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June 3, 2011

VIA ELECTRONIC AND HAND DELIVERY

Michael Veit
Director of Purchasing
Contracts and Purchasing Section
Arizona Health Care Cost Containment System
701 E. Jefferson, MD 5700
Phoenix, AZ 85034

Re: RFP No.: YH12-0001/SCAN Long Term Care Bid Award Protest

Dear Mr. Veit:

This law firm represents SCAN Long Term Care ("SCAN"). Please accept this letter as SCAN's formal protest of the scoring of SCAN's March 25th, 2011 case management oral presentation in connection with SCAN's bid for the Arizona Long Term Care System ("ALTCS") Elderly & Physically Disabled ("EPD") contract in Maricopa County. As you are aware, SCAN filed a separate protest earlier this week on May 31st in which we identified certain errors that were made in the scoring of SCAN's written RFP responses. As we pointed out in that protest, these errors, if corrected, would add a total of twenty-six (26) points to SCAN's overall score. This is a separate protest, although the relief requested is the same.

Pursuant to the requirements of Arizona Administrative Code ("A.A.C.") R9-22-604, SCAN provides the following information in support of its protest:

Interested Party/Protesting Party:	SCAN Long Term Care 1313 E. Osborn Road, Suite 150 Phoenix, AZ 85014
Bid Solicitation Number:	YH12-0001
Relief Requested:	Award of the ALTCS contract for Maricopa County

All additional information required under A.A.C. R9-22-604, including a detailed statement of the legal and factual basis for this protest, are provided in the remaining portions of this letter.

ORAL PRESENTATION SCORING ERRORS (CASE MANAGEMENT)

For the reasons set forth below, SCAN respectfully requests that AHCCCS reevaluate and re-score SCAN's Case Management Oral Presentation. SCAN's reasoning is based upon a careful review of SCAN's and other plans' oral presentation transcripts, AHCCCS's scoring of SCAN's and other plans' oral presentations, and the qualitative

scoring tool that AHCCCS provided. For ease of reference and to provide context for SCAN's analysis as to why it's case management oral presentation should be re-scored, we have included the case management scenario below.

> "It is a year later and Oscar has been living at home with his family for one month. His wife got certified to be his paid caregiver through a contracted Attendant Care agency. She is only working 20 hours per week though since she did not want to quit her other part time job in case member being at home did not work out and she needed to go back to an outside job.
>
> Member has developed a small pressure sore that requires dressing changes. His wife does daily dressing changes but skilled nursing visits are in place once a week to check the status. Wife also does member's bowel care. Member's brother is a paid caregiver for the remainder of the assessed hours but he has been a no-show for scheduled shifts a couple of times in the last few weeks.
>
> Oscar has had some improvements in his functional abilities since the accident – he now has more controlled movement of the one arm and he is able to assist with some ADLs. Member's memory however has not improved and as a result, the angry outbursts have increased. He screamed at one of his kids last week and now that child is afraid of her father. Member has been authorized for weekly counseling but he has lately become inconsistent in his attendance at the sessions.
>
> Member's wife is struggling financially as well as being overwhelmed by the demands of member's care, her job and the children. She was recently presented with the opportunity for a full time position at her job but she is conflicted about whether to accept this.
>
> Oscar still talks about wanting/needing to go back to work in some form but he is concerned that he will lose the benefits he has just started to receive and the assistance he gets from ALTCS.
>
> Offeror needs to consider and present service options that address all paths the member and/or family may choose."

AHCCCS scored the oral presentations based upon whether the plans appropriately addressed five (5) broad categories, four (4) of which included several subcategories.[1] SCAN is protesting the number of points that AHCCCS awarded SCAN in three (3) of the five (5) categories for the reasons provided below.

1. <u>Scoring Category Number One: "Consideration of appropriate in-home care services – 30%"</u>

Category Number 1 contains the following five (5) subcategories: 1) Attendant care SDAC or traditional, 2) Respite, 3) Gaps in service, 4) Explanation of CES considerations, and 5) Other. AHCCCS awarded SCAN a total of two (2) out of a possible five (5) points in Category Number 1. This is in spite of the fact that SCAN clearly addressed four (4) of the five subcategories in its presentation. Indeed, the only subcategory that SCAN did not address in its presentation specific to this category was "respite." Below are the comments that SCAN made in its oral presentation for which SCAN respectfully requests additional credit under Category Number 1:

---

[1] *Although the overall weighting methodology for the categories was provided, it is unclear exactly how AHCCCS scored the oral presentations. For example, it is unclear what types of responses would merit points under the category of "Other" under the first four (4) Categories or for responses under Category 5 "Other", for which SCAN received zero (0) out of a possible five (5) points. Furthermore, the subcategories were not assigned points. SCAN respectfully requests that AHCCCS provide further information and clarification with respect to the scoring of the oral presentations and reserves the right to submit additional protests as it receives and reviews such information.*

- ***Attendant care SDAC or traditional***

"So pertinent details and services that we've taken to this point. He has been at home receiving spouse-attended care and family -attended care, a combination. He has improved in functioning. He's gained some of the use of his arm that used to just be spastic, so he's able to participate in some of his ADLs. His sister – or, I'm sorry, his wife and his brother do a combination of the services."[2]

"On the flip side, when we're taking a look at information related to – especially when it's formal supports that we're paying for, when it comes to attending care service, in-home services, we do take a look and make sure that those services are being met and needed, recorded. Once we find out, because we have different avenues, and when we can find out a person doesn't, you know, have their caregiver that shows up on time, follow up, reconcile that information with what we get for providers on a monthly basis, which in turn gets reported back to AHCCCS."[3]

- ***Gaps in service***

"And his brother has been inconsistent. That's one of the concerns, is that his inconsistency in providing care is not beneficial to Oscar. And April is stressed out to a certain degree, and potentially considering taking an outside full-time job that's been offered to her. She's conflicted about that."[4]

"Also going to make sure that any of the services that his brother did not provide have been reported to us on the NPS. So I'll have to be submitting that to Mary Ann to make sure that that was handled appropriately."[5]

"On the flip side, when we're taking a look at information related to - especially when it's formal supports that we're paying for, when it come to attending care service, in-home services, we do take a look and make sure that those services are being met and needed, recorded. Once we find out, because we have different avenues, and when we can find out a person doesn't, you know, have their caregiver that shows up on time, follow up, reconcile that information with what we get for provider on a monthly basis, which in turn gets reported back to AHCCCS."[6]

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[2] *See SCAN's Oral Presentation Transcript at page 6, ll. 3-10, attached hereto with the relevant portions of the transcript highlighted.*
[3] *Id. at page 17, l. 22 to page 18, l. 7.*
[4] *Id. page 6, ll. 11-16.*
[5] *Id., page 12, ll. 2-5.*
[6] *Id. page 17, l. 22 to page 18, l. 7.*

- ***Explanation of CES considerations***

  "And then I'll update everything – you know, as appropriate I'll – with the services that we agree on, we'll get the updated service plans, contingency plans to made sure that all of this is cost effective before we solidify it with April and Oscar and present those options to them."[7]

- ***Other***

  "The steps that we've taken so far. He has a home modification, in addition, that was successfully completed, he's able to utilize to gain entry and exit from the home and into the bathroom and into the master bedroom. That was taken care of upon his discharge from the nursing facility."[8]

  "We'd also want to extend some support, maybe some caregiver support to April. There is a lot of support groups out there that could help her in – in this - in what she's dealing with and going through, especially with the children and the other stressors that she's having."[9]

  "The other thing, as far as the support system, is really having a conversation with April about alleviating guilt for her about taking a full-time job, if that's what she's experiencing. And really, as a case manager, I'm going to try to push to her, explain to her, that sometimes an outside caregiver can be effective."[10]

  "He can have an outside caregiver. He can have his day program and then things that will help him. So that's what we're looking at for the social support system."[11]

  "So the case manager is going to be following up about the caregiver. If it's - if they do agree to an outside caregiver and the day program, we'll look at what that combination looks like and follow-up with them on that and have that conversation."[12]

SCAN respectfully requests that AHCCCS award SCAN an additional two (2) points under Category 1, for a total of four (4) out of five (5) points.

2. Scoring Category Number Two: "Consideration of medical needs – 30%"

Category Number 2 contains the following four (4) subcategories: 1) Skin care (causes, treatment, neurological evaluation education of caregivers, DME), 2) Physical therapy or restorative exercise program (e.g. range of motion), 3) Further neurological evaluation, 4) Other. SCAN covered three (3) of the four (4) subcategories in its presentation, yet AHCCCS awarded SCAN only three (3) out of a possible five (5) points under

[7] *Id., page 14, l. 22 to page 15, ll. 2.*
[8] *Id. at page 6, ll. 17-22.*
[9] *Id. at page 9, ll. 9–14.*
[10] *Id. at page 10, l. 24 to page 11, l. 4.*
[11] *Id. at page 11, ll. 13-16.*
[12] *Id. at page 11, ll. 20-24.*

this category.[13] SCAN respectfully requests that, based upon the comments identified below which are taken directly from SCAN's oral presentation transcript, AHCCCS award SCAN one (1) additional point under Category Number 2:

- ***Other***

  "We did a pharmacy review previously when he was confused and sleeping We have sent another pharmacy review to take a look at what medications he is currently receiving." [14]

  "We have to coordinate with his – we can arrange for a nurse practitioner to visit him in his home, get a first look, and then coordinate with PCP. That would be my job to bring in the PCP, and also coordinate for him to get a neurological evaluation, if that would be appropriate, after the PCP has examined him." [15]

  "I'll coordinate with the PCP for orders related to home health, at your suggestion, Dr. Shauffa. Do we need to increase the frequency of those visits or is it a different service that they want? Are they making a referral? And to make sure they're aware of the change in status, that those home health reports have gotten to them." [16]

  "I also want to talk to April about the bowel care component. Is that something that she and Oscar want the outside caregiver doing, or is that something that she and Oscar would still like her to complete? Because she could do that in the evenings outside of her job, so we need to distinguish how that's going to happen." [17]

  "The medication review, when we get it back, I'll coordinate with Dr. Shauffa to make sure that any communication, that we get it out to the PCP as quickly as possible. And if we've got behavioral health involved at that point, to make sure that they have the results of the medication review. We'll also follow up with the PCP on whether the PCP or psychiatrist will be managing the medications." [18]

3. Scoring Category Number Three "Consideration of behavioral health needs – 30%"

Category Number 3 contains the following five (5) subcategories: 1) Why inconsistent attendance (e.g. transportation issues, member's health on appt dates, progress – or perceived lack of – in sessions), 2) Consideration of alternate interventions (e.g. peer support), 3) Coping mechanisms for family, 4) Interventions for member and family members, and 5) Other. SCAN covered all five (5) of the subcategories in its presentation, yet AHCCCS awarded SCAN only four (4) out of a possible five (5) points under this category.[19] SCAN respectfully requests that, based upon the comments identified below which are taken directly from SCAN's oral presentation transcript, AHCCCS award SCAN one (1) additional point under Category Number 3:

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[13] *The only issue that SCAN did not address in its presentation was issue number 2, "Physical therapy or restorative exercise program (e.g. range of motion).*
[14] *Id. at page 6, ll. 22-25.*
[15] *Id. at page 8, ll. 8-13.*
[16] *Id. at page 12, ll. 6-12.*
[17] *Id at page 12, ll. 13-18.*
[18] *Id. at page 12, l. 19 to page 13, l. 1.*
[19] *The only issue that SCAN did not address in its presentation was issue number 2, "Physical therapy or restorative exercise program (e.g. range of motion).*

- ***Other***

"And in talking with Linda about the behavioral programs available or day programs, there are programs available that he could go to a couple days a week that would help him do some vocational type of activities and get a sense of how prepared he is to go back to work. Because I know it's something he wants, but his adherence to certain things hasn't been great, so it's a steppingstone, and really help her feel better about making him more independent." [20]

"So the case manager is going to be following up about the caregiver. If it's – if they do agree to an outside caregiver and the day program, we'll look at what that combination looks like and follow-up with them on that and have that conversation." [21]

"The medication review, when we get it back, I'll coordinate with Dr. Shauffa to make sure that any communication, that we get it out to the PCP as quickly as possible. And if we've got behavioral health involved at that point, to make sure that they have the results of the medication review. We'll also follow up with the PCP on whether the PCP or psychiatrist will be managing the medications." [22]

"We have very good processes in place when it comes to timelines, to making sure that documentation that result out of – thank you – that result out of any behavioral health consultations that take place, that information is shared with the PCP. We track that. We monitor it."[23]

3. Scoring Category Number 5 – "Other"

AHCCCS awarded SCAN zero (0) out of five (5) possible points under Category 5, "Other."[24] AHCCCS did not identify the types of statements that would merit an award of points under the "Other" category. SCAN will assume for purposes of this protest that "Other" was included as a scoring category in order to allow AHCCCS to award points to plans that effectively raised key issues during their presentations which did not fall under the other four categories but were nonetheless relevant to the member's case management and healthcare and added value to the presentation.

AHCCCS awarded Bridgeway Health Solutions and Evercare Select the maximum number of points under this category (5/5), and awarded Mercy Care Plan three (3) points. In comparing the transcripts of other plans' oral presentations to SCAN's presentation transcript, SCAN respectfully submits that it should have received the full five (5) points in this category. Some of the key issues that SCAN addressed in its presentation which do not necessarily fall under the other four categories but for which we request SCAN be given credit are as follows:

- ***Other***

"We did a pharmacy review previously when he

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[20] *Id. at page 11, ll. 4-13.*
[21] *Id. at page 11, ll. 20-24.*
[22] *Id. at page 12, l. 19 to page 13, l. 1.*
[23] *Id. at page 17, ll.17-21.*
[24] *SCAN received a total of five (5) out of five (5) possible points under Category Number 4. SCAN is not protesting its score in Category No. 4.*

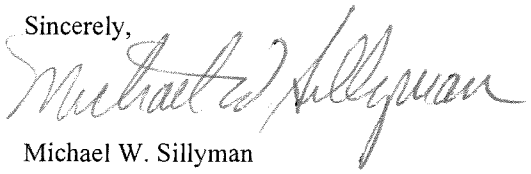
> was confused and sleeping. We have sent another pharmacy review to take a look at what medications he is currently receiving."[25]
>
> "And if need, then we need to have a psychiatric evaluation for his behavioral health."[26]
>
> "So if we find out that – let me throw it out there – the agency that employed the brother never did a field visit, wasn't reporting that something that happened in the course of his care caused the ulcer to become worse, the pressure sore, we would fill out an occurrence form. If we saw that there was, perhaps as a result of our pharmacy review, something that should not have happened, we would report to QM. So we do – that's in our conscious mind as we go through these cases all the time, especially when we've had a decline for someone."[27]

The above responses do not fit within the four (4) specified categories in the Case Management Presentation but clearly warrant consideration and an award of five (5) points in Category 5 "Other".

CONCLUSION AND RELIEF REQUESTED

Based upon the reasoning set forth herein, as well as the reasoning provided in the bid protest SCAN filed on May 31st, SCAN respectfully requests that its oral presentation and RFP Response be re-scored, that it be assigned an additional 9 points that it should have been awarded, and that it be awarded an uncapped contract with AHCCCS for the ALTCS EPD contract in Maricopa County for contract year 2012 (RFP No. YH12-0001).

Sincerely,



Michael W. Sillyman

Enclosure

cc: Elizabeth Russell

[25] *Id., page 6, ll. 17-25.*
[26] *Id. page 8, ll. 13-15.*
[27] *Id. page 16, l. 21 to page 17, l. 6.*

REPORTER'S TRANSCRIPTION OF RECORDED PROCEEDINGS

AHCCCS ARIZONA LONG-TERM CARE SYSTEM

ORAL PRESENTATION PROCESS

SCAN

REPORTED BY:
CHRISTINE M. COALY, RPR
Certified Reporter
Certificate No. 50417

PREPARED FOR:
MR. MICHAEL SILLYMAN

(Original)

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P R O C E E D I N G S

MS. ELLIOTT: -- time is now over. You will be given up to 30 minutes to present your response to the scenario. During the presentation you will receive both a ten-minute and a five-minute warning to allow you the opportunity to wrap up your presentation. And please let us know when you are done with your presentation, complete.

MALE VOICE: So (inaudible) now or --

MS. ELLIOTT: Yep.

MALE VOICE: Yeah, we're on? Okay.

MS. ELLIOTT: Go for it.

MALE VOICE: Okay. Thank you. Okay. So here we have a couple of -- we have a diagram and then we have an outline of how we -- how we handle cases at SCAN. So this diagram illustrates how SCAN conceptualizes each case when we're dealing with member issues.

So the member's in the center of the diagram, because this is the reason why we're here. We're here to service the member and make sure that all their needs are being met, whether medical, social, environmental, behavioral health, everything that has to do with the member's case is what we're taking a look at to ensure that we're meeting their best needs.

As you can see from the diagram, there is

multiple -- well, then we have the case manager who is actually assisting in the coordination, navigating through the system, advocating, everything that, you know, is a part of the case management responsibility to ensure that the member's needs are being met.

So we have the spectrum of services that could be involved with the member's case. In this situation the high-lighted areas are the ones that pertain to the original case that we had. So as more information is obtained, we would customize that for that individual to meet their new needs based on the information that we have.

So, again, we're looking at all components of the member's care. So we look at informal and we look at formal supports that are in place, and then, you know, handle the case however we need to based on the information that we have.

Can you guys hear me? Am I speaking loud enough?

VOICES: Uh-huh.

MALE VOICE: On this side we have the outline that demonstrates how we actually staff a case. So here we have the demographics and the placement that we take a look at, the reason why we have the interdisciplinary team staffings, the pertinent details,

the steps, services that are required given the information that we have. We take a look at the physical and the medical component of it. We look at both any acute and chronic issues that are going on. Sometimes it's both. So we're addressing both or whichever one is pertinent to the situation at the time.

The same thing applies to the mental health and behavioral health services, what's acute, what's chronic, address it appropriately. The physical cognitive functioning for the member. Any social support that needs to be in place, and then the action plan. So this can be ongoing monitoring, time frames as far as who has what assignments, and taking a look, again, at the short-term and long-term goals, as well as wrapping up. What did we do for this case and was it effective?

So I think that should give you a good high-level understanding of how we conceptualize and staff a case at SCAN. Now I'm going to hand it off to Laura who represents the case management component of it, also playing the role of the case manager, as well as the rest of the team, to explain the details of how we actually handle Oscar's case, because this is a story of Oscar, and April, the wife. So I think it would be important to illustrate that we're here to service members. And they are people, so it's not just the name that we're actually

out there speaking to. So with that, I'll transition it over to Laura (inaudible).

LAURA: I'll be presenting as a case manager would present in our interdisciplinary team meetings, as well as facilitating the interdisciplinary team, referred to as the IDT, which would be the role of the case management supervisor or manager that participates in the IDT.

So we'll first go through demographics and placement. Oscar is a 42-year-old man enrolled with ALTCS. He's married, has two children under the age of 10. He was in the nursing facility approximately a year-and-a-half ago. He had an injury that resulted in quadriplegia, spinal cord injury, and has currently for the past year been living at home with his wife and children receiving in-home services. He was not happy with the nursing facility, had a successful transition as far as services.

His diagnoses, he has quadriplegia, also has developed a pressure sore currently and has been diagnosed with depression.

The reason he's being brought to IDT staffing is because he's had an increase in his symptoms related to anger outbursts. He has not improved in his cognitive functioning. And there is a potential change in

his services and the social system that supports him, his support system.

So pertinent details and services that we've taken to this point. He has been at home receiving spouse-attended care and family-attended care, a combination. He has improved in functioning. He's gained some of the use of his arm that used to just be spastic, so he's able to participate in some of his ADLs. His sister -- or, I'm sorry, his wife and his brother do a combination of the services.

And his brother has been inconsistent. That's one of the concerns, is that his inconsistency in providing care is not beneficial to Oscar. And April is stressed out to a certain degree, and potentially considering taking an outside full-time job that's been offered to her. She's conflicted about that.

The steps that we've taken so far. He has a home modification, in addition, that was successfully completed, he's able to utilize to gain entry and exit from the home and into the bathroom and into the master bedroom. That was taken care of upon his discharge from the nursing facility. We did a pharmacy review previously when he was confused and sleeping. We have sent another pharmacy review to take a look at what medications he is currently receiving.

So, Dr. Shauffa (phonetic), I'll hand off to you regarding his medical conditions.

DOCTOR: Sure. Well, there are several conditions affecting Oscar, and number one is pressure sore. And also we noticed that Oscar sleeps most of the mornings until -- until afternoon. And if he is remaining in -- in a -- in a laying position, it's contributing, and lack of positioning contributing to his pressure sore, or if he remains in -- in his wheelchair for -- for long period of times, may be contributing to this condition.

He also has memory loss which has not improved, however, we have to -- and that is contributing to his increased outbursts. We have to really make sure that -- what is going on with this gentleman is that he does not have a side effect of his medications, or he's taking his medications appropriately. We also have to make sure that he does not have a new onset of neurological issues.

We don't know what has happened, but he has had memory loss for -- for almost a year. We don't know originally if he had any issues involving his -- involving a head injury, but we have to make sure that there is nothing missed from the past examination and evaluation and he does not have a new onset of neurological findings. And then the issue of his depression and outbursts that

are there, we have to make sure that if there is anything that can be done to (inaudible).

So what needs to happen with the gentleman in this case, is somebody needs to get a very good close look at his condition. We have to make sure that -- for his pressure sores that his -- the wound care that he's getting is appropriate and adequate, the techniques are okay. We have to coordinate with his -- we can arrange for a nurse practitioner to visit him in his home, get a first look, and then coordinate with PCP. That would be my job to bring in the PCP, and also coordinate for him to get a neurological evaluation, if that would be appropriate, after the PCP has examined him. And if need, then we need to have a psychiatric evaluation for his behavioral health.

And that will bring us to Linda (inaudible). Linda, please.

LINDA: Thank you. So after we would rule out the medical issues or in conjunction with the neurology report, we would probably do a neuropsychological evaluation to assess his cognitive and emotional functioning, that could -- that would include learning strategies to improve emotional behavioral issues -- strategies to help with his behavioral issues.

Like Dr. Shauffa said, we would want a

psychiatric evaluation to look at the medication because of his symptoms of depression. Based on -- again, in the short term we want to look at the family counseling, so we would coordinate with, of course, the PCP and the existing therapist that's already there. Due to his outbursts to the children, we'd want to make sure that April and Oscar have some family counseling, education on maybe how to approach their dad because of what's going on.

We'd also want to extend some support, maybe some caregiver support to April. There is a lot of support groups out there that could help her in -- in this -- in what she's dealing with and going through, especially with the children and the other stressors that she's having. In a long term, possibly for Oscar, based on what we find with the neuro psych and the neurology report, there are some great work programs out there to get him reintegrated back into -- into the workforce, even if it's just in a program. There is different incentive programs out there for folks that have memory or are behaviorally challenged. And that could give him a sense of worth again and meaning, not only to himself, but even to his family contributing some financial. Thank you.

A VOICE: Thank you, Linda. And then his physical and cognitive functioning. We talked about his physical, he's improved with his arm. Cognitively he's

still having the short-term memory loss. The anger outburst is probably the most significant change as far as what's going on with him different than the previous.

Taking a look, as a case manager, looking at his social support system, his wife is pretty burdened with taking care of him. We have tried to expand the social support that they have as far as the Spinal Cord Injury Association. We will talk with her again about that. Also explore any other supports that might be available as far as a peer coming out to talk with Oscar, who has been through a similar situation. Whether that's an independent living program, someone through the spinal cord association, that can talk to him more at a peer level versus a provider or a family level, so to make sure that they're aware of those and using those supports.

Also looking at, when we look at our diagram, is there something in the family in their outside formal life that they can be using? Is there a church program that he can be involved in? Is there something that was meaningful to either of them or all of them previously that they've disengaged in because this traumatic event happened? So we want to get them reconnected with that.

The other thing, as far as the support system, is really having a conversation with April about

alleviating guilt for her about taking a full-time job, if that's what she's experiencing. And really, as a case manager, I'm going to try to push to her, explain to her, that sometimes an outside caregiver can be effective. And in talking with Linda about the behavioral programs available or day programs, there are programs available that he could go to a couple days a week that would help him do some vocational type of activities and get a sense of how prepared he is to go back to work. Because I know it's something he wants, but his adherence to certain things hasn't been great, so it's a steppingstone, and really help her feel better about making him more independent. He can have an outside caregiver. He can have his day program and then things that will help him. So that's what we're looking at for the social support system.

And then as the supervisor, I just kind of want to wrap up our action plan, make sure that we're all on the same page with who is doing what and when, and what that's going to look like. So the case manager is going to be following up about the caregiver. If it's -- if they do agree to an outside caregiver and the day program, we'll look at what that combination looks like and follow-up with them on that and have that conversation.

I'll also do, as the case manager, the peer

support, all the information, get them connected with that. Also going to make sure that any of the services that his brother did not provide have been reported to us on the NPS. So I'll have to be submitting that to Mary Ann to make sure that that was handled appropriately.

I'll coordinate with the PCP for orders related to home health, at your suggestion, Dr. Shauffa. Do we need to increase the frequency of those visits or is it a different service that they want? Are they making a referral? And to make sure they're aware of the change in status, that those home health reports have gotten to them.

I also want to talk to April about the bowel care component. Is that something that she and Oscar want the outside caregiver doing, or is that something that she and Oscar would still like her to complete? Because she could do that in the evenings outside of her job, so we need to distinguish how that's going to happen.

The medication review, when we get it back, I'll coordinate with Dr. Shauffa to make sure that any communication, that we get it out to the PCP as quickly as possible. And if we've got behavioral health involved at that point, to make sure that they have the results of the medication review. We'll also follow up with the PCP on whether the PCP or a psychiatrist will be managing the

medications.

Dr. Shauffa, you were going to follow-up with -- about the neurological evaluation. Also home health, when we talk with the home health nurse, I'm going to have her review the techniques that are being used by the wife. I know she was trained previously on handling the changes to his pressure sore that's developed. I want to have her review her technique and make sure it's appropriate, that something hasn't changed, and also get to the bottom of how that developed. So between the caregiver and the home health, get an idea of is he sleeping a lot and that's what's causing it? He's not being turned. Is he spending a lot of time in his chair and not -- we're not exactly clear how that happens, so we want to look and it will give us a better idea of what type of equipment or service changes we need to make to prevent this in the future.

Also as the case manager -- went through social supports. I'll talk to him about long term. If he's liking the day program and still wants to explore work, we can make sure he's clear that earning money isn't necessarily going to take away his benefits, and refer him to the appropriate programs, whether it's the WIPA, or some other, you know, programs to make sure he's clear how much he can earn, how he can earn it and that he wouldn't

lose his benefits.

So is there anything else that we have missed that the team would like to --

A VOICE: I think that the -- and I'm not sure you put in the action plan or not, but that the case manager would coordinate with the existing therapist and talk about the family therapy component.

A VOICE: Oh, sure.

A VOICE: And then possibly neuropsychological evaluation if we get the neurology report.

A VOICE: Sure.

A VOICE: Yeah.

A VOICE: I think an important thing that's going to happen that we did talk about, and in the consults when we're working with the behavioral health, the current counselor, is to make sure the kids are involved in those sessions and understanding what's going on with their dad's medical condition and why he might be acting differently and how to best communicate with him. So I'll make sure and follow-up on that.

And then I'll update everything -- you know, as appropriate I'll -- with the services that we agree on, we'll get the updated service plans, contingency plans to make sure that all of this is cost effective before we

solidify it with April and Oscar and present those options to them.

So if that's --

MALE VOICE: Can you speak to the process after we've identified what the new action plan is going to be, once we have agreed upon (inaudible) agreement from the family, can you speak to how do we -- how do we go about ensuring that our action plan was successful for Oscar?

A VOICE: So if we're all in agreement there is nothing else to add, I think we talked previously about Oscar needing some increase monitoring, so I'm going to be out there monthly. We'll be getting the reports from PCP, home health, behavioral health, but I think we haven't necessarily made the decision to transfer him to a behavioral health case manager, because he has made some improvement. But I will be going out monthly and working closely with you, Linda, to make sure that we follow-up as appropriate.

And the team agreed that because there is some behavioral unknowns, there is some decrease -- decline in his medical condition, that we want to do monthly IDT as our follow-up, obviously communicating in between that time. If we have a case that maybe doesn't have as many factors going on, we may agree that there is

a partial team, if it only involves two people that reconvenes, or the supervisor or manager go back through our IDT and make sure we've completed our tasks in the time frame assigned.

We've got all of our action items. If we obviously want to prioritize any health conditions, we would assign time frames to these. So we will go through and say by when are we doing this? Is it this week? Is this within two weeks? So one of our primary concerns is going to be the pressure sore that's developed, the anger outbursts, and then the change to any services that need to happen so that April and Oscar can make the adjustments they need to make.

Is there anything else you want to add?

Karen, the last thing I'll say, just because we haven't necessarily (inaudible) quality management, as we go through this process and as we find results, if anything is the result of a quality issue, then I as a case manager would fill out the occurrence form and send it to our quality management department.

So if we find out that -- let me throw it out there -- the agency that employed the brother never did a field visit, wasn't reporting that something that happened in the course of his care caused the ulcer to become worse, the pressure sore, we would fill out an

occurrence form. If we saw that there was, perhaps as a result of our pharmacy review, something that should not have happened, we would report that to QM. So we do -- that's in our conscious mind as we go through these cases all the time, especially when we've had a decline for someone.

A VOICE: (Inaudible).

A VOICE: Okay. I'll let (inaudible) close out.

MALE VOICE: So hopefully that gives you a good overview of how we handle -- conceptually how we handle cases at SCAN. And I know that it's difficult, you know, we're referencing a three-page interdisciplinary team document that was summarized in April, so there is a lot more information in here. We tried to give you the quick snapshot of what we do, how we go about doing it. We have very good processes in place when it comes to timelines, to making sure that documentation that result out of -- thank you -- that result out of any behavioral health consultations that take place, that information is shared with the PCP. We track that. We monitor it.

On the flip side, when we're taking a look at information related to -- especially when it's formal supports that we're paying for, when it comes to attending care service, in-home services, we do take a look and make

sure that those services are being met and needed, recorded. Once we find out, because we have different avenues, and when we can find out a person doesn't, you know, have their caregiver that shows up on time, follow up, reconcile that information with what we get for providers on a monthly basis, which in turn gets reported back to AHCCCS.

So we have very good processes in place that take a look at this information. We look at that, some situations it could be daily, weekly, or monthly when it comes to all the different processes that we go through. And I think the point that I really want to drive home here, is everything that we do is member specific. There is no cookie cutter that works for anyone. Now obviously there is some success stories, and some interventions that may have helped previous cases that we may attempt to utilize with Oscar or any other case, but in this situation, we took a look at Oscar's situation, what worked, what didn't work, how can we modify it, and we continue to assess what's going on with that individual.

So -- and, again, we don't -- we don't just treat Oscar. We treat everyone that's -- you know, there is a lot of family dynamics. Obviously he has some children and he has a wife, so we work closely to meet the needs of everyone. Now obviously the services component

of it, with the exception to some, you know, family therapy, there is community supports that we can help for Oscar's family, because the services are specific to Oscar. You know, the wife and the children can benefit, again, from some counseling or services like that, but we take a look at the person as a whole and how can we best manage that individual.

So hopefully that came across, because, you know, for SCAN it's very important and actually part of our mission. Our members are our mission. We are here to service the member, and it's member centric case management that we do. So with that, I think that that pretty much covers our presentation for -- for Oscar.

MS. ELLIOTT: Okay. We'll be giving you your second scenario. This one you will be given 30 minutes to prepare. When we come back into the room, you'll be given 20 minutes to present, then we will give you two additional pieces of information, and you'll be given 10 minutes to respond to those additional pieces of information. If you haven't used your full 20 for the first part of that scenario, you can use the remaining minutes at the end to address that scenario.

(The recorded proceedings concluded.)

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CERTIFICATE

I, CHRISTINE M. COALY, hereby certify that the foregoing pages constitute a full, true and accurate transcript of all recorded proceedings had in the above matter, all done to the best of my skill and ability.

SIGNED AND DATED this 25th day of May, 2011.

CHRISTINE M. COALY, RPR
Certified Reporter
Certificate No. 50417