

Oral Requirement #2

Offeror	Rank*
Magellan Complete Care of Arizona, Inc.	1
UnitedHealthcare Community Plan	4
Mercy Care	7
Banner - University Family Care Plan	3
Health Net Access, Inc.	1
Health Choice Arizona, Inc. (Steward Health Choice Arizona)	6
Care1st Health Plan Arizona, Inc.	5

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

Facilitator	Signature	Date
Andrew Brown		2/28/18

COMPONENT: ORAL PRESENTATION REQUIREMENT - 2 of 2

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

ORAL PRESENTATION REQUIREMENT 2	TOTAL RANKING
<p>A 6 year old boy with juvenile rheumatoid arthritis, was returned to the custody of his biological mother and enrolled with your health plan in December of 2018. He was removed by Department of Child Safety (DCS) one year ago after a DCS report of neglect was made by a pediatrician due to presenting with signs of malnourishment and faltering weight despite attempts for nutritional and medical interventions. Prior to removal, he also presented with intermittent episodes of biting, kicking, and verbal outbursts which have exacerbated since returning home and starting school. His kindergarten teacher reports that he has difficulty in the classroom including difficulty keeping his hands to himself and following directions. Describe how the Offeror will manage care to achieve the best outcome for the member.</p>	1

RATIONALE:

Major Observations:

Offeror described an integrated care management model that addressed the member’s needs with respect to behavioral health, physical health and social determinants of health. Offeror presented a member- and family-centered approach to care planning that emphasized satisfaction with care.

Offeror described a process for managing the member’s transition that included assigning a transition coordinator and consulting with CMDP regarding the member’s needs. Offeror discussed aligning the member with a PCP and specialists at an FQHC. Offeror addressed ensuring continuation of care with respect to member’s ongoing medical needs, including by obtaining his records from CMDP.

Offeror described a strategy for promoting coordination between physical and behavioral health providers, including as part of care management, through interdisciplinary care team (ICT) activities, assignment of the member to an FQHC and use of telemedicine to link his PCP with specialists in Phoenix.

Offeror addressed coordinating physical and behavioral health care with the member’s school through participation by the care manager in IEP team meetings.

Offeror described a process for performing behavioral health assessments, including for ASD, ADHD and early childhood trauma/PTSD.

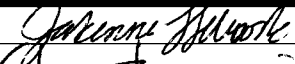
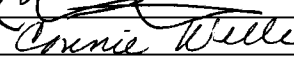
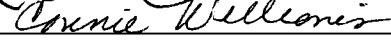
Offeror addressed coordination with the member’s child/family team (CFT). Offeror did not discuss clearly the need to verify whether the member has been evaluated with a child and adolescent service intensity instrument (CASII) and, if so whether the CASII was updated when the member returned home. However, offeror described updating the assessments.

Offeror discussed including a developmental pediatrician on the interdisciplinary care team and linking the mother to a support group for parents of children with similar behavioral health issues. Offeror mentioned the mother-child bond did not describe clearly steps to promote the member's relationship/bonding with his mother.

Offeror's assessment of physical health needs was comprehensive, although offeror did not state clearly that the member has a CRS-qualifying condition.

Offeror described a process for ruling out medical reasons for the member's increased behaviors, including referrals to a gastroenterologist and rheumatologist for this purpose. Offeror also mentioned that medication side effects and dental pain could contribute to the member's behaviors.

Offeror addressed the member's EPSDT services, including care gaps, vaccinations, dental care and lead screening.

EVALUATION TEAM MEMBER		
NAME	SIGNATURE	DATE
Jakenna Lebsack		2/23/18
Christina Quast		2/23/2018
Connie Williams		2-23-18

FACILITATOR		
NAME	SIGNATURE	DATE
Andrew Cohen		2/23/18

COMPONENT: ORAL PRESENTATION REQUIREMENT - 2 of 2

OFFEROR'S NAME: Health Net Access, Inc.

ORAL PRESENTATION REQUIREMENT 2	TOTAL RANKING
<p>A 6 year old boy with juvenile rheumatoid arthritis, was returned to the custody of his biological mother and enrolled with your health plan in December of 2018. He was removed by Department of Child Safety (DCS) one year ago after a DCS report of neglect was made by a pediatrician due to presenting with signs of malnourishment and faltering weight despite attempts for nutritional and medical interventions. Prior to removal, he also presented with intermittent episodes of biting, kicking, and verbal outbursts which have exacerbated since returning home and starting school. His kindergarten teacher reports that he has difficulty in the classroom including difficulty keeping his hands to himself and following directions. Describe how the Offeror will manage care to achieve the best outcome for the member.</p>	1

RATIONALE:

Major Observations:

Offeror described an integrated care management model that addressed the member’s needs with respect to behavioral health, physical health and social determinants of health. Offeror presented a member- and family-centered approach to care planning that mentioned the AHCCCS guiding principles and identified and addressed goals for both the member and his mother.

Offeror described a process for managing the member’s transition that included assigning a transition coordinator and consulting with CMDP and the member’s RBHA regarding the member’s physical and behavioral health needs. Offeror discussed aligning the member with a PCP and specialists at a multi-specialty interdisciplinary clinic (MSIC), subject to the mother’s consent. Offeror addressed ensuring continuation of care with respect to member’s ongoing medical needs, including through the continued involvement of DCS.

Offeror described a strategy for promoting coordination between physical and behavioral health providers, including as part of care management, through interdisciplinary care team (ICT) activities and assignment of the member to an MSIC.

Offeror addressed coordinating physical and behavioral health care with the member’s school through involvement in the development and implementation of an IEP.

Offeror described a process for performing behavioral health assessments, both at the time of transition and on an ongoing basis. Offeror addressed assessments for ASD, ADHD and early childhood trauma.

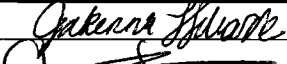
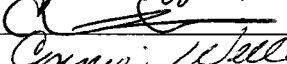
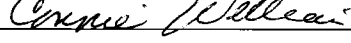
Offeror addressed coordination with the member’s child/family team (CFT). Offeror did not discuss clearly the need to verify whether the member has been evaluated with a child and adolescent service intensity instrument (CASII) and, if so whether the CASII was updated when the member returned home. However, offeror described the performance of ongoing assessments and monitoring the CFT for fidelity to the member’s care plan.

Offeror discussed including a child advocate on the interdisciplinary care team and educating the member on how to care for the member and manage his behaviors. Offeror did not describe clearly steps to promote the member’s relationship/bonding with his mother.

Offeror’s assessment of physical health needs recognized that the member has a CRS-qualifying condition.

Offeror did not describe clearly a process for ruling out medical reasons for the member’s increased behaviors although it did mention that physical health issues can exacerbate behavioral health issues, and vice versa.

Offeror addressed the member’s EPSDT services, including routine appointments, vaccinations, dental care, lead screening, BMI assessment and medication review.

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NAME	SIGNATURE	DATE
Jakenna Lebsock		2/23/18
Christina Quast		2/23/2018
Connie Williams		2-23-18

FACILITATOR		
NAME	SIGNATURE	DATE
Andrew Cohen		2/23/18

COMPONENT: ORAL PRESENTATION REQUIREMENT - 2 of 2

OFFEROR'S NAME:

Banner – University Family Care Plan

ORAL PRESENTATION REQUIREMENT 2	TOTAL RANKING
<p>A 6 year old boy with juvenile rheumatoid arthritis, was returned to the custody of his biological mother and enrolled with your health plan in December of 2018. He was removed by Department of Child Safety (DCS) one year ago after a DCS report of neglect was made by a pediatrician due to presenting with signs of malnourishment and faltering weight despite attempts for nutritional and medical interventions. Prior to removal, he also presented with intermittent episodes of biting, kicking, and verbal outbursts which have exacerbated since returning home and starting school. His kindergarten teacher reports that he has difficulty in the classroom including difficulty keeping his hands to himself and following directions. Describe how the Offeror will manage care to achieve the best outcome for the member.</p>	<p>3</p>

RATIONALE:

Major Observations:

Offeror described an integrated care management model that addressed the member’s needs with respect to behavioral and physical health; offeror did not discuss clearly the member’s or mother’s needs with respect to social determinants of health. Offeror described the member’s behavioral health needs more clearly than the member’s physical health needs. Offeror presented a strengths-based approach to care planning that that mentioned AHCCCS guiding principles and addressed goals for both the member and his mother.

Offeror described a process for managing the member’s transition that included consulting with CMDP regarding the member’s medical needs and treatment while in DCS custody, including a DCS caseworker on the care team and aligning the member with an MSIC. Offeror discussed allowing the member to go out-of-network to maintain continuity of care but did not address clearly the use of single case agreements with out-of-network providers.

Offeror discussed obtaining information from DCS and former foster care placements regarding successful strategies that had been employed on behalf of the member.

Offeror discussed coordination between physical and behavioral health providers by placing the member in an integrated care setting (MSIC) and facilitating data sharing through its Navigator Accelerator platform.

Offeror addressed the member’s IEP and mentioned possible use of school-based services. Offeror committed to making Navigator Accelerator available to teachers of children with special health care needs.

Offeror described a process for performing behavioral health assessments. Offeror addressed assessments for ASD and developmental disabilities. Offeror did not discuss clearly conducting an assessment for ADHD or PTSD.


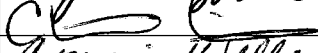
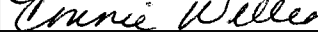
Offeror addressed coordination with the member's child/family team (CFT), including reviewing and updating the member's child and adolescent service intensity instrument (CASII) findings. Offeror discussed monitoring the CFT for fidelity to the member's care plan.

Offeror discussed use of dyadic therapy to promote the member's relationship/bonding with his mother.

Offeror's assessment of physical health needs recognized that the member has a CRS-qualifying condition.

Offeror did not discuss clearly a process for ruling out medical reasons for the member's increased behaviors.

Offeror addressed the member's EPSDT services, including preventive/primary care, dental care and nutrition assessment.

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Jakenna Lebsock		2/23/18
Christina Quast		2/23/2018
Connie Williams		2-22-18

FACILITATOR		
NAME	SIGNATURE	DATE
Andrew Cohen		2/23/18

COMPONENT: ORAL PRESENTATION REQUIREMENT - 2 of 2

OFFEROR'S NAME: United Healthcare Community Plan

ORAL PRESENTATION REQUIREMENT 2	TOTAL RANKING
<p>A 6 year old boy with juvenile rheumatoid arthritis, was returned to the custody of his biological mother and enrolled with your health plan in December of 2018. He was removed by Department of Child Safety (DCS) one year ago after a DCS report of neglect was made by a pediatrician due to presenting with signs of malnourishment and faltering weight despite attempts for nutritional and medical interventions. Prior to removal, he also presented with intermittent episodes of biting, kicking, and verbal outbursts which have exacerbated since returning home and starting school. His kindergarten teacher reports that he has difficulty in the classroom including difficulty keeping his hands to himself and following directions. Describe how the Offeror will manage care to achieve the best outcome for the member.</p>	4

RATIONALE:

Major Observations:

Offeror discussed the member's needs with respect to behavioral health, physical health and social determinants of health at a relatively high level; offeror also discussed the mother's needs with respect to parenting skills (managing the member's behaviors) and social determinants of health. Offeror mentioned AHCCCS guiding principles and outlined specific goals for both the member and mother.

Offeror described a process for managing the member's transition that included consulting with CMDP regarding the member's medical needs and treatment while in DCS custody and aligning the member with an MSIC or another PCP of the mother's choosing. Offeror addressed continuation of care with respect to member's ongoing medical needs, although it did not discuss clearly the possibility of the member seeing medical specialists outside the MSIC or the use of single case agreements with out-of-network providers. Offeror also did not discuss clearly working with DCS for a period of time post-transition.

Offeror discussed coordination between physical and behavioral health providers by placing the member in an integrated care setting (MSIC) and facilitating real time data sharing through its CommunityCare platform.

Offeror discussed education of school personnel regarding behavior triggers, for inclusion in the IEP, but did not describe clearly a process for coordinating physical and behavioral health care with the school.

Offeror described a process for performing behavioral health assessments. Offeror addressed assessments for ASD, ADHD, early childhood trauma and learning disabilities. Offeror mentioned

early childhood trauma assessment but did not discuss clearly conducting an assessment for PTSD.

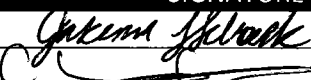
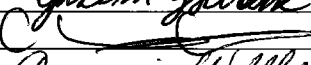
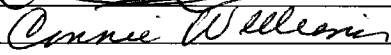
Offeror addressed coordination with the member's child/family team (CFT), including reviewing and updating the member's child and adolescent service intensity instrument (CASII) findings.

Offeror did not describe clearly steps to promote the member's relationship/bonding with his mother, although it did mention the possibility of reactive attachment disorder and inclusion of a developmental pediatrician on the member's care team.

Offeror's assessment of physical health needs recognized that the member has a CRS-qualifying condition.

Offeror mentioned possible undiagnosed medical conditions, such as an ulcer, and the need for the member to be seen by a rheumatologist and gastroenterologist but did not describe clearly a process for ruling out medical reasons for the member's increased behaviors.

Offeror addressed the member's EPSDT services, including preventive/primary care.

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Jakenna Lebsock		2/23/18
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Connie Williams		2-23-18

FACILITATOR		
NAME	SIGNATURE	DATE
Andrew Cohen		2/23/18

COMPONENT: ORAL PRESENTATION REQUIREMENT - 2 of 2

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

ORAL PRESENTATION REQUIREMENT 2	TOTAL RANKING
<p>A 6 year old boy with juvenile rheumatoid arthritis, was returned to the custody of his biological mother and enrolled with your health plan in December of 2018. He was removed by Department of Child Safety (DCS) one year ago after a DCS report of neglect was made by a pediatrician due to presenting with signs of malnourishment and faltering weight despite attempts for nutritional and medical interventions. Prior to removal, he also presented with intermittent episodes of biting, kicking, and verbal outbursts which have exacerbated since returning home and starting school. His kindergarten teacher reports that he has difficulty in the classroom including difficulty keeping his hands to himself and following directions. Describe how the Offeror will manage care to achieve the best outcome for the member.</p>	5

RATIONALE:

Major Observations:

Offeror described an integrated care management model that addressed the member’s needs with respect to behavioral and physical health; offeror did not discuss clearly the member’s or mother’s needs with respect to social determinants of health. Offeror presented a strengths-based, member- and family-centered approach to care planning that identified and addressed goals for both the member and his mother.

Offeror described a process for managing the member’s transition that included consulting with CMDP regarding the member’s needs and assigning the member to a PCP, with the mother’s consent. Offeror addressed ensuring continuation of care with respect to member’s ongoing medical needs, including by obtaining his records from CMDP, keeping DCS involved for a period of time and offering single case agreements to any out-of-network providers treating the member.

Offeror discussed coordination between physical and behavioral health providers as part of the CFT function.

Offeror addressed coordinating physical and behavioral health care with the member’s school through inclusion of behavioral health and nutrition services on the IEP.

Offeror described a process for performing behavioral health assessments, including for ASD, ADHD and early childhood trauma.

Offeror addressed coordination with the member’s child/family team (CFT). Offeror did not discuss clearly the need to verify whether the member has been evaluated with a child and adolescent service intensity instrument (CASII) and, if so whether the CASII was updated when the member


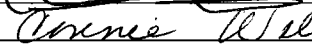

returned home.

Offeror discussed linking the mother with peer supports. Offeror did not describe clearly steps to promote the member's relationship/bonding with his mother.

Offeror's assessment of physical health needs mentioned possible undiagnosed conditions but addressed the member's juvenile rheumatoid arthritis at a relatively high level and did not state clearly that the member has a CRS-qualifying condition.

Offeror did not describe clearly a process for ruling out medical reasons for the member's increased behaviors.

Offeror addressed the member's EPSDT services, including vaccinations.

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Connie Williams		2-23-18

FACILITATOR		
NAME	SIGNATURE	DATE
Andrew Cohen		2/23/18

COMPONENT: ORAL PRESENTATION REQUIREMENT - 2 of 2

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

ORAL PRESENTATION REQUIREMENT 2	TOTAL RANKING
<p>A 6 year old boy with juvenile rheumatoid arthritis, was returned to the custody of his biological mother and enrolled with your health plan in December of 2018. He was removed by Department of Child Safety (DCS) one year ago after a DCS report of neglect was made by a pediatrician due to presenting with signs of malnourishment and faltering weight despite attempts for nutritional and medical interventions. Prior to removal, he also presented with intermittent episodes of biting, kicking, and verbal outbursts which have exacerbated since returning home and starting school. His kindergarten teacher reports that he has difficulty in the classroom including difficulty keeping his hands to himself and following directions. Describe how the Offeror will manage care to achieve the best outcome for the member.</p>	6

RATIONALE:

Major Observations:

Offeror described an integrated care management model that addressed the member's needs with respect to behavioral health, physical health and social determinants of health. Offeror mentioned AHCCCS guiding principles and emphasized the importance of not vilifying the member's mother but did not describe clearly goals for the member or mother.

Offeror described a process for managing the member's transition that included working with existing providers and aligning the member with an MSIC, although offeror did not discuss clearly a process for consulting with CMDP regarding the member's needs or working with DCS for a period of time post-transition.

Offeror discussed coordination between physical and behavioral health providers by placing the member in an integrated care setting and facilitating real-time data sharing through its provider portal.

Offeror mentioned the member's school and IEP at a relatively high level but did not describe clearly a process for coordinating physical and behavioral health care with the school.

Offeror described a process for performing behavioral health assessments, including for ASD, ADHD, early childhood trauma/PTSD, Tourette syndrome and adjustment disorder.


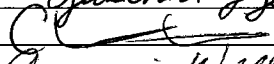
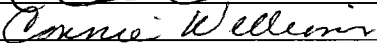
Offeror mentioned the member's child/family team (CFT). Offeror did not discuss clearly the need to verify whether the member has been evaluated with a child and adolescent service intensity instrument (CASII) and, if so whether the CASII was updated when the member returned home.

Offeror discussed involvement of a pediatric behavioral health specialist. Offeror did not describe clearly steps to promote the member's relationship/bonding with his mother.

Offeror's assessment of physical health needs recognized that the member has a CRS-qualifying condition.

Offeror mentioned that the member's behaviors may be linked to pain and that the member should be screened for possible undiagnosed medical conditions.

Offeror addressed the member's EPSDT services, including vaccinations, dental care, lead screening, referral to a gastroenterologist and weight/nutrition assessments.

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Jakenna Lebsock		2/23/18
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FACILITATOR		
NAME	SIGNATURE	DATE
Andrew Cohen		2/23/18

COMPONENT: ORAL PRESENTATION REQUIREMENT - 2 of 2

OFFEROR'S NAME: Mercy Care

ORAL PRESENTATION REQUIREMENT 2	TOTAL RANKING
<p>A 6 year old boy with juvenile rheumatoid arthritis, was returned to the custody of his biological mother and enrolled with your health plan in December of 2018. He was removed by Department of Child Safety (DCS) one year ago after a DCS report of neglect was made by a pediatrician due to presenting with signs of malnourishment and faltering weight despite attempts for nutritional and medical interventions. Prior to removal, he also presented with intermittent episodes of biting, kicking, and verbal outbursts which have exacerbated since returning home and starting school. His kindergarten teacher reports that he has difficulty in the classroom including difficulty keeping his hands to himself and following directions. Describe how the Offeror will manage care to achieve the best outcome for the member.</p>	7

RATIONALE:

Major Observations:

Offeror discussed the member's needs with respect to behavioral health, physical health and social determinants of health at a relatively high level; offeror also discussed the mother's needs with respect to behavioral health and social determinants of health. Offeror mentioned AHCCCS guiding principles and expressed its desire to keep the family intact but did not describe clearly any goals for the member or mother.

Offeror described a process for managing the member's transition that included consulting with CMDP regarding the member's medical needs and treatment while in DCS custody, aligning the member with an MSIC or another PCP of the mother's choosing, and ensuring continuation of care with respect to member's ongoing medical needs, including through use of single case agreements with out-of-network providers. Offeror did not discuss clearly working with DCS for a period of time post-transition.

Offeror discussed coordination between physical and behavioral health providers by placing the member in an integrated care setting (MSIC) and facilitating real time data sharing through its provider portal.

Offeror mentioned the member's school and IEP at a relatively high level but did not describe clearly a process for coordinating physical and behavioral health care with the school.

Offeror described a process for performing behavioral health assessments, including a bio-psychosocial assessment. Offeror did not discuss clearly conducting assessments for specific conditions, such as ASD, ADHD, early childhood trauma or PTSD.

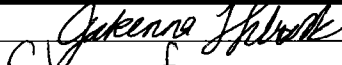


Offeror addressed coordination with the member's child/family team (CFT), including reviewing and updating the member's child and adolescent service intensity instrument (CASII) findings.

Offeror did not describe clearly steps to promote the member's relationship/bonding with his mother.

Offeror's assessment of physical health needs recognized that the member has a CRS-qualifying condition.

Offeror did not describe clearly a process for ruling out medical reasons for the member's increased behaviors.

Offeror addressed the member's EPSDT services, including care gaps and oral health.

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Christina Quast		2/23/2018
Connie Williams		2-23-18

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Andrew Cohen		2/23/18