NARRATIVE BSc. RANKING AND CONSENSUS RATIONALE				
Narrative BSc.: If submitting a Proposal for Central GSA - Contractors are required to develop and incorporate member-specific goals and needs in the individual service plan. Recent Quality Service Reviews reveal that family support may be limited and/or goals may be generically individualized and not member-specific. Describe how the Offeror will ensure members' services are aligned with their individual strengths and needs, and how the Offeror intends to ensure that Peer and Family Supports are offered and available to assist in meeting the members' needs. Additionally, describe how the Offeror will incorporate additional Arnold vs. Sam requirements into service planning for members, and how the Offeror intends to achieve and measure compliance with the settlement requirements. [2-page limit]				
Submission Evaluation Considerations: **-Individual Service Plan Strategies** **-Arnold v. Sam Requirements** **-Ensuring access to peer and family supports** **-Other notable considerations**				
MOLINA COMPLETE CARE	**MERCY CARE (MC)**	**BANNER UNIVERSITY FAMILY CARE (BUFC)**	**HEALTH CHOICE (HC)**	**ARIZONA COMPLETE HEALTH (AZCH)/CARELST (CF)**
RATIONALE AND MAJOR OBSERVATIONS				
Offeror described a detailed strategy for ensuring members' services are aligned with their individual strengths and needs, including: using payment incentives to promote completion of detailed, individualized service plans; conducting quarterly ISP quality reviews; partnering with Scottsdale Community College to offer training and retraining on effective service planning to case managers and their supervisors; funding outreach activities to locate hard-to-contact members; and using Governance Committee to ensure ISPs align with identified re/mal needs.	Offeror described a detailed strategy for ensuring members' services are aligned with their individual strengths and needs, including: adopting the person-centered approach used within the ALTCS program; adding certified personal medicine coaches in accordance with the SAMHSA Recovery Model; focusing provider training on assessing member strengths, needs and individualized goals; requiring all ISPs to include a member-defined personal medicine goal; and conducting enhanced quarterly audits to monitor ISP compliance. Offeror did not describe clearly new initiatives with respect to ISPs other than the enhanced quarterly audits, which offeror did not describe in detail.		Offeror described its service plan development experience in the North GSA, including: deployment of an Adult Recovery Team (ART) for every member with an SMI designation and monitoring of provider compliance with ISP requirements. Offeror proposed to expand its integrated care management model to the Central GSA.	Offeror described a strategy for ensuring members' services are aligned with the nine guiding principles for a recovery-oriented adult system of care, including: implementing its Voice and Choice system in the Central GSA; implementing a personal recovery navigator program; expanding provider education and quality improvement; and monitoring compliance through medical record audits. Offeror also discussed provider incentives and Novacare but did not describe in detail these two initiatives.
Offeror demonstrated clearly its understanding of Arnold versus Sam requirements and its strategy for incorporating these requirements into service planning, including by: utilizing Mercer performance measurements to monitor effectiveness of services; implementing CQUI interventions and performance improvement projects; offering technical assistance to providers who are failing to meet standards; and partnering with the WDCO Employment Center to implement milestone- and outcome-based incentives to reward successful job placements.	Offeror demonstrated clearly its understanding of Arnold versus Sam requirements and described its experience and ongoing "mature" strategies to ensure compliance with fidelity scores and service utilization requirements. Offeror documented outcomes achieved, including with respect to reducing crisis service rates and increasing consumer-operated services. Offeror did not describe clearly any new initiatives with respect to Arnold versus Sam compliance.		Offeror discussed its commitment to ensuring compliance with Arnold versus Sam and the experience of its staff with respect to Maricopa County. Offeror proposed initially to maintain existing partnerships in the Central GSA. Offeror did not describe clearly any new initiatives with respect to Arnold versus Sam compliance.	Offeror described its experience ensuring compliance with Arnold versus Sam in its capacity as RBHA for the South GSA and proposed to replicate the system in the Central GSA. Offeror did not describe clearly any new initiatives with respect to Arnold versus Sam compliance.
Offeror described fully a strategy for ensuring the availability of Peer and Family Supports, including: monitoring of service utilization and potential underutilization; expanding the Peer Reach-in program; developing an annual Peer Support Recognition program; and using outcome-based payments for PFROs.	Offeror discussed contributing factors to low family support utilization in the Central GSA and described initiatives to address, including: creating an extended-hours family phone line and internal family support line; facilitating real-time referrals; and developing additional training capacity in all counties. Offeror also discussed monitoring utilization and satisfaction, although it did not describe clearly how it would use findings to assess outcomes, by initiative, to inform future activities.		Offeror discussed generally its commitment to peer, family and natural supports but did not describe clearly a strategy for increasing capacity and service utilization or monitoring utilization and outcomes.	Offeror discussed use of Voice and Choice as part of a strategy to increase peer- and family-run organization utilization but did not describe clearly its strategy for addressing workforce shortages and expanding capacity in the GSA.
RANKINGS				
1	2		4	3

NARRATIVE BSc. RANKING AND CONSENSUS RATIONALE EVALUATION TEAM SIGNATURES	
EVALUATOR FULL NAME (FIRST AND LAST):	Judith Walker
EVALUATOR TITLE:	Program Administrator System of Care
DATE:	Nov 2, 2021
SIGNATURE:	Judith A Walker Judith A Walker (Nov 2, 2021 10:40 PDT)

EVALUATOR FULL NAME (FIRST AND LAST):	Megan Woods
EVALUATOR TITLE:	Integrated Care Administrator
DATE:	Nov 2, 2021
SIGNATURE:	Megan Woods (Nov 2, 2021 10:49 PDT)

EVALUATOR FULL NAME (FIRST AND LAST):	Susan Kennard
EVALUATOR TITLE:	Bureau Chief OIFA
DATE:	Nov 2, 2021
SIGNATURE:	Susan Kennard Susan kennard (Nov 2, 2021 09:39 PDT)

FACILITATOR FULL NAME (FIRST AND LAST):	Andrew Cohen
DATE:	Nov 2, 2021
SIGNATURE:	Andrew Cohen Andrew Cohen (Nov 2, 2021 09:37 PDT)