**Instructions**: Provide detailed responses in the text boxes to the questions below. If additional attachments are required as specified below, submit the attachments in the order they are requested below. There is no page limit for this Appendix C-3 – Mandatory Questions for Medicaid Eligibility Coordinator Services, or any associated attachments.

|  |  |
| --- | --- |
| **Vendor Name** |  |

\*\*Please include which geographic areas you are proposing to provide these additional services for:

1. **How will you ensure staffing with the appropriate experience to provide eligibility coordinator services?**

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1. **What is your experience working collaboratively with regional partners to provide assistance with answering Medicaid and/or home and community-based services eligibility questions?**

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