



**Dr. Courtney N. Phillips, Executive Commissioner**

**Request for Applications (RFA)  
For  
Project for Assistance in Transition from Homelessness (PATH)**

**RFA No. HHS0002315**

**Date of Release: Friday, June 21, 2019**

**Responses Due: Tuesday, July 23, 2019 by 2:00 p.m. Central Time**

**Class/Items:**

- 948-00 - Health Related Services (See Class 952 for Human Services)
- 948-47 - Health Care Center Services
- 948-48 - Health Care Services (Not Otherwise Classified)
- 952-05 - Alcohol and Drug Detoxification, Including Rehabilitation)
- 952-06 - Alcohol and Drug Prevention
- 952-62 - Mental Health Services: Vocational, Residential, Etc.

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## **ARTICLE 1. EXECUTIVE SUMMARY, DEFINITIONS, AND AUTHORITY**

### **1.1 EXECUTIVE SUMMARY**

The Texas Health and Human Services Commission (HHSC or System Agency) requests applications from eligible Respondents to provide services under the Projects for Assistance in Transition from Homelessness (PATH) program. PATH providers provide Outreach and engage people not currently connected to mainstream mental health services, primary health care and substance abuse service systems. Awarded Grantees shall meet the Substance Abuse and Mental Health Services Administration (SAMHSA) goal for PATH programs, which is to reduce or eliminate homelessness for individuals with serious mental illnesses or co-occurring substance use disorders who are homeless or at imminent risk of becoming homeless.

To be considered for award, Respondents must execute **Exhibit A, Affirmations and Solicitation Acceptance, v.1.4**, of this Solicitation and provide all other required information and documentation as set forth in this Solicitation.

### **1.2 DEFINITIONS**

Refer to **Exhibit B, HHSC Uniform Terms and Conditions – Grant, v. 2.16.1 and Exhibit H, HHSC Special Conditions**, for additional definitions. Additionally, as used in this Solicitation, unless the context clearly indicates otherwise, the following terms and conditions have the meanings assigned below:

“**Addendum**” means a written clarification or revision to this Solicitation issued by the System Agency.

“**Apparent Awardee**” means an organization that has been selected to receive a grant award through response to this RFA but has not yet executed a grant agreement or contract. Apparent Awardee may also be referred to as “Apparent Grant Recipient” or “Apparent Grantee.”

“**Client**” or “**Consumer**” means a person (1) who is homeless or at imminent risk of becoming homeless and has a serious mental illness or may also have co-occurring substance use disorders; (2) who receives services supported in some measure with Federal PATH funds, and (3) for whom a clinical or other formal record has been prepared, indicating formal PATH enrollment.

“**Earned Income**” means all the taxable income and wages received from working or from certain disability payments consistent with guidelines managed by the Internal Revenue Service.

**“Employment”** means any instance where services are performed that is subject to the will and control of an employer for which wages are received by the worker. This definition of Employment is not limited to full-time, part-time, or seasonal Employment; a minimum number of hours worked per week; or the availability of benefits.

**“Employment Services”** means services designed to assist Consumers with obtaining Employment. Services may include, but are not limited to, application completion, resume development, interview training, and providing access to job listings.

**“Grantee”** means an organization that has been selected to receive a grant award resulting from its response to this RFA and has executed a grant agreement or contract.

**“Health and Human Services Commission”** or **“HHSC”** means the administrative agency established under [Chapter 531, Texas Government Code](#) or its designee.

**“Imminent Risk for Homelessness”** is defined as commonly including one or more of the following criteria: doubled-up living arrangement where the Consumer’s name is not on the lease, living in a condemned building without a place to move, arrears in rent/utility payments, having received an eviction notice without a place to move, living in temporary or transitional housing that carries time limits, being discharged from a health care facility, such as a State Hospital, from a crisis unit or emergency respite care, or from a criminal justice institution without a place to live.

**“Improving the Coordination of Housing Services”** means the process of systematically analyzing interagency interactions among housing service providers, developing relevant information, and informing appropriate authorities of viable alternatives for selection of the most effective combination of available resources to best meet the housing needs of the target population.

**“Income Benefits”** mean income supports that are not earned income (wages), non-cash benefits (i.e., food stamps/Supplemental Nutrition Assistance Program (SNAP) benefits, etc.), or temporary financial assistance not covered under SNAP benefits (i.e., security deposits, rental assistance, utility or energy assistance). Income supports are financial supports that can be used at the Consumer’s discretion and are not limited to specific uses. Examples include Supplemental Security Income (SSI), Social Security Disability Income (SSDI), Temporary Assistance for Needy Families (TANF) and pensions.

**“Indirect Costs”** is defined within [2 Code of Federal Regulations, Part 200](#).

**“Literally Homeless”** means individuals (without regard to whether the individual is a member of a family) who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who resides in an emergency shelter or a place not meant for human habitation and who is exiting an institution where he or she temporarily resides.

**“Medical Insurance Program”** means the program designed to provide medical insurance

and/or medical co-pay assistance.

**“PATH Enrolled Consumer”** means a person (1) who is homeless or at imminent risk of becoming homeless and has a serious mental illness or may also have co-occurring substance use disorders; (2) who receives services supported in some measure with Federal PATH funds, and (3) for whom a clinical or other formal record has been prepared, indicating formal PATH enrollment.

**“Primary Health Care”** means medical care that is overseen by a licensed medical primary care provider.

**“Respondent”** means an organization that develops and submits an application to this RFA.

**“State Fiscal Year”** means the period beginning on September 1 and ending August 31.

**“Technical Assistance in Applying for Housing Assistance”** means targeted training, guidance, information sharing, and assistance to, or, on behalf of, PATH-enrolled individuals who encounter complex access issues related to housing.

### 1.3 AUTHORITY

The System Agency is requesting applications pursuant to provisions in [Public Health Service Act](#), Title V, Part C, Section 521, as amended, 42 U.S.C 290cc-21 et seq; Stewart B. McKinney Homeless Assistance Amendments Act of 1990, Public Law 101-645. The System Agency has statutory authority to contract for services described in this Solicitation pursuant to [Health and Safety Code Section § 12.051](#) as transferred under [Texas Government Code § 531.005\(k\)](#).

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## **ARTICLE 2. SCOPE OF GRANT AWARD**

### **2.1 PROGRAM BACKGROUND**

PATH was created as part of the Stewart B. McKinney Homeless Assistance Amendments Act of 1990. Since 1991, PATH has funded the 50 states, the District of Columbia, Puerto Rico, and four U.S. Territories (the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands). The goal of the PATH Program is to reduce or eliminate homelessness for individuals with serious mental illnesses or serious mental illness and substance use disorders who experience homelessness or are at imminent risk of becoming homeless. PATH funds are used to provide services that may include Street Outreach, Case Management Services, and Housing Services that may not be supported by mainstream mental health programs.

### **2.2 AVAILABLE FUNDING, GRANT TERM, MATCH, EXPENDITURE APPLICATION AND FINANCIAL ASSESSMENT**

#### **2.2.1 Available Funding**

HHSC intends to issue multiple awards up to approximately \$5,000,000.00 per state fiscal year, which includes approximately 97% federal funding and 3% state funding. Funding may vary and is subject to change based on continued availability of grant funds.

#### **2.2.2 Grant Term**

It is anticipated that the grant funding period for this program will be **September 1, 2019** through **August 31, 2024**.

#### **2.2.3 Match**

Each awarded Grantee shall provide non-state and non-federal match equivalent to 30% of the HHSC award amount (e.g., HHSC Award Amount: \$100k + Grantee Match Requirement: \$30k = Total Program Cost: \$130k). Grantees shall demonstrate use of matching funds/in-kind resources throughout the grant term. Matching funds across all awards are estimated at \$7,500,000.00 for the full grant term.

Matching funds may be provided through local philanthropic, private, city or county funds, pooled or braided funds from partner organizations, donated resources, or in-kind contributions committed specifically for the project. Neither state nor federal funds can be used to satisfy the match requirement. Respondents are not required to certify matching funds as part of the application process, however, state awards must ultimately be matched by the grant recipient through the reporting of matching funds utilized during the grant period. Donated materials, professional services, and volunteer time is to be valued in accordance with Section .24, Subpart C, of Uniform Grant Management Standards (UGMS) and Title 2, Part 200, §200.306 of the Code of Federal Regulations, which includes any amendment/revision to these provisions during the grant term. Awarded

Grantees shall document the use of matching funds on **Form C, Expenditure Application** as follows:

- A. For cash contributions:
  1. Have on file, a letter from the donor to the Respondent demonstrating the donor's intent to meet the Respondent's match; a written resolution or consent from the Respondent's governing board or senior official that the donation obtained by the Respondent will meet the Respondent's match; **or** the donor's notation on a check reflecting the purpose of the donation; **and/or**
  2. Have on file, copies of cancelled donor checks or bank statements showing the transfer of funds by wire or receipt of credit card payments.
- B. For donated or discounted materials or services: Have on file, a donor letter indicating a commitment of resources and their retail or fair market value described on the donor's letterhead.
- C. For donated professional services: Have on file, a donor letter indicating a commitment of resources and their retail or fair market value described on the donor's letterhead.
- D. For volunteer labor: Have on file, a signed letter of commitment from the Respondent's governing board or senior official outlining the number of volunteers, the number of volunteer hours, volunteer activity description, and the rate at which volunteer labor will be valued. Volunteer labor to be provided to a Respondent by individuals will be valued at rates consistent with those ordinarily paid for similar work in the Respondent's organization. If the Respondent does not have employees performing similar work, the rates will be consistent with those ordinarily paid by other employers for similar work in the same labor market.

Grantee's shall readily provide proof of the utilization of Matching funds upon submission of request for reimbursement.

#### **2.2.4 Expenditure Application and Financial Assessment**

All Respondents shall submit the following financial documents with their Solicitation Response:

1. **Form C, Expenditure Application.** Utilizing this form to create the budget, Respondents must:
  - a. Demonstrate project costs are reasonable, allowable, allocable, and developed in accordance with applicable state and federal grant requirements; and
  - b. Identify costs to be requested from HHSC and costs to be matched for the first year of the grant term, September 1, 2019 - August 31, 2020.
2. **Form D, Financial Capacity and Fiscal Controls.** Respondents must include financial statements for the most recently completed fiscal year, and most recently audited financial report from the past two (2) years, including all supplements, management discussions and analysis, actuarial opinions, and other documents as applicable.



3. **Form E, Financial Management and Administrative Questionnaire.** This form includes an assessment designed to determine whether Respondent's financial management system meets federal and state standards for expending and accounting for the funds received under an award.
4. **Form F, HHS Indirect Cost Rate Questionnaire.** This form includes an assessment designed to approve an Indirect Cost Rate, or Federally Approved Cost Allocation Plan for HHS System contracts.

### 2.3 ELIGIBLE RESPONDENTS

Respondents must be established as a legal entity, have the authority to do business in Texas, and must be able to provide, or partner to provide, homeless services, mental health services, and substance abuse services. Entities may be local government entities, public or private non-profit 501(c)(3), or religious-based organizations. In addition, Respondents must meet and comply with the criteria listed below at the time the application is submitted and continue to meet the eligibility conditions throughout the grant term.

1. Respondent must have a physical business address in Texas located within the service area proposed to be served.
2. Respondent must not be ineligible to apply for funds under this RFA due to being currently debarred, suspended, or otherwise excluded or ineligible for participation in Federal or State assistance programs. As part of the pre-compliance check for responsiveness to this RFA, HHSC will perform a check for debarment/suspension through the Federal System for Award Management (SAM) and the Comptroller of Public Accounts (CPA). In compliance with CPA's rules, HHSC's verification of eligibility will also conduct a name search of all Grantees during the contract award phase using the websites listed in this section. A Respondent will be considered ineligible to contract with HHSC, regardless of the funding source, if a name match is found on any of the following lists:
  - a. [CPA's list of Vendors Debarred from doing business with the State of Texas](#);
  - b. CPA) Franchise Tax Check (for status of good standing);
  - c. [CPA's Divestment Statute Lists](#)
    - i. list of companies that boycott Israel;
    - ii. CPA's list of Scrutinized Companies with Ties to Sudan;
    - iii. CPA's list of Scrutinized Companies with Ties to Iran;
    - iv. CPA's list of Designated Foreign Terrorist Organization, and
    - v. CPA's list of Scrutinized Companies with Ties to Foreign Terrorist Organizations.
  - d. [The System of Award Management \(SAM\) for parties excluded from receiving federal contracts, certain subcontracts and from certain types of federal financial and non-financial assistance and benefits](#); and
  - e. [The Office of the Inspector General \(OIG\) List of Excluded Individuals/Entities](#).

## 2.4 SCOPE AND PROGRAM REQUIREMENTS

To meet the mission and objectives of the PATH program, Grantees shall:

- A. Administer the PATH program to provide allowable services to eligible persons who are homeless, or at imminent risk of becoming homeless, and who have serious mental illnesses or may also have co-occurring substance use disorders. Grantee shall serve as the front door to homeless services funded through the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) program and as a bridge to mainstream mental health services, primary health care, and substance abuse service systems. This would include collaborating with the HUD Continuum of Care program and with other local community organizations to provide housing, mental health treatment, substance use disorder treatment, employment services, and shelter services. Information on HUD's CoC program is available at <https://www.hudexchange.info/programs/coc/>.
- B. Provide Outreach services to contact and engage people not currently connected to mainstream mental health services, primary health care, and substance abuse service systems. Grantee shall utilize strategies aimed at engaging persons into the needed array of services, including identification of persons in need, screening, development of rapport, offering support while assisting with immediate and basic needs, and referral to appropriate resources. Grantee shall provide a bridge to behavioral health services such as Assertive Community Treatment, housing, alcohol or drug treatment services, and primary health care as clinically appropriate.
- C. Meet the SAMHSA goal for PATH programs, which is to reduce or eliminate homelessness for individuals with serious mental illnesses or co-occurring substance use disorders who are homeless or at imminent risk of becoming homeless.
- D. Target adults or families with children who are literally homeless, or at imminent risk of homelessness. Grantee shall focus on the following priorities:
  1. Outreach services that include face-to-face interactions with homeless people on the streets, shelters, under bridges, and in other non-traditional settings;
  2. Case management; and
  3. Other services, which may not be supported by mainstream mental health programs (e.g., housing services included in [42 U.S. Code § 290cc-22\(b\)](#) (10)).
- E. Provide PATH services according to Grantee's approved PATH Intended Use Plan (Form B).
- F. Provide PATH services independently of other ongoing mental health treatment services, and not use PATH services as a substitute or replacement for ongoing mental health treatment services.
- G. Provide, or partner to provide, any subset of PATH services outlined and defined as follows:

1. Outreach services - The process of bringing Consumers into service that do not access traditional services. Effective Outreach utilizes strategies aimed at engaging Consumers into the needed array of services, including identification of Consumers in need, screening, development of rapport, offering support while assisting with immediate and basic needs, and referral to appropriate resources. Outreach results in increased access to and utilization of community services by Consumers who are homeless and have mental illnesses/co-occurring disorders.
  - a. Active Outreach is defined as face-to-face interaction with literally homeless people in streets, shelters, under bridges, and in other non-traditional settings. In active Outreach, workers seek out homeless individuals.
  - b. Outreach may include methods such as distribution of flyers and other written information, public service announcements, and other indirect methods. This type of Outreach is allowable but must be offered in conjunction with active Outreach activities.
  - c. Outreach may also include passive Outreach, also called “in-reach”, defined as when Outreach staff is placed in a service site frequented by homeless people, such as a shelter or community resource center, and direct, face to face interactions occur at that site. In passive Outreach, homeless individuals seek out Outreach workers. Passive Outreach is allowable but may not occur unless the PATH provider is also conducting active Outreach activities.
2. Screening and diagnostic treatment services - A continuum of assessment services that ranges from brief eligibility screening to comprehensive clinical assessment
3. Habilitation and Rehabilitation Services - Community-based treatment and education services designed to promote maximum functioning, a sense of well-being, and a personally satisfying level of independence for individuals who are homeless and have mental illnesses and/or co-occurring disorders.
4. Community Mental Health Services - Community-based supports designed to stabilize and provide ongoing supports and services for Consumers with mental illnesses and/or co-occurring disorders or dual diagnoses. This general category does not include case management, Alcohol or Drug Treatment and/or Habilitation and Rehabilitation, since they are defined separately in this document. This category can include Mental Health Crisis Services which is defined separately in this document.
5. Alcohol or Drug Treatment Services - Preventive, diagnostic, and other outpatient treatment services as well as support for Consumers who have a psychological or physical dependence on one or more addictive substances, and a co-occurring mental illness.
6. Staff training - Materials, packages or programs designed to increase the knowledge or skills of individuals who work in shelters, mental health clinics, and substance abuse programs and other sites regarding the needs of the target population, job related responsibilities and service delivery strategies to promote effective services and best practices. Staff training also includes annual training referenced in the **Section 2.4 K**.
7. Case Management Services - Services that develop case plans for delivering community services to PATH eligible Consumers. The case plans should be developed in partnership with Consumers who receive PATH services to coordinate

the assessment, treatment, housing and/or care of Consumers, tailored to Consumer needs and preferences. Case Managers assist the Consumer in accessing needed services, coordinate the delivery of services in accordance with the case plan, and follow-up and monitor progress. Activities may include financial planning, access to entitlement assistance, representative payee services, etc. Case Management Services include:

- a. preparing a plan for the provision of Community Mental Health Services to the eligible homeless Consumer involved, and reviewing such plan not less than once every three months;
  - b. providing assistance in obtaining and coordinating social and maintenance services for the eligible homeless Consumers, including services relating to daily living activities, personal financial planning, transportation services, and Habilitation and Rehabilitation Services, pre-vocation and vocational services, and housing;
  - c. providing assistance to the eligible homeless Consumers in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
  - d. referring the eligible homeless Consumer for such other services as may be appropriate; and
  - e. providing representative payee services in accordance with [Section 1631\(a\)\(2\) of the Social Security Act](#) if the eligible homeless Consumer is receiving aid under Title XVI of such act and if the Respondent is designated by the Secretary of the US Department of Health and Human Services, to provide such services.
8. Supportive and supervisory services in residential settings - Services provided in residential settings that are designed to support individuals during their transition into mainstream services.
  9. Referrals for primary health services, job training, educational services, and relevant housing services - Services intended to link persons to primary health care, job training, income supports, education, housing, and other needed services not directly provided by the PATH program or individual PATH providers.
  10. Housing Services (payments for these services shall not exceed 20 percent of total payments disbursed) as specified in [42 U.S. Code § 290cc-22\(g\)\(1\)](#) - Specialized services designed to increase access to and maintenance of stable housing for PATH-enrolled individuals who have significant or unusual barriers to housing. These services are distinct from and not part of PATH-funded case management, supportive and supervisory services in residential settings, or housing assistance referral activities. Housing services as specified in Section 522 (b) (10) of the Public Health Service Act include:
    - a. Minor Renovation: Services or resources provided to make essential repairs to a housing unit in order to provide or improve access to the unit and/or eliminate health or safety hazards.
    - b. Planning of Housing: Activities related to the analysis and formulation of a detailed set of action steps, timelines, and resources necessary to create or expand housing for the target population.

- c. Technical Assistance in Applying for Housing Services: Targeted training, guidance, information sharing, and assistance to, or on behalf of, PATH-enrolled individuals who encounter complex access issues related to housing.
  - d. Improving the Coordination of Housing Services: The process of systematically analyzing interagency interactions among housing service providers, developing relevant information, and informing appropriate authorities of viable alternatives for selection of the most effective combination of available resources to best meet the residential needs of the target population.
  - e. Security Deposits. Provision of funds for PATH-enrolled Consumers who are in the process of acquiring rental housing but who do not have the assets to pay the first and last month's rent or other security deposits required to move in.
  - f. Costs Associated with Matching Eligible Homeless Consumers with Appropriate Housing Situations. Expenditures made on behalf of PATH-enrolled Consumers to meet the costs, other than security deposits and one-time rental payments, of establishing a household. These may include items such as rental application fees, furniture and furnishings, and moving expenses. These may also include reasonable expenditures to satisfy outstanding Consumer debts identified in rental application credit checks that otherwise preclude successfully securing immediately available housing.
  - g. One-Time Rental Payments to Prevent Eviction. One-time rental payments are made for PATH-enrolled Consumers who cannot afford to make the payments themselves, who are at risk of eviction without assistance, and who qualify for these services on the basis of income or need.
- H. Provide PATH services as follows:
- 1. Grantee shall provide PATH services in cooperation with the public health and emergency behavioral health response systems;
  - 2. Grantee's PATH teams shall, when necessary, perform functions related to crisis services and jail diversion; and
  - 3. Grantee shall make PATH homeless services available to individuals who are literally homeless or at imminent risk of homelessness and have serious mental illness or co-occurring substance use disorder.
- I. Develop and/or maintain policies or procedures that specifically relate to Grantee's provision of PATH services, including:
- 1. A PATH Program-specific policy and procedure manual, or PATH Program-specific policies and procedures included in Grantee's agency-wide manual;
  - 2. An internal policy or procedure for reporting the occurrence of any PATH-related events that endanger the health or safety of either the individual served or staff who provided the services; and
  - 3. A quality assurance process for the PATH program.
- J. Ensure PATH service teams consist of professional and paraprofessional staff or persons with experience working with persons who are homeless and have serious mental illnesses or co-occurring substance use disorder (i.e., at minimum, meets the definition of a qualified mental health professional-community services as defined in [25 Tex. Administrative Code, Part 1, Chapter 412, Subchapter G](#)).

1. Professional staff must have demonstrated competency in the identification and treatment of persons with serious mental illness or persons with co-occurring substance use disorders, and in the provision of mental health crisis services; and
  2. Paraprofessional staff must have demonstrated experience in working with persons who are homeless and have a serious mental illness or co-occurring substance use disorder.
- K. Train all PATH staff responsible for clinical practices annually:
1. Stages of change;
  2. Motivational interviewing;
  3. Cultural competence;
  4. Co-occurring substance use disorders;
  5. The nature of mental illness, the importance and process of recovery;
  6. The most current Utilization Management and Assessment tools used by Local Mental Health Authorities (LMHAs), and Local Behavioral Health Authorities (LBHAs) which can be accessed at: <https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/utilization-management-guidelines-manual>; and
  7. PATH program goals, purpose, and activities.
- L. Document that all non-licensed staff providing PATH services are supervised by Licensed Practitioners of the Healing Arts (LPHA) as defined in [25 Tex. Admin. Code §412.327](#) (i.e., a physician; a licensed professional counselor; licensed clinical social worker; a psychologist; an advanced practice nurse recognized by the Board of Nurse Examiners for the State of Texas as a clinical nurse specialist in psych/mental health or nurse practitioner in psych/mental health; or a licensed marriage and family therapist).
- M. Use a local system or Clinical Management for Behavioral Health Services (CMBHS) to document all services, including screenings, assessments, engagement activity, case management, and linkage to other community services, behavioral health services, and primary health care services. The screens in CMBHS available for PATH use are:
1. Open Case/Close Case;
  2. Case Management Assessment;
  3. Service Plan/Service Plan Review;
  4. Progress Note;
  5. Psychoeducational Note;
  6. Administrative Note;
  7. Measures;
  8. Client Profile;
  9. Referral/Referral Follow-Up;
  10. Referral List;
  11. Consent Release Request List;

12. Reassign Case Manager;
  13. Services Offered;
  14. Consent/Revoke Consent; and
  15. Client Profile.
- N. Report key performance measures described in **Section 2.5**, on a state fiscal year quarterly basis via CMBHS.
- O. Conduct an assessment, for each individual deemed ready for transition to ongoing mental health treatment, utilizing the approved uniform assessment tool that will be provided by the System Agency.
- P. Create written documentation of Case Management Services provided in a local system or CMBHS using the following screens: Open Case/Close Case, Service Plan/Service Plan Review, and Progress Note Case Management Type.
- Q. Create written documentation that justifies providing ongoing PATH services beyond 180 calendar days from first contact with the person receiving services. Justification may include, but is not limited to:
1. An individual's placement on a waiting list for services; or
  2. An individual's unwillingness to make the transition from PATH services to mainstream mental health services.
- R. Submit an annual report to SAMHSA via the PATH Data Exchange on the timeline and in the format established by SAMHSA. Timelines and formats are set by SAMHSA and may vary annually.
- S. Plan and develop activities that will allow the PATH Grantee to collect and report homeless services data in the HUD-compliant Homeless Management Information Systems (HMIS).
- T. Participate in planning, training, and staff development activities intended to expand access to continuing services, such as Social Security Insurance/Social Security Disability Insurance (SSI/SSDI) Outreach, Access and Recovery (SOAR).
- U. Provide PATH services in a manner that supports current performance requirements under the Government Performance and Results Act (GPRA) for PATH. Information on this Act can be found at: <https://obamawhitehouse.archives.gov/omb/mgmt-gpra/gplaw2m>. The performance requirements under the GPRA include the following goals:
1. Increase the number of homeless individuals contacted;
  2. Increase the percentage of contacts enrolled in PATH services;
  3. Increase the percentage of persons enrolled in PATH services receiving mental health services; and
  4. Maintain the average Federal cost of enrolling a homeless person with serious mental illness in services.

- V. Ensure the PATH program provides eligible services to persons who are homeless, or at imminent risk of becoming homeless, and who have serious mental illnesses or may also have co-occurring substance use disorders. PATH allowable funded services are to serve as the front door to homeless services funded through the HUD Continuum of Care and as a bridge to mainstream mental health services, primary health care, and substance abuse service systems.
- W. Ensure PATH funds are used to provide Outreach services, which are then reported and tracked via HMIS. Outreach services are designed to contact and engage people not currently connected to mainstream mental health services, primary health care, and substance abuse service systems. PATH Grantee shall utilize strategies aimed at engaging persons into services, including identification of persons in need, screening, development of rapport, offering support while assisting with immediate and basic needs, and referral to appropriate resources. PATH Grantee shall provide a bridge to behavioral health services such as Assertive Community Treatment, housing, substance abuse service systems, and primary health care as clinically appropriate.
- X. Ensure PATH programs reflect the SAMHSA goal for PATH programs (See **Section 1.1**):
  - 1. Reduce or eliminate homelessness for individuals with serious mental illnesses; or
  - 2. Co-occurring substance use disorders who experience homelessness or are at imminent risk of becoming homeless.
- Y. Ensure PATH-funded services target adults or families with children who are literally homeless, or at imminent risk of homelessness. PATH-funded services must include a priority focus on:
  - 1. Outreach services that include face-to-face interactions with homeless people on the streets, shelters, under bridges, and in other non-traditional settings;
  - 2. Case management; and
  - 3. Other services, which may not be supported by mainstream mental health programs (e.g., housing services included in the Public Health Service Act).

## 2.5 DELIVERABLES AND PERFORMANCE MEASURES

HHSC will monitor the performance of contracts awarded under this RFA. Performance will be measured against the annual performance targets listed below, which are included in the Application using **Exhibit G, Performance Measures**.

- A. Grantee shall provide projections for the following key performance measures:
  - 1. Number of persons who are homeless and have serious mental illness or serious mental illness and substance use disorders served under this grant by all funding sources (Federal, State and local match, and other funding sources);
  - 2. Number of persons served by Federal PATH funds – Outreach;
  - 3. Number of Outreach contacts who enrolled during the year as PATH Clients;



4. Percentage of total enrolled PATH Clients who receive Community Mental Health Services (percentage must be 37 percent or greater);
  5. Percentage of eligible persons contacted who are enrolled (percentage must be 44 percent or greater), and
  6. Cost-Per-Enrolled (CPE). Cost of service to enroll homeless persons with serious mental illness or serious mental illness and substance use disorders in services. The CPE must not to exceed \$1200. (Federal dollars received x 97 percent divided by number of Outreach contacts enrolled = CPE).
- B. At least every 90 calendar days, Grantee shall document in a local system or CMBHS that PATH services were provided to enrolled PATH Clients.
- C. Grantee shall submit to System Agency the following reports as specified:
1. Policy and Procedure Report
    - a. No later than October 16, 2019, Grantee shall send by email to System Agency the PATH policy and procedure or the agency-specific policy and procedure to verify Grantee has developed and maintains a procedure for the following:
      - i. Reporting the occurrence of any PATH-related events that endanger the health or safety of either the individual served or staff providing services;
      - ii. A quality assurance process for the PATH program and Staff Training.
    - b. Grantee shall submit policy and procedure information upon request by System Agency.
  2. Training Report
    - a. No later than October 16, 2019, Grantee shall send by email to System Agency documentation of training that covers the areas specified in **Section 2.4 K**.
    - b. Grantee shall submit documentation of training as requested by System Agency.
    - c. Documentation shall include:
      - i. Names of PATH staff responsible for clinical practice and other PATH services training activities;
      - ii. Staff participating in training within the past twelve months; and
      - iii. Name, title, and credentials of the trainer.
  3. Supervision Report
    - a. No later than October 16, 2019, Grantee shall send by email to System Agency documentation that non-licensed PATH staff responsible for clinical practices are supervised by a Licensed Professional of the Health Arts (LPHA) as defined in [25 Texas Administrative Code §412.327](#)
    - b. Grantee shall submit documentation of supervision as requested by System Agency.
    - c. Documentation shall include:

- i. Name of LPHA and license; and
  - ii. Name of non-licensed PATH staff supervised.
4. SAMHSA Annual Report  
According to the submission timeline established by SAMHSA, Grantee shall submit to SAMHSA an annual report which contains the data elements found on the PATH Data Exchange website ([www.pathpdx.org](http://www.pathpdx.org)) for all PATH services delivered from September 1, 2019 through August 31, 2020.
5. State Fiscal Quarter Data Elements Report  
No later than the 20th day following the end of each state fiscal quarter, Grantee shall report to System Agency, via CMBHS, key performance measures described in **Section 2.5**.
6. HMIS Status Update
  - a. No later than the 20th day following the end of state fiscal Quarter 2 and Quarter 4, if not currently using HMIS, Grantee shall send by email to System Agency a HUD HMIS status update to include the following information:
    - i. Planning and development activities conducted;
    - ii. Outcome of budgeting, planning and development activities conducted; and
    - iii. Local resources, staff, continuum of care, or organizations involved in planning and development activities.
  - b. Grantee shall submit additional HMIS status update as requested by System Agency.

## **2.6 REIMBURSEMENT FOR ALLOWABLE USE OF FUNDS**

Reimbursement will only be made for allowable expenses that occur within the term of the grant. HHSC will issue payments for allowable, reasonable and allocable costs on a monthly basis, using a cost reimbursement methodology. Total expenditures (i.e., state and federal share, plus matching funds/in-kind resources used) must be reflected on monthly invoices in order to receive reimbursement. Awarded Grantees will be expected to demonstrate use of matching funds/in-kind resources throughout the grant term.

Funds may be used for personnel, fringe benefits, staff travel, contractual services, equipment, supplies, and other direct/indirect costs, as allowed in the Respondent's HHSC-approved budget.

## **2.7 PROHIBITIONS**

Grant funds shall not be used to support the following services, activities, and costs:

- A. Supplanting of local, state, or federal funds;

- B. Inherently religious activities such as prayer, worship, religious instruction, or proselytization;
- C. Lobbying;
- D. Any portion of the salary of, or any other compensation for, an elected or appointed government official;
- E. Vehicles or equipment for government agencies that are for general agency use and/or do not have a clear nexus to terrorism prevention, interdiction, and disruption (i.e. mobile data terminals, body cameras, in-car video systems, or radar units, etc. for officers assigned to routine patrol);
- F. Weapons, ammunition, tracked armored vehicles, weaponized vehicles or explosives (exceptions may be granted when explosives are used for bomb squad training);
- G. Admission fees or tickets to any amusement park, recreational activity or sporting event;
- H. Promotional gifts;
- I. Food, meals, beverages, or other refreshments, except for eligible per diem associated with grant-related travel, where pre-approved for working events, or where food, beverages, or other refreshments have a justifiable and reasonable programmatic purpose (e.g., Client meals as part of Outreach services);
- J. Membership dues for individuals;
- K. Any expense or service that is readily available at no cost to the grant project;
- L. Any use of grant funds to replace (supplant) funds that have been budgeted for the same purpose through non-grant sources;
- M. Fundraising;
- N. Statewide projects;
- O. Any other prohibition imposed by federal, state, or local law; and
- P. The acquisition or construction of facilities.

## 2.8 STANDARDS

Grantees must comply with the requirements applicable to the funding source cited in the [\*Uniform Administrative Requirements, Cost Principles, and Audit Requirements\*](#) for Federal Awards (2 Code of Federal Regulations (CFR) 200); the [\*Uniform Grant Management Standards\*](#) (UGMS), and all statutes, requirements, and guidelines applicable to this funding.

Grantees are required to conduct Project activities in accordance with federal and state laws prohibiting discrimination. Guidance for adhering to non-discrimination requirements can be found on the HHSC Civil Rights Office website at: <https://hhs.texas.gov/about-hhs/your-rights/civil-rights-office>.

Upon request, a Grantee must provide the HHSC Civil Rights Office with copies of all the Grantee's civil rights policies and procedures. Grantees must notify HHSC's Civil Rights Office of any civil rights complaints received relating to performance under the contract no more than 10 calendar days after receipt of the complaint. Notice must be directed to:

HHSC Civil Rights Office

701 W. 51st Street, Mail Code W206  
Austin, TX 78751  
Phone Toll Free (888) 388-6332  
Phone: (512) 438-4313  
TTY Toll Free (877) 432-7232  
Fax: (512) 438-5885

A Grantee must ensure that its policies do not have the effect of excluding or limiting the participation of persons in the Grantee's programs, benefits or activities on the basis of national origin, and must take reasonable steps to provide services and information, both orally and in writing, in appropriate languages other than English, in order to ensure that persons with limited English proficiency are effectively informed and can have meaningful access to programs, benefits, and activities.

Grantees must comply with Executive Order 13279, and its implementing regulations at [45 CFR Part 87](#) or [7 CFR Part 16](#), which provide that any organization that participates in programs funded by direct financial assistance from the U.S. Dept. of Agriculture or U.S. Dept. of Health and Human Services must not, in providing services, discriminate against a program beneficiary or prospective program beneficiary on the basis of religion or religious belief.

## 2.9 DATA USE AGREEMENT

In order to receive funds under a contract resulting from this RFA, Respondent agrees to be bound by the terms of the Data Use Agreement (DUA) attached as **Exhibit C** and must complete **Exhibit C-1, Texas HHS System – DUA, Security and Privacy Inquiry**. If Respondent is a Governmental Entity and has negotiated a specific version of the Data Use Agreement with HHSC, then the negotiated version of the Data Use Agreement will be used in the Grant Agreement.

## 2.10 NO GUARANTEE OF VOLUME, USAGE OR COMPENSATION

The System Agency reserves the right to cancel, make partial award, or decline to award a Grant under this Solicitation at any time at its sole discretion. There should be no expectation of additional or continued funding on the part of the Grant Recipient. Any additional funding or future funding may require submission of an application through a subsequent RFA.

## ARTICLE 3. ADMINISTRATIVE INFORMATION

### 3.1 SCHEDULE OF EVENTS

EVENT	DATE/TIME
Solicitation Release Date	Friday, June 21, 2019
Deadline for Submitting Questions	Monday, July 8, 2019 by 3:00 pm
Answers to Questions Posted	Friday, July 12, 2019
Deadline for submission of Solicitation Responses [NOTE: Responses must be RECEIVED by HHSC by the date and time reflected.]	Tuesday, July 23, 2019 @ 2:00 p.m.
Anticipated Contract Start Date*	Sunday, September 1, 2019

**Note\*:** PATH Grantees provide services seven (7) days a week, and to avoid a disruption of services, a September 1<sup>st</sup> start date is imperative. Clients who receive such services feel the greatest impact when there is a disruption of services due to a lack of funding from providers who serve the homeless population.

**Note:** These dates are a tentative schedule of events. The System Agency reserves the right to modify these dates at any time upon notice posted to the ESD, the [HHSC Grants website](#), and a link to eGrants. Any dates listed after the Solicitation Response deadline will occur at the discretion of the System Agency and may occur earlier or later than scheduled without notification on the HHSC Grants website.

### 3.2 CHANGES, AMENDMENT OR MODIFICATION TO SOLICITATION

The System Agency reserves the right to change, amend or modify any provision of this Solicitation, or to withdraw this Solicitation, at any time prior to award, if it is in the best interest of the System Agency and will post such on the [HHSC Grants website](#). It is the responsibility of Respondent to periodically check the HHSC Grants website to ensure full compliance with the requirements of this Solicitation.

### 3.3 IRREGULARITIES

Any irregularities or lack of clarity in this Solicitation should be brought to the attention of the Point of Contact listed in **Section 3.4.1** as soon as possible so corrective addenda may be furnished to prospective Respondents.

### 3.4 INQUIRIES

#### 3.4.1 Point of Contact

All requests, questions or other communication about this Solicitation shall be made in writing to the System Agency's Point of Contact addressed to the person listed below. All communications between Respondents and other System Agency staff members

concerning the Solicitation are strictly prohibited, unless noted elsewhere in this RFA. **Failure to comply with these requirements may result in disqualification of Respondent's Solicitation Response.**

Name: Mrs. Colette Norman, CTCD, CTCM  
Title: Interim Manager, Complex Team  
Address: 1100 West 49<sup>th</sup> Street, Austin, TX 78756  
Phone: 512-406-2543  
Email: denise.bunton@hhsc.state.tx.us

### **3.4.2 Prohibited Communications**

All communications between Respondents and other System Agency staff members concerning the Solicitation may not be relied upon and Respondents should send all questions or other communications to the Point of Contact listed in **Section 3.4.1** above. This restriction does not preclude discussions between affected parties for the purposes of conducting business unrelated to this Solicitation. **Failure to comply with these requirements may result in disqualification of Respondent's Solicitation Response.**

### **3.4.3 Questions**

The System Agency will allow written questions and requests for clarification regarding this Solicitation. Questions must be submitted in writing and sent by U.S. first class mail or email to the Point of Contact listed in **Section 3.4.1** above. Respondents' names will be removed from questions in any responses released. Questions shall be submitted in the following format. Submissions that deviate from this format may not be accepted:

- A. Identifying Solicitation number
- B. Section Number
- C. Paragraph Number
- D. Page Number
- E. Text of passage being questioned
- F. Question

**Note: Questions or other written requests for clarification must be received by the Point of Contact by the deadline set forth in Section 3.1 above. Please provide entity name, address, phone number; fax number, e-mail address, and name of contact person when submitting questions.**

### **3.4.4 Clarification Request made by Respondent**

Respondents must notify the Point of Contact of any ambiguity, conflict, discrepancy, exclusionary specifications, omission or other error in the Solicitation in the manner and by the deadline for submitting questions.

### 3.5 RESPONSES

Responses to questions or other written requests for clarification will be posted on the HHSC website. The System Agency reserves the right to amend answers prior to the deadline of Solicitation Responses. Amended answers may be posted on the HHSC website. It is Respondent's responsibility to check the HHSC website or contact the Point of Contact listed in **Section 3.4.1** above for updated responses.

### 3.6 SOLICITATION RESPONSE COMPOSITION

In developing applications in response to this RFA, Respondents must complete attached **Forms A through F** to address the following:

- A. Respondent information to supply general entity information;
- B. Intended Use Plan to describe proposed services, processes, and methodologies for meeting all measures outlined in **Section 5.1.2**; and
- C. PATH Expenditure Application and Financial Assessment to:
  1. Describe program costs/match;
  2. Determine whether Respondent has the financial viability to operate a PATH program as outlined in **Section 2.3**; and
  3. Negotiate/Approve a rate associated with indirect costs.

All Applications must:

- A. Be clearly legible;
- B. Be sequentially page-numbered and include Respondent's name at the top of each page;
- C. Be organized in the sequence outlined in **Article 9 - Submission Checklist**;
- D. Be set to Arial or Times New Roman font, size 12 or larger for normal text, no less than size 10 for tables, graphs, and appendices;
- E. Use blank forms provided in the Attachments (electronic reproduction of the forms is acceptable; however, all forms must be identical to the original form(s) provided); do not change the font used on forms provided;
- F. Correctly identify the RFA number and submittal deadline;
- G. Be responsive to all RFA requirements; and
- H. Be signed by an authorized official in each place a signature is required (copies must be signed but need not bear an original signature).

#### 3.6.1 Submission in Separate Sections

In developing Applications in response to this RFA, Respondents must complete attached Forms A through F, and separate paper documents (i.e., the original and all hard copies) by parts. Electronic submissions must be separated by electronic medium used for submission (i.e. flash drive).

The entire Solicitation Response – all separated paper documents and electronic copies – must then be submitted in one package to HHSC at the address listed in **Section 3.4.1**. The

number of copies and directions for submitting an "Original" and "Copies" are outlined in **Article 9**.

**Any exceptions to the requirements, terms, conditions, or certifications in the RFA or attachments, addenda, or revisions to the RFA or General Provisions, sought by the Respondent must be specifically detailed in writing by the Respondent on Exhibit D: Exception Form. HHSC may, at its sole discretion, accept or reject each proposed exception. HHSC will not consider exceptions submitted separately from the application nor accept exceptions at a later date.**

**3.7 SOLICITATION RESPONSE SUBMISSION AND DELIVERY**

**3.7.1 Deadline**

Solicitation Responses must be received at the address in **Section 3.4.1** time-stamped by the System Agency no later than the date and time specified in **Section 3.1**.

**3.7.2 Labeling**

Solicitation Responses shall be placed in a sealed box and clearly labeled as follows:

<u>SOLICITATION NO.:</u>	HHS0002315
<u>SOLICITATION NAME:</u>	Project for Assistance in Transition from Homelessness (PATH)
<u>RESPONSE DEADLINE:</u>	July 23, 2019 at 2:00 p.m.
<u>PURCHASER:</u>	Mrs. Colette Norman, CTCD, CTCM
<u>RESPONDENT'S NAME:</u>	_____

The System Agency will not be held responsible for any Solicitation Response that is mishandled prior to receipt by the System Agency. It is Respondent's responsibility to mark appropriately and deliver the Solicitation Response to the System Agency by the specified date and time.

**3.7.3 Delivery**

Respondent must deliver Solicitation Responses by one of the methods below to the address noted. Solicitation Responses submitted by any other method (e.g. facsimile, telephone, email) will NOT be considered.

To be delivered by U.S. Postal Service, overnight or express mail, or hand delivery to:

Health and Human Services Commission  
 Procurement and Contracting Services (PCS)  
 Bid Room  
 Attn: Mrs. Colette Norman, CTCD, CTCM  
 1100 W. 49<sup>th</sup> Street, MC 2020  
 Austin, Texas 78756



**Note: All Solicitation Responses become the property of HHSC after submission and will not be returned to Respondent.**

### **3.7.4 Alterations, Modifications, and Withdrawals**

Prior to the Solicitation submission deadline, a Respondent may:

- (1) withdraw its Solicitation Response by submitting a written request to the Point of Contact identified in **Section 3.4.1**; or
- (2) modify its Solicitation Response by submitting a written amendment to the Point of Contact identified in **Section 3.4.1**.

Any communication, whether alteration, modification, or withdrawal should be delivered in the same manner specified above in **Section 3.7.3**.

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## **ARTICLE 4. SOLICITATION RESPONSE EVALUATION AND AWARD PROCESS**

### **4.1 ELIGIBILITY SCREENING**

Applications will be reviewed for minimum qualifications and completeness. All complete applications meeting the minimum qualifications will move to the Evaluation stage. Minimum qualifications for eligibility are:

- A. Application is received by published deadline;
- B. Application is complete and includes required attachments;
- C. Application is signed by Authorized Representative; and.
- D. Respondent is eligible per the criteria listed in **Section 2.3 Eligible Respondents**.

The System Agency expressly reserves the right to review and analyze the documentation submitted by the applicant to complete for the contract award.

### **4.2 EVALUATION**

Applications will be evaluated and scored in accordance with the factors required by project criteria listed in this RFA. Respondents will develop their own unique set of targets based on amount of funding provided and must be able to meet a 30% match and other factors deemed relevant by HHSC.

#### **4.2.1 Specific Selection Criteria**

Grant applications shall be evaluated based upon:

- A. Demonstrated need (Project Work Plan/Form B – Intended Use Plan) 60%;
- B. Demonstrated ability (Performance Measures) 20%; and
- C. Cost effectiveness (Expenditure Application) 20%.

### **4.3 NEGOTIATION AND AWARD**

The specific dollar amount awarded to each successful Respondent will depend upon the merit and scope of the Application, the recommendation of the Selection Committee, and the decision of the Executive Commissioner or designee. Not all Respondents who are deemed eligible to receive funds are assured of receiving an award.

The negotiation phase will involve direct contact between the successful Respondent and HHSC representatives via phone and/or email. During negotiations, successful Respondent may expect:

- A. An in-depth discussion of the Application; and
- B. Requests from HHSC for clarification or additional detail regarding the Application.

The final funding amount and the provisions of the contract will be determined at the sole discretion of HHSC staff.

HHSC may announce tentative or apparent grant recipients once the Executive Commissioner or designee has given approval to initiate negotiation and execute contracts.

HHSC will post to the HHSC website and/or may publicly announce a list of Respondents whose Applications are selected for final award. This posting does not constitute HHSC's agreement with all the terms of any Respondent's Application and does not bind HHSC to enter into a contract with any Respondent whose award is posted.

#### **4.4 QUESTIONS OR REQUESTS FOR CLARIFICATION BY THE SYSTEM AGENCY**

The System Agency reserves the right to ask questions or request clarification from any Respondent at any time during the application process. Questions or requests for clarification are designed to pose clarifying questions, and to resolve conflicting information, apparent ambiguities, or minor clerical errors within the Application.

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## ARTICLE 5. NARRATIVE APPLICATION

### 5.1 NARRATIVE APPLICATION

#### 5.1.1 Project Work Plan- Intended Use Plan

All proposed services, processes, and methodologies for meeting all components described in Article 2, including the approach to meeting the time-line and milestones are identified in **Form B - Intended Use Plan (IUP)**. Each Respondent submits an IUP describing how each of these components will be met.

Utilizing the **Form B** attached to this RFA, Respondents will describe the proposed services, processes, and methodologies for meeting all components described in **Article 2**, including the Respondent's approach to meeting the timeline and associated milestones. Respondent should identify all tasks to be performed, including all project activities, to take place during the grant funding period. Respondent will also include all documents requested as part of completing Forms to demonstrate fulfilling **Article 2** requirements.

#### 5.1.2 Performance Measures

Utilizing the **Exhibit G** attached to this RFA, each Respondent will choose and describe their proposed performance measures. In the event a contract is awarded, Respondent agrees that performance measures will be used to assess, in part, the Respondent's effectiveness in providing the services described. The table below is a representation of the Performance Measures in **Exhibit G**.

Activity	Sept- Nov	Dec-Feb	Mar- May	Jun-Aug	Annual Total
Projected number of adult persons who are homeless and have a serious mental illness served by Federal and matching PATH funds and other sources.					
Projected number of adult persons served by Federal PATH funds for Outreach.					
Projected number of adult Outreach contacts who became enrolled during the year as PATH Clients.					
Projected number of adult Outreach contacts who do not become enrolled because they have been found to be ineligible.					
Projected number of adult persons receiving any Federal PATH supported services during the year.					
Projected number of adult persons who will be enrolled in Community Mental Health Services.					
Projected number of adult persons with a co-occurring substance use disorder.					

The number of staff persons supported by federal PATH funds and matching funds					
Projected Cost-Per-Enrolled. Projected cost of services to enroll homeless persons with serious mental illness or serious mental illness and substance use disorders in services. <b>Not to exceed \$1200 CPE.</b> (Federal \$ received x 97%, divided by the number of Outreach contacts enrolled = CPE)					

Instructions and examples below: If the program serves the same number of individuals on a consistent basis, break this number down to four equal parts. For example, if 100 individuals are served during the contract year.

Activity -Contacts Not Enrolled	Sept-Nov	Dec-Feb	Mar-May	Jun-Aug	Annual Total
Projected number of Outreach contacts NOT enrolled during the year	25	25	25	25	100

If the bulk of services are provided during particular periods of the year, break the projected numbers down. For example, if 100 individuals participate in programs during the contract year.

Activity – Contacts Enrolled	Sept-Nov	Dec-Feb	Mar-May	Jun-Aug	Annual Total
Projected number of Outreach contacts NOT enrolled during the year	40	10	10	40	100

## **ARTICLE 6.      REQUIRED RESPONDENT INFORMATION**

### **6.1 LITIGATION AND CONTRACT HISTORY**

Respondent must include in its Solicitation Response a complete disclosure of any alleged or significant contractual failures. In addition, Respondent must disclose any civil or criminal litigation or investigation pending over the last five (5) years that involves Respondent or in which Respondent has been judged guilty or liable. Failure to comply with the terms of this provision may disqualify Respondent. Solicitation Responses may be rejected based upon Respondent's prior performance history with the State of Texas, or demonstrated substandard history related to any other elements described in [Texas Government Code § 2156.007](#).

### **6.2 CONFLICTS**

Respondent must certify that it does not have any personal or business interests that present a conflict of interest with respect to the RFA and any resulting contract. Additionally, if applicable, the Respondent must disclose all potential conflicts of interest. The Respondent must describe the measures it will take to ensure that there will be no actual conflict of interest and that its fairness, independence and objectivity will be maintained. The System Agency will determine to what extent, if any, a potential conflict of interest can be mitigated and managed during the term of the contract. Failure to identify actual and potential conflicts of interest may result in disqualification of a Solicitation Response or termination of a contract.

Please include any activities of affiliated or parent organizations and individuals who may be assigned to this Contract, if any.

Additionally, pursuant to [Section 2252.908 of the Texas Government Code](#), a successful Respondent awarded a contract greater than \$1 million dollars must submit a disclosure of interested parties to the state agency at the time the business entity submits the signed contract. Rules and filing instructions may be found on the Texas Ethics Commissions public website and additional instructions will be given by HHSC to successful Respondents.

### **6.3 GRANT APPLICATION DISCLOSURE**

In an effort to maximize state resources and reduce duplication of effort, HHSC, at its discretion, may require the Respondent to disclose information regarding the application for or award of state, federal, and/or local grant funding by the Respondent or Community Collaborative member organization within the past two (2) years to provide mental health or housing services.

## 6.4 AFFIRMATIONS AND CERTIFICATIONS

Respondent must complete and return the following listed forms and exhibits. **Article 9** contains a listing of Exhibits that must be returned. **Article 10** contains the full library of all forms and Exhibits required in this RFA.

- A. Exhibit A – Respondent Affirmations and Solicitation Acceptance, v.1.4
- B. Exhibit D – Exceptions Form
- C. Exhibit E – Assurances – Non Construction
- D. Exhibit F – Fiscal Federal Funding Accountability and Transparency Act Form
- E. Exhibit I – Certification Regarding Lobbying

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## **ARTICLE 7.            EXPENDITURE APPLICATION**

### **7.1 EXPENDITURE APPLICATION AND FINANCIAL ASSESSMENT**

Attached **Forms C - E** of this RFA includes the templates for submitting the Expenditure Application and Financial Assessment. Respondents must complete these forms and place them in a separate, sealed package, clearly marked with the Respondent's name, the RFA number, and the RFA submission date.

Respondents must base their Expenditure Application on the Scope of Work described in **Article 2** for the first year of the grant term, September 1, 2019 - August 31, 2020. This section should include any business, economic, legal, programmatic, or practical assumptions that underlie the Expenditure Application. HHSC reserves the right to accept or reject any assumptions. All assumptions not expressly identified and incorporated into the contract resulting from this RFA are deemed rejected by HHSC.

Respondents must demonstrate that project costs outlined in the Expenditure Application are reasonable, allowable, allocable, and developed in accordance with applicable state and federal grant requirements. Respondent must utilize the HHSC template provided and identify costs to be requested from HHSC and costs to be matched. Costs must be broken out to a degree that is sufficient to determine if costs are reasonable, allowable, and necessary for the successful performance of the project. Costs included in the Expenditure Application must be entered into Expenditure Application tables and supported by narrative descriptions describing the need for the requested cost and a calculation demonstrating how the cost was determined.

Donated materials, professional services, and volunteer time is to be valued in accordance with [UGMS](#) Section .24, [Subpart C and Title 2, Part 200, §200.306 of the Code of Federal Regulations](#), which includes any amendment/revision to these provisions during the grant term. Costs will be reviewed for compliance with [UGMS](#) and federal grant guidance found in [2 CFR Part 200](#), as modified by [UGMS](#), with preference given to whichever provision imposes the more stringent requirement in the event of a conflict.

### **7.2 INDIRECT COSTS ASSOCIATION WITH THE EXPENDITURE APPLICATION**

All Respondents are required to complete and submit **Form F, HHS Indirect Cost Rate Questionnaire** along with the required supporting documentation as referenced in Form F associated with the Respondent's response. This questionnaire will initiate the use and approval of an indirect cost rate for System Agency contracts.

HHS will recognize the following pre-approved Indirect Cost Rates:

- A. Federally Approved Cost Allocation Plan;
- B. Federally Approved Indirect Cost Rate Agreement; or
- C. State of Texas Cognizant Agency Indirect Cost Rate.

If the Respondent does not have one of the options listed above, then Respondent may be eligible for the 10% de minimis or an indirect cost rate. The HHS System Contract



Oversight and Support (COS) will outreach applicable Respondents after contract award to complete the ICR process. Respondents should respond the COS request timely to ensure that the ICR is issued as timely as possible.

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## **ARTICLE 8.        GENERAL TERMS AND CONDITIONS**

### **8.1 GENERAL CONDITIONS**

#### **8.1.1 Costs Incurred**

Respondents understand that issuance of this Solicitation in no way constitutes a commitment by System Agency to award a contract or to pay any costs incurred by a Respondent in the preparation of an Application. The System Agency is not liable for any costs incurred by a Respondent prior to issuance of or entering into a formal agreement, contract, or purchase order. Costs of developing Applications, preparing for or participating in oral presentations and site visits, or any other similar expenses incurred by a Respondent are entirely the responsibility of the Respondent, and will not be reimbursed in any manner by the State of Texas.

#### **8.1.2 Contract Responsibility**

The System Agency will look solely to Respondent for the performance of all contractual obligations that may result from this Solicitation. Respondent shall not be relieved of its obligations for any nonperformance by its contractors.

#### **8.1.3 Public Information Act**

Solicitation Responses are subject to the Texas Public Information Act (PIA), [Texas Government Code Chapter 552](#), and may be disclosed to the public upon request. Subject to the PIA, certain information may be protected from public release. Respondents who wish to protect portions of the Solicitation Response from public disclosure should familiarize themselves with this law. Information pertaining to the Solicitation will be withheld or released only in accordance with the PIA.

#### **8.1.4 News Releases**

Prior to final award a Respondent may not issue a press release or provide any information for public consumption regarding its participation in the procurement. Requests should be directed to the HHSC Point of Contact identified in **Section 3.4.1**.

#### **8.1.5 Additional Information**

By submitting an Application, Respondent grants HHSC the right to obtain information from any lawful source regarding the Respondent's and its directors', officers', and employees':

- (1) past business history, practices, and conduct;
- (2) ability to supply the goods and services; and
- (3) ability to comply with contract requirements.

By submitting an Application, Respondent generally releases from liability and waives all claims against any party providing HHSC information about Respondent. HHSC may take such information into consideration in evaluating applications.

## **ARTICLE 9.      SUBMISSION CHECKLIST**

This checklist is provided for Respondent's convenience only and identifies documents that must be submitted in order to be considered responsive. Any Application received without these requisite documents may be deemed nonresponsive and may not be considered for contract award.

### **Original Solicitation Response Package**

The Solicitation Package must include the "Original" Solicitation Response in **hard-copy** consisting of the five parts described in detail below, each under separate cover but packaged together and clearly labeled "Original" on each.

- 1. Administrative Information (Form A)**
  - a. Form A: Face Page, Vendor Information \_\_\_\_\_
  - b. Litigation and Contract History (Section 6.1) \_\_\_\_\_
  - c. Conflicts (Section 6.2) \_\_\_\_\_
  - d. Grant Application Disclosure (Section 6.3) \_\_\_\_\_
  
- 2. Narrative Application Forms (Form B)**
  - a. Form B: Intended Use Plan \_\_\_\_\_
  
- 3. Expenditure Application and Financial Assessment (Forms C-F)**
  - a. Form C: Expenditure Application \_\_\_\_\_
  - b. Form D: Financial Capacity and Fiscal Controls \_\_\_\_\_
  - c. Form E: Financial Management and Administration Questionnaire \_\_\_\_\_
  - d. Form F: HHS Indirect Cost Rate Questionnaire \_\_\_\_\_
  
- 4. Applicable Exhibits (Section 6.4)**
  - a. Exhibit A - Respondent Affirmations and Acceptance, v.1.4 \_\_\_\_\_
  - b. Exhibit C - Data Use Agreement and SPI Form \_\_\_\_\_
  - c. Exhibit D - Exceptions Form (if applicable) \_\_\_\_\_
  - d. Exhibit E – Assurances – Non-Construction Programs \_\_\_\_\_
  - e. Exhibit F - Fiscal Federal Accountability and Transparency Act Form \_\_\_\_\_
  - f. Exhibit G - Performance Measures \_\_\_\_\_
  - g. Exhibit I - Certification Regarding Lobbying \_\_\_\_\_
  
- 5. All Addendums Signed, if issued** \_\_\_\_\_

### **Electronic Copy of Solicitation Response Package**











Respondent will provide one electronic copy (all clearly labeled as "copy") in addition to the hard-copy "Original" Solicitation Response. Electronic copy must be submitted on a








USB Drive and separated by folders. All documents listed below may be on the same USB Drive.

- 1 Electronic copy of **Administrative Information (Form A)**
- 1 Electronic copy of **Narrative Application (Form B)**
- 1 Electronic copy of **Expenditure Application, Financial Assessment, and HHS Cost Rate Questionnaire (Forms C-F)**
- 1 Electronic copy of **Applicable Exhibits**

## **ARTICLE 10.     FORMS & EXHIBITS**

The forms and exhibits listed below represent the full document library for this RFA. They are not accessible in this RFA, as they will be made available in a separate ZIP file on the ESD and the HHS Grants site when the RFA is posted.

<b>FORM A: RESPONDENT INFORMATION</b>	 Form A Respondent Information.docx
<b>FORM B: INTENDED USE PLAN</b>	 Form B Intended Use Plan.docx
<b>FORM C: EXPENDITURE APPLICATION</b>	 Form C-Expenditure Application.xlsx
<b>FORM D: FINANCIAL CAPACITY AND FISCAL CONTROLS DOCUMENTATION</b>	 <b>Form D - Fin Capacity_Fiscal Contrc</b>
<b>FORM E: FINANCIAL MANAGEMENT AND ADMINISTRATION QUESTIONNAIRE</b>	 Form E-Fin Mgmt_Admin Questio
<b>FORM F: HHS INDIRECT COST RATE QUESTIONNAIRE</b>	 <b>Form F - HHS Indirect Cost Rate Questionna</b>
<b>EXHIBIT A: AFFIRMATIONS AND SOLICITATION ACCEPTANCE, VERSION 1.4</b>	 Exhibit A Affirmations and So
<b>EXHIBIT B: HHSC UNIFORM TERMS AND CONDITIONS - GRANT, VERSION 2.16.1</b>	 Exhibit B Uniform Terms and Condior
<b>EXHIBIT C: DATA USE AGREEMENT, V8.4</b>  <b>EXHIBIT C-1, DATA USE AGREEMENT -ATTACHMENT 2, SECURITY AND PRIVACY INQUIRY (SPI)</b>	 <b>Exhibit C - Data Use Agreement - v8.4.pdf</b>   <b>Exhibit C-1 Tx HHS System DUA - Attach ;</b>

<b>EXHIBIT D: EXCEPTIONS FORM</b>	 Exhibit D-Exceptions Form.docx
<b>EXHIBIT E: ASSURANCES - NON-CONSTRUCTION PROGRAMS, V1.1</b>	 Exhibit E_Assurances-Non-Co
<b>EXHIBIT F: FISCAL FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT FORM (FFATA FORM)</b>	 Exhibit F_FFATA Form.pdf
<b>EXHIBIT G: PERFORMANCE MEASURES</b>	 Exhibit G-Performance Meast
<b>EXHIBIT H: HHSC SPECIAL CONDITIONS, VERSION 1.1</b>	 Exhibit H_HHSC Special Conditions.pd
<b>EXHIBIT I: CERTIFICATION REGARDING LOBBYING</b>	 Exhibit I-Certification Regarding Lobbying.f
<b>EXHIBIT J: EVALUATION TOOL</b>	 Exhibit J_PATH Eval Tool.pdf