




## Oral Requirement #1

Offeror	Rank*
Centene	4
UHC	2
University Family Care	1
Mercy Care Group	3

\*If Offeror omits a submission, the requirement rank for that offeror for that submission will be an "X"

Evaluation Team Member	Signature	Date
Elizabeth Caspio		2/7/17
Virginia Bountree		2/7/17
Melissa Arzabal		2/7/17

Facilitator	Signature	Date
Andrew Cohen		2/7/17

COMPONENT: ORAL PRESENTATION / PROGRAM

OFFEROR'S NAME:

University Family Care

ORAL PRESENTATION REQUIREMENT No. 1	Total Ranking
<p>A 42 year old member who was recently determined eligible for AHCCCS and who is newly enrolled in the Offeror's plan is a female with paraplegia, and Bipolar Disorder. The member has been unemployed off and on for the past four years, in part due to her poor personal hygiene. She had difficulty maintaining a stable living environment and was evicted from her apartment. For the past six months, she had been living with various acquaintances but is now living on the street. Describe how the Offeror will address services and supports for this member.</p>	<p>1</p>

**Rationale:**

Major Observations:

Offeror demonstrated clearly that it understood locating the member and ensuring her safety would be its immediate challenge. Offeror described in detail the methods it would use to locate the member, including contacts located on the PAS and listed in other records, contacting past employers, shelters, RBHAs, member's past PCP (if known) and other behavioral health providers that specialize in caring for the homeless. Offeror described how it would seek to reassure and engage the member at time of initial contact, including by providing food, water and blankets, as well as a Track Phone.

Offeror discussed SNF as a possible placement option for the member to address potential wound care needs, although not in the context of addressing the member's immediate stabilization needs.

Offeror's discussion of initial assessment activities acknowledged member's paraplegia but did not describe steps to assess and address any immediate DME needs, including with respect to the member's wheelchair. Offeror did discuss the potential need for occupational and/or physical therapy.

Offeror discussed identifying any immediate medication management issues and referring the member for a psychiatric evaluation in the event of documented non-compliance.

Offeror discussed exploring the cause of the member's poor hygiene and whether it was related to physical or behavioral health needs.

Offeror proposed to use an RN/behavioral health professional case management team for the member. Offeror discussed taking steps to ensure the member's PCP was apprised of the member's behavioral health findings. Offeror also discussed the potential use of non-Title XIX behavioral health funds for the member's care.

Offeror described clearly how it would address the member's identified behavioral health needs, including through application of trauma-informed care and performance of a behavioral health

assessment by the case manager. Offeror discussed potential deployment of a crisis team, use of 23-hour crisis stabilization services (including for member respite) and development of a crisis plan. Offeror did not discuss specifically how it would coordinate with the AHCCCS contractor responsible for SMI eligibility determination.

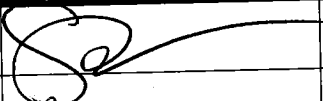


Offeror described clearly a person-centered process for planning the member's transition to an appropriate and stable living environment that emphasized member choice and consent and addressed both short term and long term goals, although it did not present timelines for achievement of long term goals. Offeror did not specifically state that it would ask the member who she would like to participate on her interdisciplinary care team.

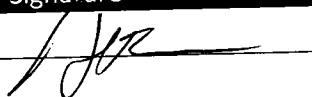
Offeror's living environment planning process included exploring with the member her preference for living in a SNF, her own home or back with an acquaintance; use of attendant care and/or home health to support the member; home modifications; use of physical and occupational therapy as part of care plan; and addressing the member's poor hygiene. Offeror did not discuss specifically how the member's relative youth should affect care planning and did not address wheelchair accessible housing or the option of an Assisted Living Facility.

Offeror's employment planning process included discussing with the member her employment history and how to return to successful employment; linking the member to its employment liaison; and linking the member to vocational rehabilitation and DB101. Offeror proposed to include a qualified behavioral health professional in the employment process if behavioral health issues were determined to be the cause for the member's loss of employment. Offeror also discussed addressing the member's personal hygiene issues as appropriate to facilitate employment.

Offeror discussed offering the member peer supports, as well as the potential for the member to be employed as a peer support. Offeror did not describe clearly any evaluation of the member's current income.

Offeror discussed assisting the member to reconnect with acquaintances as part of building her network of natural supports.

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Elizabeth Corpio		2-7-17
Virginia Rountree		2.7.17
Melissa Arrabal		2/7/17

Facilitator	Signature	Date
Andrew Cohen		2/7/17

COMPONENT: ORAL PRESENTATION / PROGRAM

OFFEROR'S NAME: UHC

ORAL PRESENTATION REQUIREMENT No. 1	Total Ranking
<p>A 42 year old member who was recently determined eligible for AHCCCS and who is newly enrolled in the Offeror's plan is a female with paraplegia, and Bipolar Disorder. The member has been unemployed off and on for the past four years, in part due to her poor personal hygiene. She had difficulty maintaining a stable living environment and was evicted from her apartment. For the past six months, she had been living with various acquaintances but is now living on the street. Describe how the Offeror will address services and supports for this member.</p>	2

**Rationale:**

Major Observations:

Offeror demonstrated clearly that it understood locating the member and ensuring her safety would be its immediate challenge. Offeror described in detail the methods it would use to locate the member, including contacts listed on the PAS, member's past PCP (if known), other contacts identifiable through the HIE, homeless shelters, fire departments, FQHCs, RBHAs and Circle the City (if geographically applicable). Offeror mentioned addressing the member's food and clothing needs, once located, as well as providing a Track Phone.

Offeror discussed SNF as a possible placement option for the member for respite. Offeror identified multiple short term placement options following an initial SNF placement, including remaining at the SNF or transitioning to an ALF, homeless shelter or acquaintance's home. Offeror emphasized learning the member's story and offering member choice in care planning, including discussing placement options.

Offeror's discussion of initial assessment activities acknowledged potential DME needs but did not discuss in detail any possible issues related to the member's wheelchair.

Offeror discussed identifying any immediate medication management issues as part of the clinical assessment.

Offeror discussed exploring the cause of the member's poor hygiene and the possibility of it being related to depression or another behavioral health condition. Offeror did not describe clearly any potential medical causes, such as incontinence.

Offeror discussed the availability of bilingual case managers in the event the member does not speak English as her preferred language. Offeror stated that case managers have access to an assigned behavioral health professional for consultation every 90 days. Offeror also discussed the potential assignment of the member to an integrated physical/behavioral health clinic.

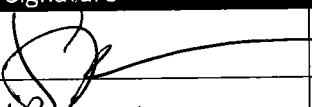
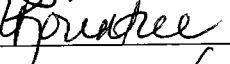

Offeror mentioned the member's potential SMI status during introductory remarks but did not subsequently describe clearly a process for determining whether the member met SMI criteria or for coordinating with the AHCCCS contractor responsible for SMI eligibility determination.

Offeror described clearly a person-centered process for planning the member's transition to an appropriate and stable living environment that emphasized member choice and consent and addressed both short term and long term goals, also taking into account the member's relative youth. Offeror did not describe clearly a specific timeline for achievement of goals. Offeror did not specifically state that it would ask the member who she would like to participate on her interdisciplinary care team.

Offeror's living environment planning process included linking the member with a housing specialist; exploring the reasons for past evictions in order to prevent reoccurrences in the future; evaluating the member's current income and developing a financial plan; exploring with the member her preference for living in a SNF, ALF, her own home or back with an acquaintance; use of attendant care and/or home health to support the member; and early identification of a change in condition and need for reassessment through alerts from its electronic visit verification system. Offeror did not discuss specifically the need for wheelchair accessible housing or the potential need for therapies.

Offeror's employment planning process included linking the member to system navigators, Freedom to Work, DB101 (with the case manager to assist the member in accessing), job training and peer supports; and assigning the member a job coach to assist with any behavioral health issues posing an impediment to employment. Offeror also discussed addressing the member's personal hygiene issues through a hygiene plan.

Offeror discussed assisting the member to reconnect with acquaintances as part of building her network of natural supports. Offeror also discussed inviting the member to member/provider council workshops where she could meet other members.

Evaluation Team Member	Signature	Date
Elizabeth Cerpio		2-7-17
Virginia Rountree		2.7.17
Melissa Arrabal		2/7/17

Facilitator	Signature	Date
Andrew Cohen		2/7/17

COMPONENT: ORAL PRESENTATION / PROGRAM

OFFEROR'S NAME:

Mercy Care Group

ORAL PRESENTATION REQUIREMENT No. 1	Total Ranking
<p>A 42 year old member who was recently determined eligible for AHCCCS and who is newly enrolled in the Offeror's plan is a female with paraplegia, and Bipolar Disorder. The member has been unemployed off and on for the past four years, in part due to her poor personal hygiene. She had difficulty maintaining a stable living environment and was evicted from her apartment. For the past six months, she had been living with various acquaintances but is now living on the street. Describe how the Offeror will address services and supports for this member.</p>	<p>3</p>

**Rationale:**

Major Observations:

Offeror acknowledged the member's presence on the street but failed to describe clearly the methods it would use to locate the member.

Offeror did not describe clearly steps it would take to stabilize the member, once located. Offeror stated that housing would be its first priority for the member but did not discuss placement in a SNF as an immediate step. Offeror mentioned potential placement in a residential treatment facility. Offeror also mentioned placement in an ALF, but not for stabilization purposes. Offeror stated it would provide a Track Phone.

Offeror discussed exploring the member's DME needs and wheelchair status as part of initial assessment activities.

Offeror discussed identifying the member's medication needs and making a referral, if necessary.

Offeror discussed exploring the cause of the member's poor hygiene and the possibility of it being related to incontinence and the need for incontinence supplies. Offeror did not describe clearly any potential behavioral health contributing factors.

Offeror discussed the availability of RN and behavioral health professional case managers. Offeror stated the member could be a candidate for assignment to a behavioral health care team.

Offeror identified the member's potential SMI status. Offeror discussed verifying her bipolar diagnosis along with potential comorbidities such as SUD or ADHD, as well as creating a crisis plan. Offeror stated that its case managers are trained to perform bio-psychosocial assessments and one would be conducted on the member but it did not discuss referral for an SMI assessment and did not address coordinating with the AHCCCS contractor responsible for SMI eligibility determination.

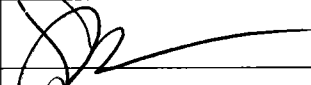
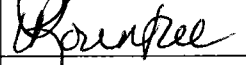

Offeror mentioned the importance of learning the member's goals with respect housing and


employment, and that the member must drive the care plan, but did not describe clearly the process for understanding and addressing potential short term or long term goals. Offeror did not describe clearly a specific timeline for achievement of goals. Offeror discussed including the member's informal supports on the interdisciplinary care team, if she so desired.

Offeror's living environment planning process included an assumption that the member has income, which is possible but not assumed within the case study. Offeror discussed the availability of vouchers through the City of Phoenix and the Bridge program. Offeror also discussed the possibility of the member residing with friends and the potential need for wraparound services and adaptive equipment/modifications to support the living arrangement. Offeror identified use of home health care but not attendant care. Offeror addressed performing physical and occupational therapy assessments and providing therapy either in-home or at the therapist's office.

Offeror's employment planning process included linking the member to vocational rehabilitation services and to SAMSHA supported employment providers within its network. Offeror discussed addressing the member's personal hygiene issues, including determining whether skin breakdown could be a contributory factor. Offeror did not discuss the use of DB101.

Offeror acknowledged the member's relative youth and discussed age-appropriate referrals to Ability360 and Spofit. Offeror mentioned referring the member to NAMI. Offeror noted that the member has friends and may have family but did not describe clearly how it would assist the member in building relationships with these individuals or others. Offeror discussed peer supports but only within the context of behavioral health support. Offeror mentioned the availability of Mercy Paws program to assist the member if she has a pet.

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Elizabeth Cerpio		2-7-17
Virginia Rountree		2.7.17
Melissa Arzabal		2/7/17

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Andrew Cohen		2/7/17

COMPONENT: ORAL PRESENTATION / PROGRAM

OFFEROR'S NAME: Centene

ORAL PRESENTATION REQUIREMENT No. 1	Total Ranking
<p>A 42 year old member who was recently determined eligible for AHCCCS and who is newly enrolled in the Offeror's plan is a female with paraplegia, and Bipolar Disorder. The member has been unemployed off and on for the past four years, in part due to her poor personal hygiene. She had difficulty maintaining a stable living environment and was evicted from her apartment. For the past six months, she had been living with various acquaintances but is now living on the street. Describe how the Offeror will address services and supports for this member.</p>	4

**Rationale:**

Major Observations:

Offeror failed to describe clearly the methods it would use to locate the member. Offeror instead described finding the member in a homeless shelter, which was not assumed in the case study.

Offeror did not describe clearly steps it would take to stabilize the member, once located. Offeror did not discuss placement in a SNF or an ALF as an immediate step. Offeror did discuss potential placement in a group home, which traditionally refers to housing for individuals with intellectual disabilities, which is not an allowable placement option under this contract.

Offeror discussed exploring the member's DME needs and wheelchair status as part of initial assessment activities.

Offeror discussed identifying the member's medication needs as part of initial activities but did not describe clearly any steps it would take to address medication management issues, if identified.

Offeror discussed exploring the cause of the member's poor hygiene and the possibility of it being related to incontinence or skin breakdown, possibly exacerbated by the need for a better wheelchair. Offeror did not describe clearly any potential behavioral health contributing factors.

Offeror discussed assigning a case manager based on PAS data, which could include a behavioral health case manager. Offeror stated the member could be a candidate for assignment to an integrated physical and behavioral health clinic.

Offeror identified the member's potential SMI status but did not discuss referral for an SMI assessment and did not address coordinating with the AHCCCS contractor responsible for SMI eligibility determination. Offeror mentioned the possibility of the member having a SUD comorbidity.

Offeror noted that the member has the power to make decisions (e.g., regarding where to live) but did not describe clearly the process for understanding and addressing potential short term or long term

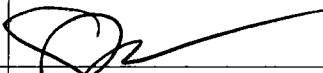
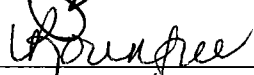



goals. Offeror did not describe clearly a specific timeline for achievement of goals. Offeror discussed asking the member who she would like to participate on the interdisciplinary care team.

Offeror's living environment planning process included an assessment of income; linking the member to a housing specialist and to HUD; and making environmental modifications (e.g., installing a wheelchair-accessible shower). Offeror identified use of home health care and attendant care. Offeror did not address use of physical and occupational therapy as part of care plan.

Offeror's employment planning process included linking the member to an employment specialist and DB101. Offeror discussed addressing the member's personal hygiene issues, in terms of incontinence and its potential effect on her employability.

Offeror discussed Circle the City and peer supports but did not describe clearly steps it would take to assist the member in building age appropriate relationships.

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Elizabeth Cepic		2-7-17
Virginia Rountree		2.7.17
Melissa Arzabal		2/7/17
Facilitator	Signature	Date
Andrew Cohen		2/2/17