**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** |  |

**Q1. Provide examples of your experience with implementing needs assessments to the developmental disabilities population. Summarize your experience and capability to assess individuals with special health care needs.**

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**Q2. How will your organization ensure equitable, measurable and accurate SIS-A® assessments for the target population?**

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**Q3. Describe, in detail, quality assurance and improvement activities which demonstrate your experience, commitment and capacity to perform the activities listed in this solicitation.**

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**Q4. How will your organization share the data collected through the administration of the SIS-A® with the Area Agency system, following HIPAA guidelines and other state privacy statutes?**

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