




NARRATIVE 86 BANKING AND CREDITORS RATIONALE				
<p>Narrative 86: For each of the following topics below, describe the single most impactful initiative or effort the Offeree has undertaken (and is still in effect), or will undertake, to provide the best care and to improve outcomes for individuals with an SMI diagnosis. If the Offeree provides more than one initiative per topic below, only the first initiative described will be considered for scoring.</p> <p>1. Provider care management 2. Contractor care management 3. Provider case management 4. Stakeholder input 5. Justice system/judicial involved individuals 6. Court Ordered Treatment, and 7. Clearly aligned Medication and Medication management.</p> <p>It is not a goal for each of a litany of common evaluation considerations. Common case management Provider case management Outreach and education Stakeholder input Justice system/judicial involved individuals Court ordered treatment Clear alignment of Medication and Medication management</p>				
MOLINA COMPLETE CARE	MERCY CARE (MCC)	BANKER UNIVERSITY FAMILY CARE (BUCF)	HEALTH CHOICE (HC)	ARIZONA COMPLETE HEALTH (ACHC)/CAREFIRST (CF)
<p>Offeree described its existing case management initiative Fully Integrated Care Management Program (Four Reach 4), including basis for selection, target population, measurable outcomes, and program components. Components include: pre-discharge member engagement, peer advocacy during discharge planning, and ongoing engagement. Offeree proposed to expand the program from hospital and residential treatment facilities to EDs. Offeree discussed collaboration between care managers, Health Home case manager and recovery health aides but did not describe clearly how care is coordinated internally for the relationship to Adult Recovery Teams. Offeree also provided data on improved outcomes but did not describe clearly its ongoing process for monitoring and evaluation.</p>	<p>Offeree described its recently implemented case management initiative Enhanced High Touch Integrated Care Management program, including basis for selection, target population, measurable outcomes, and program components. Components include: pre-discharge member engagement, peer advocacy during discharge planning, and ongoing engagement. Offeree proposed to expand the program from hospital and residential treatment facilities to EDs. Offeree discussed collaboration between care managers, Health Home case manager and recovery health aides but did not describe clearly how care is coordinated internally for the relationship to Adult Recovery Teams. Offeree also provided data on improved outcomes but did not describe clearly its ongoing process for monitoring and evaluation.</p>	<p>Offeree described its proposed provider case management initiative (Baker's Integrated Care Management Model), including basis for selection, target population, measurable outcomes, and program components. Components include: curriculum development, practice transformation and value-based incentives. Offeree discussed the proposed curriculum focus on training but did not describe clearly how it would enhance integrated care. Offeree discussed broad improvements but did not describe clearly measurable outcomes or a monitoring and evaluation plan.</p>	<p>Offeree described its existing provider case management initiative (Regional Employment Initiative), including basis for selection, target population, measurable outcomes, and program components. Components include: training module and Regional Coordinator team. Offeree discussed the role of the team but did not describe clearly how the initiative results in enhanced provider case management. Offeree presented an outcome plan needed to be able but did not describe clearly a plan for ongoing monitoring and evaluation.</p>	<p>Offeree described its existing case management initiative (Bioscore Wellness Integrated Care Management) including basis for selection, target population (all members with SMI), measurable outcomes, and program components. Components include: on-venue peer environment, virtual peer support, recovery oriented integrated care management plan, and population case leads. Offeree discussed a training process for providers but did not describe clearly training for internal staff. Offeree also discussed the role of population leads but did not describe clearly the process to be followed for identifying and carrying out interventions.</p>
<p>Offeree described its existing outreach and education initiative (Enable to Be a Better Parent), including basis for selection, target population, and program components. Components include: recovery health guides and an umbrella to reach community of practice. Offeree discussed the use of recovery health guides but did not describe clearly the public would have an impact on offeree's case utilization or how the offeree would plan to measure guide outcomes. Offeree also discussed the success of the program but did not describe clearly any measurable outcomes or an ongoing monitoring and evaluation plan.</p>	<p>Offeree described its existing outreach and education initiative (Enable to Be a Better Parent), including basis for selection, target population, measurable outcomes, and program components. Components include: identification of offeree's case utilization or how the offeree would plan to measure guide outcomes. Offeree also discussed the success of the program but did not describe clearly any measurable outcomes or an ongoing monitoring and evaluation plan.</p>	<p>Offeree described its recently implemented outreach and education initiative (Cross-Sector Member Engagement Initiative for High ER Target Population), including basis for selection, target population, measurable outcomes, and program components. Components include: real-time monitoring and monitoring and evaluation activities. Offeree discussed the use of trauma-informed care, member education, and connections to services. Offeree's initiative was developed for a general (AC) population and would potentially be beneficial to the AC/CHW population, but Offeree did not describe clearly how it would equate or modify the initiative specifically for the AC/CHW population.</p>	<p>Offeree described its existing outreach and education initiative (Epi Episode Together), including basis for selection, target population, measurable outcomes, and program components. Components include: training module and Regional Coordinator team. Offeree discussed the role of the team but did not describe clearly how the initiative results in enhanced provider case management. Offeree presented an outcome plan needed to be able but did not describe clearly a plan for ongoing monitoring and evaluation.</p>	<p>Offeree described its existing outreach and education initiative (Epi Episode Together), including basis for selection, target population, measurable outcomes, and program components. Components include: training module and Regional Coordinator team. Offeree discussed the role of the team but did not describe clearly how the initiative results in enhanced provider case management. Offeree presented an outcome plan needed to be able but did not describe clearly a plan for ongoing monitoring and evaluation.</p>
<p>Offeree described its proposed stakeholder initiative (AC/CHW Governance Committee), including its composition, monitoring role, and meeting frequency. Offeree presented an approach that was provider-oriented but did not describe clearly how it would engage a wide array of stakeholders. Offeree also discussed use of a data dashboard and data sources to identify performance improvement needs, but did not describe clearly its process for stakeholders to access the data or its stakeholder-driven process for developing, implementing and monitoring performance improvement projects.</p>	<p>Offeree described its existing stakeholder initiative (Stakeholder Collaboration, Outreach and Communication Initiative), including basis for selection, target population, measurable outcomes, and program components. Components include: development of a stakeholder dashboard for issue identification, development of action plans, and stakeholder training.</p>	<p>Offeree described its recently implemented stakeholder initiative (Neighborhood Advisory Council), including basis for selection, target population (all members), achieved outcomes, and a clearly defined model. Offeree did not describe clearly how the model supports members, families and peers. Offeree provided examples of outcomes but did not describe clearly how it monitors and evaluates the council's effectiveness.</p>	<p>Offeree described its existing and recently proposed stakeholder initiative (Regional Health Equity Assessment), including basis for selection, target population, measurable outcomes, and program components. Offeree discussed development grants but did not describe clearly how the assessment is to be used to improve or the grants or how it is being used to enhance care management.</p>	<p>Offeree described its existing stakeholder initiative (ACHC Community Governance Collaborative, or CG), including basis for selection, target population, measurable outcomes, and program components. Components include: development of a stakeholder dashboard for issue identification, development of action plans, and stakeholder training. Offeree proposed a dashboard for action plan development based on stakeholder input.</p>
<p>Offeree described its proposed justice system/judicial involved individuals initiative (Justice Involvement Community of Care), including basis for selection, target population, and program components. Components include: payment model structure (including incentives for timely and closed case) for individuals preparing for release from a correctional setting. The Offeree discussed the program's general objectives but did not describe clearly measurable outcomes, a monitoring and evaluation plan, or a program monitoring and evaluation plan.</p>	<p>Offeree described its existing justice system/judicial involved individuals initiative (Justice Involvement Community of Care), including basis for selection, target population, and program components. Components include: payment model structure (including incentives for timely and closed case) for individuals preparing for release from a correctional setting. The Offeree discussed the program's general objectives but did not describe clearly measurable outcomes, a monitoring and evaluation plan, or a program monitoring and evaluation plan.</p>	<p>Offeree described its existing justice system/judicial involved individuals initiative (Public Defender/Legal Defender Co-location Project), including basis for selection, target population, and program components. Offeree discussed the use of the program but did not describe clearly how it would develop and sustain the necessary peer support capacity. Offeree also discussed outcomes with respect to member engagement but did not describe clearly other outcomes or how it will monitor and evaluate the program's effectiveness.</p>	<p>Offeree described its existing justice system/judicial involved individuals initiative (Justice Overhaul Initiative), including basis for selection, target population, measurable outcomes, and role of the ED team. Offeree proposed expanding the initiative into additional counties in 2022 and across all North Dakota counties by the end of 2025. Offeree discussed the role of the ED team as "traffic controller" but did not describe clearly its activities with respect to achieving diversion outcomes. Offeree also discussed collaborating with AHC/CS providers but did not describe clearly what it would result of the agency.</p>	<p>Offeree described its existing justice system/judicial involved individuals initiative (Justice Overhaul Initiative), including basis for selection, target population, measurable outcomes, and role of the ED team. Offeree proposed expanding the initiative into additional counties in 2022 and across all North Dakota counties by the end of 2025. Offeree discussed the role of the ED team as "traffic controller" but did not describe clearly its activities with respect to achieving diversion outcomes. Offeree also discussed collaborating with AHC/CS providers but did not describe clearly what it would result of the agency.</p>
<p>Offeree described its proposed OOT initiative (Mobile LA Team), including basis for selection, measurable anticipated outcomes, and a plan for monitoring and evaluation. Offeree identified the personnel and role of the LA Team but did not describe clearly the target population for the initiative. The number of teams to be deployed, how the necessary capacity would be developed, and how the teams would engage with outpatient service providers.</p>	<p>Offeree described its existing OOT initiative (The Wrong Door Pre-Prison Screening Application Initiative), including basis for selection, target population, measurable anticipated outcomes, and a plan for monitoring and evaluation. Offeree identified the personnel and role of the LA Team but did not describe clearly the target population for the initiative. The number of teams to be deployed, how the necessary capacity would be developed, and how the teams would engage with outpatient service providers.</p>	<p>Offeree described its proposed OOT initiative (OT Integrated Care Initiative), including basis for selection, target population, measurable outcomes, and program components. Offeree identified the ombudsman role and the number of teams to be deployed but did not describe clearly the Offeree's responsibilities. Offeree also did not provide measurable outcomes but did describe clearly how it will monitor and evaluate the program's effectiveness.</p>	<p>Offeree described its existing OOT initiative (OOT Oversight program), including basis for selection, target population, and measurable outcomes. Offeree discussed the responsibilities of its staff and Court Administrators but did not describe clearly how the model currently operates and whether or how it would be expanded going forward. Offeree provided data on youth to date but did not describe clearly a plan for monitoring and evaluation.</p>	<p>Offeree described its recently implemented OOT initiative (Connections to Care program), including basis for selection, target population, measurable anticipated outcomes, program components, and a plan for monitoring and evaluation. Components include: identification of members with care gaps, data sharing with providers, and care manager information. Although Offeree discussed the Connections to Care process, it did not describe clearly how the process will be enhanced via coordination or access to behavioral health services.</p>
<p>Offeree described its proposed dualy aligned Medicare/Medicaid initiative (Special Supplemental Benefits for the Chronically ill within its S-SP plan), including basis for selection, target population, measurable anticipated outcomes, and a plan for monitoring and evaluation. Offeree identified the challenges faced by aging members but did not describe clearly how the proposed model would target members or be implemented. Offeree also did not describe clearly measurable outcomes or a monitoring and evaluation plan.</p>	<p>Offeree described its proposed dualy aligned Medicare/Medicaid initiative (Mercy Wishes health application), including basis for selection, target population, measurable anticipated outcomes, and a plan for monitoring and evaluation. Offeree identified areas in which program outcomes are anticipated but did not describe clearly measurable targets for improvement. Offeree also did not describe clearly its development and implementation steps.</p>	<p>Offeree described its existing dualy aligned Medicare/Medicaid initiative (S-SP plan) and its role in helping to promote medication adherence. Offeree provided measurable anticipated outcomes for current members. Offeree proposed a pilot to improve medication adherence for members with complex needs but did not describe clearly the scope of the pilot or whether it would be expanded based on outcomes.</p>	<p>Offeree described its existing dualy aligned Medicare/Medicaid initiative (Innovating Better Care), including basis for selection, target population (all members with SMI), measurable outcomes, and program components. Offeree discussed the use of the app but did not describe its approach for ensuring the technology is widely accessible to members. Offeree provided data on results to date but did not describe clearly a plan for monitoring and evaluation.</p>	<p>Offeree described its existing dualy aligned Medicare/Medicaid initiative (Peer Intensive Case Management program), including basis for selection, target population, measurable anticipated outcomes, and program components. Components include: integrated case management, SDOH support, transitional care, preventive and home primary care, home safety checks, and technology supports. Offeree proposed to expand to any newly awarded GAs.</p>

NARRATIVE 87 BANKING AND CREDITORS RATIONALE EVALUATION TEAM SIGNATURES				
EVALUATOR FULL NAME (FIRST AND LAST)	Sita Randoi			
EVALUATOR TITLE	Assistant Director, DGA			
DATE	Nov 3, 2021			
SIGNATURE				
EVALUATOR FULL NAME (FIRST AND LAST)	Brandi Howard			
EVALUATOR TITLE	Medical Management Manager			
DATE	Nov 3, 2021			
SIGNATURE				
EVALUATOR FULL NAME (FIRST AND LAST)	Della Manese			
EVALUATOR TITLE	Clinical Resolution Lead			
DATE	Nov 4, 2021			
SIGNATURE				
EVALUATOR FULL NAME (FIRST AND LAST)	Andrew Cohen			
DATE	Nov 3, 2021			
SIGNATURE	