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| **FORM C** **NARRATIVE QUESTIONNAIRE****RFA No. HHS0015302 - Grant for HHSC Children’s Autism Program** |
| **Respondent Legal Entity Name:**  |
| The spaces following individual questions in the application expand so that complete responses can be provided. Respondents are advised to Refer to TAC 26, Title 1, Chapter 358, and Section 2.6 (Program Requirements) of the RFA in completing the Narrative Questionnaire. |
| **PART A - RESPONDENT ORGANIZATION** |
| 1. Indicate which HHSC Region(s) you are applying for.  |
| 2. It is not a contract requirement that a physical address be established in the region where services are rendered. Answer the following questions accordingly.State the physical address(es) of the location(s), or proposed location(s) from which autism services will be delivered if your model calls for having a physical location. If your model calls for having a physical location, but you don't currently have a location or proposed location, describe your plan for establishing one including your timeline.If the proposed services don't require a physical location, briefly describe how you intend to deliver the services. |
| 3. Refer to Form D, Key Personnel, and the rules on staff qualifications set forth in Section 2.6 (Program Requirements) of the RFA.Provide two organizational charts and place them behind this completed questionnaire. The first chart will represent your agency structure. The second chart will show the autism program you are proposing to operate. The organizational chart for the autism program must show job titles and the number of personnel per job title, including the number of staff/volunteers supervised by each position. Lines of supervision and reporting must be clearly represented on both charts. Indicate here whether the chart represents expansion of an existing program or a new proposed autism program. |
| 4. Refer to the Form D, Key Personnel, and the rules on staff qualifications set forth in Section 2.6 (Program Requirements) of the RFA.Provide job descriptions and minimum qualifications*,* including roles and responsibilitiesfor the designated Program Manager and all staff who provide (or will provide) direct autism services as shown on your organizational chart. If current staff will fill these positions and provide the proposed services, place résumés and copies of credentialing documentation (licenses, certificates etc.) for individuals currently employed that correspond to the job descriptions behind this completed questionnaire. This information should be consistent with the program organizational chart position titles.  |
| 5. Provide the name of the proposed Program Director, if known. |
| 6. Provide current or proposed job descriptions, including job titles and primary responsibilities for staff who will perform the following functions:1. Cost accounting including allocation of costs to different business centers
2. Third party payer claims processing and family cost share billing and collections
3. Collection and reporting of service-related data
4. Accurate and timely reporting of financial data

Attach a copy of your pertinent agency policies and procedures for these specific processes including coverage if key personnel are absent. Describe your process for billing and collecting from families when a family cost share is assessed as described in the Section 2.6.1 (Rates, Fee Schedule, Family Cost Share, Third Party Payments) of the RFA.  |
| 7. Will any component of your program’s autism services be subcontracted? If so, describe what will be subcontracted and how you will provide oversight of the subcontractor(s). |
| 8. Describe the program management and oversight systems you have in place to fulfill the following responsibilities (if your agency has an internal quality assurance process, please include how that process applies to each area):1. Timely delivery of quality services to children and families;
2. Compliance with the program’s required performance standards and measures (contract number of children served and participation in family survey);
3. Effective and efficient use of resources to deliver services to children and families, including ensuring that all new therapists are enrolled with applicable public and private insurance plans; and
4. Correction of fiscal and program deficiencies identified through self-evaluation and the HHSC’s contract monitoring process.
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| **PART B - TECHNICAL APPROACH** |
| 1. Is your organization currently staffed in the proposed service area with individuals who meet the HHSC qualifications to provide services? Please confirm that your organization can initiate services on September 1, 2025. If not, describe your plans to recruit qualified staff and indicate the date by which you will begin providing services. |
| 2. Treatment plans and services must be overseen by a Board Certified Behavior Analyst (BCBA or BCBA-D). Provide details on how you will staff for services to meet this requirement. Include the ratio of Board Certified Behavior Analysts to other direct service staff. |
| 3. How will you meet the supervision requirements for all staff as defined in TAC 26, Title 1, Chapter 358?  |
| 4. How will you meet the training requirements for all staff? Describe the duration of the training, methods of training, specific content of ethics and professional training and typical child development training. Confirm, using job titles from the organizational chart, which staff would receive the training. Provide a plan for both one-time and ongoing training requirements for staff. |
| 5. Describe activities and/or programs you have in place regarding staff development and program improvement. Include any processes whereby ongoing or periodic quality assessments of your organization, staff, and services are conducted. Include any specific fidelity protocols that are used. |
| 6. Will you serve children in the entire age range of three through fifteen years? If not please indicate the range you propose to serve. |
| 7. Describe your process for evaluating children you propose to serve, for eligibility to the HHSC Children’s Autism Program. Include information on receiving referrals and availability of qualified professionals to diagnose autism spectrum disorder. |
| 8. How will you provide Focused Autism Services to children within the age range you propose to serve, following HHSC requirements for this service, including use of the Focused ABA Treatment Strategies Chart (Exhibit M of the RFA) Describe in detail how these strategies will be implemented in this service including: 1. development of the treatment plan
2. oversight of children’s treatment plan
3. supervision of direct delivery staff
4. opportunities for social group activities
5. opportunities for inclusion with typically developing peers

If an interdisciplinary team is utilized, describe the manner in which they are involved in service delivery and what disciplines and participants make up the team.  |
| 9. HHSC service caps for Focused Autism Services are intentionally flexible to support development of appropriate treatment plans. Describe your process to ensure that children receive the appropriate service intensity and duration based on assessed need, taking the service caps into account, and considering the child’s potential need for additional services at later stages of development. |
| 10. How will you track remaining eligibility (annual, lifetime) for children receiving Focused Autism Services in your program? |
| 11. You will be required to supply HHSC with data on operationally defined target behaviors. Data will be collected at baseline for each behavior that is identified in the child’s treatment plan. All data collected after baseline is included in the treatment data.  Provide a plan for how you will collect and maintain data. |
| 12. How will you determine the location of service delivery (home, clinic, school, other community location, telehealth)? What factors will contribute to this determination? |
| 13. How will you document initial and ongoing assessment of a child’s needs and use the results to inform the treatment plan including goals, intensity of services and duration of services? Please indicate what assessment tool(s) you will use? |
| 14. How will you promote generalization of skills/behavior across environments that children are part of, including home, school, and other community settings? |
| 15. How will you assess progress towards treatment goals and continuing need for services? |
| 16. How will families be involved in the assessment, treatment planning and service delivery? |
| 17. Describe how you will provide parent training, ensuring that HHSC requirements are met or exceeded. Describe:1. process for providing parent training
2. parent training curriculum
3. attendance requirements of the parents
4. any assistance provided to parents in implementation at home, school and other environments
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| 18. How will you maintain your interest list according to HHSC requirements in the Section 2.6 (Program Requirements) of the RFA, including for families who have received focused services but have remaining months of potential eligibility? Please include your process for prioritizing families for services and offering services. |
| 19. Describe your process for creating and maintaining a documented transition plan for all children leaving the HHSC Children’s Autism Program to LEA special education services or other appropriate activities, places, or programs the family would like the child to participate in after exiting services.  |
| 20. How will you document the services delivered to children in the HHSC Children’s Autism Program (include if you will use paper or electronic documentation).  |
| 21. Provide your policies for attendance, ensuring that the HHSC requirements for the Children’s Autism Program are met. |
| 22. How many total children do you estimate providing services to from September 1, 2025 through August 31, 2026? Describe the methodology used for estimating the number of children served. Refer to the Proposed Budget Workbook (Exhibit C of the RFA). |
| 23. Will your program have a maximum capacity based either on staffing or the physical location of services (maximum number of children that may be served at any one time)? What is the maximum capacity? |
| 24. Describe your service area. Use city limits, counties, or other geographic data to describe the boundaries of the area from which you will draw the majority of children to be served. |
| 25. Describe the cultural and socio-economic makeup in your service area. Provide an explanation regarding how you are appropriately staffed and organized to meet the language and cultural needs of eligible children and families. |
| 26. Describe your process for referral to community resources for case management to address economic, medical, or social issues which may prevent the child from receiving the full benefit of ABA?  |
| 27. Identify Texas Independent School District(s) (ISDs) that you are currently working with and/or would anticipate working with during the term of contract? 1. How will you coordinate services with an ISD or other school settings?
2. Describe how your coordination efforts with an ISD will avoid duplicating, supplanting, or conflicting with a child’s Individualized Education Program (IEP), if one exists?
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| 28. How will you provide for safety and security of children participating in your program? |
| 29. If you will serve children with autism outside of the proposed HHSC-funded program, describe these services including age range and any other applicable characteristics of the program. What criteria will be used to determine if children will be served by the HHSC Children’s Autism Program or the other program(s)? |
| 30. Does your agency currently partner with any colleges or universities that have ABA programs? If so, provide the names of these educational institutions and describe the nature and purpose of the relationship. If not, do you propose to do so and what will be your approach?  |
| 31. Respondents are not required to propose value-added benefits. Describe any enhancements or additions to the services that are not required by the RFA that you propose to provide at no additional cost. Include information regarding any funds, other than amounts paid by third party payers or by the family cost share that will be available during the grant period and which will allow you to provide enhancements or additions (e.g. service coordination, funding to assist families with cost share payments, transportation) to the HHSC Children’s Autism Program or allow you to serve more children in the program. If these funds are from a foundation, a separate grant, or some other donor, provide documentation of the funds with your application (e.g., letter of commitment or grant award).  |