**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 D – Technical Response to Questions or any associated attachments.

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| **Vendor Name** |  |

**1.** What is your experience and capacity to provide a comprehensive needs assessment and training program similar to the type specified in this RFP? Please provide a copy of your proposed timeline to perform the scope of services in a Word or Excel format for review.

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**2.** Describe how you will conduct a HCBS Case Management and Service Coordination training needs assessment, and the proposed approach to addressing unique and diverse needs for each of the four Home and Community Based Waivers (DD, ABD, IHS and CFI).

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**3.** Describe your process and approach for developing accessible, tailored and differentiated trainings, including any trainings for the provision of case management for Medicaid waivered services.

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**4.** Describe how you will utilize data and engagement of stakeholders to conduct assessments and develop the training plan.

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**5.** Describe how you will create a train the trainer approach, implement recorded webinars for future use, and address pre- and post-knowledge based outcomes.

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**6.** What will your training transition and sustainability strategy be?

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