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| **#** | **Document Title** | **Check** |
| 1 | **HCBS-AMH Contract Application Packet Checklist** |  |
| 2 | **Exhibit A – HHS Solicitation Affirmations**  Must be completed and signed.  **Important Note**: HHSC will disqualify all Applications received without signed Exhibit A. |  |
| 3 | **Exhibit B- Uniform Terms and Conditions** |  |
| 4 | **Exhibit C - OE Addenda, if applicable**  Must be signed. |  |
| 5 | **Exhibit D – Assurances Non-Construction Programs**  Must be completed and signed. |  |
| 6 | **Exhibit E – Certification Regarding Lobbying**  Must be completed and signed. |  |
| 7 | **Exhibit F – Attachment 1 (Data Use Agreement)**  **Exhibit F – Attachment 2 (Security and Privacy Initial Inquiry Form)**  Must be completed and signed. |  |
| 8 | **Exhibit G – Contact Person Information Form** |  |
| 9 | **Exhibit H – Proof of Additional Eligibility Requirements – Reference Section 7.1**  Provide documentation to confirm the Applicant meets the eligibility requirements. Documentation must include:   1. Proof of TMHP enrollment 2. Proof of NPI 3. If applicable, documentation to demonstrate executed contracts and infrastructure to support multiple contracts. |  |
| 10  **(PA only)** | **Exhibit I - Minimum Qualifications for Provider Agency - Reference Section 7 of the OE Document**    **Required Experience - Reference Section 7.1.1**  Provide documentation of demonstrated experience to confirm the Applicant meets the minimum requirements.    **Licensure or Accreditation Reference Section 7.1.2**  Provide copies of current, valid, and applicable Texas licenses and/or certifications for Applicant staff and subcontractors, if any, assigned to provide services that require licensure under a Contract resulting from this OE.    **Additional Minimum Qualifications - Reference Section 7.1.3**  Provide documentation of qualifications to confirm the Applicant meets the minimum requirements. This applies to the Applicant’s business, Subcontractor(s) and both Applicant’s and Subcontractor’s personnel. |  |
| 11  **(RME Only)** | **Exhibit I - Minimum Qualifications for Recovery Management Entity - Reference Section 7 of the OE Document**    **Required Experience - Reference Section 7.2.1**  Provide documentation of demonstrated experience to confirm the Applicant meets the minimum requirements.    **Additional Minimum Qualifications - Reference Section 7.2.2**  Provide documentation of qualifications to confirm the Applicant meets the minimum requirements. This applies to the Applicant’s business and Applicant’s personnel. |  |
| 12 | **Exhibit J – Emergency Preparedness and Response Plan - Reference Section 8.4.1 of the OE Document**  Provide an Emergency Preparedness and Response Plan. |  |
| 13 | **Exhibit K - Organizational Chart**  Provide an organizational chart for the key staff members responsible for the performance of the services requested under this OE. |  |
| 14 | **Exhibit L - Company Information**   * **Applicant Business Structure or Company Type**:   Provide the entity type (e.g., Private, Non-Profit, State Agency, Local Government, etc.). If Corporation, provide State of Incorporation and filing number.     * **Articles of Incorporation and Bylaws** * **Organizational Overview, Philosophy, or Mission Statement** * **Organization Brochure or Biographical Information** * **Former Employees of a Texas State Agency:**   Applicant must provide the following information regarding individuals that formerly worked for any Texas state agency and now work for Applicant or any of Applicant’s subcontractors:  1. Name  2. Address  3. Phone Number  4. State agency for which previously worked  5. Dates of employment for each identified state agency    Applicant must also provide any additional information requested by HHS regarding identified individuals. |  |
| 15 | **Exhibit M - Notice of Criminal Activity – Reference Section 8.7**  Provide confirmation that the Applicant, any person with ownership or controlling interest, their agent, employee, subcontractor, or volunteer who will be providing the required services are not:  a. Engaged in any activity that could constitute a criminal offense equal to or greater than a Class A misdemeanor or grounds for disciplinary action by a state or federal regulatory authority; or  b. Been placed on community supervision, received deferred adjudication, or been indicted for or convicted of a criminal offense relating to involvement in any financial matter, federal or state program, or sex crime. |  |
| 16 | **Exhibit N - Notice of Insolvency or Indebtedness – Reference Section 8.8**  Provide with the Application detailed written descriptions of any insolvency, incapacity, and outstanding unpaid obligations of Applicant owed to the Internal Revenue Service (IRS) or the State of Texas, or any agency or political subdivision of the State of Texas. (Provide a formal statement confirming that there are no debts or insolvency.) |  |
| 17 | **Exhibit O – Service Regions and Locations**  Select applicable service regions, provide a list of each service location within the regions. |  |
| 18  **(PA Only)** | **Exhibit P – HCBS-AMH Service Plan** |  |
| 19  **(PA Only)** | **Exhibit Q - Subcontractor Information**  Provide a list of all subcontractors which must include at a minimum:  a. Business Structure (Type of entity)  b. DBA name, if applicable with associated Texas County(s)  c. Addresses – Physical and Mailing, if different  d. Contact Information – Phone and e-mail  e. Texas Historically Underutilized Business (HUB) – If applicable, provide copy of Certificate |  |
| 20 | **Exhibit R- Insurance – Reference Section 10**  Applicant must provide proof of insurance or a statement of its intent to obtain and maintain for the term of the Contract (and any renewal periods or additional extensions) the minimum insurance coverage specified or, as applicable, any bonds required. Applicant should also describe other insurance coverage maintained in the ordinary course of business and provide proof of same in its Application.    HHSC may designate a deadline for submission of proof of required insurance. Failure to timely submit acceptable proof may result in disqualification or HHSC’s revocation of award. |  |
| 21 | **Exhibit S - Public Information Act Copy of Application, if applicable** |  |