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| WORK STATEMENT QUESTIONNAIRE | |
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| PLANNED APPROACH | |
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| 2. | Provide a work plan for program implementation. At a minimum, the work plan should include: <ul style="list-style-type: none">• A description of all activities necessary to obtain required contracts for your provider network as specified in the Agreement; and• An itemization of activities that you will undertake during the period between notification of selection to precede to Readiness Review and the implementation date of 1/1/17. The activities shall have established deadlines and timeframes. (Limit to six pages) |
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| PROVIDER NETWORK COMPOSITION AND NETWORK MANAGEMENT | |
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| 6. | Describe current strategies to increase community-based cooperative care teams as part of your overall network strategy as well as those strategies to be used if selected for award. <ul style="list-style-type: none">• Specifically discuss incentives and technical assistance being offered by the organization to support these functions and increase them as network options. (Limit to three pages) |
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