Bidder Name	Question Number	Topic Area	Evaluation Criteria
Sunflower State Health Plan, Inc.	**27**	**Case Scenarios**	**Method of Approach**

RFP Technical Question
The bidder's Member services line receives a call from Maria, the mother of a twenty-two (22)-year-old, Hispanic, female KanCare Member named Juanita. Maria's and Juanita's primary language is Spanish. Juanita delivered a baby boy approximately two (2) weeks ago. Maria is calling out of her concern for the well-being of her daughter and grandson. Maria shares that the Member has been living temporarily with her until Juanita finds employment, transportation, childcare, and housing. Maria states while Maria works, she has been struggling to make ends meet and at times has been unable to buy groceries. Maria shares that she has recently noticed significant and increasing changes in Juanita, including bouts of crying, lack of appetite, listlessness, and frustration with caring for her baby. Maria reports that Juanita has not been sleeping much and is struggling to produce enough breast milk to meet the baby's needs. Maria thinks that the baby may be "colicky" because the baby "cries a lot" and is difficult to soothe. Maria stated that Juanita missed the first postpartum well check because the baby was finally sleeping, and Juanita did not want to wake the baby. Maria immediately called the Member services line when her daughter told her, "I can't do this anymore." Describe how the bidder will handle the call from Maria, and the bidder's approach to meeting the needs of Juanita and her baby.

RFP References	
7.1: General Requirements	7.1.7: Cooperation with Other Agencies
7.3: Covered Services	7.3.4: Value-Added Benefits
7.4: Care Coordination	7.4.1: Care Coordination Program Overview 7.4.2: Health Screens, Health Risk Assessments, and Needs Assessments 7.4.4: Plans of Service and Person-Centered Service Planning 7.4.5: Care Coordination Stratification Levels and Contact Schedules 7.4.6: Care Coordination Roles and Responsibilities 7.4.7: Qualifications for Care Coordinators 7.4.10: Requirements for Specified Populations 7.4.11: Maternity Care Coordination 7.4.13: Social Determinants of Health 7.4.15: Electronic Care Management System
7.5: Provider Network	7.5.3: Provider Network Adequacy Standards 7.5.4: Health Equity, Cultural Competency and Health Literacy in the Delivery of Care 7.5.5: Provider Network Access Standards

RFP References	
7.10: Member Services	7.10.1: Member Services General Requirements 7.10.10: Customer Service Center – Member Assistance 7.10.11: Member Crisis Assistance 7.10.12: Member Rights and Protections
7.15: Information Systems	7.15.1: Health Information Technology and Health Information Exchange
Appendix C: Services	2.0: Medical Services 4.0: Mental Health Services
Appendix L: Care Coordination Matrix	Entire Appendix

Response Considerations

1. Does the response fully address all aspects of the question?
2. Does the response fully address all relevant RFP requirements and is the response consistent with the RFP?
3. Regarding call handling:
    i. Does the response describe how the bidder will address the caller's language assistance/translation needs?
    ii. Does the response describe how the member services representative will verify or secure authorization that allows the representative to share information about the member with the member's mother?
    iii. Does the response describe how the member services representative will handle the call and meet the member's needs if the representative cannot verify or secure authorization on the call?
    iv. Does the response describe how the bidder will assess the urgency of the member's behavioral health needs and take the appropriate actions to meet the immediate needs of the member?
    v. Does the response describe the relevant information available to the member services representative and the kind of information the representative will request from the caller to determine next steps? (Well check data, member assignment to a maternity care coordinator [low or high risk], etc.)
    vi. Does the response describe how the member service representative will provide a warm transfer the caller to care coordination?
4. Regarding meeting the needs of the member and her baby:
    i. Does the response describe how the bidder will complete or update the member's/baby's health screen, health risk assessment, and needs assessment?
    ii. Does the response describe how the bidder will ensure the member's/baby's immediate needs are met?
    iii. Does the response describe how the bidder will ensure the assigned level of care coordination aligns with the member's presenting needs (i.e., high-risk maternity due to SDOH and symptoms of postpartum depression)?
    iv. Does the response describe how the bidder will engage the member in care coordination (e.g., in person visit, offering member incentives for participating in perinatal care or well visits, use of a Spanish speaking CHW or doula located in the member's community to perform outreach activities)?
    v. Does the response describe how the bidder will meet the member's cultural and linguistic needs (e.g., care coordination system that identifies the member's needs and preferences, care coordinator and other care coordination staff that speak Spanish)?

Response Considerations
vi. Does the response describe how the bidder will ensure the involvement of the MCO, the member's PCP, specialists, and other providers involved in the member's care in the development of the plan of service (POS) and provision of treatment?
vii. Does the response describe how the bidder's care coordinator will ensure the development of a POS that identifies and addresses the member's assessed physical health (e.g., postpartum care and support, breast pump, breastfeeding information), behavioral health (maternal depression screening, CCBHC referral, behavioral health assessment, crisis service resources), and SDOH needs (e.g., transportation, food insecurity/referral to WIC, employment, financial support, childcare, and housing), as well as gaps in care (i.e., missed well visit appointments)?
viii. Does the response describe how the bidder will identify and address the baby's needs (e.g., well care check and follow-up)?
ix. Does the response describe if the bidder will offer value-added services that are applicable in this case (e.g., breastfeeding education and lactation consultation; infant home visits) and how the bidder will use them to promote the member's goals in the POS?
x. Does the response describe the bidder's process for ensuring referrals to covered services, non-covered services, and community resources, and securing necessary authorizations to ensure timely access to services and providers?
xi. Does the response describe how the bidder will continue to coordinate, share information, and communication with providers involved in the care of the member?
xii. Does the response describe how the bidder will continue to engage the member to consistently engage in treatment?
xiii. Does the response describe how the bidder will monitor the member's progress and ensure the POS continues to meet the member's needs, adjusting the POS as necessary?

Bidder Name	Question Number
Sunflower State Health Plan, Inc.	**27**

EVALUATOR NOTES	
Response Strengths	**Response Weaknesses**
The response is excellent. • Bidder assigned a MCO care coordinator who was a culturally aligned experienced obstetrics nurse. • Bidder contacted Juanita the next day for food security and health support resources. • Bidder conducted an in-person visit with Juanita the next day. • Bidder indicated Start Smart program and First Year of Life as Sunflower programs. • Bidder indicated caregiver supports. • Bidder indicated partnership with Pomelo for virtual pregnancy and medical supports. • Bidder indicated Sunflower defined health platform and/or app. • Bidder indicated SMART goals. • Bidder indicated VAB for transportation and items like breast pump, diapers, and baby supplies. • Bidder indicated they completed a Notice of Pregnancy form (NOP) for Juanita in the first trimester, which allowed them to drive appropriate services and coordinated care. • Bidder provided same day evaluation with Genesis Family Health, the large FQHC in the area, which provides integrated care for behavioral and physical health needs. • Bidder identified a single point of contact for care coordination.	Weaknesses were identified that can be easily overcome. • Bidder did not indicate whether Russell child development resource indicated had Spanish speaking home visitors. • While it could be assumed that the individual was assisted with connection to HUDs Coordinated Entry program through the Housing Navigator, that was not identified in the response. It is important that all eligible individuals at Risk of Homelessness and those who are Homeless are referred to the local HUD Continuum of Care to ensure that individuals have access to necessary housing services and supports that will assist the individual with residing independently in the community.

- Bidder concisely showed steps of their extensive use of the care coordination process and identified community and provider partners.
- Bidder provided information for Mental Health First Aid.
- Bidder provided information and services via EPSDT including safe sleep educator and assisted Juanita with setting up a safe sleeping environment.

General Notes

Rating

5

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Sunflower State Health Plan, Inc.	**28**	**Case Scenarios**	**Method of Approach**

RFP Technical Question
Shanice is a twenty-three (23)-year-old, black, female KanCare Member who was brought to the Emergency Department (ED) by police due to injuries sustained during a fight with another person in a downtown homeless shelter. While her injuries do not appear to be life threatening, Shanice sustained injuries around her face and head and exhibits odd behavior. Shanice has a history of opioid use disorder, benzodiazepine use disorder, and stimulant use disorder in addition to co-morbid schizoaffective disorder and major depression disorder with psychotic features. Her drug screens at the ED are positive for opioids and benzodiazepines. Shanice has been receiving services through a CCBHC, but has been inconsistently engaged in treatment and has presented to the ED multiple times for either drug intoxication or withdrawal in the past year. She is unstably housed and lacks any form of Transportation. Tests conducted during the ED stay indicate that Shanice is pregnant. Describe the bidder's approach to addressing Shanice's needs.

RFP References	
7.1: General Requirements	7.1.7: Cooperation with Other Agencies
7.3: Covered Services	7.3.1: Covered and Non-Covered Services 7.3.4: Value-Added Benefits
7.4: Care Coordination	7.4.1: Care Coordination Program Overview 7.4.2: Health Screens, Health Risk Assessments, and Needs Assessments 7.4.4: Plans of Service and Person-Centered Service Planning 7.4.5: Care Coordination Stratification Levels and Contact Schedules 7.4.6: Care Coordination Roles and Responsibilities 7.4.7: Qualifications for Care Coordinators 7.4.10: Requirements for Specified Populations 7.4.11: Maternity Care Coordination 7.4.12: Care Transitions and Diversion Activities 7.4.13: Social Determinants of Health 7.4.15: Electronic Care Management System
7.5: Provider Network	7.5.3: Provider Network Adequacy Standards

RFP References	
	7.5.4: Health Equity, Cultural Competency and Health Literacy in the Delivery of Care 7.5.5: Provider Network Access Standards 7.5.8: Behavioral Health Provider Network Standards
7.15: Information Systems	7.15.1: Health Information Technology and Health Information Exchange
Appendix C: Services	2.0: Medical Services 3.0: SUD Services 4.0: Mental Health Services
Appendix L: Care Coordination Matrix	Entire Appendix

Response Considerations

1. Does the response fully address all aspects of the question?
2. Does the response fully address all relevant RFP requirements and is the response consistent with the RFP?
3. Given the member's complex behavioral health and maternal health needs, does the response describe the CCBHC's and bidder's respective care coordination roles, their communication and collaboration, and how the bidder will prevent care coordination gaps or duplication for this member?
4. Does the response describe which entity (MCO or CCBHC) will be primarily responsible for coordinating the care for this member?
5. Does the response describe how the bidder will update the health screen and HRA and ensure the completion of a comprehensive assessment of the member's physical health, maternal health, mental health conditions (schizoaffective disorder and major depression disorder with psychotic feature), and substance use disorders (opioid use disorder, benzodiazepine use disorder, and stimulant use disorder), and screening for tobacco and alcohol use/abuse?
6. Does the response identify how the bidder will ensure the appropriate level of care coordination for this member (e.g., high-risk due to pregnancy, mental health, substance use, and SDOH) and assignment to a care coordinator with the requisite qualifications?
7. Does the response describe how the bidder will engage the member to participate in care coordination?
8. Does the response describe how the bidder will identify and address the member's personal preferences, cultural needs and health disparities in health care access, services provision, and outcomes?
9. Does the response describe how the bidder will use a person-centered planning approach to assess and address the member's holistic physical health, behavioral health, and SDOH needs to develop a POS/care plan, including:
    i. Using the comprehensive assessment to drive the development of the POS/care plan;
    ii. Ensuring the involvement of a multidisciplinary team (medical, obstetrical, psychiatric, and addiction treatment professionals) and representation of the MCO, CCBHC, and other providers involved in the member's care in the development of the POS/care plan and provision of treatment;
    iii. Addressing follow-up care for the member's physical injuries sustained in the altercation and any other physical health needs;
    iv. Ensuring an appropriate alternative for meeting the member's housing needs other than returning the member to the street;
    v. Identifying and addressing barriers to the member's engagement in her care;
    vi. Informing and educating the member about the complexity of her conditions and the need for follow-up assessments, care planning, and care;

Response Considerations
vii. Using evidence-based treatment approaches to guide the member's treatment for substance abuse disorders to balance the risks and benefits to optimize maternal and infant health (e.g., residential treatment, medication-assisted treatment [MAT] for opioid use disorder, treatment programs specializing in the care of pregnant women with addictions, participation in treatment for other substance use disorders, substance abuse counseling, social supports); viii. Re-evaluating and updating the treatment for the member's mental health conditions, including the management of possible drug interactions with pharmacotherapies during the course of the pregnancy; ix. Identifying and addressing the member's SDOH needs, including assistance with obtaining housing, nutritional food, transportation, and employment; x. Offering value-added services to the member (e.g., doulas, peer support, maternal home visits, contingency management); xi. Addressing the member's prenatal care needs (e.g., supporting the member to select an OB-GYN, assisting with scheduling prenatal appointments, access to prenatal vitamins); and xii. Providing member prenatal education (one to one education, birthing and parenting classes, breastfeeding, neonatal abstinence syndrome)? 10. Does the response describe the bidder's process for ensuring referrals to covered services, non-covered services, and community resources, and securing necessary authorizations to ensure timely access to services and providers? 11. Does the response describe how the bidder will continue to coordinate, share information, and communication with the CCBHC and other providers involved in the care of the member? 12. Does the response describe how the bidder will continue to engage the member to consistently engage in treatment? 13. Does the response describe how the bidder will monitor the member's progress and ensure the POS/care plan continues to meet the member's needs, adjusting the POS/care plan as necessary?

Bidder Name	Question Number
Sunflower State Health Plan, Inc.	**28**

EVALUATOR NOTES	
Response Strengths	**Response Weaknesses**
The response is excellent. • Bidder provided information regarding the SmartStart Baby program. • Bidder connected with consumer at the hospital due to KHIE notification. • Bidder confirmed CT scan for head injury. • Bidder connected consumer with CCBHC/Heartland Regional Alcohol & Drug Assessment Center (RADAC). • Bidder connected consumer with residential treatment and a direct transfer from ED. • Bidder ensured a smartphone to allow member to be connected with apps such as SmartStart, Pomelo, MyStrength, and a medication reminder. • Bidder provided information regarding My Health Pays VAB. • Bidder connected consumer to Lawrence Memorial Hospital for postpartum care. Additionally, provided connection for family planning, lactation support appointments, and Parents as Teacher. • Bidder connected member to Kansas Helping Empower and Recover Together (KS-HEART). • Bidder indicated assigned care coordinator was a maternity nurse with experience in working with pregnant women with SUD/SMI. • Bidder ensured connection with OB/GYN with experience in co-occurring SUD.	Weaknesses were identified that can be easily overcome. • Bidder did not indicate SMART goals. • Bidder did not specifically call out that a HST or HRA were used. • Bidder did not provide client informed choice regarding housing. For example, after residential stay at Lakeview, “we determined she would benefit from a recovery house, the integrated care team make future housing decisions”. While it could be assumed that the individual was assisted with connection to HUDs Coordinated Entry program through the Housing Navigator, that was not identified in the response. It is important that all individuals at Risk of Homelessness and those who are Homeless are referred to the local HUD Continuum of Care to ensure that individuals have access to necessary housing services and supports that will assist the individual with residing independently in the community.

- Bidder indicated the Lakeview Residential Program was equipped to meet pregnancy needs. Bidder identified crisis safe stable housing as a need prior to hospital discharge.
- Bidder indicated enrollment of baby in First Year of Life program helping to make connections with EPSDT benefits.
- Bidder indicated doula support, with a clear understanding of culturally competent care.
- Bidder provided approval for medical detox.
- Bidder provided options counseling.
- Bidder equipped CCBHC with information required for consumer's whole person care.
- Bidder provided employment resources including Lawrence Workforce Center using bidder LifeShare Navigators program and connected to employment specialists certified in Association of Community Rehabilitation Educators (ACRE).
- Bidder provided excellent identification of immediate needs giving rapid care coordination.
- Bidder indicated they completed a Notice of Pregnancy form (NOP) for consumer in the first trimester, which allowed them to drive appropriate services and coordinated care.
- Bidder mentioned a Wellness Recovery Action Plan (WRAP) developed by the individual.

General Notes

Rating

5

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Sunflower State Health Plan, Inc.	**29**	**Case Scenarios**	**Method of Approach**

RFP Technical Question
Robert is a twenty-five (25)-year-old, white, male KanCare Member with Cerebral Palsy enrolled in the IDD HCBS Waiver. He is currently being treated in an acute care hospital for an upper respiratory infection and is nearing discharge. In addition to having a limited ability to meet his basic personal care needs, Robert is wheelchair dependent and requires an augmentative communication device. Robert is currently living with his grandmother, Betty, who has been providing the majority of support for his personal care needs. Betty recently learned that she has stage 4 rectal cancer and is gravely concerned about her ability to continue to care for Robert when he is discharged, and anxious about who will take care of him when she dies. There are no additional family supports for Robert. Robert is very intelligent and close to getting a bachelor's degree in computer programming. He would like to live independently, complete his schooling, and obtain employment. Describe the bidder's approach to supporting the hospital discharge planning process and to initiating and managing Robert's follow-up care to assist him in meeting his short- and long-term needs and personal goals upon discharge.

RFP References	
7.1: General Requirements	7.1.7: Cooperation with Other Agencies
7.3: Covered Services	7.3.1: Covered and Non-Covered Services 7.3.2: Work Opportunities Reward Kansans (WORK) Program 7.3.3: Supports and Training for Employing People Successfully (STEPS) 7.3.4: Value-Added Benefits 7.3.5: In Lieu of Services
7.4: Care Coordination	7.4.1: Care Coordination Program Overview 7.4.2: Health Screens, Health Risk Assessments, and Needs Assessments 7.4.4: Plans of Service and Person-Centered Service Planning 7.4.5: Care Coordination Stratification Levels and Contact Schedules 7.4.6: Care Coordination Roles and Responsibilities 7.4.7: Qualifications for Care Coordinators 7.4.10: Requirements for Specified Populations 7.4.12: Care Transitions and Diversion Activities 7.4.13: Social Determinants of Health

RFP References	
	7.4.15: Electronic Care Management System
7.5: Provider Network	7.5.3: Provider Network Adequacy Standards 7.5.5: Provider Network Access Standards 7.5.7: Long-Term Services and Supports Provider Network Standards
7.15: Information Systems	7.15.1: Health Information Technology and Health Information Exchange
Appendix C: Services	2.0: Medical Services 5.0: HCBS
Appendix L: Care Coordination Matrix	Entire Appendix

Response Considerations

1. Does the response fully address all aspects of the question?
2. Does the response fully address all relevant RFP requirements and is the response consistent with the RFP?
3. Does the response describe the respective roles and responsibilities and the communication and collaboration between the MCO care coordinator, the targeted case manager (TCM), and the community developmental disability organization (CDDO) related to the provision of care coordination for the member?
4. Does the response describe how the bidder will consider the current needs and preferences of the member to provide the appropriate level of care coordination and assignment to a qualified care coordinator?
5. Does the response describe how the bidder will support the development of a transition plan/discharge plan that identifies and addresses the member's holistic physical health, behavioral health, and SDOH needs, such as:
    i. Updating the member's needs assessment based upon his condition and circumstances;
    ii. Including the member, grandmother, inpatient hospital, MCO care coordinator and TCM in the development of the transition/discharge plan;
    iii. Identifying the need for any additional services and supports to prevent readmission/future respiratory infections?
    iv. Determining the member's grandmother's ability and willingness to care for the member upon discharge, as well as any limitations;
    v. Identifying the need for any additional in-home services and supports necessary (e.g., overnight respite, home health, personal care services);
    vi. Identifying the need for any additional equipment or supply needs for the member's wheelchair or augmentative communication device;
    vii. Arranging for any respiratory care equipment ordered by the inpatient team (e.g., suctioning devices, oxygen, etc.);
    viii. Scheduling aftercare appointments (e.g., respiratory specialist, PCP);
    ix. Identifying the need for a personal emergency response system, installation and instructions, given the caregiver's health status;
    x. Identifying the need for a mental health assessment, given grandmother's decline and likely terminal condition;
    xi. Identifying the member's SDOH needs (e.g., non-covered transportation, housing, education); and
    xii. Developing an individualized back-up plan and a disaster/emergency plan?
6. Does the response describe how the bidder will ensure the discharge/transition plan is incorporated in the member's PCSP and that necessary signatures are obtained?

Response Considerations
7. Does the response describe how the bidder will ensure that the services specified in the discharge/transition plan are secured, and that the transition occurs with minimal service and provider disruption to the extent possible? 8. Does the response describe how the bidder will ensure transition-related coordination and communication between the member's primary care provider and specialists? 9. Does the response describe how the bidder will ensure follow-up with the member and member's providers to ensure post discharge services have been provided? 10. Does the response describe coordination and planning between the MCO care coordinator, TCM, CDDO, HCBS providers, primary care provider, and specialists to address the member's longer-term personal health goals in the member's PCSP, such as: i. Discussing the member's goals in more detail to understand his preferences (e.g., living arrangements, education, employment); ii. Identifying other goals related to achieving independence (e.g., cooking, daily living skills, ability to use public transportation); iii. Identifying the services and supports the member needs to assist him in achieving his goals; iv. Educating the member about self-direction, the Working Healthy/WORK program, STEPS, supported employment services, and other employment programs options and assisting with referrals; v. Identifying whether the member needs assistance with managing his finances or financial planning; vi. Supporting the member's continued education and employment goals; and vii. Identifying the need for social supports and activities? 11. Does the response describe the bidder's process for ensuring timely referrals to covered supports and services, non-covered services, and community resources, and securing necessary authorizations to ensure timely access to services, supports, and providers? 12. Does the response describe how the bidder will continue to coordinate, share information, and communication with the TCM, CDDO, HCBS providers, primary care provider, specialists, and other providers involved in the care of the member? 13. Does the response describe how the bidder will monitor the member's progress to ensure the PCSP is effective in meeting the member's health care needs and achieve his health goals, adjusting the PCSP as necessary?

Bidder Name	Question Number
Sunflower State Health Plan, Inc.	**29**

EVALUATOR NOTES	
Response Strengths	**Response Weaknesses**
The response is good. • Bidder selected a long-term care coordinator in the area of the State who had a history with the member. • Bidder received a notification that member was admitted to hospital and connected them with integrated care team. • Bidder indicated they were coordinating care with IDD targeted case manager (TCM) and PCP. Bidder identified IDD TCM as lead for person-centered support plan plus indicated person-centered support plan updates. • Bidder addressed member's immediate needs, whether it was home modification, increase of personal care hours, or respite care for grandparent. Bidder looked at PT, OT, ST evaluations and other therapies needed. Bidder reviewed need for home modifications, adaptive equipment, and DME to ensure care in the least restrictive environment. • Bidder updated HST and HRA. • Bidder engaged the Caregiving Collaborations program for caregiver stress. • Bidder indicated transportation VAB for socialization supports. • Bidder indicated outreach by employment specialist to vocational rehabilitation (VR). • Bidder provided information regarding agency-direct versus self-direct. • Bidder discussed ABLE account with consumer.	Weaknesses were identified that can be easily overcome. • Bidder did not mention WORK/Working Healthy program. • Bidder did not provide documentation for addressing on-going physical needs, for example consumer's respiratory concerns. Bidder could have elaborated more on helping to achieve longer term goals, including ADLs, and decreasing risk of infections. • Bidder encouraged member to continue with post-secondary education but did not indicate how they would help/support his transportation needs. • Bidder could have provided more details on VABs. • Bidder did not indicate that there should be a CDDO connection for the member, including options counseling. • Bidder only indicated transportation supports for social events, although ailing caregiver was listed as only transporter for member. • Bidder did not indicate care coordinator with IDD experience/history. • Bidder advised consumer regarding grandmother's diagnosis without her present. • Bidder did not provide information for potential HCBS and/or referral for grandmother to Aging and Disability Resource Center (ADRC).

- Bidder provided benefits counseling to support improving budgeting skills as a new homeowner in order to maintain living in his home.
- Bidder facilitated a connection to Center for Independent Living (CIL) that provides independent living resources.
- Bidder made referral to Mental Health Associates for a BH provider to provide individual family therapy and grief counseling.

General Notes

Rating

3

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Sunflower State Health Plan, Inc.	**30**	**Case Scenarios**	**Method of Approach**

RFP Technical Question
Billy is a thirty (30)-year-old, white, male KanCare Member currently residing in a skilled NF as a result of injuries sustained in an automobile accident, including a traumatic brain injury. Billy has been living in the skilled nursing facility (NF) for the last 14 months. Billy receives physical and speech therapies but continues to struggle with slurred speech, coordination, and balance. He is eager to move back into his home, eventually go back to work, and "get his life back". Billy recognizes that he may still need assistance in order to manage basic needs in his home, but finds being in a "nursing home" is depressing and lonely. In addition to his physical and speech challenges, Billy is overweight and developed a stage 3 pressure ulcer. He also experiences periodic incontinence. Describe how the bidder will assist Billy in planning for and implementing Billy's transition, including monitoring post-transition and assisting him to achieve his personal goals.

RFP References	
7.1: General Requirements	7.1.7: Cooperation with other agencies
7.3: Covered Services	7.3.1: Covered and Non-Covered Services 7.3.3: Supports and Training for Employing People Successfully (STEPS) 7.3.4: Value-Added Benefits 7.3.5: In Lieu of Services
7.4: Care Coordination	7.4.1: Care Coordination Program Overview 7.4.2: Health Screens, Health Risk Assessments, and Needs Assessments 7.4.3: Long-Term Services and Supports Functional Eligibility Determinations 7.4.4: Plans of Service and Person-Centered Service Planning 7.4.5: Care Coordination Stratification Levels and Contact Schedules 7.4.6: Care Coordination Roles and Responsibilities 7.4.7: Qualifications for Care Coordinators 7.4.10: Requirements for Specified populations 7.4.12: Care Transitions and Diversion Activities 7.4.13: Social Determinants of Health 7.4.15: Electronic Care Management System
7.5: Provider Network	7.5.3: Provider Network Adequacy Standards 7.5.5: Provider Network Access Standards 7.5.7: Long-Term Services and Supports Provider Network Standards

RFP References	
	7.5.8: Behavioral Health Provider Network Standards
7.15: Information Systems	7.15.1: Health Information Technology and Health Information Exchange
Appendix C: Services	2.0: Medical Services 4.0: Mental Health Services 5.0: HCBS
Appendix L: Care Coordination Matrix	Entire Appendix

Response Considerations

1. Does the response fully address all aspects of the question?
2. Does the response fully address all relevant RFP requirements and is the response consistent with the RFP?
3. Does the response address how the bidder will update the health screen, health risk assessment, and needs assessments?
4. Does the response address how the bidder will complete a comprehensive whole-person assessment that includes identification of the member's health goals, strengths and challenges that will be used in development of the member's POS?
5. Does the response describe an appropriate level of care coordination to meet the needs of this member?
6. Does the response describe the assignment of an MCO care coordinator with the requisite long term care experience working with individuals like the member?
7. Does the response describe how the bidders will identify and coordinate with any Medicare care manager, if the member is also Medicare eligible?
8. Does the response describe how the bidder will initiate and engage the member, skilled NF, other care coordinators, and other providers in discharge planning and institutional transition processes?
9. Does the response describe how the bidder will support the development of a discharge/transition plan that identifies and addresses the member's holistic physical health, behavioral health, and SDOH needs to meet his personal health goals, such as:
    i. Referring the member to determine his eligibility for BI HCBS waiver;
    ii. Assisting the member to apply for an institutional transition and evaluating the member's eligibility for Money Follows the Person;
    iii. Determining whether self-directed care is an option and preferred by the member;
    iv. Educating the member about the STEPS program and assisting with referrals for eligibility;
    v. Identifying the services necessary to meet the member's physical health care needs (e.g., medical equipment and supplies; if in BI waiver, home modification and assistive technology);
    vi. Coordinating with the member's primary care provider and specialists to address the member's pressure ulcer upon discharge (e.g., home health care for nursing, weight management plan, skin integrity care plan) and incontinence;
    vii. Identifying necessary in-home supports (e.g., if in BI waiver, home health, personal care services, transitional living skills, home delivered meals);
    viii. Identifying the need for medication reminder services and/or personal emergency response system installation if in BI waiver;
    ix. Arranging for the continuation of rehabilitation therapies, including PT, ST, OT, and cognitive rehabilitation;
    x. Assessing and addressing the member's behavioral health needs;

Response Considerations
xi. Identifying and assisting the member to address SDOH needs (assistance with transportation, social supports); xii. Identifying supports needed for managing finances to maintain Medicaid eligibility (e.g., injury settlement, spend down); and xiii. Documenting the discharge/transition plan in the member's POS or PCSP (if on a BI waiver) and obtaining the necessary signatures? 10. Does the response describe coordination and planning between the MCO care coordinator (as well as the community care coordinator involved in the member's care), HCBS providers (if on a BI waiver), community-based primary care provider, and specialists to address the member's longer-term personal health goals in the member's POS/PCSP, such as: i. Discussing the member's long-term goals in more detail (e.g., return to work): ii. Identifying other goals related to regaining his independence (e.g., cooking, daily living skills); iii. Identifying the member's need for social supports and activities; and iv. Identifying the services and supports the member needs to assist him in achieving his goals? 11. Does the response describe how the bidder will provide referrals for as identified in the POS/PCSP? 12. Does the response describe how the bidder will ensure referrals for covered services, non-covered services, and community resources and timely authorization of services identified in the POS/PCSP? 13. Does the response describe how the bidder will monitor to ensure the member's access to the services and support in the POS/PCSP? 14. Does the response describe how the bidder will monitor to ensure the member's progress and that the POS/PCSP is effective in meeting the member's health care needs and achieve his health goals, adjusting the POS/PCSP as necessary? 15. Does the response describe how the bidder will coordinate, share information, and communicate with the NF, specialists, primary care, and other providers involved in the care of the member throughout the transition and post-transition time period?

Bidder Name	Question Number
Sunflower State Health Plan, Inc.	**30**

EVALUATOR NOTES	
Response Strengths	**Response Weaknesses**
The response is good. • Bidder indicates care coordinator frequently visits nursing facility. • Bidder indicates assessment of member in the nursing facility. Bidder updated HST and HRA and combined MDS data for the development of the person-centered care plan. • Bidder collaborated with OCCK as a transition provider. • Bidder indicates referral to BI waiver via the institutional transition process. Bidder reports adhering to the institutional transition policy, for example the bidder completed Referral and Notification Form (RNF) form 30 days prior to discharge. • Bidder indicates wound care referral for home health, and urologist to review incontinence condition. • Bidder indicates Social Threads training program and Social Isolation toolkit. Bidder indicates social app Pyx was referred to member. Bidder mentioned the possibility of a peer support specialist. • Bidder indicates PT and ST for continuity of care. • Bidder indicates connection with dietician. • Bidder discussed NEMT to meet transportation needs specifically regarding healthcare appointments. • Bidder was vigilant in their quality-of-care advocacy regarding the member's pressure ulcer from the nursing facility. • Bidder provided member the option for Medication Therapy Management program.	Weaknesses were identified that can be easily overcome. • Bidder did not indicate when care coordinator went to visit member. • Bidder did not indicate qualifications for care coordinator, Bri. • Bidder indicates partnership with only four Centers of Independent Living. Bidder doesn't provide if there are only four that provide this training opportunity, or if there is a limitation due to bidder's contracting. • Bidder did not discuss agency direction. • Bidder did not discuss weight management. • Bidder did not provide follow-up on wound issues potentially complicated by weight and incontinence. • Bidder could have provided more detail on addressing financial planning. • Bidder did not explore WORK/Working Healthy options for the member. • Bidder was unclear where consumer was discharging "home" and there was conflicting information on the need for home modification. At one point it was indicated his rental and at another point it was indicated his sister's home. • Bidder's response did not include reporting of Billy's pressure ulcer, which should have been reported as a potential NF quality of care issue deserving of follow-up.

- Bidder has staff trained in LifeCourse training.
- Bidder developed nursing facility transition plan which included participation in community activities.
- Bidder referred for evaluating the potential for adaptive driving and possible vehicle modification.
- Bidder followed-up with member to ensure that durable medical equipment was delivered and followed-up to make sure member attended his PCP appointment following discharge.

General Notes

Rating

3

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Sunflower State Health Plan, Inc.	**31**	**Case Scenarios**	**Method of Approach**

RFP Technical Question
Mary is a twenty-eight (28)-year-old, white, female who is incarcerated at a correctional facility serving a two (2) year sentence for a felony conviction. Her estimated release date is in two (2) weeks. Prior to her incarceration, Mary was enrolled in KanCare; however, her KanCare enrollment was suspended upon incarceration. Mary will be a Member of the bidder's plan upon release. Mary has a history of schizoaffective disorder and substance use (marijuana and alcohol). She has been receiving medication for her mental health condition (Abilify and Depakote) throughout her incarceration, but has not received treatment for substance use. Mary does not believe she has had or has a problem with substance abuse, though her prior usage led to her inability to maintain employment and housing. Mary has "burned bridges" with her family and friends and will not have a place to live upon her release. She is, however, optimistic about her future and is willing to do "whatever it takes" to get back on track. Describe the bidder's approach to planning for and addressing Mary's needs to support her successful re-entry into the community.

RFP References	
7.1: General Requirements	7.1.7: Cooperation with Other Agencies
7.4: Care Coordination	7.4.1: Care Coordination Program Overview 7.4.2: Health Screens, Health Risk Assessments, and Needs Assessments 7.4.4: Plans of Service and Person-Centered Service Planning 7.4.5: Care Coordination Stratification Levels and Contact Schedules 7.4.6: Care Coordination Roles and Responsibilities 7.4.7: Qualifications for Care Coordinators 7.4.10: Requirements for Specified Populations 7.4.12: Care Transitions and Diversion Activities 7.4.13: Social Determinants of Health 7.4.15: Electronic Care Management System
7.5: Provider Network	7.5.2: Network Development 7.5.3: Provider Network Adequacy Standards 7.5.5: Provider Network Access Standards 7.5.8: Behavioral Health Provider Network Standards
7.15: Information Systems	7.15.1: Health Information Technology and Health Information Exchange

RFP References	
Appendix C: Services	3.0: SUD Services 4.0: Mental Health Services
Appendix L: Care Coordination Matrix	Entire Appendix

Response Considerations

1. Does the response fully address all aspects of the question?
2. Does the response fully address all relevant RFP requirements and is the response consistent with the RFP?
3. Does the response describe the challenges the member will face upon release, such as:
    i. A short supply of medications and delays in accessing post-release appointments and resources;
    ii. Pressing SDOH needs (e.g., housing, food, transportation, employment, social supports);
    iii. The member's legal status (felon) and potential impact on employment and housing options;
    iv. Limited pre-release planning; and
    v. Communication barriers in the absence of a phone or known physical location of the member?
4. Does the response describe the bidder's approaches to supporting the needs of this member as she transitions out of prison and into the community, such as:
    i. Ensuring timely reinstatement of Medicaid enrollment;
    ii. Partnering with the prison to coordinate and prepare for the member's transition;
    iii. Obtaining health records from the prison and justice system providers;
    iv. Performing a health screen and health risk assessment;
    v. Assistance with accessing medications prescribed and required post-release; and
    vi. Connecting the member to a CCBHC for ongoing care coordination and behavioral health services?
5. Does the response describe how the bidder will ensure the CCBHC identifies and addresses the member's holistic physical health, behavioral health, and SDOH needs, including:
    i. Using strategies to outreach and engagement the member post-release, including the use of peer support or CHWs as needed;
    ii. Performing a comprehensive needs assessment, including an assessment of the member's mental health condition and substance use;
    iii. Determining and assigning the appropriate level of care coordination;
    iv. Developing a person-centered planning approach with an interdisciplinary team to develop a POS/care plan the addresses the member's holistic physical health, behavioral health (schizoaffective disorder and marijuana and alcohol use), and SDOH needs (assistance accessing housing, food, transportation, employment, social supports);
    v. Providing referrals for covered services, non-covered services, and community resources as identified in the POS/care plan;
    vi. Ensuring timely authorization of needed services; and
    vii. Monitoring to ensure the member's access to the services and supports in the POS/care plan and achievement of member's personal health goals?

Response Considerations
6. Does the response describe how the bidder will coordinate, share information, and communicate with the CCBHC and other providers involved in the care of the member?
7. Does the response describe the respective care coordination roles and responsibilities of the MCO and CCBHC to avoid care coordination gaps and duplication?
8. Does the response describe how the bidder will monitor to ensure the POS/care plan continues to meet the member's needs, and ensure the POS/care is adjusted as necessary?

Bidder Name	Question Number
Sunflower State Health Plan, Inc.	**31**

EVALUATOR NOTES	
Response Strengths	**Response Weaknesses**
The response is very good. • Bidder had good use of Housing First, Supported Employment and SSI/SSDI Outreach Access and Recover (SOAR) and Medicaid community reentry model for incarcerated individuals. • Bidder provided information regarding STEPS. A Working Healthy benefits specialist was also connected to the consumer. • Bidder noted Housing First evidence-based practice. • Bidder assisted with facilitation of substance abuse assessment prior to release from correctional facility. • Bidder provided housing choice prior to release, which led to a safe transitional housing plan with mental health supports. • Bidder offered a variety of substance abuse supports and services meeting member where they are in the spectrum of recovery. • Bidder called out the fact that they had quarterly pre-release meetings with KDOC. • Bidder connected with member prior to release and had knowledge of the conditions of release. • Bidder completed HST and HRA for the person-centered support plan. • Bidder discussed PCP discussing pregnancy risk factors, which included discussion about contraceptive planning. • Bidder discussed connecting member with dental. • Bidder connected member to the GED, Rides, Opportunities, Work (GROW) program.	Weaknesses were identified that can be easily overcome. • Bidder referred member to substance abuse treatment program “like Alcoholics Anonymous”. AA is not a substance abuse treatment program, it’s a support group. • While it could be assumed that the individual was assisted with connection to HUDs Coordinated Entry program through the Housing Navigator, that was not identified in the response. It is important that all eligible individuals at Risk of Homelessness and those who are Homeless are referred to the local HUD Continuum of Care to ensure that individuals have access to necessary housing services and supports that will assist the individual with residing independently in the community. • Bidder did not indicate SMART goals. • While bidder provided numerous options, they did not differentiate which were VABs versus community resources. • Bidder could have provided more detail on how they would decrease ED visits in the future. • Bidder did not ensure that Mary actually initiated her social security benefits. Therefore, Mary could be at risk of losing her Medicaid coverage after 90 days.

- Bidder discussed Bridging the Gap in Offender Workforce Development Services: Guide to the Workforce.
- Bidder addressed co-occurring mental illness and SUD concerns with the consumer by connecting with local CCBHC Crosswinds.
- Bidder provided information for MyHealthPays, farmer's market program, and LifeShare food box.
- Bidder assisted with medication management by ensuring bubble packs, pill boxes, and medication reminders.
- Bidder provided a comfort to-go bag upon release.
- Bidder ensured parole officer (PO) coordination.
- Bidder facilitated connection with a smartphone.
- Bidder provided Find Help application, which is a social service resource.
- Bidder provided Pyx mobile app information to reduce social isolation.

General Notes

Rating

4

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Sunflower State Health Plan, Inc.	**32**	**Case Scenarios**	**Method of Approach**

RFP Technical Question
Pedro is a seventeen (17)-year-old, Latino, male KanCare Member living in foster care. Pedro was diagnosed with asthma at four (4) years old and uses an inhaler to manage his symptoms, with varying success. At his last health care visit, Pedro and his foster mother shared with Pedro's Primary Care Provider (PCP) that Pedro is having more difficulty breathing and more frequent asthma attacks. When the PCP inquired about the precipitating circumstances, the PCP learned that the breathing problems and asthma attacks have been occurring when Pedro is at home — not at school or other locations, leading his PCP to think that there may be an environmental trigger in the home. Pedro has had four (4) ED visits in the last twelve (12) months due to his asthma. Pedro's case file also states he experienced significant physical and emotional abuse during his early childhood, resulting in his placement in foster care. Pedro was once active in school and extracurricular activities but recently has become more withdrawn, leading his foster parents to suspect marijuana or other substance use, which they have expressed to his PCP. Pedro's PCP has contacted the bidder's Care Coordination team to request assistance with assessing and addressing the potential environmental trigger exacerbating Pedro's asthma, and to make the care coordinator aware of Pedro's possible behavioral needs. Describe how the bidder will respond to the PCP's request and how the bidder will support and coordinate Pedro's health needs.

RFP References	
7.1: General Requirements	7.1.7: Cooperation with Other Agencies
7.4: Care Coordination	7.4.1: Care Coordination Program Overview 7.4.2: Health Screens, Health Risk Assessments, and Needs Assessments 7.4.4: Plans of Service and Person-Centered Service Planning 7.4.5: Care Coordination Stratification Levels and Contact Schedules 7.4.6: Care Coordination Roles and Responsibilities 7.4.7: Qualifications for Care Coordinators 7.4.9: Care Coordination Training Requirements 7.4.10: Requirements for Specified Populations 7.4.13: Social Determinants of Health 7.4.15: Electronic Care Management System
7.5: Provider Network	7.5.2: Network Development 7.5.3: Provider Network Adequacy Standards

RFP References	
	7.5.4: Health Equity, Cultural Competency and Health Literacy in the Delivery of Care 7.5.5: Provider Network Access Standards 7.5.8: Behavioral Health Provider Network Standards
7.15: Information Systems	7.15.1: Health Information Technology and Health Information Exchange
Appendix C: Services	2.0: Medical Services 3.0: SUD Services 4.0: Mental Health Services
Appendix L: Care Coordination Matrix	Entire Appendix

Response Considerations

1. Does the response fully address all aspects of the question?
2. Does the response fully address all relevant RFP requirements and is the response consistent with the RFP?
3. Does the response describe how the bidder will respond to and connect the PCP to the member's assigned care coordinator?
4. Regarding the bidder's approach to supporting and coordinating the member's health needs:
    i. Does the response address the member's enrollment in care coordination as a youth in foster care?
    ii. Does the response describe an approach that addresses the member's cultural and linguistic needs and is trauma-informed?
    iii. Does the response describe the assignment of an MCO care coordinator with the requisite education, experience (working with children in foster care and multi-system children), and training (including trauma-informed care)?
    iv. Does the response address how the bidder will update the health risk assessment and needs assessments, based upon the changes to the member's condition and needs?
    v. Does the response describe how the bidder will hold interdisciplinary team meetings (consisting of at a minimum the member, foster parent, MCO care coordinator, any community-based care coordinator, the foster care case management provider, the child welfare management worker, the PCP and any other treatment providers to engage in person-centered service planning process for the development and implementation of the Plan of Service (POS) or care plan (if receiving services from a CCBHC)?
    vi. Does the response describe how the bidder will communicate and collaborate with the PCP, CCBHC (when involved), and other treatment team members to develop a strategy to assess what may be triggering the member's asthma attacks (e.g., collecting additional information about the circumstances surrounding asthma attacks, allergy testing, home assessment to identify potential allergens or irritants such as pet hair/dander, second-hand smoke, pests, mold, chemical products, and dust)?
    vii. Does the response describe the development of a POS/care plan that identifies and addresses the member's holistic care needs (physical [e.g., asthma], behavioral health [e.g., the need for specialty providers to address abuse history, a CCBHC assessment of the behavioral health needs of the member and provision of CCBHC services if necessary], and SDOH [ameliorating conditions in the home that are triggering asthma attacks, coordination with school, identifying opportunities for extra-curricular activities])?

Response Considerations
viii. Does the response describe how the bidder considers and addresses that the member is a transition-aged youth who will soon be transitioning from various child-serving systems in the care planning process (educational goals; employment preparation and support; living arrangements and independent living skills; financial knowledge; social connections; transitions from pediatric providers to adult providers)?
ix. Does the response describe how the bidder will handle the potential transition of care coordination to the CCBHC?
x. Does the response describe the bidder's process for ensuring referrals to covered services, non-covered services, and community resources, and securing necessary authorizations to ensure timely access to services and providers?
xi. Does the response describe how the bidder will monitor to ensure the POS/care plan is meeting the member's identified needs, adjusting the POS/care plan as necessary?

Bidder Name	Question Number
Sunflower State Health Plan, Inc.	**32**

EVALUATOR NOTES	
Response Strengths	**Response Weaknesses**
The response is very good. • Bidder indicated they utilized a trauma informed framework. • Bidder did a home assessment for environmental triggers. • Bidder listed out different providers and whether they were from the community or from MCO. • Bidder indicated care coordinator had trauma informed and foster care background. • Bidder connected with Cornerstones of Care. Bidder indicated foster care network coordination through their LifeShare framework. • Bidder connected with school nurse. Bidder talked about ensuring consumer had an inhaler at school. • Bidder connected member to PACES program. • Bidder provided support for foster family, for example connecting family to ATTACh, which is a VAB for foster parents. • Bidder provided information about SMART goals. • Bidder indicated MCO care coordinator lived in the same area. • Bidder indicated consulting with DCF case management provider on Quality-of-Life (QoL) assessment. • Bidder connected member to MyStrength app, which was indicated as an evidence-based practice like cognitive behavior therapy. • Bidder indicated transition education including DCF program information. Bidder connected with Adolescent to Adulthood	Weaknesses were identified that can be easily overcome. • Bidder did not do a good job of demonstrating culturally competent care. • Bidder did not indicate HRA update. • Bidder did not follow-up on mold abatement or provide the consumer with information regarding how mold impacts his asthma or health. Bidder did not inform the consumer that they could contact KHRC or HUD to support his fair housing rights. • Bidder did not define what regular review of records is.

program, which helps with self-sufficiency. Bidder connected with DCF independent living program and Krames Health Library.
- Bidder had good connections for member to appropriate specialists, including pulmonologist, allergist, and Advanced Asthma Interdisciplinary Team (AAIT) at Children's Mercy Hospital.
- Bidder had good asthma action plan developed and implemented, as an example of a way for the consumer to gain more control over his life.
- Bidder provided VAB for the YMCA and Healthy Solutions programs.
- Bidder provided information for OneCare Kansas program, which is intensive case management that includes integration of BH and physical health needs.
- Bidder defined role based electronic access to members of ICT team for care planning and information can be shared bi-directionally.
- Bidder did a good job of identifying resources like Youth Leaders in Kansas (YLINK), Kansas Association for Youth (KAY), Big Brothers Big Sisters of Kansas City, etc.
- Bidder scheduled mold abatement assessment.
- Bidder ensured a release for SUD confidentiality.

General Notes

Rating

4

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Sunflower State Health Plan, Inc.	**33**	**Case Scenarios**	**Method of Approach**

RFP Technical Question
Henry is a twelve (12)-year-old, white, male KanCare Member who has complex medical needs, including significant IDDs with co-occurring severe behavioral health issues. In recent months, Henry has become increasingly aggressive towards other people and the family pet, with behavioral episodes that are both more frequent and more severe. These episodes have resulted in repeated crisis interventions, visits to the hospital ED, inpatient psychiatric stays, and calls to law enforcement. Henry's most recent episode of aggression resulted in his current stay in a psychiatric hospital. Henry's mother, Shauna, is a single parent to Henry and his two (2) younger siblings, a brother who is eight (8) and a sister who is five (5). Shauna has been very involved in and supportive of Henry's treatment. While Henry has not harmed his siblings to date, his increasing aggression has left her afraid both for her own safety and the safety of her other children. As part of the planning for Henry's discharge from inpatient psychiatric care, Shauna requested residential treatment for Henry to stabilize his behavioral health condition and work on managing his aggressive behaviors before Henry is returned to her home. The team involved in Henry's discharge planning is encountering difficulties in identifying an appropriate and available placement option to meet Henry's IDD and behavioral health needs. The inpatient facility is pressing for the Member's discharge and has suggested intensifying outpatient services until a suitable placement is available. Shauna has stated that while she wishes things were different, she is unable to allow Henry to return home in his current condition — that the threats to the safety of the family have grown to an unacceptable level, and that if forced, she will request that he be placed in state custody. Describe the bidder's approach for addressing the Member's discharge needs, including how the bidder will support care planning and transitions to meet Shauna's goal of having Henry return home to his family.

RFP References	
7.1: General Requirements	7.1.7: Cooperation with Other Agencies
7.4: Care Coordination	7.4.1: Care Coordination Program Overview 7.4.2: Health Screens, Health Risk Assessments, and Needs Assessments 7.4.4: Plans of Service and Person-Centered Service Planning 7.4.5: Care Coordination Stratification Levels and Contact Schedules 7.4.6: Care Coordination Roles and Responsibilities 7.4.7: Qualifications for Care Coordinators 7.4.10: Requirements for Specified Populations 7.4.12: Care Transitions and Diversion Activities 7.4.13: Social Determinants of Health

RFP References	
	7.4.15: Electronic Care Management System
7.5: Provider Network	7.5.2: Network Development 7.5.3: Provider Network Adequacy Standards 7.5.5: Provider Network Access Standards 7.5.7: Long-Term Services and Supports Provider Network Standards 7.5.8: Behavioral Health Provider Network Standards 7.5.10: Non-Participating Providers
7.15: Information Systems	7.15.1: Health Information Technology and Health Information Exchange
Appendix C: Services	2.0: Medical Services 4.0: Mental Health Services 5.0: HCBS
Appendix L: Care Coordination Matrix	Entire Appendix

Response Considerations

1. Does the response fully address all aspects of the question?
2. Does the response fully address all relevant RFP requirements and is the response consistent with the RFP?
3. Does the response align with KanCare's care coordination goals and objectives?
4. Does the response describe the bidder's actions taken to confirm the member's IDD or SED HCBS Waiver enrollment or waiting list status or to assist the member/family to connect with an appropriate assessing entity for determination of eligibility for HCBS waiver programs or SED diagnosis?
5. Regarding discharge/transition planning:
    i. Does the response describe an appropriate level of care coordination and the assignment of an MCO care coordinator with experience working with IDD/SED populations?
    ii. Does the response describe how the bidder will engage the member and his mother in care coordination, discharge, and transition planning?
    iii. Does the response describe how the bidder will work with the psychiatric hospital to assess the member's current physical health, behavioral health, and SDOH needs (e.g., physical health concerns, changes to medication regimen, behavioral management needs, assessment of risk, family resources, family counseling)?
    iv. Does the response describe how the bidder will update the member's health risk assessment and needs assessment, including a home safety risk assessment, and incorporate the discharge/transition plan and services into the member's PCSP/care plan?
    v. Does the response describe the communication and coordination between the MCO care coordinator and targeted case manager and/or CCBHC to support discharge/transition planning and implementation?
    vi. Does the response describe how the bidder will use a person-centered planning approach to engage the hospital and the member, family, targeted case manager and/or CCBHC, and other providers involved in the member's care to develop a discharge/transition plan, including documenting signatures from each team member?

Response Considerations
vii. Does the response describe how the bidder will work with the discharge/transition planning team to evaluate discharge options and settings (e.g., specialty PRTF, residential placement with supplemental services to meet the member's needs, qualified non-participating provider options, intensive outpatient services, behavioral health crisis planning and resources, referral to a CCBHC) to address the member's shorter team needs? viii. Does the response describe how the bidder will provide alternatives to relinquishing custody to the member's mother and offer treatment options and resources that address her concerns about the safety of the family? ix. Does the response describe the bidder's process for ensuring referrals to covered services, non-covered services, and community resources, and securing necessary authorizations to ensure timely access to services and providers? 6. Does the response describe the bidder's approach to longer term planning and goals to support the member's return to home, such as: i. Arranging for family visits, family counseling, home visit and supports, and developing a return to home plan while the member is in residential treatment (if the member is in residential treatment following discharge); and ii. Arranging for in home supports, respite services, and crisis planning when the member returns to the home? 7. Does the response describe how the bidder will monitor the member's progress and ensure the PCSP/care plan is meeting the member's needs, adjusting the PCSP/care plan as necessary?

Bidder Name	Question Number
Sunflower State Health Plan, Inc.	**33**

EVALUATOR NOTES	
Response Strengths	**Response Weaknesses**
The response is excellent. • Bidder indicated level III complex high-risk stratification for care coordination. • Bidder indicates Integrated Care Team (ICT). • Bidder indicates discussion of SED waiver and IDD waiver. Bidder showed exploration of crisis exception for IDD waiver. • Bidder indicates MCO care coordinator as a licensed social worker with experience working with clients on the SED waiver. • Bidder indicates exploration of PRTFs. Bidder understood Lake Mary's association with co-occurring behavioral health and IDD. • Bidder indicates BH CCBHC Elizabeth Layton. • Bidder indicates referral to Parson's DTTS team. • Bidder indicates referral to CDDO. • Bidder indicates Individual Justice Plan (IJP) to avoid future incarceration. • Bidder indicates Family Preservation referral as needed. • Bidder mentioned care provision in the least restrictive environment. • Bidder noted follow-up dates and times for continuing care by the MCO. • Bidder noted ABLE account. • Bidder did a good job on the assumptions section of the summary of approach. • Bidder discussed use of EPSDT program Kan Be Healthy.	Weaknesses were identified that can be easily overcome. • Bidder's indication of SED versus IDD waivers at discharge did not indicate informed choice. • Bidder's indication of which TCM will provide lead coordination is not clear. • Bidder did not indicate SMART goals. • Bidder may have set an unrealistic timeline for Lake Mary admission. Bidder did not detail how they informed or reconciled any concerns for long-term permanent stable housing.

- Bidder also discussed Positive Behavior Supports (PBS).
- Bidder discussed value-based contracts with IDD providers to assist with members to ensure quality of care outcomes for members with co-occurring BH and IDD conditions.
- Bidder discussed institutional transition process.
- Bidder connected with the school to develop IEP.
- Bidder connected family with family therapy. Bidder engaged with siblings for support services.
- Bidder updated personal care services plan.
- Bidder showed extensive experience with the IDD population.

General Notes

Rating

5

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Sunflower State Health Plan, Inc.	**34**	**Case Scenarios**	**Method of Approach**

RFP Technical Question
Alice is a three (3)-year-old, white, female KanCare Member who lives in Holcomb and was referred by her pediatrician to a developmental pediatrician for further assessment. Alice is an only child. She started using words at 16 months of age, but her use of language has regressed. She communicates primarily using hand and body gestures. In order to provide an opportunity for social engagement, Alice's parents enrolled Alice in day care. Alice attends day care three (3) days out of the week for four (4) hours per day. Contrary to Alice's parents' intentions, daycare staff report Alice isolates from and is unable to effectively communicate with other children and staff. Staff also report Alice engaged in head banging and hand flapping when they tried to engage her in activities. Alice was assessed by the developmental pediatrician as being at risk for autism. The developmental pediatrician recommends Applied Behavior Analysis (ABA) therapy for Alice, specifically, early intensive behavioral intervention. The developmental pediatrician's office has contacted the bidder's Provider services line to assist with locating a Provider because the coordinator was unable to find an ABA therapist within a reasonable distance from the Member and her family. Describe the process the bidder will follow to respond to the Provider's call and assist the Member and her family to ensure adequate and timely access to ABA therapy services.

RFP References	
7.4: Care Coordination	7.4.1: Care Coordination Program Overview 7.4.2: Health Screens, Health Risk Assessments, and Needs Assessments 7.4.4: Plans of Service and Person-Centered Service Planning 7.4.5: Care Coordination Stratification Levels and Contact Schedules 7.4.6: Care Coordination Roles and Responsibilities 7.4.7: Qualifications for Care Coordinators 7.4.10: Requirements for Specified Populations 7.4.13: Social Determinants of Health 7.4.15: Electronic Care Management System
7.5: Provider Network	7.5 2: Network Development 7.5.3: Provider Network Adequacy Standards 7.5.5: Provider Network Access Standards 7.5.8: Behavioral Health Provider Network Standards 7.5.10: Non-Participating Providers

RFP References	
7.6: Provider Services	7.6.5: Customer Services Center – Provider Assistance
7.15: Information Systems	7.15.1: Health Information Technology and Health Information Exchange
Appendix C: Services	2.0: Medical Services 4.0: Mental Health Services
Appendix L: Care Coordination Matrix	Entire Appendix

Response Considerations

1. Does the response fully address all aspects of the question?
2. Does the response fully address all relevant RFP requirements and is the response consistent with the RFP?
3. Does the response describe how the bidder's provider services representative will respond to the provider or appropriately route the call?
4. Does the response describe how the bidder will ensure timely access to an ABA therapist and all other medically necessary services for the member?
5. Does the response describe how the bidder will:
    i. Outreach/engage the family to complete, as necessary, a health screen, health risk assessment, and needs assessments;
    ii. Ensure the assigned level of care coordination aligns with the member's presenting needs;
    iii. Assign a care coordinator with the requisite qualifications to meet the member's needs;
    iv. Outreach/engage the family to complete a comprehensive evaluation to affirm the ASD diagnosis (including ruling out physical limitations [e.g., hearing, neurological conditions, or seizure disorder]);
    v. Educate and refer the family to appropriate assessing entities to determine the member's functional eligibility for enrollment in the HCBS Autism Waiver;
    vi. Follow-up with the HCBS Autism Waiver referral entity to ensure the entity has scheduled or completed the functional assessment;
    vii. Identify the appropriate level of care coordination (level II or III) and assign an MCO care coordinator experienced with ASD;
    viii. Coordinate and communicate with the member, family, PCP, specialists and other providers involved in the care of the member to develop a plan of service (POS) that identifies and addresses the member's medical, behavioral, and SDOH needs, such as developmental delays, behaviors, need to evaluate for ASD and apply for HCBS Waiver services, provide linkages and referrals to community resources;
    ix. Ensure referrals to covered services, non-covered services, and community resources, and secure necessary authorizations to ensure timely access to services and providers;
    x. Continue to coordinate, share information, and communication with the member's PCP, specialists, and other providers involved in the care of the member; and
    xi. Monitor the member's progress and ensure the POS/PCSP is meeting the member and family's identified needs, and adjust the POS/PCSP as necessary?

Bidder Name	Question Number
Sunflower State Health Plan, Inc.	**34**

EVALUATOR NOTES	
Response Strengths	**Response Weaknesses**
The response is excellent. • Bidder connected family with Tiny K, RCDC, Families Together, Autism Society of the Heartland, OASIS, and Perfect Fit Therapy. • Bidder ensured contact for the family with the school for early education services. • Bidder ensured ABA, family support resources, and speech therapy. • Bidder discussed telemedicine option for some services. • Bidder completed HRST and HRA. • Bidder demonstrates highly qualified staff for this population. • Bidder provides telehealth support and training for BCBAs. Bidder indicated autism care coordination who was a BCBA with 20-years of field experience. • Bidder provided KU CCHD referral. Bidder discussed mileage reimbursement. • Bidder provided information on proposed recipient list for the autism waiver. • Bidder provided information on Autism Speaks as a national resource. • Bidder indicated telemedicine clinic at Wiley Elementary. • Bidder indicated SMART goals that included ABA supports. • Bidder understood the relevancy of CARS-2 assessment tool. • Bidder reminded family of upcoming well child visit. • Bidder offered informed choice by identifying two ABA provider options.	Weaknesses were identified that can be easily overcome. • Bidder did not mention EPSDT references or support. • Bidder did not provide detail regarding any rule out of hearing or neurological conditions. • Bidder did not indicate VABs.

General Notes

Rating

5

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Sunflower State Health Plan, Inc.	**36**	**Case Scenarios**	**Method of Approach**

RFP Technical Question
Lola is a black female KanCare Member who just turned sixty-five (65) years of age and enrolled in the bidder's dual eligible special needs plan (D-SNP). She lives by herself in Abilene. Lola has high blood pressure and kidney disease. She receives dialysis twice a week and requires Transportation to access care because she does not have a vehicle. Lola has a difficult time hearing, making it difficult for her to communicate on the phone, schedule appointments and Transportation, and understand treatment recommendations from her Providers. While Lola's Primary Care and dialysis Providers are in the bidder's D-SNP network, her Nephrologist is not. Describe the bidder's approach to meeting Lola's needs.

RFP References	
7.1: General Requirements	7.1.1: Administrative Responsibilities
7.4: Care Coordination	7.4.1: Care Coordination Program Overview 7.4.2: Health Screens, Health Risk Assessments, and Needs Assessments 7.4.4: Plans of Service and Person-Centered Service Planning 7.4.5: Care Coordination Stratification Levels and Contact Schedules 7.4.6: Care Coordination Roles and Responsibilities 7.4.7: Qualifications for Care Coordinators 7.4.10: Requirements for Specified Populations 7.4.12: Care Transitions and Diversion Activities 7.4.13: Social Determinants of Health 7.4.15: Electronic Care Management System
7.5: Provider Network	7.5.2: Network Development 7.5.3: Provider Network Adequacy Standards 7.5.4: Health Equity, Cultural Competency and Health Literacy in the Delivery of Care 7.5.5: Provider Network Access Standards 7.5.7: Long-Term Services and Supports Provider Network Standards 7.5.10: Non-Participating Providers
7.10: Member Services	7.10.5: Written Member Materials Requirements
7.15: Information Systems	7.15.1: Health Information Technology and Health Information Exchange
Appendix C: Services	2.0: Medical Services
Appendix L: Care Coordination Matrix	Entire Appendix

Response Considerations
1. Does the response fully address all aspects of the question? 2. Does the response fully address all relevant RFP requirements and is the response consistent with the RFP? 3. Does the response align with KanCare's care coordination goals and objectives? 4. Does the response describe how the bidder will become aware of the physical health, behavioral health, and SDOH needs (e.g., transportation needs beyond NEMT, nutritional needs) of this member (e.g., health screen, health risk assessment, needs assessment)? 5. Does the response describe how the bidder will ensure the member's immediate needs are met? 6. Does the response describe how the bidder will identify and meet the member's cultural needs when communicating with and providing care coordination and services to the member? 7. Does the response describe the bidder's approach to identifying and addressing health disparities for this member? 8. Does the response describe how the bidder will effectively communicate with and coordinate the care of the member in light of her hearing impairments (e.g., provision of aids and/or services to provide member information that are responsive to the member's hearing impairment, written methods of communication to coordinate appointments, providing in person care coordination support through a CHW, offering recurring dialysis appointments and prescheduled transportation to those appointments)? 9. Does the response describe the bidder's approach to engaging the member to participate in care coordination and disease management programs available to the member through the MCO (e.g., hypertension management, kidney disease) to meet her health and wellness goals? 10. Does the response describe how the bidder will determine the appropriate level of care coordination? 11. Does the response describe how the bidder will ensure the assigned care coordinator has appropriate qualifications relative to the member's health needs? 12. Does the response describe how the bidder will develop a Plan of Service (POS) that identifies and addresses the member's assessed needs (e.g., medical [kidney disease, hypertension, hearing impairment], behavioral, and SDOH (e.g., transportation) in an integrated manner? 13. Does the response describe how the bidder will utilize and share Medicare claims data to support care coordination? 14. Does the response describe the bidder's processes to share information with and involve the PCP, dialysis provider, Nephrologist, and other providers in the development of the POS and ongoing care? 15. Does the response describe the bidder's strategy to address the member's non-participating Nephrologist to ensure ongoing access to services and continuity of care, such as i. Allowing the member to continue to receive covered services from her current, non-participating Nephrologist to maintain continuity of care? ii. Attempting to contract with the non-participating Nephrologist? iii. Offering the member the option to be referred to an in-network Nephrologist? 16. Does the response describe how the bidder will ensure the member has access to providers that meet time and distance standards to ensure appropriate access to services? 17. Does the response describe the bidder's process for ensuring referrals to covered services, non-covered services, and community resources, and securing necessary authorizations to ensure timely access to services and providers? 18. Does the response describe how the bidder will monitor the member's progress and ensure the POS continues to meet the member's needs, adjusting the POS as necessary?

Bidder Name	Question Number
Sunflower State Health Plan, Inc.	**36**

EVALUATOR NOTES	
Response Strengths	**Response Weaknesses**
The response is excellent. • Bidder recognized need for FE waiver and audiology assessments. Bidder identified why she did not qualify for the waiver. • Bidder provided D-SNP Spendables Card. • Bidder completed HRST. • Bidder made referral to audiologist with an implementation plan. • Bidder provided DME supports. • Bidder had good recognition of cultural bias with end-of-life planning. • Bidder provided several resources for disease education including Krames Health Library. • Bidder assigned care coordinator who was a nurse with 20-years of experience working with elderly. • Bidder indicated the ability for member to maintain her nephrologist. Bidder went into great detail about how they brought member's nephrologist into network. • Bidder indicated SMART goals. • Bidder indicated end stage renal disease (ESRD) planning with advanced directives. • Bidder indicated Pyx app for socialization. • Bidder coordinated member with local supports to maintain safety and continuity in the community. To address social isolation, bidder connected with the ADRC, Abilene Senior Center, her	Weaknesses were identified that can be easily overcome. • Bidder did not connect member to a CHW. • Bidder could have provided more detail for managing hypertension. • Bidder could have provided more detail around healthy meals and nutritional education. • Bidder could have provided planning for retirement and financial services. • Bidder did not clearly indicate completion timeframe of hearing evaluation.

local/preferred church, and provided information regarding the Silver Sneakers program.	

General Notes

Rating

5

Bidder Name	Question Number	Topic Area	Evaluation Criteria
Sunflower State Health Plan, Inc.	**37**	**Case Scenarios**	**Method of Approach**

RFP Technical Question
Jason is a twenty-eight (28)-year-old, male, American Indian who is currently living with his family on the Potawatomi Indian Reservation, but intermittently moves off and on the Reservation. The bidder has just been notified of Jason's Enrollment in the bidder's MCO. Not only is Jason a new KanCare Member, he is also new to managed care. Jason moved home after he was evicted from his apartment in Topeka for non-payment of rent. He has been unable to maintain ongoing employment due to inconsistent attendance. Prior to Enrollment with the bidder, Jason was recently seen at a nearby non-participating Indian health care Provider (IHCP) where he was diagnosed with type 2 diabetes. Jason has a Hemoglobin A1C of 8.76 and has a history of binge drinking since age sixteen (16). He said he drinks when he is depressed and that his drinking and depression have created problems for his maintaining work and in his relationship with his family and friends. The nurse practitioner at the IHCP prescribed Metformin, recommended Jason consider participating in a special diabetes program offered through the Tribe, and provided Jason with a referral to a non-participating Provider for a behavioral health assessment and treatment. Jason has not followed up on either the recommendation or the referral. Describe how the bidder will identify the needs of this KanCare Member, the bidder's approach to meeting the needs of the Member, and how the bidder will coordinate the Member's care.

RFP References	
7.1: General Requirements	7.1.7: Cooperation with Other Agencies
7.4: Care Coordination	7.4.1: Care Coordination Program Overview 7.4.2: Health Screens, Health Risk Assessments, and Needs Assessments 7.4.4: Plans of Service and Person-Centered Service Planning 7.4.5: Care Coordination Stratification Levels and Contact Schedules 7.4.6: Care Coordination Roles and Responsibilities 7.4.7: Qualifications for Care Coordinators 7.4.10: Requirements for Specified Populations 7.4.13: Social Determinants of Health 7.4.15: Electronic Care Management System
7.5: Provider Network	7.5.2: Network Development 7.5.3: Provider Network Adequacy Standards 7.5.4: Health Equity, Cultural Competency and Health Literacy in the Delivery of Care

RFP References	
	7.5.5: Provider Network Access Standards 7.5.8: Behavioral Health Provider Network Standards 7.5.10: Non-Participating Providers
7.15: Information Systems	7.15.1: Health Information Technology and Health Information Exchange
Appendix C: Services	2.0: Medical Services 3.0: SUD Services 4.0: Mental Health Services
Appendix L: Care Coordination Matrix	Entire Appendix

Response Considerations

1. Does the response fully address all aspects of the question?
2. Does the response fully address all relevant RFP requirements and is the response consistent with the RFP?
3. Does the response align with KanCare's care coordination goals and objectives?
4. Does the response describe how the bidder will become aware of the physical health, behavioral health, and SDOH needs (e.g., safe housing, food security, transportation, employment support) of this newly enrolled member (e.g., health screen, health risk assessment, needs assessment)?
5. Does the response describe how the bidder will Identify and address barriers to the member's engagement in his care?
6. Does the response describe how the bidder will ensure the member's immediate needs are met?
7. Does the response describe how the bidder will ensure the provision of culturally and linguistically appropriate communication, care coordination, and services to the member?
8. Does the response describe the bidder's approach to identifying and addressing health disparities for this member?
9. Does the response describe the bidder's approach to engaging the member in care coordination and disease management for treatment of diabetes (e.g., referral to CCBHC, use of Community Health Representative to support outreach and engagement)?
10. Does the response describe the respective care coordination roles and responsibilities of the MCO and CCBHC to avoid care coordination gaps and duplication?
11. Does the response describe how the bidder will ensure the appropriate level of care coordination?
12. Does the response describe how the bidder will ensure the assigned care coordinator has appropriate qualifications relative to the member's health needs?
13. Does the response describe how the bidder will ensure the development of a care plan that identifies and addresses assessed needs (e.g., medical [diabetes], behavioral [drinking, depression, social isolation]), and SDOH (e.g., employment, independent housing) in an integrated manner?
14. Does the response describe the bidder's processes to share information with and ensure the involvement of the CCBHC, IHCP, and other providers serving the member in the development of the care plan and ongoing care?
15. Does the response describe how the bidder will support choice counseling, including:
    i. The member's option to receive care coordination from the CCBHC or MCO;
    ii. The member's option to continue to receive covered services from his non-participating IHCP;
    iii. The member's option to be referred to a nearby in-network IHCP;

iv. The member's option to be referred to a nearby CCBHC for further assessment of SUD, depression, and treatment needs?

16. Does the response describe how the bidder will ensure the care plan is implemented, monitored, and adjusted as necessary to ensure the care plan is meeting the member's identified needs?

Bidder Name	Question Number
Sunflower State Health Plan, Inc.	**37**

EVALUATOR NOTES

Response Strengths	Response Weaknesses
The response is good. • Bidder referred the family to support group care for SUD. Bidder provided family information about Al-Anon. • Bidder provided traditional healing as a VAB. • Bidder connected consumer's provider with Project ECHO. • Bidder mentioned the use of MAT. • Bidder developed a plan to add a tribal liaison to LifeShare Navigator team. • Bidder discussed GROW program. • Bidder discussed Area Native American Social Support Group, AA. • Bidder discussed Prairie Band Health and Wellness Center tribal diabetic plan. • Bidder discussed option of telehealth providers. • Bidder assigned a care coordinator who has a Native American background. • Bidder completed HRST via phone which indicated the need for further assessment for alcoholism, depression, and suicide. • Bidder connected member to MyStrength and Find Health apps and MyHealthPays program. • Bidder indicated that there was care coordination between IHCP and Prairie Band tribal services with non-tribal services.	Weaknesses were identified that can be easily overcome. • While it was mentioned that the individual was referred to the Topeka Housing Authority and affordable housing options, the individual was not referred or connected to HUD's Coordinated Entry program as part of sustaining permanent supportive housing. • Bidder discussed referring member to several affordable housing options, but bidder was not detailed with referral information. • Bidder provided an unrealistic re-housing timeline (45 days). Bidder provided housing rental options, but the member is unemployed. Bidder doesn't have a housing sustainability plan. • Bidder did not provide detailed information towards SMART goal "I want to be able to support myself and have access to the things I need." Only indicated member would apply for benefits. • With the breadth of information received for new KanCare members, bidder did not indicate how they would ensure consumer comprehension. • Bidder indicated Find Health and MyStrength apps as an intervention but doesn't indicate whether the member has a cellphone for the apps. • Bidder did not provide detailed information regarding addressing SDOH.

- Bidder indicated housing choice by offering options to reside in Topeka or on the reservation.
- Bidder discussed anger management and outpatient therapy groups.
- Bidder discussed STEPS, employment, and transportation with the member.
- Bidder informed member of the 24/7 nurse line.
- Bidder referred member to vocational program through the tribe.

- Bidder discusses MyHealthPays program can assist with multiple items, one of those being, rent. Medicaid dollars cannot be used for room and board.
- Bidder did not mention ASAM criteria being used for an SUD dependence diagnosis. And if this determined as an acute need, member should be enrolled immediately and not “within 4 weeks”.
- Bidder indicated additional screening for depression, suicidality, and alcohol use but does not indicate definitive outcome of additional screening.

General Notes

Rating

3