monthly Minimum Goals, where requested, are intended to be combined for all HHSC regions included in the Application.

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+ -	24	Sections 2.7, 2.8, 5.5 Page 11-13,19	What system or template will Grantees use to submit monthly program reports, invoices, and supporting documentation? Will HHSC provide a standard reporting template, portal, or data dictionary before award or after award?	Refer to <u>Attachment A- Contract Standards for Deaf and Hard of Hearing Access Services Grants</u> , Section 7. Grantee will use the online DHHS Contract Reporting application or format otherwise specified by HHSC to request funds, submit program reports, and invoices. Access will be granted upon award.
+ -	25	Sections 2.5, 5.5, 6.1 Page 10-11, 19	For Direct Communication Services, what documentation is required to prove that interpreter or CART services are appropriate as last resort services or vital services? Is pre-approval required for every request, and who must approve the request before services are provided?	Refer to <u>Attachment A-Contract Standards for Deaf and Hard of Hearing Access Services Grants</u> , Section 11.2 and <u>Attachment A-2-Sample DHHS Resource Specialist Services Advocacy Referral Form</u> . Prior approval is not required for last resort or vital services. Specific justification format for last resort/vital services will be determined by System Agency.
+ -	26	Sections 2.7, 2.8, 5.5 Page 11-13, 19	For each monthly performance measure and fee-for-service invoice line, what source documentation must the Grantee retain to substantiate reported units, hours, outcomes, and payment requests?	Refer to <u>Attachment A-Contract Standards for Deaf and Hard of Hearing Access Services Grants</u> , Section 9.8, 10.5, and 11.6.
+ -	27	Section 9.5 Page 31	For purposes of the Past Performance review described in Section 9.5, does HHSC evaluate only the Applicant's own contract/grant history, or does it also consider the history of named subcontractors/ subgrantees identified in the Application?	The review scope of any past performance review would be based on the specifics of this RFA.
+ -	28	Forms D, D-1, D-	Should the Narrative Proposal Forms D, D-1, and D-2 describe service delivery on a per-HHSC-region basis, or is a single statewide narrative supported by a regional staffing/subcontractor table sufficient to meet the requirements of these forms?	Both methods are acceptable.
+ -	29	Section 5.5 Page 19	Can HHSC clarify the typical turnaround time between invoice submission and payment under the fee-for-service reimbursement method described in Section 5.5, so that Applicants proposing a subcontracted, multi-region delivery model can plan subcontractor payment terms accordingly?	The question being asked is not within the scope of this RFA.
+ -	30	Section 11.1 Page 36	What is the required format and level of detail for disclosing subgrantee/subcontractor grant funding history under Section 11.1 when the Applicant's proposed delivery model includes multiple subcontractors across different HHSC regions?	If HHSC requires an Applicant to disclose information about the Applicant, subGrantee or subContractor funding applications or awards, HHSC will inform Applicant after the submission of an Application.
+ -	31	Section 6.2 Page 19-20	For a statewide service model delivered through multiple subcontractors, should Form E break out budget lines by individual subcontractor and/or region, or is a consolidated statewide budget accompanied by a narrative allocation acceptable?	A consolidated budget accompanied by a narrative allocation is acceptable if applying for more than one region. Refer to <u>Form E, Requested Budget Template</u> tabs.
+ -	32	Submission deadline discrepancy Section / Paragraph: Section 7.1, Schedule of Events (also Cover Page and Section 1.1) Page No.: 21 (also pages 1 and 5)	Final submission date and time: The applicant conference presentation states the final submission date and time as July 31, 2026, at 10:30 a.m. Central. The RFA states August 3, 2026, by 10:30 a.m. Central in three places: the cover page (page 1), Section 1.1 (page 5), and Section 7.1 (page 21). Which date and time are correct?	Refer to Addendum 2.

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+ -	33	Statewide delivery and subcontracting Section / Paragraph: Sections 2.8, 3.1, and 11.1 Page No.: 12, 15, and 36	Use of subcontractors or community partners: The RFA anticipates a single statewide award. Sections 2.8 (page 12) and 11.1 (page 36) reference subgrantees and subcontractors who may participate in operating the Project. Can [REDACTED] use subcontractors or formal community partners to achieve full geographic coverage, or must all services be delivered directly by the applicant organization? If subcontracting is allowed, are there limits, caps, or prior-approval requirements?	Subgrantees and subcontractors may deliver direct services and be used to achieve larger coverage. Refer to RFA 2.8 Performance Measures and Monitoring. System Agency will look solely to Grantee for the performance of all Grantee obligations and requirements.
+ -	34	Total versus annual funding and renewals Section / Paragraph: Section 4.1 and Section 5.1 Page No.: 16 and 17	Funding amount and renewal periods: Section 5.1 (page 17) states that the \$6,800,000 available funding is for the entire Grant Term. Section 4.1 (page 16) is where the renewal structure lives (two additional one-year terms through August 31, 2031, plus a possible one-year extension, six-year maximum). Please confirm if this figure is the total for the full term rather than an annual amount and clarify whether the anticipated renewal periods carry additional funding beyond this amount or draw from it.	Refer to RFA Section 1.1, Introduction, grants table and Section 5.1, Grant Funding Source and Available Funding.
+ -	35	Fee schedule and proposed rates Section / Paragraph: Section 5.5 (Payment Method) and Section 6.2 (Requested Budget) Page No.: 19 and 19 to 20 Exhibit: Form E — Requested Budget Template	Fee-for-service rates: Section 5.5 (page 19) states payment is fee-for-service based on the HHSC approved fee schedule. Is this fee schedule given to applicants in advance or established after award? Form E includes proposed rate fields by region for certain service lines. If applicants are expected to propose rates, please confirm Form E is the correct place, and clarify how those proposed rates relate to the HHSC approved fee schedule referenced in Section 5.5. "Additionally, once established, is the approved fee schedule fixed for the Grant Term, or can rates be adjusted or renegotiated during the project (for example, at renewal or in response to cost changes)?"	Refer to <u>Form E, Requested Budget Template</u> tabs. If applying for Resource Specialist Service, Applicant proposes its own rates on Form E, Requested Budget subject to negotiation. If awarded Direct Communication Services or Senior Citizens Services, Grantee must bill according to the rates posted at https://www.hhs.texas.gov/business/contracting-hhs/communication-services-state-agencies-cssa/cssa-maximum-rates and https://www.hhs.texas.gov/services/disability/deaf-hard-hearing/dhhs-senior-citizens-program . Fees may be renegotiated during the Grant Term.
+ -	36	Historical service data Section / Paragraph: Section 2.2, Program Background Page No.: 9	Historical service volumes broken out by region and service line: If historical service volume data from the current or prior contract is available to applicants, can it be provided broken out by HHSC region and by service line (Resource Specialist, Senior Citizens, and Direct Communication)? This level of detail would let applicants size regional staffing and budget projections accurately. If available, how do we request it?	Historical service volume data are not included in the RFA. Applicants seeking historical information may submit a public information request through the HHSC Open Records process. Instructions can be found at the following link: https://www.hhs.texas.gov/contact/open-records-policy-procedures
+ -	37	Narrative page limits Section / Paragraph: Section 8.5 (Application Composition) and Section 6.1 (Narrative Proposal) Page No.: 28 to 29 and 19 Exhibit: Forms C, D, D-1, D-2	Maximum page counts: Section 8.5 (pages 28 to 29) specifies font, size, margins, and spacing but states no maximum page count for the narrative forms. Do Forms C, D, D-1, and D-2 carry maximum page limits, or is length at the applicant's discretion within the formatting rules?	There are no page limits on <u>Forms C, Executive Summary</u> or <u>Narrative Proposal Forms D, D-1, and D-2</u> .

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☐ + ☐ -	38	Letters of support and partnership documentation Section / Paragraph: Section 8.6 (Application Organization) and Section XIII (Submission Checklist) Page No.: 29 and 39 to 40	Placement of supplemental documents: The application organization in Section 8.6 (page 29) and the submission checklist in Section XIII (pages 39 to 40) do not reference letters of support or memoranda of understanding. If [REDACTED] wishes to include such documents with partner organizations, where should they be placed, and do they count toward any page limit?	There is no page limit. Supplemental documents may be added to <u>Narrative Proposal Forms D, D-1, and/or D-2</u> .
☐ + ☐ -	39	Direct Communication scope and volume Section / Paragraph: Sections 2.1(D) and 2.5(F) Page No.: 9 and 10 Exhibit: Form D-2	Direct Communication services scope: Sections 2.1(D) (page 9) and 2.5(F) (page 10) describe interpreter and CART services as a last resort for special circumstances. Is there an expected annual volume, number of events, or budget proportion HHSC anticipates for this service line?	Refer to <u>Form E, Requested Budget</u> , Column E. Direct Communication Services are provided on an as-needed basis with no minimum goals required.
☐ + ☐ -	40	Public Information Act copy formatting Section / Paragraph: Section 12.1, Texas Public Information Act Page No.: 36 to 38	Redacted PIA copy requirements: Section 12.1 (pages 36 to 38) requires marking the PIA copy on the front page, redacting claimed-exempt portions and identifying the claimed exemption adjacent to each redaction. Beyond these steps, are there any additional formatting expectations for the redacted PIA copy?	No, there are no additional formatting expectations
☐ + ☐ -	41	Relationship to STAP (STAP not addressed in the RFA)	Coordination with the Specialized Telecommunications Assistance Program: The RFA does not reference the Specialized Telecommunications Assistance Program (STAP). How does HHSC envision the relationship between this program and STAP? Is the awarded grantee expected to serve as the primary consumer-facing intake and navigation point for STAP vouchers?	The question is not within the scope of this RFA.
☐ + ☐ -	42	Equipment distribution versus demonstration Section / Paragraph: Section 2.5(E) (eligible activities) and Section 5.3(L) (unallowable costs) Page No.: 10 and 18	Scope of technology and equipment activities: Section 2.5(E) (page 10) lists technology and software demonstrations as an eligible activity, and Section 5.3(L) (page 18) lists equipment and capital expenditures as unallowable costs. Read together; these suggest a demonstration, education, and referral role rather than direct equipment distribution. Can HHSC confirm whether the awarded grantee is expected to distribute equipment directly, or whether the role is limited to consumer education, demonstration, and referrals into STAP?	The allowable technology and software demonstrations in RFA Section 2.5, Eligible Activities, E. Refer to demonstrations of assistive devices and software used by persons who are deaf, deafblind, or hard of hearing. Direct technology distribution is not an allowable activity.

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+ -	43	Program evolution and strategic priorities Section / Paragraph: Section 2.2 (Program Background), Section 9.1 (C), and Section 10.1 (Final Selection) Page No.: 9, 30, and 34	Scope changes and HHSC priorities: Section 9.1(C) (page 30) and 10.1 (page 34) states final selection considers State priorities without defining them. Has the scope of Deaf and Hard of Hearing Access Services shifted meaningfully in this solicitation compared to prior award cycles, and what specific strategic priorities should applicants reflect in their proposals?	The scope of services is as described in the RFA document and its attachments, exhibits and forms.
+ -	44	Transition from current contractors Section / Paragraph: Section 5.1 and Section 10.4 Page No.: 17 and 35	Consolidation and transition planning: The RFA states an intent to make a single statewide award (Section 5.1, page 17, and Section 10.4, page 35) but does not address transition. For regions currently served by other contractors, how does HHSC envision the transition to a single statewide grantee? Are current contractors expected to sunset, or is there an expected role for them as subcontractors or community partners?	Transition is not within the scope of this RFA. As needed, HHSC will coordinate transition plans with Grantee upon award.
+ -	45	Performance measure benchmarks Section / Paragraph: Section 2.8, Performance Measures and Monitoring Page No.: 12 to 13	Benchmarks and minimum thresholds: Section 2.8 (pages 12 to 13) lists 17 monthly performance measures (items A through Q) and ties renewal eligibility to performance against approved goals but sets no benchmarks or minimum thresholds. Does HHSC have historical benchmarks or minimum thresholds against which grantee performance will be evaluated, or are the goals proposed by the applicant and approved by HHSC?	Applicant proposes its own goals on <u>Narrative Forms D and D-1</u> , subject to negotiation. If awarded Direct Communication Services, services are provided on an as-needed basis.
+ -	46	Relationship among the three service lines Section / Paragraph: Sections 2.1 and 2.5; Section 6.1 Page No.: 9, 10 to 11, and 19 Exhibit: Forms D, D-1, and D-2	Integration of Resource Specialist, Senior Citizens, and Direct Communication services: The RFA presents Resource Specialist services, Senior Citizens services, and Direct Communication services (interpreter and CART) as three service lines, with Direct Communication described in Sections 2.1(D) and 2.5(F) as a last resort for special circumstances. How does HHSC expect these three lines to relate operationally within a single statewide award? Specifically, should applicants treat interpreting and CART capabilities as a central program component or as a supplemental, last-resort function? Clarification would help applicants design an appropriate staffing model.	Direct communication in this model will be used as a supplemental and last-resort function.
+ -	47	Required data and reporting systems Section / Paragraph: Sections 2.7, 2.8, and 2.11 Page No.: 11 to 12, 12 to 13, and 14 Exhibit: Exhibit C / C-1 / C-2, HHS Data Use Agreement v.8.5	Reporting platform and data systems: Sections 2.7 and 2.8 require monthly Financial Status Reports and Performance Reports in the format specified by System Agency, and Section 2.11 references the HHS Data Use Agreement. Does HHSC require the grantee to use a specific data collection, case management, or reporting system or platform (for example, an HHS-provided portal or database), or may the grantee use its own system if reports are submitted in the specified format? If a specific system is required, please identify it so applicants can account for setup and training in their budgets.	Refer to <u>Attachment A-Contract Standards for Deaf and Hard of Hearing Access Services Grants</u> , Section 7. Grantee will use the online DHHS Contract Reporting application or format otherwise specified by HHSC to request funds, submit program reports, and invoices. Access will be granted upon award. Grantee may use their preferred system to collect and store records in accordance with <u>Attachment A-Contract Standards for Deaf and Hard of Hearing Access Services Grants</u> , Section 9.8, 10.5, and 11.6.
+ -	48	Section 2 2.1 Purpose D page 9	Communication Access Real-time (CART) services. What would this entail exactly? Could you provide an example?	This is an alternative method to provide communication access in real time. More information can be found at Captioning - Hearing Loss Association of America .

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☐ + ☐ -	49	Section or Paragraph number from this Solicitation: 10.1 Final Selection Page Number of this Solicitation: 34	Section X. Award of Grant Agreement Process – 10.1 Final Selection If an Applicant is selected for funding and later determines that it is unable to successfully fulfill the requirements of the Grant Agreement, may the Applicant decline the award after the selection decision has been made? If so, what is the process and are there any penalties or consequences associated with declining the award?	If Applicant determines not to accept the award prior to Grant Agreement execution, HHSC requests that Applicant notify the agency immediately to minimize the waste of State resources.
☐ + ☐ -	50	General Question	Transition Period The RFA does not appear to identify a transition period between the current service providers and newly awarded Grantees. Will HHSC provide a transition period? If so, when is it anticipated to begin and end, and what transition activities will be expected of the incoming Grantee prior to the start of services?	Transition is not within the scope of this RFA. If required, HHSC will coordinate transition plans with Grantee upon award.