SUBMISSION REQUIREMENT B5: How will the Offeror ensure that person-centered service planning:
a.?Includes active engagement with ALTCS members,
b.?Includes all aspects of quality of life,
c.?Is consistent with the individual's needs and vision,
d.?Promotes access to services in home and community-based settings, and
e.?Results in high quality, equitable, and cost-effective person-centered care.

Additionally, how will the Offeror monitor and evaluate the Case Manager and the member experience and satisfaction to demonstrate the Offeror's person-centered service planning process complies with the values and principles of person-centered thinking, planning, and practice?

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Submission Evaluation Considerations:
- Health Equity
- Implementable
- Addresses Person-Centered Service Planning
- Addresses Ongoing Monitoring and Oversight
- Strategies that Improve Member Experience and Outcomes
- Other Notable Considerations

ARIZONA PHYSICIANS IPA, INC.	BANNER-UNIVERSITY CARE ADVANTAGE	BCBSAZ HEALTH CHOICE	HEALTH NET ACCESS	MERCY CARE
		RATIONALE AND MAJOR OBSERVATIONS		
Offeror described how health equity is addressed as part of its approach to person-centered service planning, including through alignment of case managers with members based on language/cultural preferences, consideration of health equity-related needs when matching members to case managers, use of AHCCCS standardized tools to promote consistency in service planning, and use of multiple qualitative and quantitative data sources to identify potential areas of underutilization by demographic group. Offeror provided an example of monitoring and follow-up through a disparity evaluation of HCBS service use by tribal members in Maricopa County and offeror's efforts to address.	Offeror described how health equity is addressed as part of its approach to person-centered service planning, including through recruitment of locally-based case managers with diverse backgrounds (e.g., persons with disabilities) and language skills, consideration of health equity-related needs when matching members to case managers, use of a social vulnerability index score, in combination with community resources to address health related social needs in a standardized manner, and use of a population health platform (Innovaccer) to inform the person centered planning process through identification of potential health disparities and continuous monitoring of outcomes.	Offeror discussed health equity as part of its person-centered service planning, including through case manager training on cultural competency, tribal initiatives (e.g., sweat lodge healing programs) and using data to inform health equity plan. Offeror did not describe clearly how it incorporates health equity when matching members with case managers in performing its assessment process, or conducting outcomes follow-up.	Offeror discussed health equity as part of its person-centered service planning, including through inclusion of peers/families and individuals with lived experience and diverse backgrounds as case managers, consideration of health equity-related needs when matching members to case managers, and use of a health equity dashboard to identify opportunities for reducing disparities in outcomes. Offeror discussed assessments and closed loop referrals, but did not describe clearly its process for outcomes follow-up.	Offeror described how health equity is addressed as part of its approach to person-centered service planning, including through recruitment of locally-based case managers with diverse backgrounds, consideration of health equity-related needs when matching members to case managers, and availability of multiple digital tools (e.g., Thrive and Social Scape) to evaluate equitable access to services and social risk. Offeror discussed use of a variety of evidence-based assessments (e.g., InterRAI and SAFE), as well as outcomes monitoring and follow-up. Offeror provided an example of a disparity evaluation in which mammography screening rates were found to be lower than average in two zip codes with significant Latino populations.
Offeror discussed its case management staffing infrastructure but did not describe clearly its systems to support case managers and to facilitate supervision of case manager activities. Offeror did not describe clearly new initiatives for which there would be an associated implementation timeframe. Offeror discussed use of chart audits to monitor case manager performance but did not describe clearly its support plan for case managers based on varying levels of demonstrated competencies.	Offeror discussed its approach to implementing person centered service planning, including its systems to support case managers. Offeror discussed evaluating case manager performance but did not describe clearly a system for performing oversight through multiple methods. Offeror did not describe its timeframe for implementing systems or processes not currently in place. Offeror discussed using member surveys to monitor case manager performance but did not describe clearly its support plan for case managers based on varying levels of demonstrated competencies.	Offeror described its approach to implementing person centered service planning, including its systems to support case managers, as well as multiple methods for performing oversight of case manager performance. Offeror did not describe clearly its timeframe for implementing systems or processes not currently in place. Offeror did not describe clearly its support plan for case managers based on varying levels of demonstrated competencies.	Offeror described its approach to implementing person centered service planning, including its systems to support case managers and to facilitate supervision activities, as well as multiple methods for performing oversight of case manager performance. Offeror discussed its timeframe for obtaining PCSP certification but did not describe clearly other implementation milestone dates. Offeror did not describe clearly its support plan for case managers based on varying levels of demonstrated competencies.	Offeror described its approach to implementing person centered service planning, including its systems to support case managers and to facilitate supervision activities. Offeror discussed its timeframe for implementing systems or processes not currently in place. Offeror described multiple methods for performing oversight of case manager performance, and its support plan for case managers based on varying levels of demonstrated competencies.
Offeror's response addressed case management principles, person-centered case management and its strategy for recognizing individual strengths and needs, including through adoption of the evidence-based ME program (for which offeror provided examples of ME resource team activities). Offeror described multiple methods for encouraging and supporting active member participation in the planning process. Offeror mentioned provider participation on the planning team but did not describe clearly how it encourages and supports their active participation.	Offeror's response presented an overview of case management principles and discussed person-centered case management. Offeror described its strategy for recognizing individual strengths and needs, including through an emphasis on member preferences. Offeror described its approach for encouraging and supporting active member participation in the planning process. Offeror committed to making case managers available to their members 24/7, although it did not describe clearly how that policy would be implemented. Offeror discussed the importance of provider participation in the planning process but did not describe clearly how it encourages and supports their active participation.	Offeror's response presented an overview of case management principles, person-centered case management and its strategy for recognizing individual needs and strengths. Offeror described its approach for encouraging and supporting active member participation in the planning process. Offeror did not describe clearly how it encourages and supports their active participation. Offeror mentioned updating the PCSP with the member at a minimum annually. However, the AHCCCS requirement is for more frequent updates. Offeror also mentioned providing budget management assistance to members in the consumer direct program. However, the ALTCS program does not include member-specific budgets. Offeror mentioned provider participation on the PCSP but did not describe clearly how it encourages and supports their active participation.	Offeror's response addressed case management principles, person-centered case management and its strategy for recognizing individual strengths and needs, including for members with dementia. Offeror described multiple methods for encouraging and supporting active member participation in the planning process, including through inclusion of a peer support specialist, distribution of tablet computers, and implementation of the mandated community intervenor initiative. Offeror did not describe clearly how it encourages and supports active participation by providers in the planning process.	Offeror's response presented an overview of case management principles. Offeror discussed case manager interaction with members but did not describe clearly its strategy for recognizing individual strengths and needs. Offeror described its approach for encouraging and supporting active member participation in the planning process, including through frequent calls and visits. Offeror discussed provider participation in the planning process but did not describe clearly how it encourages and supports their active participation.
Offeror discussed monitoring program-level performance (e.g., member surveys) but did not describe clearly how individual case manager performance is monitored and addressed. Offeror mentioned chart audits and supervision of case managers but did not describe clearly its process for either activity.	Offeror described its approach to monitoring program-level performance with respect to attainment of PCSP goals (e.g., member surveys) but did not describe clearly how individual case manager performance is monitored and addressed. Offeror did not describe clearly a process for conducting case file audits.	Offeror described its approach to conducting ongoing monitoring and oversight, including through: use of multiple tracking and trending tools and reports (e.g. NCAHCPS key performance indicators, adoption of the case management performance fidelity process developed by BCBS Minnesota), and case file audits. Offeror discussed supervisory coaching and monitoring activities (e.g., case manager scorecards and interrater reliability) but did not describe clearly how supervisory staff would perform ongoing oversight and address problems when identified. Offeror stated that member advocacy support "is made available" through the LTC Ombudsman when "immediate issues" are identified. However, the office of LTC Ombudsman is a State function and not responsible for ALTCS Contractor monitoring and oversight.	Offeror described its approach to conducting ongoing monitoring, including through: use of multiple tracking and trending tools and reports, e.g., Electronic Visit Verification, interrater reliability reviews, annual "day in the life of a case manager" participation by senior staff, random calls to members, and quarterly case file audits. Offeror described how supervisory staff perform oversight of case manager performance.	Offeror described its approach to conducting ongoing monitoring, including through: use of multiple tracking and trending tools and reports, e.g., PCSP performance monitoring measures and interrater reliability reviews, an annual analysis of case management strategy, and monthly case file audits (sample for established case managers and 100 percent audit of new case managers). Offeror described how supervisory staff perform hands-on oversight of case manager performance.
Offeror described its strategy for addressing member experience, quality-of-life and outcomes, including through use of a quality-of-life (4+1) assessment to document member goals/preferences, support of unpaid caregivers and integration of housing specialist into case management team to assist in removing barriers to home/community placement.	Offeror described its strategy for addressing member experience, quality-of-life and outcomes, including through use of quality-of-life/health appraisal assessments to document member goals, promotion of HCBS with institutionalized members, strategies for addressing loneliness, and support of caregivers through hiring of caregiver advocates.	Offeror described its strategy for addressing member experience, quality-of-life and outcomes, including through use of quality-of-life/health appraisal assessments to document member goals (with detailed examples provided) and HRSN and use of D-SNP supplemental benefits to support home placement.	Offeror described its strategy for addressing member experience, quality-of-life and outcomes, including through use of whole life assessment and steps to promote HCBS through its Community Engagement Team and D-SNP supplemental benefits.	Offeror described its strategy for addressing member experience, quality-of-life and outcomes, including through use of quality-of-life/health appraisal assessments, strategies for addressing loneliness (e.g., Mercy Pets program), and support of members with SMI at risk of eviction.
		RANKING		
2	1	5	3	4

EVALUATOR FULL NAME (FIRST AND LAST):	Danielle Ashlock
EVALUATOR TITLE:	ALTCS Project Manager
DATE:	Nov 15, 2023
SIGNATURE:	Danielle Ashlock (Nov 15, 2023 09:23 MST)

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EVALUATOR TITLE:	Program Development Officer - DHCS
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EVALUATOR FULL NAME (FIRST AND LAST):	Melissa Arzabal
EVALUATOR TITLE:	ALTCS Case Management Program Manager
DATE:	Nov 15, 2023
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FACILITATOR FULL NAME (FIRST AND LAST):	Andrew Cohen
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