**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. How will your County conduct a pilot project to serve individuals who are dually eligible for Medicare and Medicaid services?***

 ***Please provide a detailed pilot project plan that describes how you will meet all requirements in Section 2.1., Scope of Services.***

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***Q2. What is your capacity to provide all services required in this RFP?***

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***Q3. How you will ensure a continuum of care as described in Subparagraph 2.1.3.?***

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***Q4. What is your experience with developing and/or operating programs, and service delivery as described in Subparagraph 2.1.3. Include how services will be effective and will meet the needs of individuals served.***

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