

EXHIBIT C: NARRATIVE SUBMISSION REQUIREMENTS

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| B1. | <p>Transitioning a contract to a new health plan has the potential to slow the critical processes of the delivery system while the new Contractor broadens its understanding for providing services to the population. Describe the efforts the Offeror will undertake to minimize delays and disruption to both members and providers, and to ensure advances that have been made in recent years continue in the transfer of responsibility. This submission will not be scored.</p> <p>[2-page limit]</p> |
| B2. | <p>The delivery of comprehensive and effective integrated services (physical health, behavioral health, social service referrals, and support) to individuals with an SMI designation and efficient administration of Non-Title XIX/XXI funding, including federal grants, require significant expertise and experience. Describe the Offeror's experience with:</p> <ol style="list-style-type: none"> a. Service delivery to individuals with an SMI designation (Title XIX/XXI and Non-Title XIX/XXI), and b. Service delivery using Non-Title XIX/XXI funding sources including federal grants. c. Administration of Non-Title XIX/XXI funding sources including federal grants. <p>The description shall include, but is not limited to, geographic coverage, population served, enrollment, efforts to advance health care integration, years serving individuals with an SMI designation, and years administering Non-Title XIX/XXI funding, including federal grants.</p> <p>[2-page limit]</p> |
| B3. | <p>Describe how the Offeror will use the limited Non-Title XIX/XXI funding to maximize the timely provision of quality services to members. At minimum, the Offeror's response shall address each of the following:</p> <ol style="list-style-type: none"> a. All sources of Non-Title XIX/XXI funding that the Offeror will be allocated (e.g., Grant, Federal, General Fund, County, Local), b. The Offeror's process for the prioritization and delivery of services, c. How the Offeror will encourage and further enable and assist Non-Title XIX/XXI members to become Title XIX/XXI eligible, and d. How the Offeror will timely coordinate provision of Non-Title XIX/XXI services that have been referred or recommended by all other AHCCCS Managed Care Organizations (MCOs). <p>[3-page limit]</p> |

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- B4.** There are many opportunities for clinical quality improvement for care of individuals living with Serious Mental Illness (SMI). The Offeror shall:
- Describe methods the Offeror uses to assess disparities or improvement opportunities for broad-based (system-wide) quality improvement and the related actions taken,
 - Describe areas the Offeror has identified as presenting the greatest opportunities for broad-based (system-wide) quality improvement and the related actions taken,
 - Describe the Offeror's experience in achieving quality outcomes for individuals living with an SMI or similar Medicaid populations. When applicable, provide statistically relevant results of previous interventions implemented by the Offeror, and
 - Describe the Offeror's proposed approach to a clinical Performance Improvement Project (PIP) designed to improve outcomes for individuals living with an SMI. [Note: AHCCCS will review the Awarded Offeror's PIP and may require the Offeror to implement the proposal as an AHCCCS-mandated PIP (subject to AHCCCS-required adjustments) for the Geographic Service Areas (GSAs) served].

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- B5.** GSA Specific Submission Requirement:
- a. If submitting a Proposal for North GSA**
Describe the Offeror's experience with the unique aspects of service delivery to members in the North GSA. What current or planned strategies will the Offeror employ to ensure the effective delivery of services? Provide evidence supporting and/or expected outcome of the approach.

[2-page limit]

- b. If submitting a Proposal for South GSA**
Describe the Offeror's experience with the unique aspects of service delivery to members in the South GSA. What current or planned strategies will the Offeror employ to ensure the effective delivery of services? Provide evidence supporting and/or expected outcome of the approach.

[2-page limit]

- c. 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. Sarn requirements into service planning for members, and how the Offeror intends to achieve and measure compliance with the settlement requirements.

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| B6. | <p>For each of the following topics below, describe the single most impactful initiative or effort the Offeror has undertaken (and is still in effect), or will undertake, to provide the best care and to improve outcomes for individuals with an SMI designation. If the Offeror provides more than one initiative per topic below, only the first initiative described will be considered for scoring.</p> <ol style="list-style-type: none"> a. Contractor care management, b. Provider case management, c. Outreach and education, d. Stakeholder input, e. Justice system/justice-involved individuals, f. Court Ordered Treatment, and g. Dually aligned (Medicare and Medicaid) members. <p>[1-page limit for each of B6. a through g]</p> |
| B7. | <p>AHCCCS expects Contractors to continually strive to improve the system of care for individuals with an SMI designation through the pursuit of innovation and advancing best practices. Describe opportunities for improvement the Offeror considers to be important and proposed strategies for each of the following:</p> <ol style="list-style-type: none"> a. Advancing an enhanced integrated care model to improve member health outcomes, b. Co-occurring SMI/SUD service delivery, c. Improving access to evidence-based outpatient behavioral health services and the delivery system framework to access meaningful services, d. Ensuring equitable health care and eliminating existing disparities, and e. Utilizing technology to maximize member engagement. <p>[5-page limit]</p> |
| B8. | <p>Provide the Offeror's assessment of current network adequacy and describe the Offeror's ability to serve members with complex or specialized health care needs to ensure members can be timely and effectively served in the least restrictive setting. Describe how the Offeror will monitor for gaps in the continuum of care, address any identified gaps and implement strategies to resolve network deficiencies. Include any existing relationships and community partnerships the Offeror has, or intends to establish, with providers and stakeholders to enhance collaboration and coordination of care, routinely assess the continuum of care, and strengthen the network to meet the unique needs of individuals served under this Competitive Contract Expansion.</p> <p>[3-page limit]</p> |
| B9. | <p>Describe the best practices of Arizona's crisis system. Describe how the Offeror will maintain and drive continued improvement for Arizona's crisis continuum by building on the foundation that is already in place. Provide a detailed strategy including primary objectives, actionable steps, timelines, and stakeholder involvement that will be used to drive improvements.</p> <p>[3-page limit]</p> |

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| B10. | <p>American Indian/Alaska Native members have a unique status within the Medicaid system. Describe the Offeror's knowledge of the unique aspects of the tribal health care delivery system and how the Offeror has and will address the specific needs of this population and act to reduce health disparities.</p> <p>[2-page limit]</p> |
| B11. | <p>Describe how the Offeror will use existing Medicaid compensable services as well as non-covered services and supports to address social risk factors impacting AHCCCS members. Include how the Offeror will capture data related to Social Determinants of Health to ensure members are connected and have timely access to needed social services.</p> <p>[2-page limit]</p> |
| B12. | <p>The wellbeing of many Arizona residents has been significantly affected by the COVID-19 public health emergency for the last 18 months, contributing greatly to the need for increased behavioral health services. Describe the Offeror's role and strategies in supporting the State's recovery from the pandemic as it relates to the needs of individuals served under this Competitive Contract Expansion.</p> <p>[2-page limit]</p> |