**Attachment A-1 Questions – Telehealth Clinicians**

Respondent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please respond to the following:

1. Please describe your experience in providing Telehealth Clinician to outpatient mental health clinics? Please include years of experience and organizational structure.
2. Please describe how you recruit and retain qualified telehealth clinicians.
3. Describe your general approach in working with Mental Health Clinics/Organizations? What is important in the developing and maintaining the relationship them?
4. Do you allow your telehealth clinicians to elect to come to work for the Center should they desire? If so, please describe the timeframe and any compensation Offeror would propose.
5. Do you require an initial guaranteed number of hours (days, months,) for a telehealth clinician to work a placement? In the event the Center no longer needs the contractor during this initial period, what do you propose as appropriate notice and resolution to end the placement with no further obligation?
6. Please propose a rate structure for the Scope of Work as outlined in the Attachment A – Detailed Scope of Work.