

Form D, Work Plan

Legal
Business
Name of
Respondent:

Respondent must describe its plan for service delivery to the population in the proposed service area(s). **Please see page 2, Work Plan Instructions for the Work Plan required elements associated with the services proposed in this proposal.** A maximum of **two (2)** additional pages may be attached for responses (excluding the requested Table of Contents and letters of support).

FORM **D**, **Work Plan Instructions**

Respondent must describe its plan for service delivery to the population in the proposed service area(s). The work plan must:

1. Describe how data will be collected, tabulated, reported, checked for accuracy, and stored to protect confidential information; how often data collection activities will occur; who will be responsible for data collection and reporting, and how the Respondent will ensure reporting deadlines are met. Additionally, please describe the Respondent's billing systems, how the Respondent will ensure accuracy in billing reports, and ensure that billing deadlines are met.
2. Describe how your organization will coordinate with the other Health and Human Services providers operating in the proposed service area(s) and detail how duplication of services will be avoided. If the Respondent will receive other federal, state, or local funds dedicated to providing epilepsy services, explain how the funding available through this RFA would improve the existing epilepsy services. Respondents must address what services will be subcontracted to other providers and what services will be provided through cooperative agreements with community partners.
3. Describe your organization's ability to provide services to culturally diverse populations.
4. Describe your organization's internal Quality Assurance/Quality Improvement (QA/QI) processes that will be used to monitor services. Please identify staff that will use these internal QA/QI processes, which staff is responsible for ensuring the internal QA/QI processes are updated, and how internal QA/QI processes will be updated. The description of how the internal QA/QI processes will be updated must include the following:
 - 1) The role of the QA/QI Committee in the QA/QI activities;
 - 2) The Medical Director's involvement in the QA/QI activities;
 - 3) Activities used to identify areas of improvement and the frequency of those activities;
 - 4) Activities to ensure that any identified findings are corrected;
 - 5) The use of client satisfaction surveys and the frequency of their use;
 - 6) A system to identify and monitor adverse outcomes;
 - 7) A process for identifying performance and outcome measures; and
 - 8) A process for developing protocols and Standing Delegation Orders.
5. Attach a copy of the Table of Contents from respondent's operating policies and procedures.

6. Attach a minimum of three (3) letters of support from local government officials, community partners, and/or subcontractors or referral services.
7. In reference to the barriers identified in the **Form C, Narrative Proposal**, describe how the Respondent proposes to ensure access to the proposed epilepsy services given the following potential barriers: language, transportation, appointment and waiting times, childcare, disability, location, hours of service delivery, etc.
8. Describe the proposed epilepsy project, including the proposed services, the population to be served, and location including counties to be served. Please explain how your organization will serve individuals from outside the stated service area.