

## Submission Requirement 10

Offeror	Rank*
Magellan Complete Care of Arizona, Inc.	6
UnitedHealthcare Community Plan	4
Mercy Care	1
Banner - University Family Care Plan	2
Health Net Access, Inc.	5
Health Choice Arizona, Inc. (Steward Health Choice Arizona)	2
Care1st Health Plan Arizona, Inc.	7
0	
0	
0	

\*If Offeror omits a submission, the requirement rank for that offeror for that submission will be an "X"

Facilitator	Signature	Date
Scott Wittman		2-14-18

COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 10

OFFEROR’S NAME: Mercy Care

NARRATIVE SUBMISSION REQUIREMENT 10	TOTAL RANKING
Describe how the Offeror will minimize Emergency Department holds for behavioral health conditions, reduce the number of psychiatric hospital admissions (including out of state), increase alternative community based services, and ensure follow-up care is provided.	1

**RATIONALE:**

Major Observations:

Offeror described process to receive notification of members who are receiving crisis services.

Offeror described use of ED Hold Coordinator, collaboration with Tribal Coordinator and telemedicine to address ED holds.

Offeror described transition housing and respite to reduce ED holds, as well as joint efforts to address network needs.

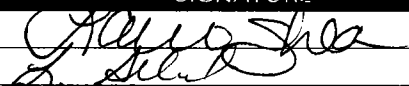
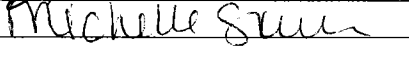
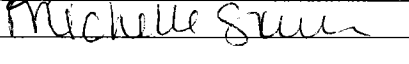
Offeror described approaches to reduce ED use, including use of predictive modeling, engagement of at-risk members and development of targeted ED diversion strategies for children, including Family Crisis training.

Offeror described approach to reduce inpatient psychiatric admissions through use of crisis respite beds.

Offeror described several approaches to reduce out of state placements.

Offeror described approach to work with providers and community partners to identify services in lieu of hospitalization.

Offeror described several approaches to increase follow-up care and community services, including services to address the first episode of psychosis, expand peer supports; develop opioid Centers of Excellence and expand paramedicine.

EVALUATION TEAM MEMBER		
NAME	SIGNATURE	DATE
Laurie Shea		2/17/18
Lou Anne Allard		2/14/18
Michelle Skurka		2/14/18

FACILITATOR		
NAME	SIGNATURE	DATE
Scott Wittman		2-14-18

**COMPONENT:** PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 10

**OFFEROR'S NAME:** Banner – University Family Care Plan

NARRATIVE SUBMISSION REQUIREMENT 10	TOTAL RANKING
Describe how the Offeror will minimize Emergency Department holds for behavioral health conditions, reduce the number of psychiatric hospital admissions (including out of state), increase alternative community based services, and ensure follow-up care is provided.	2

**RATIONALE:**

Major Observations:

Offeror described process to alert individuals in member's care circle to resolve ED holds.

Offeror described Crisis Preparation and Recovery (CPR) approach for triaging members who are in the ED and promoting in-state placement options.

Offeror described provider training regarding behavioral health treatment and payment of higher reimbursement rates to promote access, to reduce ED holds.


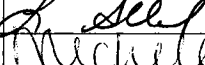
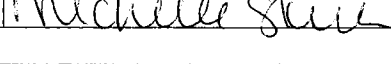
Offeror described approaches to reduce ED use, including identification of members at risk (social determinants, justice-involved; veterans, use of technology to initiate PHQ, recently diagnosis catastrophic conditions) and adaption of care plan after ED visit.

Offeror described approach to reduce inpatient psychiatric admissions through Integrated Care Connections, adult recovery program, telemedicine and coordination with Child Family Team and peer organizations.

Offeror described approach to reduce out of state placements, including commitment to exhaust resources in state, involvement of medical director, and enhanced rates to encourage in-state capacity.

Offeror described several approaches to identify service needs to reduce hospitalizations.

Offeror described several approaches to increase follow-up care and community services, including telemedicine to meet needs in rural areas, expanded psychotropic clinics with extended hours; requiring providers to have appointment availability; expanded urgent care, and specialized programs to meet needs of individuals with severe needs.

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COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 10

OFFEROR'S NAME: Health Choice Arizona, Inc. (Steward Health Choice Arizona)

NARRATIVE SUBMISSION REQUIREMENT 10	TOTAL RANKING
Describe how the Offeror will minimize Emergency Department holds for behavioral health conditions, reduce the number of psychiatric hospital admissions (including out of state), increase alternative community based services, and ensure follow-up care is provided.	2

**RATIONALE:**

Major Observations:

Offeror described process to address ED holds for court-ordered evaluations.

Offeror described use of Crisis Preparation and Recovery (CPR) and Integrated Transition Clinic Program to reduce ED holds.


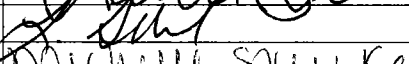
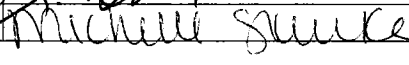
Offeror described expansion of crisis stabilization units and expanding inpatient capacity to address ED holds.

Offeror described approaches to reduce ED use, including use of a crisis call center and mobile crisis services.

Offeror described approach to reduce out of state placements, including improvement of member satisfaction for in-state facilities and development of an ASD Toolkit.

Offeror identified specific community services that are needed to reduce hospitalizations.

Offeror described several approaches to increase follow-up care and community services, including expanded ECHO; expanded peer and family supports; expanded DD/ASD Behavioral Consultation Services; expanded Integrated Clinics, expanded SUD and MAT services.

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COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 10

OFFEROR’S NAME: UnitedHealthcare Community Plan

NARRATIVE SUBMISSION REQUIREMENT 10	TOTAL RANKING
Describe how the Offeror will minimize Emergency Department holds for behavioral health conditions, reduce the number of psychiatric hospital admissions (including out of state), increase alternative community based services, and ensure follow-up care is provided.	4

**RATIONALE:**

Major Observations:

Offeror identified issues with hospital examinations, COE/COT detainments, and CRS members; offeror described approach to reduce trends through active management.


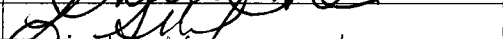
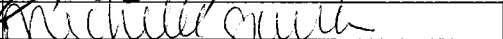
Offeror describe use of tele-pysch services to address ED holds.

Offeror described approaches to reduce ED use, including use of predictive modeling and development of mobile options.

Offeror described approach to reduce inpatient psychiatric admissions through telemedicine, RTC diversion, coordination with crisis providers and development of parent-peer supports.

Offeror described several approaches to reduce out of state placements.

Offeror described approaches to increase follow-up care and community services, including expanded RTC diversion, FAST programs, MyConnections housing, peer supports, and integrated community clinics.

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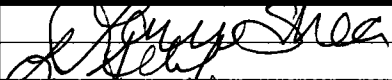
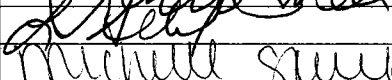
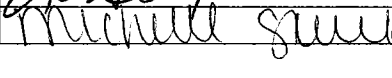
COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 10

OFFEROR’S NAME: Health Net Access, Inc.

NARRATIVE SUBMISSION REQUIREMENT 10	TOTAL RANKING
Describe how the Offeror will minimize Emergency Department holds for behavioral health conditions, reduce the number of psychiatric hospital admissions (including out of state), increase alternative community based services, and ensure follow-up care is provided.	5

RATIONALE:
<p><u>Major Observations:</u></p> <p>Offeror described process to address ED holds for court-ordered treatment and Rapid Response approach that includes deployment of ICM to ED to resolve ED holds.</p> <p>Offeror described to monitor ED holds in real time through ICM.</p> <p>Offeror described plan to expand capacity to reduce out of state placements.</p> <p>Offeror described approaches to reduce ED use, including identification of members at risk through predictive modeling and application of an anxiety disease management program.</p> <p>Offeror described approach to reduce inpatient psychiatric admissions through program to improve coordination with PCPs, hospitals, community providers to reduce readmissions.</p> <p>Offeror described approach to meet with hospitals and providers to identify community-specific services in lieu of hospitalization.</p> <p>Offeror described several approaches to increase follow-up care and community services, including Peer and Family Supports, Reimburse them to sites other than ED for Treat and Refer; Support Use and Expansion of ACT Teams; Assessment Intervention Centers, Brief Intervention in BHRFs.</p>



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COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 10

OFFEROR’S NAME: Magellan Complete Care of Arizona, Inc.

NARRATIVE SUBMISSION REQUIREMENT 10	TOTAL RANKING
Describe how the Offeror will minimize Emergency Department holds for behavioral health conditions, reduce the number of psychiatric hospital admissions (including out of state), increase alternative community based services, and ensure follow-up care is provided.	6

**RATIONALE:**

Major Observations:

Offeror's response generally focused on prevention rather than actions once member is in ED.

Offeror described approaches to reduce ED visits.

Offeror did not clearly describe service delivery needs to address ED holds.

Offeror described approaches to reduce ED use, including use of predictive modeling to identify ED users, 24/7 care line and educating members on alternatives.

Offeror described approach to reduce inpatient psychiatric admissions through use of crisis intervention centers.

Offeror described approach to reduce out of state placements, including deployment of care managers in high-volume ED.

Offeror described use of Community Outreach Team to identify services in lieu of hospitalization.

Offeror described approaches to increase follow-up care and community services, including development of additional crisis centers, expanding certified providers, expanding SUD services and promoting Integrated sites.

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COMPONENT: PROGRAMMATIC – NARRATIVE SUBMISSION REQUIREMENT 10

OFFEROR'S NAME: Care1st Health Plan Arizona, Inc.

NARRATIVE SUBMISSION REQUIREMENT 10	TOTAL RANKING
Describe how the Offeror will minimize Emergency Department holds for behavioral health conditions, reduce the number of psychiatric hospital admissions (including out of state), increase alternative community based services, and ensure follow-up care is provided.	7

**RATIONALE:**

Major Observations:

Offeror described system, member and provider strategies to reduce ED holds.



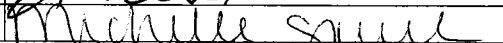
Offeror described approach to expand pre-crisis Warm Line and expand capacity, including integrated clinics, to reduce ED holds.

Offeror described approaches to reduce ED use, including identification of members at risk, use of unable to contact program for difficult to reach members and creation of linkages to social supports, including housing.

Offeror described approach to reduce out of state placements, including exhaustion of local resources and engaging the family.

Offeror did not clearly describe how services in lieu of hospitalization would be identified.

Offeror described approaches to increase follow-up care and community services, including crisis Intervention training for law enforcement, enhanced crisis services through and provider training for co-occurring services.

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