

Response Template for Attachment V Question 4

Part II, Question 4

Attachment VI

RFP# 3000012190

Complete the following table for each LTSS contract you entered into within the last five (5) years. Limit your response to two (2) pages inclusive of the table.

Contract No. of <input type="text"/>	Services Performed						
<p>State: Click here to enter text.</p> <p>Parent Organization: Click here to enter text.</p> <p>Affiliates: Click here to enter text.</p> <p>Subsidiaries: Click here to enter text.</p> <p>Trade Name: Click here to enter text.</p> <p>Duration: Click here to enter text.</p> <p>Number of Individuals Served: Click here to enter text.</p> <p>Populations Served (describe): Click here to enter text.</p> <p>Contract Monitor Name: Click here to enter text.</p> <p>Contract Monitor Contact Information: Click here to enter text.</p> <p>Name and Contact Information for other reference: Click here to enter text.</p>	Call Center Operations	Telephonic Screening for Eligibility	Performance of Face to Face Assessments for Program Eligibility and Service Planning	Development of Care Plan	Monitoring of Care Plan/Service Delivery	Appeals	Other. Specify:
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>Brief description of work including the name(s) and role of any major subcontractor(s):</p> <p>Click here to enter text.</p>						