## Form D Single Point of Contact Coordination

|  |  |
| --- | --- |
| **Legal Business Name of Respondent:** |  |

The purpose of Single Point of Contact Coordination is to promote self-determination, support the individual in making life choices, provide advocacy and identify opportunities for the individual to become a part of their community. Coordinators provide support to individuals and planning teams in developing social networks and connections within the community. The coordinators also emphasize, promote and coordinate the use of resources to address the individual’s needs in addition to paid services. Coordinators will have an annual informational session on self-determination and self-direction. Individuals and/or legally authorized representatives may choose to opt out of this requirement.

Coordinators assist and support, rather than direct and manage, the individual throughout the service delivery process. Services are intended to enhance, not replace, existing natural and community resources. Coordinators services may be intermittent and fade as the member’s skills increase in the areas discussed above.

Please respond to each question below. Attachments are permitted if specifically requested in the questions below. Please clearly name the attachment and include the question as either the first page of the attachment or at the top of the first page of the attachment. Attachments should be limited to no more than 25 pages.

1. Please provide a detailed plan for the provision of coordination services.

|  |
| --- |
|  |

1. Please provide a comprehensive scope for referral activities the coordinator may provide. This scope should explain how coordination services enhance, rather than duplicate, existing natural supports, community center services, and community resources.

|  |
| --- |
|  |

1. Please describe how individuals will be recruited to coordination services and list the marketing and outreach activities that will be conducted to raise awareness for this service.

|  |
| --- |
|  |

1. Please explain how you will determine whether individuals are eligible for services. Please include:
2. Information on any evidence-based assessments or diagnostics tools that will be used; attach a copy, if available.
3. The maximum number of days that your organization will permit between an individual ‘walking in the front door’ and receiving an assessment, as well as the number of days for documentation in the electronic health record (EHR).
4. An explanation of how the assessment or diagnostics will inform individuals’ progress through services, including how they will be successfully discharged.
5. If available, please attach a flow chart or explanation that shows how individuals will navigate coordination services from first contact until successful ‘graduation’ from services (service completion).

|  |
| --- |
|  |

1. The coordination services provider will need to utilize an EHR system. Please name the specific EHR that will be used and describe its attributes and how it will help meet the needs of the population the Multi-Assistance Center will serve.

|  |
| --- |
|  |

1. It is anticipated that any provider of coordination services will have a demographic and geographic understanding of its service area. Please provide in the box below, or attach, a demographic and geographic analysis of the proposed coordination service area(s), including the total number of individuals who may qualify for these services in that area.

|  |
| --- |
|  |

1. The Multi-Assistance Center Demonstration Project will serve Bexar County and other South Texas counties in Texas Public Health Regions 8 and 11. This is a large and culturally diverse region of Texas, including both urban and rural areas; please explain how well you are positioned to serve the geographic and demographic diversity of this region of the state.

|  |
| --- |
|  |

1. Utilizing the data in the demographic and geographic analysis above, please estimate the minimum quarterly target for each of the following fiscal years.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Metric | FY 2026 | FY 2027 | FY 2028 | FY 2029 | FY 2030 |
| 1. The total number of unique individuals to be served |  |  |  |  |  |
| 1. The number of unique individuals who will be referred by grantee coordinator to Medical Services |  |  |  |  |  |
| 1. The number of unique individuals who will be referred by grantee coordinator to Dental Services |  |  |  |  |  |
| 1. The number of unique individuals who will be referred by grantee coordinator to Therapy Services |  |  |  |  |  |

1. Outcomes are used by HHSC to define a service that is performed successfully, in relation to the individuals in these services. Please provide both quantifiable and qualitative outcomes for individuals who are served successfully in coordination services. Please also include your plan for documenting client satisfaction.

|  |
| --- |
|  |

**Question 10.** Please provide your plan for providing internal quality assurance/oversight to ensure continuous improvement.

|  |
| --- |
|  |