# ACUTE CARE/CRS RFP CONSENSUS RANKING SUBMISSION REQUIREMENT NO. 12

COMP	ONENT:
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PROGRAM

SUBMISSION REQUIREMENT NO. 12		
Ranking No.	Offeror	
1	Southwest Catholic Health Network dba Mercy Care Plan	
2	UnitedHealthcare Community Plan	
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Total N	umber of I	Bidders:
	2	

Totaled By Team Lead:	Signature	Date
Millie Blackstone	Mille Blackstone	2/27/13

Verified By Facilitator:	Signature	Date
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## ACUTE CARE/CRS RFP CONSENSUS RATIONALE SUBMISSION REQUIREMENT NO. 12

**COMPONENT:** 

**PROGRAM** 

OFFEROR'S NAME:

Southwest Catholic Health Network dba Mercy Care Plan

SUBMISSION REQUIREMENT No. 12	Total Ranking
A 13-year old foster child diagnosed with Spina Bifida, Intermittent Explosive Disorder, history of poly-substance abuse, and PTSD resulting from sexual abuse, is enrolled in CRS. Describe the comprehensive treatment plan developed for all diagnoses to address the complex care needs of the child.	

#### Rationale:

### Major Observations

Offeror presented a care planning approach that was member-specific and took into consideration the member's strengths, barriers, cultural preferences and goals.

Offeror addressed coordination of care with CPS and CMDP and specifically referenced the requirement that the member be seen by a behavioral health provider within 72 hours of notification from CPS that the member was being placed in foster care.

Offeror committed to having the member's case manager accompany her to all CRS and behavioral health appointments.

Offeror proposed including the member's custodial family in the development and implementation of the care plan, subject to approval by CPS.

Offeror addressed support and training needs for both the member's foster care and custodial families.

Offeror described coordination with member's IEP/504 plan.

Offeror discussed the holding of an initial interdisciplinary care team meeting but was unclear as to whether, and how often, subsequent meetings would be held.

Offeror identified Patient Centered Health Home as a possible care site but did not clearly describe about the nature of the services that would be provided at the PCHH and how or whether they would encompass all of the member's care needs.

Offeror addressed specialist care but did not focus on pediatric or adolescent care specialists.

Evaluation Team Member (Print Name)	Signature	Date
Millie Blackstone	Millie Blockston	2/27/13
Kimberly Englo	fro =	2/27/13
Gloria NAVARRO VA LUGADE	gloria Navarro Udvara	6 3/1/13

Facilitator	Signature	Date
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# ACUTE CARE/CRS RFP CONSENSUS RATIONALE SUBMISSION REQUIREMENT NO. 12

**COMPONENT:** 

**PROGRAM** 

**OFFEROR'S NAME:** 

UnitedHealthcare Community Plan

	Total
SUBMISSION REQUIREMENT No. 12	Ranking
A 13-year old foster child diagnosed with Spina Bifida, Intermittent Explosive Disorder, history of poly-substance abuse, and PTSD resulting from sexual abuse, is enrolled in CRS. Describe the comprehensive treatment plan developed for all diagnoses to address the complex care needs of the child.	2

### Rationale:

#### Major Observations

Offeror presented a care planning approach that was member-specific and took into consideration the member's vision, goals and treatment preferences.

Offeror engaged the member and her foster care mother in development of the care plan.

Offeror addressed coordination of care with CPS and CMDP.

Offeror described coordination with member's IEP/504 plan.

Offeror described effective uses of technology for sharing of information across plan and providers.

Offeror's interdisciplinary care team included multiple professional types but did not clearly describe whether or how the member or her foster care family would be included.

Offeror described multiple professionals who would be involved in assessing member needs and planning her care, but did not clearly identify a single case manager or point of contact responsible for ensuring all needs would be addressed throughout the care planning process and beyond.

Offeror's process included creation of the Individual Service Plan by a nurse and physician without clearly describing consultation with the member or member's family.

Offeror presented a very detailed description of the member's potential physical health care needs and interventions but provided less information about age-appropriate interventions to address the member's behavioral health needs.

Offeror made initial provider assignments without clearly describing consulting the member or her foster care family.

Offeror did not clearly describe engaging the member's custodial family in care planning, subject to CPS approval.

Evaluation Team Member (Print Name)	Signature	Date
millie Blacks tone	Millie Bledato	2/27/13
Kimberly Engle	Kw 3	2/27/13
GLGRIANAVAMO VALVEND	E Glorin Wavarro Valverdo	3/1/13

Facilitator	Signature	Date
A-heis Cohon		2/1/13
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