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**Texas Department of State
Health Services**

Federally Qualified Health Center Incubator Program Open Enrollment Information Session

July 18, 2022

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Webinar Outline



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Topics of Discussion

- FQHC Incubator Program Overview
 - Program Goals
 - Open Enrollment
- Completion of the Open Enrollment Application
 - Application Forms
 - Draft Workplan
- After your application is Submitted
 - Program Timeline
 - Deliverables and Payments
 - Additional Contract Requirements
 - Progress Reports
- Example Workplans
- Question and Answer Session
 - How to Submit Your Application
 - Contact Information

FQHC Incubator Overview



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FQHC Incubator Program Background

Federally Qualified Health Center (FQHC) Incubator Program

- In the Third Special Session of the 87th Texas Legislature, the Legislature passed [Senate Bill \(S.B.\) 8](#) to appropriate funds from federal coronavirus relief money received by the state. In Section 34 of S.B. 8, the Legislature appropriated funds to the Department of State Health Services from the Coronavirus State Fiscal Recovery Fund (42 U.S.C. Section 802) established under the American Rescue Plan Act of 2021 (Pub. L. No. A117-2) for the FQHC Incubator Program.



FQHC Incubator Goals

- The FQHC Incubator Program is intended to support private, non-profit organizations and governmental entities in their ability to increase access to health care for Texans through expanding services or access to existing FQHCs and FQHC look-alikes as well as promoting and supporting new non-profit and public entities through the FQHC development process. Grants will be provided to organizations for activities that support these goals.



Open Enrollment- HHS0012233

Open Enrollment (OE):

- Applications will be processed on a first-come, first-serve basis.
- Open Enrollment Application will remain open until December 31, 2022 or until funding for the program is exhausted.
- Applications will not be accepted after December 31, 2022.
- All deliverables must be completed by August 31, 2023, to receive full contracted funding amounts.

The Open Enrollment for the FQHC Incubator Program can be found on the Procurement and Contract Services website link here:

<https://apps.hhs.texas.gov/PCS/HHS0012233/>



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Open Enrollment- HHS0012233



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Procurement and Contract Services

Request for Application

[BACK TO OPEN ENROLMENT LISTING](#)

Agency: DSHS

Procurement Number: HHS0012233

Procurement Name: Open Enrollment for Federally Qualified Health Center Incubator Program

Program Name: DSHS Federally Qualified Health Center Incubator Program

Release Date: June 30, 2022

Closing Date: December 31, 2022 by 10:30 a.m. Central Time

Executive Summary

The Department of State Health Services (DSHS), Community Health Improvement is issuing this Open Enrollment to enter into contracts to provide grants to (i) FQHCs or FQHC Look-alikes to facilitate the expansion of available health services, and (ii) certain eligible non-profit organizations or governmental entities providing Primary Care Services to assist in the completion of activities that strengthen the organization's application to become a FQHC or FQHC Look-alike (collectively).

Documents

- [HHS0012233 – Open Enrollment FQHC Incubator \(Word\)](#)
- [HHS0012233 – Revised Open Enrollment Application \(Word\)](#)
- [HHS0012233 – Exhibits \(ZIP File Archive\)](#)
- [Appendices A-C \(Excel\)](#)
- [Appendices D-F \(ZIP File Archive\)](#)
- [Addendum #1 \(Word\)](#)



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Completion of OE Application



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Exhibits A-F

- Exhibit A- HHS Solicitation Affirmations Version 3.2
 - **Important Note: Applications received without the signed Exhibit A will be disqualified.**
- Exhibit B-HHS Uniform Terms and Conditions- Vendor Version 3.2
- Exhibit C– Federal Assurances, Non-Construction
 - Must be completed and signed if not doing construction or renovations
- Exhibit D- Federal Assurances, Construction
 - Must be completed and signed if doing construction or renovations
- Exhibit E- Certification Regarding Lobbying
- Exhibit F- Fiscal Federal Funding Accountability and Transparency Act (FFATA)



Application Forms—A-D

- Application Forms
 - FORM A: FACE PAGE – Proposal for Financial Assistance
 - This form requests basic information about the applicant, including the signature of the authorized representative.
 - The face page is the cover page of the proposal and shall be completed in its entirety.
 - FORM B: OPEN ENROLLEMENT APPLICATION CHECKLIST
 - Indicate page number for completed forms and attachments.
 - The resulting checklist will ensure the application is complete– MUST be attached to application for review
 - FORM C: CONTACT PERSON INFORMATION FORM
 - FORM D: VENDOR INFORMATION FORM



Form E: Organizational Category Designation

THIS FORM SPECIFIES IF YOU ARE A CATEGORY 1 APPLICANT **OR** A CATEGORY 2 APPLICANT

CATEGORY 1

Defined as: *Existing FQHCs and certified FQHC Look-alikes*

- FQHC or FQHC look-alike.
- Max Award Amount = \$500,000
- Required Documentation includes:
 - Copy of HRSA Notice of Award (NoA) or Look-alike Designation Letter
 - Organizational Documents

CATEGORY 2

Defined as: *A non-profit organization or governmental entity that is not a FQHC or FQHC Look-alike BUT Applicant providing Primary Care Services and working on becoming FQHC or FQHC look-alike.*

- Max Award Amount = \$1,000,000
- Required Documentation Includes:
 - Entity Type
 - **FORM F Attestation**
 - Service Area—MUA/MUP
 - Services Provided
 - Organization Locations
 - Organizational Documents



Application Form F- Attestation

FORM F: ATTESTATION OF PRIMARY CARE CLINICAL HOURS

- **REQUIRED FOR CATEGORY 2 APPLICANTS ONLY**
- Attest that your non-profit health care organization is currently open and able to provide at a **minimum 10 hours per week** of Primary Care Services at the following location
- Confirm Applicant is open and able to provide Primary Care Services to all populations in a Medically Underserved Area (MUA) or Medically Underserved Population (MUP) for a **least 10 hours per week**.

Health Care Providers Signature (only one signature is required, but if there are multiple providers that together provide the 10 hours per week, please have each provider sign with the number of hours they individually provide).

|
Printed Name: _____ Signature: _____
Applicable Texas License # _____ # of Primary care hours per week: _____

Printed Name: _____ Signature: _____
Applicable Texas License # _____ # of Primary care hours per week: _____

Printed Name: _____ Signature: _____
Applicable Texas License # _____ # of Primary care hours per week: _____

Authorized Representative Signature

Printed Name: _____ Signature: _____

Application Form G: Draft Workplan



Funding Opportunities

Funding Opportunities

Technical
Assistance
Activities

Developmental
Funding
Opportunity

Staffing
Funding
Opportunity

Capital
Improvement
Funding



Form G: Draft Workplan Requirements

- **General Instructions**

- Indicate which Funding Opportunities you are Requesting Funding for and for what amounts (up to the maximum limit for each activity)
- You must describe how the planned activities will either
 - Expand an existing FQHC or FQHC Look-alike **OR,**
 - Enhance a future planned application to be a FQHC or FQHC Look-alike
- Summary of any additional funding outside of the Contract that you will use towards identified activities in the Funding Opportunity
- Describe how you will complete the deliverables for the Funding Opportunities by **August 31, 2023**



Form G: Draft Workplan Requirements

- **Technical Assistance:** *up to \$20,000.00*
 - Indicate proposed Conferences, workshops, webinars, professional organization memberships, etc
 - For Example: Texas Association of Community Health Centers Compliance and Performance Improvement Manual
- **Development:** *up to \$75,000.00*
 - Indicate proposed purchases towards development of your organization
 - For Example: purchasing materials to assist in policy or procedure development, conferences, trainings, workshops, professional organization memberships, contracting for grant writing services, contracting for legal consultation services, or contracting for business or marketing plans



Form G: Draft Workplan Requirements

Staffing Funding Opportunity: *up to \$500,000 for Category 1 Organizations, up to \$1,000,000 for Category 2 Organizations*

- Explain in detail how the contractor will utilize the money to
 - hire new workers or contractors or
 - increase the hours of current workers or contractors.
- Current organizational chart as well as a proposed organizational chart



Form G: Draft Workplan Requirements

Capital Improvement Funding Opportunity (*up to \$500,000 for Category 1 Organizations & up to \$1,000,000 for Category 2*)

- Indicate the expansion activities that will be funded as a result of this funding opportunity and how each one will increase clinical services
- If construction is anticipated, be as specific as possible about the project's scale, the location (such as leased space versus new building), and the projected costs.



Addendum #1

- Addendum #1 will need to be signed and submitted along with your application

Documents

- [HHS0012233 – Open Enrollment FQHC Incubator \(Word\)](#)
- [HHS0012233 – Revised Open Enrollment Application \(Word\)](#)
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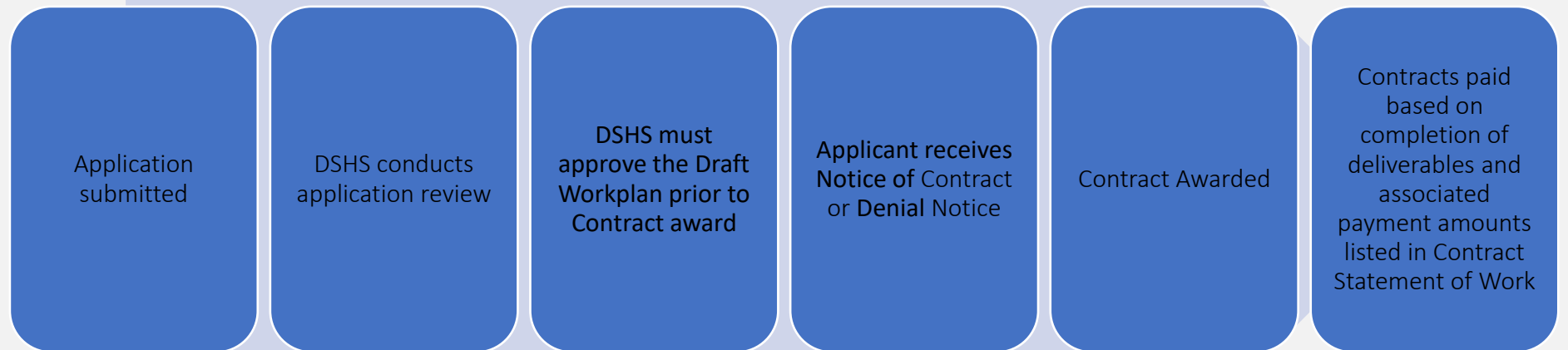
After Your Application is Submitted



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Program Timeline



**Note that deliverables have different reporting requirements*



Deliverables and Payments



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Final Workplan: Initial Funds

- After you sign your contract, you will have 30 calendar days to submit a Final Workplan
- Upon approval by DSHS of the Final Workplan, Initial Funds of \$50,000 are available to be dispersed
- Initial Funds can only be applied to the funding opportunities chosen in the Final Workplan and must be used for the activities described in the Funding Opportunity sections of the Final Workplan.
- To be clear, Initial Funds are part of, not in addition to the funding amounts requested in the Final Workplan.



Requests for Reimbursement

- Once Contract is executed DSHS will provide the invoice template referred to as a B-13 to submit requests for reimbursements along with the Purchase Order Number to reference.
- Deliverable must be submitted and approved then request for payment can be submitted.
- Invoices are submitted to invoices@dshs.texas.gov with a copy to FQHCIncubator.Contracts@dshs.texas.gov.
- Capital Improvements/Construction will require additional supporting documentation to comply with the Davis Bacon Act.



Appendix A & B Deliverable Requirements

Technical Assistance-Appendix A

Must be submitted on or before 60 calendar days after the contract effective date.

Information Required includes:

- Training/Conference Name + Location + Dates of Attendance
- Website Resource
- Content of course or manuals purchased
- Name and Role of individuals that will attend
- Total cost

Developmental Funding- Appendix B

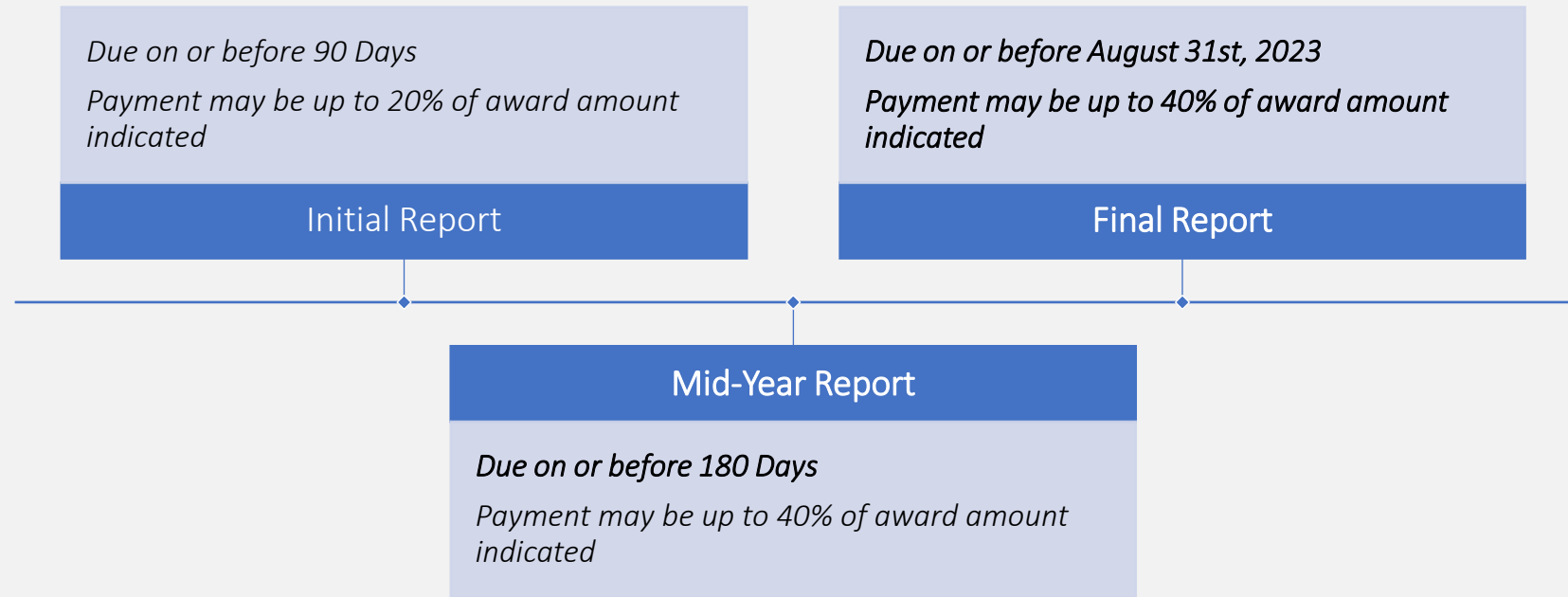
Must be submitted on or before 180 calendar days after the contract effective date.

Information Required includes:

- Purchased Services or materials to assist with FQHC or FQHC Look-alike development
- Materials for policy and procedure development
- Conferences, Trainings and Workshops
- Contracting for Grant Services
- Legal Consultation

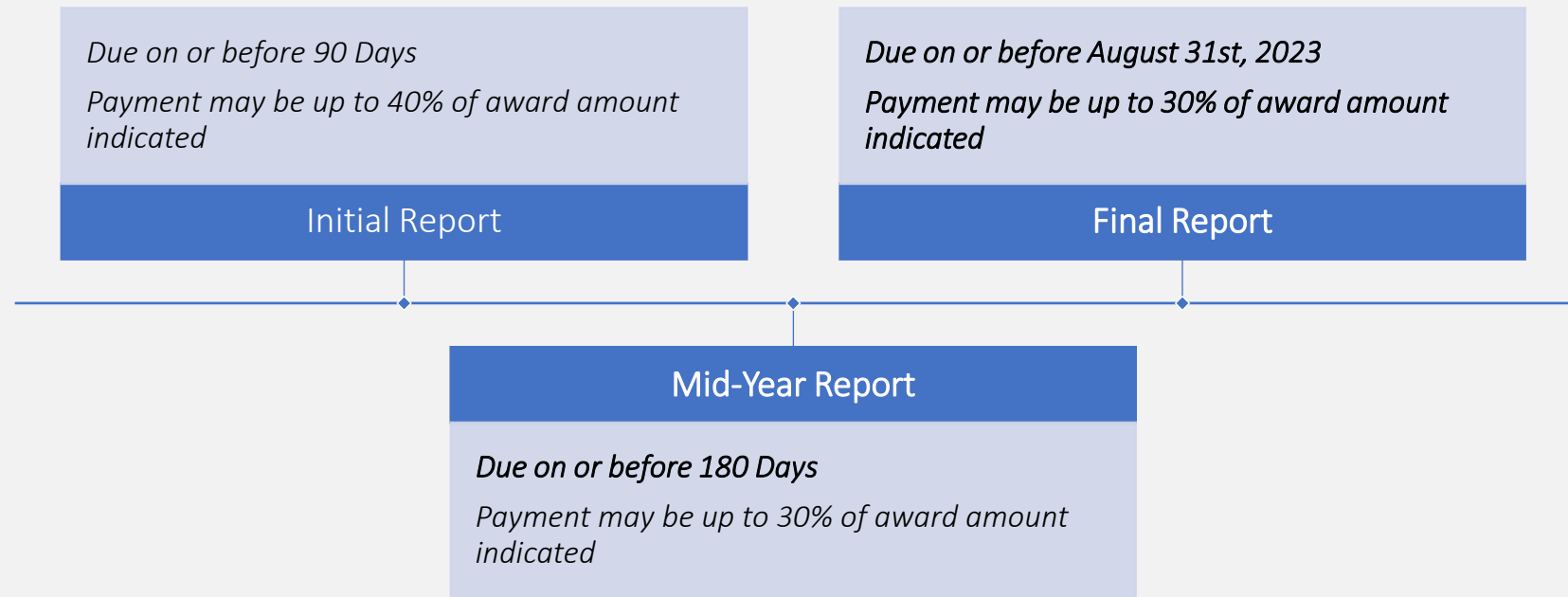


Staffing Opportunities Report (Appendix C) Dates



Note: Due dates vary based on contract effective date, other than Final Report due date

Capital Improvement Report (Appendix D) Dates



Note: Due dates vary based on contract award date, other than Final Report due date

Additional Contract Requirements



Monthly Progress Report Appendix E

- Upon contract award, contractors are required to complete and submit monthly status reports on approved project and funding opportunities.
- Must be submitted to FQHCIncubator.Contracts@dshs.texas.gov by the **10th** of every month with updates and details from previous reporting period (ie: Submitted July 10, 2022-- Reporting Period: June 2022)
- Must include Project Status designation
 - On Track
 - At Risk—Deliverable missed, but date intact for execution
 - High Risk—At risk, with high risk of being off track
 - Off Track—Date will be missed if action not taken
- Specific details related to action items and deliverables progress, any challenges or issues faced and any other pertinent information contractor deems necessary



Final Progress Report Appendix F

Must be submitted within 60 calendar days after Contract termination date to detail activities conducted with funding under the Contract via email to:

FQHCIncubator.Contracts@dshs.texas.gov

Report must include final summary of the work completed with the FQHC Incubator Funding and the impact on your operations.



Examples



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Case Example: Category 1 Applicant

- The applicant asks for \$500,000 in funding overall in its Draft Work Plan, with \$250,000 coming from the capital improvement funding opportunity to build an extra exam room at its clinical site and \$250,000 coming from the staffing funding opportunity to hire three full-time employees.
- In its Draft Workplan, the applicant would state that the "Initial Funds" of \$50,000 (which would be granted following approval of a Final Workplan) would be used to (I) pay an architect \$25,000 for the capital improvement project and (II) pay \$25,000 for the first month's salary of the three new employees mentioned in the Staffing Funding Opportunity.
- The initial funding amounts would be subtracted from the funds available for the relevant funding opportunities, leaving in this case \$225,000 for the funding opportunity for capital improvements and \$225,000 for the funding opportunity for staffing.



Case Example: Category 2 Applicant

- In the Final workplan, Contractor requests \$1,000,000 in total funding: \$20,000 under the Technical Assistance Funding Opportunity, \$75,000 under the Developmental Funding Opportunity and \$905,000 under the Staffing Funding Opportunity.
- Contractor would indicate in its Final Workplan the “Initial Funds” of \$50,000 would be used to pay (1) \$20,000 for memberships to a relevant professional organization for ten key staff members, (2) pay \$10,000 for legal services and (3) pay \$20,000 towards the first month’s salary of the several new staff members identified in the Staffing Funding Opportunity subsection of the Final Workplan once hired.
- The initial funding amounts would then be deducted from the amounts available for the applicable Funding Opportunities, in this example, leaving the Contractor with \$0 further dollars for the Technical Assistance Funding Opportunity, \$65,000 further dollars for the Developmental Funding Opportunity, and \$885,000 for its Staffing Funding Opportunity.



Application Submission and Questions



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How to Submit

All questions, requests for clarification, or other communication about this OE shall be made in writing only to the DSHS sole point of contact listed below.

- Attempts to ask questions by phone or in person will not be allowed or recognized as valid.

Mimi Alegria, CTCM

Contract Manager

Email: FQHCIncubator.Contracts@dshs.texas.gov

Program Website: <https://www.dshs.texas.gov/fqhc-incubator/>

Open Enrollment Application: <https://apps.hhs.texas.gov/PCS/HHS0012233/>

- Applications must be RECEIVED by DSHS before the OE period closes

****Applications must be submitted only to the above email address.**

****Questions by phone or in person will NOT be acknowledged as valid.**



Q&A Session



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Thank you!

FQHC Incubator Program

Mimi Alegria, CTCM
Contract Manager

Email: FQHCIncubator.Contracts@dshs.texas.gov

Website: <https://www.dshs.texas.gov/fqhc-incubator/>