Bidder Name	Question Number	Topic Area	Evaluation Criteria
UCare Kansas, 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
7.10: Member Services	7.10.1: Member Services General Requirements 7.10.10: Customer Service Center – Member Assistance

RFP References	
	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)?
    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

Response Considerations
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
UCare Kansas, Inc.	**27**

EVALUATOR NOTES	
Response Strengths	**Response Weaknesses**
• Bidder reported compliance with Section 7.4.11 of the RFP. • Bidder indicated assessment using the PHQ-4, and if PHQ-4 identified need for further assessment, bidder would provide a PHQ-9 or a GAD-7. • Bidder reported connecting member to FQHC (HealthCore) which provided integrated care to address medical and mental health concerns. • Bidder completed HRA as well as a pregnancy risk assessment informed by PRAMS. • Bidder identified SMART goals. • Bidder reported utilizing cash incentives for well-child checks and postpartum checks. • Bidder reported referral to WIC and SNAP. • Bidder discussed NEMT with member. • Bidder offered member VABs including car seat, lactation specialist, parenting/breastfeeding program, and connected the member to a doula. • Bidder provided Text4Baby, Learn the Signs, and Act Early apps. • Bidder states care coordinator with maternal child health experience. • Bidder indicates Spanish speaking warm transfer to RN. • Bidder indicates education on dehydration and fatigue which could impact breast milk production. • Bidder ensured HIPAA compliance was met with member's mother.	The response is minimally acceptable. • Bidder reported in person home visit within 14 days with indications of depression and newborn's concerns bidder did not recognize the urgency of mom and newborn needs. • While it could be assumed that the individual was assisted with connection to HUDs Coordinated Entry program through the Housing Specialist, 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 reported connecting to employment specialist with no mention of how employment may impact Medicaid benefits. • Scenario indicates member is not new to the plan, no discussion of prior contact with the member. • Bidder did not provide details on EPSDT for services and assessments. • Bidder did not address with enough detail for postpartum screening for postpartum depression. • Bidder did not mention details on connecting member to pediatrician for the newborn. • Bidder did not provide enough detail on needed SDOH resources, such as employment, housing, food pantries, etc. • Bidder did not provide specifics for in home visiting programs.

- Bidder stated that per member's request, member's mother was involved with care planning.
- Bidder provided crisis hotline number.
- Bidder connected member to parent peer support.
- Bidder provided table summary of member's plan of service.

- Bidder does not indicate stratification.
- Bidder does not indicate how often in person contact versus telephonic contact occurs.
- Bidder does not verify that member has a phone for the phone apps indicated.
- Bidder determined previous provider was not culturally competent and made provider change without response indicating this was member's choice.

General Notes

Rating

2

Bidder Name	Question Number	Topic Area	Evaluation Criteria
UCare Kansas, 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 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
7.15: 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;
    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);

Response Considerations
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
Ucare Kansas, Inc.	**28**

EVALUATOR NOTES	
Response Strengths	**Response Weaknesses**
• Bidder provides VABs including phone and doula. • Bidder connects to CCBHC for psychotherapy follow-up. • Bidder connects member to peer support and WIC. • Bidder verified results of CT scan as normal. • Bidder ensured ASAM assessment was completed by a licensed addictions counselor. Bidder reported outcome of assessment was a referral to level IV medical detox. • Member was assigned to an ICT. • Member was connected to bidder's social services care team. • Bidder indicates connection to HIE. • Bidder discusses dental benefit with member. • Bidder indicates SMART goals as well as a goal table. • Bidder indicates food supports and indicates location of a food pantry at HealthCore (FQHC). • Bidder provides an array of choice for women specific residential substance use providers in the Wichita area. • Bidder connects member with HealthCore for prenatal services. • Bidder completed pregnancy risk assessment informed by PRAMS.	The response is minimally acceptable. • Bidder's narrative presents disjointed care coordination. Bidder heavily leverages CCBHC "care coordinator" for most coordination and service supports. It is unclear what role in coordination bidder's care coordinator would take. • While bidder indicates connection to a "justice involved specialist" there is not clarification on credentials and it was unclear why she would be connected. • Bidder does not provide enough detail on coordination of referrals for SDOH needs. • Bidder does not provide enough details on educating the member on pregnancy risks with medications prescribed for member. • Bidder did not provide enough detail on parenting supports for the member. • While bidder indicates completion of HRA and HSA, bidder indicates CCBHC completes these assessments. • Bidder does not indicate whether behavioral health services provided to member due to past history of foster care and pregnancy are trauma informed. • Bidder does not indicate stratification of risk level. • While it could be assumed that the individual was assisted with connection to HUDs Coordinated Entry program through the Housing Specialist, 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 referred member to "social service agency" for connection to a housing voucher (did they help member apply for housing voucher?) connection to a "Section 8 housing voucher in Wichita" would need to be done through the Wichita Public Housing Authority. • Bidder does not provide information regarding the STEPs program or discussion on employment even though that is an identified member goal. Nor does bidder ensure discussion regarding how employment could impact Medicaid benefits.

General Notes

Rating

2

Bidder Name	Question Number	Topic Area	Evaluation Criteria
UCare Kansas, 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 7.4.15: Electronic Care Management System

RFP References	
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?
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?

Response Considerations
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
Ucare Kansas, Inc.	**29**

EVALUATOR NOTES	
Response Strengths	**Response Weaknesses**
• Bidder reported risk stratified as level II stratification due to chronic needs and IDD waiver. • Bidder emphasized transition out of hospital to least restrictive environment. • Bidder reported reviews and updates of person-centered service plan as new goals or needs arise. • Bidder reported assistance from United Cerebral Palsy Foundation for caregiver support as per person centered service plan. • Bidder reported connection to CCBHC therapist due to emotional impact regarding member's grandmother's cancer diagnosis. • Bidder reported referral to cancer support group. • Bidder reported the use of Guiding Care platform to share documents with ICT. • Bidder mentions housing specialist. • Bidder provided information to member on televideo visits at Valeo Behavioral Healthcare a local CCHBC. • Bidder suggests additional assessment for supportive technology for member. • Bidder connected member to peer support and family support groups. • Bidder connected member to PT, OT, and ST. • Bidder mentioned WorkingHealthy. • Bidder recognized need for increased personal care services following discussion on amount of member's grandmother's assistance that has been provided.	The response is minimally acceptable. • Bidder reported desire to live independently, and other than stating they would connect member to supportive living services and a housing specialist, the response for access to independent living was vague. • While it could be assumed that the individual was assisted with connection to HUDs Coordinated Entry program through the Housing Specialist, 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's indication of timeframes for most services were lacking. • Bidder lacks detail for caregiver supports for member's grandmother. • Bidder does not give enough detail around social supports for member. • Bidder does not give enough detail in decreasing reoccurring infections. • Bidder did not provide enough detail on moving and living expenses for moving towards independence. • Bidder did not address assessment need for potential home modifications related to member's grandmother's inability to provide the same level of care as previously.

- Bidder reports home health nurse will be provided daily for a week following discharge to assess and ensure appropriate medication and no reoccurrence of respiratory infection.
- Bidder indicates member's pharmacist will provide a review and reconciliation of member's medication in order to avoid adverse medication outcomes.
- Bidder indicates care coordinator as a licensed clinical social worker with experience in IDD.
- Bidder indicates IDD TCM as the primary contact for the member.
- Bidder indicates that they update the PCP within 24 hours of discharge and the ICT within 48 hours of discharge.
- Bidder indicates SMART goals and provides a table.

- Bidder did not indicate a safety plan was done.
- Bidder did not address member's desire to continue education.
- While bidder indicates member's desire to live independently, there is no discussion on independent living options in current setting and/or if the house would be left to him by his grandmother.
- While WorkingHealthy was discussed, WORK was not. Member needs PCS additional information should have been provided.
- Bidder does not ensure any advance planning discussion with grandmother.
- Bidder does not ensure connection for grandmother with ADRC for potential waiver assessment.
- Bidder does not indicate any discussion regarding supportive employment.
- Bidder does not discuss self-direction versus agency direction. In addition, bidder did not describe attempts for process used to locate attendants.
- Bidder does not indicate connection to HIE.
- Although bidder notes coordinating with Shawnee County CDDO, the bidder does not indicate choice of affiliate providers being part of that coordination and communication.
- Bidder indicates Shawnee County CDDO as provider of PCS in the person-centered service plan grid.
- Bidder does not discuss how in including supportive employment as a goal on the IDD waiver, vocational rehabilitation referral and process needs to be completed.
- Bidder does not indicate discussion regarding ABLE accounts or special needs trust.

General Notes

Rating

2

Bidder Name	Question Number	Topic Area	Evaluation Criteria
UCare Kansas, 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 7.5.8: Behavioral Health Provider Network Standards

RFP References	
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;
    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?

Response Considerations
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
UCare Kansas, Inc.	**30**

EVALUATOR NOTES	
Response Strengths	**Response Weaknesses**
• Bidder care coordinator does provide member with after-hours contact for emergency and/or questions. • Bidder indicates a level III complex high risk care stratification because of the HRA results. • Bidder indicates BI waiver referral for discharge services due to result of HRA. • Bidder reports suggesting to the NF the use of a depression rating screen, such as the PHQ-9. Bidder indicates a possible referral for onsite counseling and psychiatric medication assessment. • Bidder indicates the member was later re-stratified to a level II for chronic long term needs. • HRA completed and entered into guiding care clinical document system. • Bidder reports collaborative shared meetings with NF centered around care planning. • Bidder indicates recognition of need to update person centered care plan when referring from NF to rehab facility. • Bidder reports the need to update HRA with each transition of care. • Bidder made a connection with the Brain Injury Association of Kansas. • Bidder provided warm transfer of care coordinator from nursing facility to other long term supports and services care coordinator. • Bidder coordinated referral to urologist, neurologist, and skin care nurse, plus PT/OT/ST.	The response is minimally acceptable. • In bidder response, it appears that the member is new to them when he wants to discharge from the NF, but scenario nor prior narrative indicates a new MCO or that member is new to KanCare. • Bidder does not indicate connection with member prior to member reporting his desire for discharge. • Bidder provides a care coordinator journey chart with multiple columns, however, there is no designation of specific timelines nor responsible parties for completing the tasks. • Bidder does not link any specific waiver services to the member. • While bidder does mention self-direction, information is limited and agency direct is not mentioned. • Bidder indicates member's needs are reassessed because of Long Term Care or KanCare ombudsman. • Bidder indicates Minds Matter care coordinator does the needs assessment as well as options counseling and the development, implementation, and monitoring of his service plan. However, Minds Matter is the provider. Per CMS regulation, this would be a conflict of interest and would not be allowed under Medicaid rules. • Bidder does not indicate care coordinator qualifications. • Bidder does not indicate SMART goals. • Bidder's narrative about member at one year post-discharge indicates he met his goals, but does not indicate what happened to the waiver or that there is waiver closure.

- Bidder provided a home safety check upon discharge.
- Bidder does indicate knowledge of institutional transition process in Kansas, and MFP.

- Member's housing status at the time of transition from both NF and rehab unit was vague and lacked plan to describe member's housing status upon returning to the community.
- Bidder did not identify a backup plan and process for housing in the community upon discharge.
- Bidder's response lacks detail of an assessment of member's housing for any modification needs. Bidder did not provide enough detail on DME and home modifications.
- Bidder mentioned an authorized representative signature but only saw that noted once.
- 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 indicated discussion of STEPS but no indication of discussion on how Medicaid coverage and social security entitlement might be impacted.
- Bidder did not provide enough detail on SDOH needs and resources.
- Bidder did not provide enough detail for ADL or IADL supports or assessment to assist with appropriate and safe discharge.
- Bidder did not provide detail for financial supports to move to independence and reported assisting member with SSDI application, yet member would need to have SSA application on file before being connected to MCO.
- Bidder did not address needed weight loss.
- Bidder did not provide a connection to or information of any VABs that could potentially benefit this member.

General Notes

Rating

2

Bidder Name	Question Number	Topic Area	Evaluation Criteria
UCare Kansas, 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
Appendix C: Services	3.0: SUD Services

RFP References	
	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?
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?

Response Considerations
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
UCare Kansas, Inc.	**31**

EVALUATOR NOTES	
Response Strengths	**Response Weaknesses**
• Bidder indicates care coordinator qualifications as having a BSW with 2+ years in cross-systems human services and justice system. • Bidder indicates BH care coordinator assigned based on health screen. • Bidder indicates SMART goals. • Bidder indicates housing and food specialist as resources. • Bidder indicates Bidder's justice specialist involvement. • Bidder indicates GuidingCare tool to coordinate system and to provide monitoring. • Bidder indicates use of peer support specialist. • Bidder indicates ICT virtual meeting. • Bidder indicates HRA was completed. • Bidder indicates a consideration for not overwhelming member, therefore HRA completion was rescheduled after the first visit. • Bidder indicates minimal employment history with member and intends to connect to DOC "Getting Talent Back to Work" program. • Bidder indicates determination that GED was needed and talks with member about starting this process prior to discharge. Bidder indicates VAB for GED supports. • Bidder indicates Member is assessed and determined to be at low risk for re-offending utilizing results from the LSI-R. • Member indicates desire for outreach to family members and contact is made about potential housing options. • Bidder gave consideration to meeting Member's mental and physical health needs through involvement in an FQHC.	The response is minimally acceptable. • Bidder does not indicate pre-release in person visit. • Bidder does not indicate how visits are conducted. • Bidder's response regarding follow-up care on the part of the care coordinator is unclear after the CCBHC contact gets a warm transfer. • Bidder did not address provision for medication upon discharge. • Bidder did not provide enough detail on family therapy and social supports to help member with her relationships. • Bidder did not provide enough detail on VABs. • Bidder's response is unclear as it discusses connection to a probation officer, Bidder's table indicates parole officer. Member is on state corrections and would be under parole supervision. • Bidder does not mention connection to SSA office upon release to secure Medicaid and social security benefits. • Bidder mentions housing placement in an "Oxford House Re-entry Unit." An Oxford House is a self-run member house. A re-entry unit is managed by the state DOC. In Kansas there is no such thing as an "Oxford House Re-entry Unit". • Bidder mentions having member referred to the following employment services: Esek IPS SAMHSA grant, KDOC employment, STEPS employment, yet there were concerns about member being overwhelmed, thus referring member to three different employment programs could be confusing to member and is not a

- Bidder discussed KDADS IPS supported employment programming options and shares information with member on STEPS program.
- Bidder introduces Healthy Days assessment tool to member.
- Bidder addressed some SDOH needs in an online platform for food support and transportation.
- Bidder defined the parties from whom to whom (the Bidder's care coordinator to the CCBHC) the warm transfer was made.
- Bidder indicated referral to CBT.

good use of resources. Additionally, the Esek IPS SAMHSA Grant has ended.

- Bidder reports team scheduling meeting, "to define her transition plan for her." This is not person-centered language.
- Bidder does not provide member choice with all services and supports. For example, Bidder care coordinator and justice involved specialist meet with the probation officer without the member. During this meeting, the care coordinator tells the PO the member would benefit from CBT. PO agrees and it is added to the Member's service plan.
- While Bidder does indicate a need for transportation, no clear discussion of NEMT is indicated.

General Notes

Rating

2

Bidder Name	Question Number	Topic Area	Evaluation Criteria
UCare Kansas, 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
UCare Kansas, Inc.	**32**

EVALUATOR NOTES	
Response Strengths	**Response Weaknesses**
• Bidder describes care coordinator as having a BA in social work and experience working with foster care youth using a trauma-informed approach. • Bidder completed HRA. • Bidder connected member to culturally competent CHW. • Bidder states services will be aligned with Family First Prevention and Services Act. • Bidder connects foster parents to caregiver support, such as Children's Alliance of Kansas utilizing the Model Approach to Partnership and Parenting (MAPP). • Bidder indicates use of Guiding Care Platform to share documents and improve care coordination. • Bidder reports referral to 988 crisis line. • Bidder discusses connection to the DCF Independent Living Program. • Bidder indicates care coordinator connects member to CCBHC. • Bidder reports using Unite Us as a closed loop referral system. • Bidder reports using satisfaction surveys to gain feedback. • Bidder ensured a home environmental assessment was scheduled. • Bidder indicated enrollment in the Asthma Disease Management Program. • A crisis management plan was developed. • Bidder recognized the need for trauma-informed care. • Bidder indicates a single point of contact for all CMPs.	The response is minimally acceptable. • No SUD assessment tool identified. • Bidder's response regarding SUD assessment outcomes and referral to appropriate level of SUD care was not identified. • Bidder's response regarding SUD and MH services and supports was vague. Bidder heavily leverages CCBHC for coordination of BH services and supports. It is unclear what coordination Bidder care coordinator is providing for this. Bidder does not indicate ROI for SUD issues. • Bidder does not clearly describe how EPSDT services and supports will be applied for this member. Bidder indicated they would "ensure EPSDT are provided" with no additional detail. • Bidder does not identify VABs. • Bidder does not indicate how choice is provided. • Bidder does not indicate SMART goals. • Bidder's response lacks services and service provider detail for services. • Although bidder addresses psychotropic medication misuse for the foster care population, this was irrelevant for this member. • Bidder indicates coordination with KDADS, but the purpose is unclear. • While Bidder indicates connecting twice a month to member and foster family, no indication of how this connection occurs, whether it is in person or telephonic, is described.

- Bidder indicates connection with member and foster family twice a month.
- Bidder ensured foster family and CMP had a copy of Member's medical card.
- Bidder ensured PCP was kept in the loop and received a copy of the service, disease management, and crisis plan.

- While bidder indicated they would ensure completion of an environmental assessment, no outcome or follow up is indicated.
- Bidder does not address multiple prior ED visits.
- Bidder did not discuss SED waiver, even though there is a connection to the CCBHC/CMHC.
- Bidder does not provide enough detail regarding age-out support and processes for member.
- Bidder did not provide any details about working with school on asthma plan for member.
- Bidder did not address youth social supports for the member.
- Bidder mentions connecting member to Evidence Based Practices (EBPs) but does not give any additional details of what they would connect the member to, beyond the Family First Prevention and Services Act.

General Notes

Rating

2

Bidder Name	Question Number	Topic Area	Evaluation Criteria
UCare Kansas, 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 7.4.15: Electronic Care Management System

RFP References	
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
UCare Kansas, Inc.	**33**

EVALUATOR NOTES	
Response Strengths	**Response Weaknesses**
• Bidder discusses PBS, peer support, and Families Together with member and family. • Bidder discusses a VAB of respite for the member. • Bidder referred mother to NAMI (National Alliance on Mental Illness) for supports. • Bidder discussed CCBHC available for crisis services. • Bidder recognized need to connect with school and update the IEP. • Bidder indicates assignment of BH care coordinator as a social worker with extensive BH experience. • Bidder indicates SMART goals. • Bidder indicates the usage of the HRST Tool developed by IntellectAbility which identifies health risks specific to the IDD population. • Bidder indicates discussion of Multi-Systemic Therapy (MST) with parent. • Bidder indicates SEK CDDO for IDD waiver application. • Bidder identifies South East Kansas Mental Health Center (SEKMHC) as the nearest CMHC to the family. • Bidder recognizes need for least restrictive environment upon discharge. • Bidder acknowledges member's preferred activity of running to build that activity into his daily schedule and include it in the person-centered care plan. • Bidder's care coordinator supports member's mother with SED waiver application, follows up to ensure the functional assessment	The response is poor or unacceptable. • Bidder indicates the foster care coordinator is part of the ICT, however, member is not in foster care so there would be no foster care coordinator. • Bidder indicates in response that care coordinator meets with member at inpatient psychiatric facility with no indication of parent or guardian present. • While bidder does discuss the IDD and SED waivers, Bidder's response is unclear if they understand eligibility processes or timeframes of either waiver. For example, Bidder indicates waiver assessment for IDD was completed with care coordinator assistance. • Bidder indicates member may qualify for QRTP, but that would only be if member was in foster care. • Bidder indicates member discharge but not if SED services were available, or what services were available upon discharge. Member should not be discharged without supports. • Bidder does not indicate what supports or services were utilized or in place due to prior multiple crisis interventions. • Bidder does not ensure discussion with DCF regarding member's mother's comment about putting the member in foster care. • Bidder does not indicate member/family choice with discussion on PRTF, nor does bidder response indicate an understanding of the PRTF process. Bidder only lists PRTF as a potential option, no further discussion is indicated.

had been done, and indicates updating the service plan within 14 days of the SED waiver approval. A new needs assessment was also completed.
- UCare integrated care coordinators trained in person centered thinking, the fatal 5 fundamentals, physical and nutritional supports, behaviors as a sign of underlying medical condition.
- Bidder reports care coordinator meets with member's mother to hear her concerns surrounding services and supports.
- Bidder considers a partnership to pilot the use of the EBP Systemic, Therapeutic, Assessment, Resources, and Treatment (START) Model.
- Bidder indicates development of a safety plan.

- Bidder did not include CDDO for the supports they could provide for member.
- Bidder did not address trauma services for the siblings.
- Bidder did not recognize need for care coordination prior to most recent inpatient hospitalization.
- Bidder does not detail EPSDT services and supports for this member.
- Bidder does not indicate referral to Parsons DDTTS Services.
- Bidder does not indicate IDD crisis access process or potential PRTF institutional transition.
- Bidder did not provide enough detail of VABs.
- Bidder did not provide information on NEMT.
- While Bidder indicates referral/assessments for IDD and SED waiver, no specific outcomes are provided.
- Bidder does not provide outcomes for other assessments mentioned in response and how those are integrated into member's care.
- While Bidder indicates development of a safety plan, no details are provided.

General Notes

Rating

1

Bidder Name	Question Number	Topic Area	Evaluation Criteria
UCare Kansas, 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
7.6: Provider Services	7.6.5: Customer Services Center – Provider Assistance

RFP References	
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
UCare Kansas, Inc.	**34**

EVALUATOR NOTES	
Response Strengths	**Response Weaknesses**
• Bidder completes HRA with member. • Bidder discussed with parents options to assist member beyond ABA specific treatment. Bidder offers referral to OT and ST (potential for assistive tech included in referral) services. • Bidder indicates SMART goals. • Bidder recommends neuropsychological evaluation at KU Med Wichita. • Bidder incentivizes providers that offer autism intervention services. Bidder discusses offering grants to recruit and train more ABA providers. • Bidder mentioned NEMT and mileage reimbursement for driving to Wichita. • Bidder indicates education provided to parents on Help Me Grow Kansas which is an early childhood development resource. • Bidder provided information on Families Together. • Bidder suggests adjustment counseling for parents when parents expressed that they need help. • Bidder indicates updating the HRA after the autism diagnosis is received. • Bidder indicates the correct assessor of the autism waiver as KVC. • Bidder explored several ABA provider options including Kansas Behavior Supports. • Bidder informed member of telemedicine option for connecting to providers.	The response is minimally acceptable. • Bidder did not provide enough details around outcomes of comprehensive assessment. • Bidder did not provide details on EPSDT services and supports. • Bidder did not mention use of DME. • Bidder did not provide detail regarding any rule out of hearing or neurological conditions. • Bidder did not provide enough detail on family supports and education for member's parents. • Bidder did not address SDOH needs. • Although bidder indicates early intervention as important, there is no indication of education or connection to the local education authority for early education nor a connection to early childhood development centers of which there are two in the area. • Bidder does not indicate how informed choice is provided. For example, Kansas Behavior Supports was the only ABA provider offered to the family. • Bidder does not indicate precise timeframes for contact stating instead "we'll stay in touch with" and "continues to maintain regular contact". These terms are not defined. • Bidder does not indicate risk stratification. • Bidder does not indicate autism education supports such as Autism Speaks or Autism Society -The Heartland (ASH). • Bidder did not provide a timeframe of initial face to face meetings with member and her family.

• Bidder reported care coordinator connected to developmental pediatrician doctor regarding his search for telehealth ABA providers. • Bidder discussed with family an understanding that the autism diagnosis created stress and frustration compounded by service delivery barriers following autism diagnosis.	• Bidder's VABs are not discussed. • Bidder did not fully understand specific waiver services versus state plan services or an autism spectrum related diagnosis, for example interpersonal communication therapy is a waiver specific service, CCTS/IIS are state plan service providers. • While bidder indicates connecting family via telemedicine, there is no indication of looking at local ABA providers for services. • Bidder's response does not indicate clear understanding of autism waiver process and timeframes.

General Notes

Rating

2

Bidder Name	Question Number	Topic Area	Evaluation Criteria
UCare Kansas, 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
UCare Kansas, Inc.	**36**

EVALUATOR NOTES	
Response Strengths	**Response Weaknesses**
• Bidder completed HRA assessment to assist with development of person-centered support plan. • Bidder discussed federal regulation on development of integrated care plan. • Bidder reported 91% of members are provided care to stay in their home. • Bidder reported 90% of senior Ucare members have completed HRA. • Bidder mentioned CMS Medicaid mapping data with Dickinson County depression scales. • Bidder indicated connecting to ADRC for additional supports as well as FE waiver. • Bidder connects member to CHW. • Bidder connects member to Pyx Health app to help with isolation. • Bidder connects member to Advance Audiology in Abilene. • Bidder engages OT for support with assistive technology. • Bidder works with member and dialysis providers for possible home dialysis. • Bidder provides member with nephrology options when member selects nephrologist transportation is scheduled. Allows nephrologist to continue with member for 120 days while they look at potential contract. • Bidder recognized and facilitated communication with member's PCP, nephrologist, community health workers, and LTSS providers.	The response is minimally acceptable. • Bidder discussed VABs but they are unclear. • Bidder reported attempting to create a contract agreement with nephrologist, but bidder stated if not able to get a contract agreement, member would be referred to a nephrologist in Salina or Manhattan, yet response indicates member is hard of hearing and doesn't like to drive. Concern with that is that Salina and Manhattan are far away from Abilene, and although bidder discusses referring to KanConnect to provide transportation to Salina, no additional information is provided to describe how member will get to in network provider in Manhattan. Bidder does not provide clear coordination between Medicare and Medicaid benefits, an example of this would be transportation where not enough information is provided regarding Medicaid transportation benefit. • Bidder does not provide enough detail for support with self-management strategies for hypertension. • Bidder does not mention use of DME. • Bidder does not indicate SMART goals. • Bidder does not address with detail member's nutritional needs with diagnosis of ESRD and hypertension. • Bidder did not clearly designate that Medicare was the primary payor.

- Bidder connected member to the Disease Management Hypertension program.
- Bidder provided a medication reminder system.
- Bidder indicates assigned MCO care coordinator has dialysis care experience and is an RN.
- Bidder indicates ADRC referral for FE waiver with a list of the FE waiver services and indicates outcome of referral as waiver approved.
- Bidder indicates connection with local senior center for socialization and indicates transportation by the local senior center.

- Bidder did not communicate consistent or structured sharing of Medicare claims data to inform coordination with the Medicaid benefit.
- Bidder does not indicate risk stratification.
- Bidder response lacks detail on how informed choice is provided to member.
- Bidder indicates the care coordinator "will also consider a referral to the Kansas Commission for the Deaf and Hard of Hearing" but provides no outcome to that statement.

General Notes

Rating

2

Bidder Name	Question Number	Topic Area	Evaluation Criteria
UCare Kansas, 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 7.5.5: Provider Network Access Standards

RFP References	
	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
UCare Kansas, Inc.	**37**

EVALUATOR NOTES

Response Strengths

- Bidder indicates initial contact with member is via their American Indian specialist. Bidder indicates HRA is completed by this specialist. Bidder completed PHQ-9 and BH assessment.
- Bidder indicates the care coordinator is a BH assigned care coordinator.
- Bidder indicates they work with a non-network IHCP.
- Bidder indicates SMART goals.
- Bidder indicates member survey for feedback.
- Bidder indicates connection to Brook Health Companion app.
- Bidder indicates a diabetes health coach who provides education on how food and drink will impact diabetes diagnosis.
- Bidder indicates a $20 VAB for the gym.
- Bidder refers member to licensed master addiction counselor (LMAC) BH counselor.
- Bidder references being a housing first model of resources.
- Bidder recognized need to address cultural preferences for providers.
- Bidder worked with member for access of provider choice (nurse practitioner).
- Bidder informed member of crisis center at Valeo.
- Bidder indicated use of Guiding Care platform to ensure care coordination and to minimize duplication of services.
- Bidder indicated they address any gaps in care through a utilization and care gap report.

Response Weaknesses

The response is minimally acceptable.

- Bidder does not identify how the initial meeting with member was held, whether in person or via other contact.
- Bidder does not indicate risk stratification.
- Bidder does not indicate how informed choice was provided including choice between tribal and non-tribal providers.
- Bidder does not indicate member's area of preference for living in services. All services referenced were by and large in Topeka which would require transportation.
- Bidder does not indicate details for VABs.
- Bidder does not detail qualifications for the behavioral health care coordinator.
- Bidder connects member to the Mobile Access Partnership (MAP), which is a collaboration between Valeo, TRM, Shawnee County Health Department, Stormont Vail, and Topeka Behavioral Health. This is for homeless and uninsured individuals.
- Bidder indicates discussion of WorkingHealthy with this member; however, there is no indication member would meet criteria. STEPs program was not discussed.
- Bidder lacks detail on employment supports discussed and/or provided.
- Bidder did not provide indication that they discussed with member the impact of employment on Medicaid or social security benefits.
- Bidder lacks detail on timeframes for services and supports.

- While bidder engages member in Diabetes Disease Management program, bidder does not provide enough detail on the supports for self-management strategies. Bidder did not address member's access to diabetic testing supplies.
- Bidder does not give enough detail around meeting SDOH needs.
- Bidder indicates building relationship with Kansas Indian Nations, but response lacks detail.
- Bidder refers member to Valeo, but Kanza CMHC/CCBHC will be the closest CMHC/CCBHC to the reservation.
- Bidder indicates member is receiving substance abuse therapy at PBPN, but bidder also indicates member has been referred to one on one or group counseling at Valeo. Actively in two treatment programs in two different locations.
- Bidder indicates member is receiving behavioral healthcare supports from Valeo and PBPN.
- Bidder does not describe or define any SUD or MH support groups that may assist with members depression or SUD use.
- Bidder reported having an internal housing and food specialist and later reported referring to Valeo for food assistance and Section 8. Valeo is not a food provider and they provide Section 8 supportive services but not a Section 8 voucher.
- Bidder does not verify that member has a phone for the provided app.

General Notes

Rating

2