Bidder Name	Question Number	Topic Area	Evaluation Criteria
United Healthcare of the Midwest, 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 wellbeing 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
United Healthcare of the Midwest, Inc.	**27**

EVALUATOR NOTES	
Response Strengths	**Response Weaknesses**
The response is very good. • Bidder did a good job of connecting the family to behavioral health providers and care coordination immediately (via Healthy First Steps) on the phone (bilingual interactive voice), they did PHQ-9 screening on the phone as well and put her at a certain level (level 3 stratification). It was also helpful that the Bidder identified the screenings done by name (e.g. PHQ-9). • Bidder demonstrated having a defined program and process for Maternal Child Health members: RN reconnects within 24 hours, to make immediate home appts on first call. Also connected Juanita to a specific FQHC, and had a good sense of local resources. • Bidder conducted a postpartum assessment, assessment of baby breastmilk intake, provided a referral to lactation consultant, as well as normalizing and reinforcing education around "Periods of PURPLE Crying" to prevent shaken baby syndrome – which is a desirable approach for the KanCare program. • Bidder provided good supports and resources for social determinants of health, including culturally aligned Mom's meals, healthy food box delivery, connection to a food pantry, "double-up" food bucks, coordinated transportation (bus passes) via mobile app, breast pump, SNAP education, connection to WIC, money to buy a skillet through Value Added Benefits (VAB), and 24 roundtrip non-medical transports (VAB). • Bidder showed great use of local resources for care coordination, including leveraging IRIS to connect to Head Start.	Weaknesses were identified that can be easily overcome. • Bidder stated they had "lost contact" with Juanita, though they had other options for making contact with her (e.g. contacting Maria as her authorized representative) and did not do so. • Bidder did not coordinate or offer assistance with childcare resources for appointments. • Bidder could have offered more caregiver resources as a way to support Juanita's mother (Maria). • Bidder's presentation of consumer-informed choice appeared to be vague in regard to housing options presented. • The Bidder did not indicate connection to permanent supportive housing. • Bidder did not educate the member about the risk of losing her coverage after a year once employed. • The Bidder indicated goals, but they were not indicated as SMART goals. • Bidder did not identify additional information on baby supports within the EPSDT program.

- Bidder verified paperwork to be able to speak to mom as an "authorized representative" on behalf of her daughter.
- Bidder discussed GED/ESL program, $200 for employment (VAB), and connected Juanita with an employment support specialist to help her meet her goals.
- Bidder provided population health dashboard, which provides an information system that connects both the MCO and consumer to providers.
- Bidder's process was fluid and thorough, for example, a 12-month response period with calls and texts every month so the case would not be abandoned after the initial call.
- Bidder was very cognizant in their response about the need for Spanish language support and resources. Spanish could be selected in the primary phone call, so there was no need for a hand-off. Bidder also did a good job recognizing the cultural stigma around BH for the Hispanic population. Additionally, the Bidder showed cultural competency in their connection to resources (e.g. culturally aligned Mom's Meals).
- Bidder provided specific transitional housing for the consumer that included a food pantry and laundry on site, and was age-appropriate (16-24 years).

General Notes

Rating

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Bidder Name	Question Number	Topic Area	Evaluation Criteria
United Healthcare of the Midwest, 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
United Healthcare of the Midwest, Inc.	**28**

EVALUATOR NOTES	
Response Strengths	**Response Weaknesses**
The response is very good. • Bidder described good use of evidence-based practices (e.g., motivational interviewing and Medication Assisted Treatment (MAT). • Bidder re-connected the consumer to a CMHC/CCBHC for services including med management, individual therapies, and psychosocial rehabilitation. • Bidder indicated good follow along care via a birth plan, e.g., education about birth spacing using long-acting reversible birth control. • Bidder described good coordination across providers for BH/SUD treatment services. The Bidder ensured an HST and an HRA were completed due to a change in condition and then to appropriately drive services. • Bidder provided resources (like a SafeLink cell phone) and informed Shanice of other resources, including targeted VAB (e.g. diapers, nutrition supports, 24 round trip non-medical). • Bidder conducted care coordination in a culturally competent way, including how to access and use resources. Resource options including doula, prenatal programs (Baby Talk), Kansas Justice Birth Society Healthy First Steps, Babyscripts My Journey app are all relevant options. • Bidder provided vocational training resources (including a VAB for vocational training) and a referral to a Working Healthy benefit specialist to maintain employment and SSDI.	Weaknesses were identified that can be easily overcome. • Because this was an existing member with multiple ED visits, Bidder should have shown additional attempts to connect. • Bidder did not describe realistic expectations for this member's connection to an Oxford House, including advocating for the use of MAT. Additionally, Oxford Houses have waitlists, and her fight at the Mission could also have prevented her from living there. • Bidder did not describe the use of CHWs, which would have been highly beneficial in this situation. • Bidder lacked follow up on any pending charges related to the altercation at the homeless shelter. • Bidder did not review hospital records related to assessment a possible head injury or any detox needs. • The Bidder indicated goals, but they were not indicated as SMART goals. • Bidder's response lacked description of continuity of care or EPSDT supports for the baby.

- Bidder showed good leveraging of population health systems, including HIE, including KHIN/KONZA to support the consumer after contact with the Emergency Room.

General Notes

Rating

4

Bidder Name	Question Number	Topic Area	Evaluation Criteria
United Healthcare of the Midwest, 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
United Healthcare of the Midwest, Inc.	**29**

EVALUATOR NOTES	
Response Strengths	**Response Weaknesses**
The response is good. • The Bidder demonstrated a good care coordination process, which was thorough with person-centered supports and coordination across provider types, including the use of CHWs. • The Bidder's description of post-discharge follow up was timely (within 48 hours). The pre-arranged and timely connection to home health was also appropriate. • The Bidder demonstrated that they would facilitate connections to necessary resources, including DME (e.g., communication/smart devices), home delivered meals, and employment supports. • Bidder connected Betty to appropriate resources as well, including AAA and homemaker supports. Due to Betty's declining health status, Bidder authorized an increase in Robert's waiver services, including respite. Bidder also discussed advance directive, plus the filing of legal and financial paperwork. • Bidder showed appropriate coordination after in home assessment to provide Robert more information regarding more independent living supports, and exploring all of his housing options including his current living situation. • Bidder described appropriate referrals, including Registered Respiratory Therapist, Physical Therapy, and Occupational therapy.	Weaknesses were identified that can be easily overcome. • Bidder's response did not detail a connection for Community Developmental Disability Organization (CDDO) or the appropriate CDDO options counseling. • Bidder's response lacked detail on Robert's financial planning Achieving a Better Life Experience (ABLE account), cooking, daily living skills, and social supports. • The Bidder indicated goals, but they were not indicated as SMART goals. • Bidder's choice to connect Robert to day services doesn't appropriately match client needs around his computer degree. In this case supported employment would have been a better fit. • Bidder's response lacked detail on a safe discharge to the home environment, to support community independence. • Bidder's response did not include a referral to a pulmonologist.
General Notes	

Rating
3

Bidder Name	Question Number	Topic Area	Evaluation Criteria
United Healthcare of the Midwest, 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
United Healthcare of the Midwest, Inc.	**30**

EVALUATOR NOTES	
Response Strengths	**Response Weaknesses**
The response is good. • Bidder conducted the referral from Nursing Facility to the Brain Injury waiver (institutional transition process) correctly, including engaging a transition specialist. • Bidder identified alternate funding resources for past-due utilities. • Bidder facilitated DME, including identification of a bariatric bed. • Bidder applied several relevant VAB, including a shower modification, smart companion, shopping for furniture, and home internet. • Bidder also coordinated several social determinants of health referrals, including transportation, hobby support, and a STEPS referral for employment. Additionally, Bidder facilitated referrals to exercise and healthy meals to reduce weight. • Bidder clearly called out self-directed vs agency directed for personal care services, and bidder was flexible to changing this later on as needed. Bidder also offered caregiver supports for Billy's girlfriend to reduce strain. • Bidder described a good outline of assessments and developed their own Brain Injury screening tool for assessing service needs. • Bidder ensured home health support for wound care.	Weaknesses were identified that can be easily overcome. • The Bidder indicated goals, but they were not indicated as SMART goals. • Bidder's response lacked detail on the timing of Billy's expressed desire to return to the community, impacting the timeliness of discharge planning. • Bidder's response lacked consideration for a urology evaluation for Billy's incontinence. • 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's response did not mention Money Follows the Person (MFP). By not referring to MFP, the member could incur duplication of resources.
General Notes	

Rating
3

Bidder Name	Question Number	Topic Area	Evaluation Criteria
United Healthcare of the Midwest, 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
United Healthcare of the Midwest, Inc.	**31**

EVALUATOR NOTES	
Response Strengths	**Response Weaknesses**
• Bidder had a closed loop Release of Information (ROI) signed. • Bidder indicated that the care coordinator was Mary's previous care coordinator, showcasing familiarity with her background. • Bidder had a justice liaison who followed-up on the initial referral. • Bidder assigned a certified peer support specialist. • Bidder had VABs indicated like transportation, seeking safety, and incentivized education. • Bidder provided a connection with supportive employment through COMCARE. • Bidder connected Mary with a program to obtain a phone. • Bidder ensured they were aware of the conditions of parole and accounted for the need for Mary to have regular check-ins with her parole officer. • Bidder signed Mary up with the Genoa Healthcare Adherence Program to ensure medication adherence.	The response is minimally acceptable. • Bidder's care coordinator did not provide adequate person-centered care planning. As an example, Mary was not offered informed choice to select her substance use service and support care upon discharge, it was prescribed to her. Bidder did not question the parole recommendation, which was a mandated 12-step recovery, higher court rulings and Department of Justice (DOJ) have advised referrals to 12-step AA or NA meetings only without a secular alternative have been ruled to be unconstitutional under the Establishment Clause. Because Mary did not believe she had a substance use disorder, the care coordinator did not adequately assess Mary's treatment recommendations and offer alternative treatment sources. • Prior to Mary receiving a substance abuse assessment, under ASAM criteria, bidder participated in directing Mary to stay at Robin's house, which is an Oxford House based upon 12-step principles. In addition, this does not align with Mary's reports of not having a substance use disorder. Additionally, Mary was not offered the option of a least restrictive environment. • The bidder's care coordinator continually stresses Mary attaining a sponsor and attending 12-step programs. • The bidder's planning and health care screening was not done on an urgent basis once the release date was known. For example, once notification was received of Mary's release date, the bidder

had two weeks but did not meet with Mary until nine days had passed.

- The bidder did not appropriately address Mary's concerns regarding her upcoming release and lack of a support system. Bidder did not provide community interaction supports, they only provided the 12-step option and 12-step sober living for Mary post-release.
- Bidder did not indicate SMART goals.
- Bidder did not detail the education VAB appropriately.
- Bidder intake appointment with COMCARE timeframe may be unrealistic.
- Bidder could have done more regarding food security for Mary to meet social determinants of health.
- Bidder could have used CHW services.
- Bidder was vague on how the housing navigator would assist with connecting Mary with Housing and Urban Development (HUD) federally subsidized housing benefits while residing in transitional housing. Example: coordinated entry.
- Bidder did not ensure that Mary actually initiated her social security benefits. Therefore, Mary could be at risk of losing her Medicaid coverage after 90 days.

General Notes

Rating

2

Bidder Name	Question Number	Topic Area	Evaluation Criteria
United Healthcare of the Midwest, 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
United Healthcare of the Midwest, Inc.	**32**

EVALUATOR NOTES	
Response Strengths	**Response Weaknesses**
The response is very good. • Bidder completed HRA. • Bidder coordinated with Pedro's case manager at St. Francis. Bidder identified necessary aging out transition supports. Bidder provided an adulthood assessment. Bidder educated Pedro on alternative foster care options. • Bidder provided care coordination with an in-person visit within 7 days for a comprehensive assessment. • Bidder arranged a comprehensive psychological evaluation. • Bidder adequately coordinated the connection of Pedro with an in-network allergist to identify asthma triggers. • Bidder connected Pedro to peer mentoring services with cultural competency. • Bidder received prior authorization through EPSDT for a high-quality air purifier with a HEPA filter. • Bidder connected Pedro to education in training vouchers. • Following pulmonologist consult, bidder reviewed recommendations of pulmonologist. • Bidder referred Pedro to a therapist, with specialized experience, whom he had previously seen to help address his behavioral health needs, for example: potential substance use. • Bidder ensured weekly monitoring of asthma symptoms and behavioral health needs. • Bidder ensured a release of information was in place for discussion of SUD care coordination.	Weaknesses were identified that can be easily overcome. • Bidder did not identify working in coordination with Pedro's school, including asthma management. • Bidder did not list service plan goals as SMART goals. • Bidder did not indicate whether DCF independent living program (Chafee Act)/resources were used to explore housing opportunities based on informed choice. • Bidder did not indicate person-centered informed choice aspect of extending foster care versus fostering independence.

- Bidder ensured an environmental review and made changes due to the results of the review, and ensured allergy testing, which showed that pet dander exacerbated symptoms.

General Notes

Rating

4

Bidder Name	Question Number	Topic Area	Evaluation Criteria
United Healthcare of the Midwest, 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
United Healthcare of the Midwest, Inc.	**33**

EVALUATOR NOTES	
Response Strengths	**Response Weaknesses**
The response is very good. • Bidder indicated reassigned entity care coordinator as behavioral health clinician with experience in co-occurring IDD and BH. • Bidder indicated referrals to both SED and IDD waivers. • Bidder indicated extended team meeting including the school and state staff (DCF and KDADS). • Bidder ensured supports in place for discharge while awaiting potential PRTF placement. These include respite care, DCF family preservation supports, crisis plan, safety plan, connection with school for Individualized Education Plan (IEP), wraparound facilitation, psychosocial rehab, attendant care, and medication management. • Bidder talks about and uses EPSDT correctly and uses EPSDT first and foremost as a medical necessity: for example, a continuous glucose monitor. • Bidder ensured psychiatric residential treatment facility (PRTF) process started and recognized that Lakemary would be the appropriate PRTF in the state for Henry. • Bidder ensured supports for mom and siblings with parent support and family therapy. • During this episode of inpatient psychiatric care, bidder connected Henry to CDDO. • Bidder detailed STEP plan with defined roles.	Weaknesses were identified that can be easily overcome. • Bidder treats the term IDD as a diagnosis. • Bidder's response lacked detail to confirm their understanding that IDD waiver eligibility involves more than a BASIS assessment. • Bidder does not indicate SMART goals used. • Bidder did not recognize the need for intensive/on-going case management, including application for SED or IDD waiver prior to this episode of inpatient psychiatric care despite the previous need for crisis intervention, ED visits, other inpatient psychiatric visits, law enforcement contact, etc. • Bidder did not mention DCF crisis line and the supports it provides. • Bidder did not mention evaluation of blood sugar level and its impact on Henry's behavior. • Bidder may not have evaluated how realistic CCBHC care plans are in Henry's case. • Bidder did not adequately describe how involved CDDO would be in care issues, or if it would be CMHCs who would be primary contact. • Bidder did not indicate referral to DUAL DIAGNOSIS TREATMENT & TRAINING SERVICES (DDTTS) PARSONS STATE HOSPITAL & TRAINING CENTER team.
General Notes	

Rating
4

Bidder Name	Question Number	Topic Area	Evaluation Criteria
United Healthcare of the Midwest, 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
United Healthcare of the Midwest, Inc.	**34**

EVALUATOR NOTES	
Response Strengths	**Response Weaknesses**
The response is excellent. • Bidder completed HST and HRA. • Bidder ensured immunizations and Kan Be Healthy (KBH) screens were completed. • Bidder provided information for travel including reimbursement for mileage, meals, and hotels and discussed how it can be accessed through bidder app "TripCare" to travel for Comprehensive Diagnostic Evaluation (CDE). • Bidder connected parents to Russell Child Development Center (RCDC), Kansas Children's Service League (KCSL), HeadStart, USD 363 with IEP (Holcomb School), and CCBHC Compass. Also connected with provider Behavior Solutions for in home ABA supports of early intensive behavioral intervention. • Bidder connected member to speech language therapy consult. • Bidder helped family navigate autism waiver application to KDADS. Also provided IDD information and CDDO connection information. • Bidder had biweekly meetings with ABA providers. • Bidder looked at SDOH for family including housing, food, and utilities. • Bidder looked at additional services for consumer and family including learn and play, social and emotional supports, family therapies, and the 9-8-8 crisis line. • Bidder created a timely person-centered care plan. • Bidder used a great example of a team-based care model.	Weaknesses were identified that can be easily overcome. • Bidder did not provide detail regarding any rule out of hearing or neurological conditions. • Bidder discussed the IDD waitlist, but it did not indicate if they explained to the family that the consumer is only 3 years old and cannot be placed on the waitlist until age 5. • Bidder discussed the Autism waiver but did not indicate if they discussed how long it could take to get off the proposed recipient list. • Bidder did not give the family the DCF line, which could have triggered a mobile crisis response. • Bidder did not indicate SMART goals for service planning.

- Bidder detailed that KVC would do a functional assessment for Autism waiver.
- Bidder addressed sleep difficulty that the child was having as well as ensuring VAB of weighted blanket and a sound machine.

General Notes

Rating

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Bidder Name	Question Number	Topic Area	Evaluation Criteria
United Healthcare of the Midwest, 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
United Healthcare of the Midwest, Inc.	**36**

EVALUATOR NOTES	
Response Strengths	**Response Weaknesses**
The response is very good. • Bidder provided Lola with access to a psych health app (Pyx Health) to address Lola's expression of loneliness. • Bidder provided a walkthrough of the CareSupport app. • Bidder provided a transportation app for appointments. • Bidder provided information about DSNP benefits including blood pressure cuff, a Ucard which can be used for healthy food and OTC medication and has a $244 monthly allotment, referred her to an advanced audiology appointment where she receives $2,500 in hearing aids and online grocery delivery with DSNP benefits. Bidder held a discussion on eyecare ($400/year) and dental benefit allotments ($4,000/year). • Bidder provided information on the Get Moving challenge, with a DSNP benefit of a free Fitbit through the challenge. • Bidder referred Lola to the Frail and Elderly Waiver. • Bidder connected Lola with a CHW in her community to help with navigation of services and referrals, especially for a rural area. • Bidder connected Lola with NEMT and addressed other SDOH needs such as food and transportation. • Bidder helped Lola to access information about use of a device that provides captioning for her phone calls. • Bidder completed HST and HRA within 2 days of the call. • Bidder connected Lola with a RN through Kidney Resource Services. • Bidder provided assistance with Lola attaining low-cost internet capability.	Weaknesses were identified that can be easily overcome. • Bidder explained that the CHW would provide a lot of services. Caution should be exercised in the roles and responsibilities undertaken by the CHW. • Bidder jumped quickly to the conclusion of a kidney transplant and there was no indication that Lola met the criteria for a transplant. • Bidder did not use Medicare claims data for care coordination. • Bidder did not provide a medication monitor device. • Service plan did not include SMART goals. • Bidder did not explain what happens to Lola's DNSP team when she goes on FE waiver.

- Bidder promised to send Lola an email follow-up summary in connection with her HRA visit.
- Bidder talked about SNAP Double Up Bucks option. Bidder did have a discussion regarding a healthy kidney diet and home delivered meals.
- Bidder provided information regarding senior center community groups, peer mentoring, healthy activities, and Pyx health app to stay in touch with the community.

General Notes

Rating

4

Bidder Name	Question Number	Topic Area	Evaluation Criteria
United Healthcare of the Midwest, 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 nonparticipating 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 nurarse 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 nonparticipating 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
United Healthcare of the Midwest, Inc.	**37**

EVALUATOR NOTES	
Response Strengths	**Response Weaknesses**
The response is excellent. • Bidder completed HST and HRA. • Bidder provided good coordination of services with CHW. • Bidder connected Jason to peer support specialist. • Bidder connected Jason to diabetes prevention classes at Prairie Band Health and Wellness Center. • Bidder partners with American Heart Association (AHA) on food as medicine program which benefits Jason. • Bidder provided Jason with an employment education specialist (EES) through UHC, and a $200 per year education VAB. • Bidder provided culturally competent care coordination. Bidder recognized community health representative which is unique to Indian health services, and they coordinated with the CHR to connect with Jason. Bidder provided the White Bison connection as well as WellBriety Circle and family therapy for community and family inclusion. • Bidder worked with Jason at his own pace. • Bidder provided video walkthrough of glucometer use. Bidder provided computer-based training (CBTs), alcohol use disorder (AUD), blood sugar testing discussion, and a diabetes class. Bidder helped Jason fill his diabetes medication scripts. • Bidder provided housing navigator who connected Jason to a housing waitlist on the Indian Reservation. • Bidder's VAB included a Dining with Diabetes virtual class.	Weaknesses were identified that can be easily overcome. • Bidder should have included mention of exercise in conjunction with Jason's care and on-going recovery goals. • Bidder did not indicate SMART goals. • Bidder did not discuss what employment might mean for future insurance coverage. • Bidder did not do a referral to HUD for at-risk of homelessness connection to federal entitlement housing, causing Jason to lose days of eligibility in the HUD housing system. Bidder did not give Jason informed housing choice. • While it could be assumed that the individual was assisted with connection to HUDs Coordinated Entry program through the Housing Navigator, that was not identified in the response. It is important that all eligible individuals at Risk of Homelessness and those who are Homeless are referred to the local HUD Continuum of Care to ensure that individuals have access to necessary housing services and supports that will assist the individual with residing independently in the community.

- Bidder connected Jason to a virtual behavioral health care platform via AbleTo which was in response to his perceived on-site behavioral health treatment stigma.
- Bidder treated Jason as a person rather than a case scenario.
- Bidder ensured that HEDIS goals were met.
- Bidder provided a health dashboard with which Jason can earn a $25 value add.
- Bidder helped Jason work through a list of concerns, symptoms, questions to provide to PCP.

General Notes

Rating

5