CATEGORY: PROGRAM **FINAL**

Offeror Name _____

BEHAVIORAL HEALTH **SUBMISSION REQUIREMENT**	**Yes = 1 No = 0**	**RFP Reference**	**Offeror Reference**
31. Describe how your organization assesses for /identifies members with behavioral health needs. In addition, please explain how information regarding the member's behavioral health needs is collected.		AMPM Chapter 500, Section 510, AMPM Chapter 900, AMPM Chapter 1600	

EVALUATION CRITERIA	**Yes = 1 No = 0**	**RFP Reference**	
Description of the process for determining member behavioral health needs includes:			
1. Collaboration with the member, member's family/representative, and other involved agencies/parties			
2. Risk assessment			
3. Unique culture of the member and family			
ORGANIZATIONAL ASSESSMENT FOR BEHAVIORAL HEALTH NEEDS (3)			

Primary Reviewer's Signature & Date Signed

Secondary Reviewer's Signature & Date Signed

CATEGORY: PROGRAM **FINAL**

Offeror Name:_____

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
32. Describe your organization's provider training program(s) that address the identification and treatment of behavioral health conditions.		AMPM Chapter 500, AMPM Chapter 900, AMPM Chapter 1600	

EVALUATION CRITERIA	Yes = 1 No = 0	RFP Reference	
The submission includes a description of the content of the provider training program including (examples): o Clinical in-services o Newsletters o Brochures			
1. Covered Behavioral Health Services.			
2. How to access services.			
3. How to involve the member in decision making and service planning			
4. Information regarding initial and quarterly behavioral health consultations			
BEHAVIORIAL HEALTH TRAINING PROGRAM (4)			

Primary Reviewer's Signature & Date Signed

Secondary Reviewer's Signature & Date Signed

CATEGORY: PROGRAM **FINAL**

Offeror Name:_____

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
33. Describe your organization's staff training program(s) that address the identification and treatment of behavioral health conditions.		AMPM Chapter 500, AMPM Chapter 900, AMPM Chapter 1600	

EVALUATION CRITERIA	Yes = 1 No = 0	RFP Reference	
Description of the organization's method utilized to train staff regarding the behavioral health program. Methods should include New Employee Orientation **and one** other method such as (examples): o Supervision o Clinical in-service o literature			
Description of the content of the staff training program including:			
1. Covered Behavioral Health Services			
2. How to access service			
3. How to involve the member in decision making and service planning			
4. Information regarding initial and quarterly behavioral health consultations			
5. How to involve the member's family/representatives in decision making and service planning			
ORGANIZATION BEHAVIORIAL HEALTH TRAINING (5)			

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ALTCS RFP EVALUATION TOOL

CATEGORY: PROGRAM **FINAL**

Offeror Name:_____

BEHAVIORAL HEALTH SUMMARY	ACTUAL SCORE	TOTAL POINTS POSSIBLE
31. Organization identifies members with behavioral health needs		3
32. Provider training program		4
33. Staff training		5
TOTAL POINTS FOR BEHAVIORAL HEALTH (12)		

Totaled By:

Date Scored:_____ _____ _____

Signature **Print Name**

Verified By:

Date Scored:_____ _____ _____

Signature **Print Name**

CATEGORY: PROGRAM **FINAL**

Offeror Name _____

CASE MANAGEMENT **SUBMISSION REQUIREMENT**	**Yes = 1 No = 0**	**RFP Reference**	**Offeror Reference**
34. Describe how your organization will implement ALTCS case management-related administrative requirements. Existing ALTCS Contractors may submit written evidence of a current AHCCCS approved Case Management Plan in lieu of this requirement. New Offerors shall submit a written description which may exceed the three page limit.		RFP ¶16 Case Management and AMPM Chapter 1600	

EVALUATION CRITERIA	**Yes = 1 No = 0**	**RFP Reference**	
The plan includes the following major program components:			
(1) A plan to assign cases based on factors such as geographic areas, specialized needs of the members, weighted caseload values.			
(2) A plan for regular review of caseload sizes and recruiting as indicated by vacancies and/or enrollment growth trends in the GSA.			
(3) A plan to conduct at least quarterly audits and/or reviews of program operations to evaluate compliance and/or the need for systemic changes.			
(4) A plan for comprehensive orientation for new case managers.			
(5) A plan for pertinent on-going training/educational opportunities for established case managers, including remedial orientation as needed/indicated.			
(6) A plan for the management of member data, including case file and/or electronic documentation.			
CASE MANAGEMENT PLAN (6)			

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Secondary Reviewer's Signature & Date Signed

ALTCS RFP EVALUATION TOOL

CATEGORY: PROGRAM **FINAL**

Offeror Name _____

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
35. Describe the process your organization will employ in assessing and meeting member needs via care planning. Existing ALTCS Contractors may submit written evidence of a current AHCCCS approved Case Management Plan in lieu of this requirement. New Offerors shall submit a written description, which may exceed the three page limit.		RFP ¶16 Case Management and AMPM Chapter 1600	

EVALUATION CRITERIA	Yes = 1 No = 0	RFP Reference	
(1) The process indicates a member-centered approach.			
(2) The process indicates an emphasis on most integrated or least restrictive settings for members.			
(3) The process indicates strengths-based assessments will be used.			
(4) The process describes a plan to supplement and reinforce existing informal support systems.			
(5) The process integrates non-ALTCS covered services into the development of a care plan.			
CARE PLANNING (5)			

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Secondary Reviewer's Signature & Date Signed

ALTCS RFP EVALUATION TOOL

CATEGORY: PROGRAM **FINAL**

Offeror Name _____

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
36. Describe how your organization will monitor the delivery of appropriate services and quality care to HCBS members, including contingency planning for gaps in scheduled HCBS services.		RFP ¶16 Case Management and ¶28 Network Development and AMPM Chapter 1600	

EVALUATION CRITERIA	Yes = 1 No = 0	RFP Reference	
(1) The process describes a plan to continuously assess the appropriateness and suitability of services/placements for HCBS members.			
(2) The process includes information regarding the coordination between Case Management and Quality Management when service issues are identified.			
(3) The process addresses how Contingency Planning and Member Service Preference Levels will be coordinated with the member/representative.			
MONITOR DELIVERY OF SERVICES (3)			

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Secondary Reviewer's Signature & Date Signed

CATEGORY: PROGRAM **FINAL**

Offeror Name _____

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
37. Essay – The Offeror will describe how they envision consumer directed care would become integrated as a service for in-home members.		RFP ¶82 Pending Legislation	

EVALUATION CRITERIA	Yes = 1 No = 0	RFP Reference	
The response submitted for this submission requirement will not be used to consider contract award for the RFP. The response will be evaluated to determine the award of additional administrative funds for one to two Offeror's awarded contracts in this RFP. The AHCCCS Administration reserves the right to request additional information before making final awards in the development of a CDC model program.			
(1) The description indicates members would be able to recruit, hire and train their own caregivers.			
(2) The description indicates the member would define the caregiver's duties and work schedule.			
(3) The description indicates how monitoring for quality would be performed.			
(4) The description indicates the involvement of a fiscal intermediary for financial administration.			
(5) The description indicates how members will be ensured access to a system of contingency caregivers.			
CONSUMER DIRECTED CARE (0)			

Primary Reviewer's Signature & Date Signed

Secondary Reviewer's Signature & Date Signed

CATEGORY: PROGRAM **FINAL**

Offeror Name _____

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
38. The Offeror must submit responses to the following three case management scenarios. The Offeror should clearly identify each case scenario and describe the following, including timeframes as appropriate: 1) interaction of the case manager with the member and others as applicable; 2) assessment of the member's status and needs; and 3) Care Plan/Services developed to meet the needs of the member, including desired outcomes that are member-specific and measurable. The Offer's response to this submission requirement shall be limited to 3, 8 ½ x 11 one sided, single spaced, type written pages per scenario.		RFP ¶16 Case Management and ¶28 Network Development and AMPM Chapter 1600	

EVALUATION CRITERIA	Yes = 1 No = 0	RFP Reference	
a. Joe is 39 year old male with diagnosis of Schizoaffective Disorder, Insulin-dependent Diabetes and paraplegia. He was placed in a nursing facility 4 months ago following a hospitalization for complications related to IDDM and Urinary Tract Infection. He was just re-enrolled in ALTCS 1.5 months ago. He was enrolled previously in ALTCS with a different Contractor, in another GSA, but due to loss of contact/moving out of service area, was disenrolled 6 months ago. Member's history includes failed residential placements, chronic substance abuse (alcohol and meth), non-compliance with medical and dietary protocols and difficulty retaining caregivers and PCPs due to demanding and verbally abusive behaviors (member has either fired them or they have refused to continue to serve him). Current PCP is on the verge of discharging him from his service. Member's informal support system was used previously for care but with limited success. Member was enrolled with RBHA after disenrollment from ALTCS, will now transfer BH services back to ALTCS again. Member states he is interested in pursuing substance abuse treatment and he would like to get out of the NF. Member has requested substance abuse treatment in the past but has then failed to commit to it. He knows he needs to do something during the day to keep him busy and away from previous lifestyle and behaviors – might be interested in finding a job. Member is wheelchair bound but is able to self-propel and transfer to/from wheelchair. He is also physically able to manage his own catheter and bowel care but does not do these things adequately and consistently without supervision or re-direction. His hygiene is poor and this has resulted in pressure sores in the past. His skin is currently intact.			

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Secondary Reviewer's Signature & Date Signed

CATEGORY: PROGRAM **FINAL**

Offeror Name _____

Qualitative - Scoring considerations:			
Discharge planning – what options are available to get member out of the nursing facility?	Qualitative		
Transitioning and coordination of care – what efforts are made to transition care from Regional Behavioral Health Authority (RBHA) and previous Program Contractor (PC) member was enrolled with?	Qualitative		
Behavioral Health services – is substance abuse treatment pursued again?	Qualitative		
Is member considered for Supported Employment?	Qualitative		
Informal support system – is availability of this system for assistance and/or support pursued?	Qualitative		
Medical management – are services offered to assist member with better management of medical condition?	Qualitative		
Primary Care Physician (PCP) – what efforts are made to retain current PCP or assist member to find a new PCP?	Qualitative		
CASE MANAGEMENT SCENARIO A			

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Secondary Reviewer's Signature & Date Signed

CATEGORY: PROGRAM **FINAL**

Offeror Name _____

b. Karen is 77 year old female with diagnosis of Hypertension and Hypothyroidism. She has been enrolled in Arizona Long Term Care System (ALTCS) for 1 year. She just suffered a cardio vascular cerebral vascular accident (CVA) which left her with (R) sided weakness. She moved into the home of her daughter and son-in-law 2 weeks ago following discharge from a nursing home where she had several weeks of therapies to improve her Assistance with Daily Living (ADLs), speech and swallowing. Karen did rather well with therapy and regained some of the lost function but she still required at least moderate physical assistance to complete most of her ADLs. She was still able to feed herself and tell someone when she needed to toilet most of the time. The case manager authorized 30 hours/week of Attendant Care at the time of discharge. She was ambulating with a cane and standby assist prior to leaving the nursing facility but now appears quite unsteady without physical assistance (has fallen a couple of times already). Daughter's home is not wheelchair accessible: 3 steps at front entrance, wheelchair barely fits through doorway of bathroom member uses and this bathroom has tub/shower combination that member needs assist to transfer into. Member has shower chair, elevated toilet seat and grab bars which son-in-law installed. Her cognitive status appears to have been effected by the CVA as well; she has had increased confusion and agitation since coming home. In addition, she has been more emotionally labile, having crying spells. She's also had episodes of incontinence recently. Daughter does not want mother to return to nursing facility setting and wants to keep her in her home as long as possible. Member's daughter works outside the home as a restaurant hostess (mixture of days and some evenings) and her son-in-law works full time and travels out of state frequently. The couple have 2 children, ages 8 and 14. The 14 year old baby-sits for the younger child when mother works in evening and father is not home. The 8 year old has just started experiencing some as yet undiagnosed medical problems and has been hospitalized 3 times in the past 2 months. The member is Medicare eligible, is enrolled in a Medicare Advantage Plan and sees a PCP from that network.			

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Secondary Reviewer's Signature & Date Signed

CATEGORY: PROGRAM **FINAL**

Offeror Name _____

Qualitative – Scenario b scoring considerations:			
In-home services - what service(s) are authorized and how many hours? Does service authorization consider member's need for supervision due to declining cognitive status and increased falls? Is daughter's potential for caregiver burn-out considered (member's needs, son's new unknown medical condition and frequent lack of spousal availability for care giving)?	Qualitative		
Contingency Planning and Member Service Preference Level – is back-up plan and Risk Level mentioned? Do these rely on daughter to provide back-up or make other caregivers available?	Qualitative		
Coordination of benefits with Medicare network?	Qualitative		
Behavioral Health – psych evaluation and possible medication adjustment related to crying spells?	Qualitative		
Home Modifications – will ramp at front entrance and bathroom modifications be assured and provided as indicated?	Qualitative		
Other – was an on-site visit done within 10 days after placement change to HCBS? Did case manager confirm delivery of services after initiation? Was an MCR sent to notify LO of address and placement change?	Qualitative		
CASE MANAGEMENT SCENARIO B			
c. Adam is 11 year old male diagnosed with Spina Bifada and Attention Deficit Hyperactivity Disorder (ADHD). He just moved to a rural part of the GSA with his father and 7 year old sister from another state and became ALTCS eligible. The family moved here to live in the guest cottage at the home of father's brother and sister-in-law following the death of member's mother in a car accident 6 months ago. Member's father suffered a back injury in that car accident and he is at least temporarily restricted from driving a car and lifting more than 10 pounds. Member's uncle brings him and his sister to/from school every day when he goes to work but transportation to medical appointments is sometimes needed. Member gets medically-related Occupational Therapy at school. Member needs assistance with bathing (transfer to tub and cues to complete process), dressing and grooming (cueing primarily) and toileting (catheter and bowel care).			

Primary Reviewer's Signature & Date Signed

Secondary Reviewer's Signature & Date Signed

CATEGORY: PROGRAM **FINAL**

Offeror Name _____

Some progress has been made in teaching member to do his own catheter and bowel care but he can not do this independently yet. He has poor impulse control and he can become easily frustrated when attempts are made to re-direct him(outbursts range from simply shouting for a few minutes to property destruction), especially recently. The member's wheelchair needs to be evaluated for re-sizing as member appears to be outgrowing the current one.			
Scoring considerations:			
Contingency Planning - is back-up plan and Member Service Preference Level mentioned? Do these rely on family to provide back-up or make other caregivers available?	Qualitative		
In-home services authorized - what service(s) are authorized and how many hours? Is Respite used or Attendant Care/Behavioral Health Personal Assistance? Is respite offered?	Qualitative		
Coordination with school and Children's Rehabilitative Services (CRS) – what efforts are made for coordination with school system and/or CRS? Will CRS provide new wheelchair? Will CRS provide transportation if appointments at CRS?	Qualitative		
Behavioral Health needs – Would member benefit from grief counseling? Is this contributing to behaviors? What other behavioral health services can be offered to address behaviors?	Qualitative		
Medicaid School Based Claiming (MSBC) – Discusses occupational therapy at school via MCBC?	Qualitative		
Transportation – is transportation offered/provided?	Qualitative		
CASE MANAGEMENT SCENARIO C			

Primary Reviewer's Signature & Date Signed

Secondary Reviewer's Signature & Date Signed

ALTCS RFP EVALUATION TOOL

CATEGORY: PROGRAM **FINAL**

Offeror Name _____

CASE MANAGEMENT SUMMARY	ACTUAL SCORE	TOTAL POINTS POSSIBLE
34. Implementation of case management requirements		6
35. Care planning process		5
36. Monitoring delivery of services		3
37. Consumer Directed Care		0
38. Case Management Scenarios:		
a.	Qualitative	Qualitative
b.	Qualitative	Qualitative
c.	Qualitative	Qualitative
CASE MANAGEMENT TOTAL		

Totaled By:

Date Scored:_____ _____ _____

Signature **Print Name**

Verified By:

Date Scored:_____ _____ _____

Signature **Print Name**

Primary Reviewer's Signature & Date Signed

Secondary Reviewer's Signature & Date Signed

CATEGORY: PROGRAM **FINAL**

Offeror Name _____

MEDICAL MANAGEMENT **SUBMISSION REQUIREMENT**	**Yes = 1 No = 0**	**RFP Reference**	**Offeror Reference**
39. Describe how utilization data is gathered and analyzed by the organization (AMPM Chapter 1000). In addition to no more than 3 pages of narrative, the Offeror should include 3 pages of example utilization reports.		AMPM Chapter 1000	

EVALUATION CRITERIA	**Yes = 1 No = 0**	**RFP Reference**	
Gathering Data			
Source of data includes the Organizations health information system (ie, claims data, prior authorization, delegated entities etc).			
A process for the systematic (ie, regularly scheduled, consistent specifications) production of utilization information is described.			
Analyzing Data:			
The narrative includes a description of the participation and accountability of the executive management and governing body in monitoring and evaluating data.			
Utilization Management/Medical Management Committee has primary responsibility for analyzing data.			
Multi-departmental involvement in analysis of data			
The Medical Director is involved in the review of the data			
GATHERING AND ANALYZING OF UTILIZATION DATE (6)			

Primary Reviewer's Signature & Date Signed

Secondary Reviewer's Signature & Date Signed

CATEGORY: PROGRAM **FINAL**

Offeror Name _____

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
40. Provide an example of when the organization's analysis of data resulted in changes to medical management programs.		AMPM Chapter 900	

EVALUATION CRITERIA	Yes = 1 No = 0	RFP Reference	
The decision to implement an intervention included an analysis of the significance of the problem to the plan.			
The intervention is reasonable and logical based on root cause analysis of the problem.			
The intervention was evaluated for effectiveness.			
Ineffective interventions were modified when necessary.			
USE OF UTILZATION DATA ANALYSIS (4)			

Primary Reviewer's Signature & Date Signed

Secondary Reviewer's Signature & Date Signed

ALTCS RFP EVALUATION TOOL

CATEGORY: PROGRAM **FINAL**

Offeror Name _____

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
41. Describe existing or planned Disease/Chronic Care Management programs that are designed to improve care for members with one or more chronic illnesses		AMPM Chapter 1000	

EVALUATION CRITERIA	Yes = 1 No = 0	RFP Reference	
Selection of the Program			
Selection of the program is based on evaluation of the disease burden to Offerors population OR the financial impact to the Offeror.			
Selection of the program includes an assessment of the Offeror's ability to impact the health status of targeted members.			
Member Assistance			
Method to identify targeted members			
Method to educate members on self-management			
Method to support member in self-management			
If third party liability, including Medicare, method to coordinate with other payor			
Provider Support and Intervention			
Offeror developed or adopted and disseminated evidenced based practice guidelines to Providers			
Offeror monitors provider compliance with evidence based practice guidelines			
Offeror intervenes with individual providers when noncompliance with guidelines is identified.			
Program Evaluation			
Offeror defined measurable outcomes to use in the evaluation of the program.			
Offeror modifies program as necessary based on outcome measures.			
EXISTING/PLANNED DISEASE /CHRONIC CARE MANAGEMENT (11)			

Primary Reviewer's Signature & Date Signed

Secondary Reviewer's Signature & Date Signed

CATEGORY: PROGRAM **FINAL**

Offeror Name _____

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
42. Describe the staff and processes to conduct concurrent review of hospital stays.		AMPM Chapter 1000	

EVALUATION CRITERIA	Yes = 1 No = 0	RFP Reference	
Staff with appropriate clinical training and experience are involved in the review of requests.			
Offeror has adopted and utilizes nationally accepted review criteria.			
Offeror described information to be reviewed to make medical necessity determinations.			
Offeror describes involvement in discharge planning			
CONCURRENT REVIEW (4)			

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
43. Describe the staff and processes to conduct prior authorization.		AMPM Chapter 1	

EVALUATION CRITERIA	Yes = 1 No = 0	RFP Reference	
Staff with appropriate clinical training and experience are involved in the review of requests.			
Medical necessity determinations are based on nationally or locally recognized standards of care.			
Offeror has a process to consult with the requesting provider if additional information is necessary to make a determination.			
PRIOR AUTHORIZATION (3)			
QUALITY MANAGEMENT **SUBMISSION REQUIREMENT**	**Yes = 1** **No = 0**	**RFP** **Reference**	**Offeror** **Reference**

Primary Reviewer's Signature & Date Signed

Secondary Reviewer's Signature & Date Signed

CATEGORY: PROGRAM **FINAL**

Offeror Name _____

44. Describe existing or planned relationships with Medicare health plans (MA PDP or PDP) that will allow for coordination of care between Medicare and Medicaid services.		**AMPM Chapter 1000**	
EVALUATION CRITERIA	**Yes = 1 No = 0**	**RFP Reference**	
Offeror has/plans a formal relationship with a Medicare contractor (PDP, MA PDP) that includes sharing medical information to improve medical outcomes for members.			
Offeror has/plans a formal relationship with a Medicare contractor (PDP, MA PDP) that includes sharing responsibility for the medical or social management to improve outcomes for members			
COORDINATION OF CARE (2)			

ALTCS RFP EVALUATION TOOL

CATEGORY: PROGRAM **FINAL**

Offeror Name _____

MEDICAL MANAGEMENT	ACTUAL SCORE	TOTAL POINTS POSSIBLE
39. Utilization gathering and analysis		6
40. Use of utilization analysis		4
41. Existing or planned disease/chronic care programs		11
42. Concurrent review		4
43. Prior authorization		3
44. Coordination of Care		2
TOTAL POINTS FOR MEDICAL MANAGEMENT (28)		30

Totaled By:

Date Scored:_____ _____ _____
Signature **Print Name**

Verified By:

Date Scored:_____ _____ _____
Signature **Print Name**

CATEGORY: PROGRAM **FINAL**

Offeror Name _____

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
45. Describe how your organization identifies quality improvement opportunities. Describe the process utilized to select a performance improvement project, and the process utilized to implement or enhance multi-departmental interventions to improve care or services. Include information on how interventions will be evaluated for effectiveness. Include a two page sample Performance Improvement methodology for a selected topic.		AMPA Chapter 900, RFP Section D	

EVALUATION CRITERIA	Yes = 1 No = 0	RFP Reference	
Identification of quality improvement opportunities and the process used to select quality improvement areas:			
Cross-functional or interdepartmental approach			
Proactive identification of opportunities via data analysis			
Analysis of the significance of the issue which is supported			
Incorporates both member and provider input			
Clinical or non-clinical services			
Development of quality improvement interventions:			
Reasonable and logical based on root cause of problem			
Supported by literature sources (evidence-based)			
Causes and barriers to the problem			

CATEGORY: PROGRAM **FINAL**

Offeror Name _____

Sample methodology includes all components specified in Chapter 900, Section 980 (listed below):			
Process for problem identification/project selection			
A baseline measure			
Measurable objectives for improvement			
Specific timelines for implementation			
Interventions relate directly to causes or barriers			
Method of evaluating effectiveness of intervention by assessing statistical significance			
A plan to sustain improvement or develop alternatives if intervention unsuccessful			
QUALITY IMPROVEMENT OPPORTUINITIES (15)			

CATEGORY: PROGRAM **FINAL**

Offeror Name _____

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
46. Describe how peer review is utilized in your organization and incorporated into your quality management process		AMPM Chapter 900	

EVALUATION CRITERIA	Yes = 1 No = 0	RFP Reference	
Peer Review is utilized for review of quality of care issues.			
Physicians of the same or similar specialties are available to review documentation to ensure that the standard of care was met.			
Description of the review is used to analyze and address clinical issues.			
The results of peer review activity are included in the provider file and considered during the re-credentialing process.			
Trends noted during peer review of quality of care issues may become the topic of a quality improvement project or process improvement, a new disease management focus, or result in other types of quality improvement activities, etc.			
PEER REVIEW (5)			

CATEGORY: PROGRAM **FINAL**

Offeror Name _____

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
47. Describe how quality of care complaints are handled including how they are received/identified, researched, resolved and the resolution communicated to member (if complaint received from the member/member representative).		AMPA Chapter 900, RFP Section D	

EVALUATION CRITERIA	Yes = 1 No = 0	RFP Reference	
There is a process to assure that quality of care concerns received anywhere within the organization are forwarded to Quality Management for consideration.			
The overall quality of care investigation and resolution process includes:			
Acknowledgement letter to originator of concern			
Documentation of all steps taken to resolve the concern			
Specific timeframes			
Procedures for ensuring confidentiality			
Procedures for assessing and assigning a level of severity to the quality of care issue			
Methods to track/trend quality of care concerns			
The research process for quality of care concerns includes:			
Verification that complaint and information is complete			
Collection of additional information from applicable sources (e.g., provider, facility, etc.)			
Process for identifying and reporting allegations of abuse or neglect (e.g. CPS, APS)			

CATEGORY: PROGRAM **FINAL**

Offeror Name _____

The resolution process includes:			
Procedures for prompt determination of the appropriate source of resolution (QM, Grievance, etc.).			
Communication of the results or closure of the quality of care case to the originator of the concern (e.g. member or provider).			
If applicable, an action plan to reduce/eliminate the likelihood of the issue reoccurring.			
Referral of substantiated quality of care issues to peer review.			
The Medical Director is involved in reviewing quality of care concerns and in determining the actions to be taken when quality of care issues are substantiated.			
Quality of care data is included in the provider profile/file and considered during re-credentialing processes.			
QUALITY OF CARE COMPLAINTS (16)			

ALTCS RFP EVALUATION TOOL

CATEGORY: PROGRAM **FINAL**

Offeror Name _____

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
48. Describe planned health promotion, outreach, monitoring and evaluation of adult preventive services including well woman, well man and adult immunizations.		Section D, AMPM Chapter 900, AMPM Chapter 400	

EVALUATION CRITERIA	Yes = 1 No = 0	RFP Reference	
Evaluating the Offeror's planned health promotion and outreach activities for adults:			
Has specific goals and objectives			
Incorporates varied (more than one) modalities			
Content is scientifically-/evidence-based			
Reflects a wide range of conditions/prevention topics			
Cultural competency			
Incentive programs			
Offeror's process for monitoring preventive services:			
Assessment of provider performance (if profiles/report cards are used).			
Incorporates multiple data sources (two or more)			
Member utilization			
Offeror's process for evaluation of adult preventive services utilization and outreach effectiveness:			
Establishment of performance benchmarks			
Assessment of opportunities for improvement (barriers)			
Member input regarding effectiveness of materials			
TOTAL OUTREACH (12)			

CATEGORY: PROGRAM **FINAL**

Offeror Name _____

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	Offeror Reference
49. Describe planned outreach, monitoring and evaluation strategies for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and explain how the EPSDT program is integrated within the organization. In addition, to overall strategies, address activities aimed at children.		RFP Section D, AMPM Chapter 400	

EVALUATION CRITERIA	Yes = 1 No = 0	RFP Reference	
There is targeted member outreach to member who are past due for EPSDT services.			
There is a cross-functional (interdepartmental) collaboration in outreach, monitoring and evaluation strategies for EPSDT services.			
There is follow-up on health promotion activities to assess effectiveness.			
The outreach program incorporates feedback from members and providers as part of the evaluation process.			
EPSDT (4)			

SUBMISSION REQUIREMENT		RFP Reference	
50. The Offeror describes who will perform the QM and MCH functions in the organization and notes the staff solely responsible for QM and MCH or, what percentage of time they will spend on monitoring QM and MCH activities. Time allocation is sufficient to carry out QM and MCH functions.		AMPM Chapter 900, RFP Section D	

EVALUATION CRITERIA	Yes = 1 No = 0		Offeror Reference
Not Scored			

Primary Reviewer's Signature & Date Signed

Secondary Reviewer's Signature & Date Signed

CATEGORY: PROGRAM **FINAL**

Offeror Name _____

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	
51. Describe your process for initial credentialing, re-credentialing and provisional credentialing for all provider types specified in the AMPM.		RFP Section D, AMPM, Chapter 900	

EVALUATION CRITERIA	Yes = 1 No = 0	RFP Reference	Offeror Reference
Process described follows AMPM requirements (JCAHO or NCQA also acceptable).			
The Offeror credentials all provider types specified in the AMPM.			
The Offeror maintains provider-type specific credentialing.			
The Offeror recredentials all providers, at a minimum, every three years.			
The Offeror considers performance and quality-of-care trends as part of its recredentialing process.			
The Offeror has a process in place for provisional credentialing to be completed within 14 days of a complete application being received.			
CREDENTIALING (6)			

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	
52. Describe the process that will be utilized to monitor services and service sites of institutionalized members.		RFP Section D, AMPM, Chapter 900	

EVALUATION CRITERIA	Yes = 1 No = 0	RFP Reference	Offeror Reference
Includes monitoring of all services listed in the AMPM (Section 920).			
Includes monitoring of all service sites listed in the AMPM (Section 920).			
Monitoring includes use of publicly reported data (e.g. Nursing Home Compare, ADHS Survey reports, etc.).			
Has a process for taking corrective action when monitoring activities identify quality of care concerns.			
MONITORING OF INSTITUTIONALIZED MEMBERS (4)			

CATEGORY: PROGRAM **FINAL**

Offeror Name _____

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	
53. Describe the process that will be utilized to monitor services and service sites of in-home and community based members (HCBS).		RFP Section D, AMPM, Chapter 900	

EVALUATION CRITERIA	Yes = 1 No = 0	RFP Reference	Offeror Reference
Includes monitoring of all (of the three listed below) services listed in the AMPM (Section 920). • Attendant Care • Homemaker • Personal Care			
Monitoring includes use of publicly reported data (e.g. OASIS, ADHS Survey reports, etc.) (for licensed/certified provider types)			
Includes input/feedback from member/provider/family.			
Has a process for taking corrective action when monitoring activities identify quality of care concerns.			
MONITORING OF HCBS SERVICES (4)			

SUBMISSION REQUIREMENT	Yes = 1 No = 0	RFP Reference	
54. Essay – Pay for Performance: Describe the process utilized/would be utilized by your organization in rewarding quality of care, in a pay-for-performance method. Describe the model utilized, data sources, community/provider involvement, etc. that is/could be utilized to improve care and services provided to members by rewarding quality.		RFP Section D, AMPM Chapter 900, AMPM Chapter 400	

EVALUATION CRITERIA	Yes = 1 No = 0	RFP Reference	Offeror Reference
Not scored.			

ALTCS RFP EVALUATION TOOL

CATEGORY: PROGRAM **FINAL**

Offeror Name _____

QUALITY MANAGEMENT SUMMARY	ACTUAL SCORE	TOTAL POINTS POSSIBLE
45. Quality improvement opportunities		15
46. Peer review		5
47. Quality of care complaints		16
48. Health promotion		12
49. EPSDT		4
50. QM & MCH functions	Not Scored	Not Scored
51. Credentialing		6
52. Monitoring of institutionalized members		4
53. Monitoring of HCBS members		4
54. Pay-for-performance	Not Scored	Not Scored
TOTAL POINTS FOR QUALITY MANAGEMENT		66