




Oral Requirement #2

Offeror	Rank*
Centene	4
UHC	3
University Family Care	1
Mercy Care Group	2

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

Evaluation Team Member	Signature	Date
Elizabeth Cepiro		2/7/17
Virginia Rountree		2-7-17
Melissa Arzabal		2/7/17

Facilitator	Signature	Date
Andrew Cohen		2/7/17

COMPONENT: ORAL PRESENTATION / PROGRAM

OFFEROR'S NAME: University Family Care

ORAL PRESENTATION REQUIREMENT No. 2	Total Ranking
<p>A 35 year old female is an enrolled member of the Offeror's plan and has a diagnosis of ALS. She has recently begun to experience difficulty speaking. She is a mother of three children, 8, 10, and 15 years of age, and lives with her long term female partner. They are concerned about the progression of the disease prior to her children reaching adulthood. She has remarked on numerous occasions that she is afraid she might miss key milestones in the lives of her children. Additionally, she has expressed concern if her partner will be able to make decisions should she become incapacitated. Describe how the Offeror will address services and supports for this member.</p>	1

Rationale:

Major Observations:

Offeror discussed the progressive nature of ALS and its effect on the member's ability to communicate and swallow. Offeror also discussed providing education about ALS to the member and her family.

Offeror described a person-centered care planning process in which it recognized the importance of her role as a mother. Offeror stated the case manager would address with the member her concerns/fears as a parent and her options for care. Offeror discussed the importance of learning the member's preferences while she still was able to express them. Offeror mentioned the potential involvement of other family members in the planning process.

Offeror described a range of covered services that potentially could be used by the member, including DME, home modifications, skilled home health, attendant care services (agency or self-directed attendant care), therapies, neurology, respite, palliative care/hospice, telemedicine, emergency alert and individual/family counseling and grief support for the member, her partner and children. Offeror did not discuss communication devices or breathing/ventilator-related services or devices.

Offeror described a variety of care options that could be appropriate for the member, including the Healthy Together Partnership (interdisciplinary care team that delivers primary care and pharmacy services in the home); a palliative care program combined with in-home primary care; and telemedicine/telepsychiatry through the University of Arizona.

Offeror described ways to maximize the member's independence during the progression of the disease, including through home modifications, DME and personal care assistance/attendant care/home health.


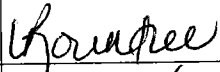

In addition to AHCCCS-covered services, offeror described in detail other services that would be offered or to which the member would be referred, including legal services related to executing legal and medical powers-of-attorney documents, including to address guardianship of children; ALS education


through community resources; and leisure activities for the children.

Offeror addressed End-of-Life care and stated that both its case managers and providers are trained to have End-of-Life/Advance Directive discussions with members. Offeror indicated that the conversation with the member would likely be led by a case manager/qualified behavioral health professional team. Offeror also mentioned the availability of agencies in its network to address End-of-Life and grief with the member. Offeror stressed the importance of providing End-of-Life counseling in a culturally appropriate manner.

Offeror addressed in detail the member's informal supports and their role in her care, including family, co-workers (if applicable), LGBTQ community and spiritual/faith-based support groups.

Offeror described methods for assisting the member to experience milestones in her childrens' lives, including through Face Time and videos. Offeror also discussed having the member record videos for later viewing by her children at milestone dates in their lives.

Evaluation Team Member	Signature	Date
Elizabeth Ceppo		2-7-17
Virginia Rountree		2.7.17
Melissa Arrabal		2/7/17

Facilitator	Signature	Date
Andrew Green		2/7/17

COMPONENT: ORAL PRESENTATION / PROGRAM

OFFEROR'S NAME:

Mercv Care Group

ORAL PRESENTATION REQUIREMENT No. 2	Total Ranking
<p>A 35 year old female is an enrolled member of the Offeror's plan and has a diagnosis of ALS. She has recently begun to experience difficulty speaking. She is a mother of three children, 8, 10, and 15 years of age, and lives with her long term female partner. They are concerned about the progression of the disease prior to her children reaching adulthood. She has remarked on numerous occasions that she is afraid she might miss key milestones in the lives of her children. Additionally, she has expressed concern if her partner will be able to make decisions should she become incapacitated. Describe how the Offeror will address services and supports for this member.</p>	<p>2</p>

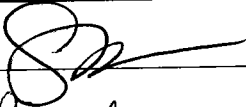
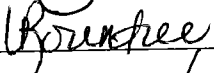
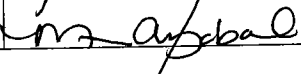

Rationale:
<p><u>Major Observations:</u></p> <p>Offeror discussed the progressive and degenerative nature of ALS in general terms and services that would become necessary over time (e.g., feeding tube). Offeror also discussed providing education about ALS to the member and her family.</p> <p>Offeror described a person-centered care planning process in which the member would be assigned an RN case manager with knowledge of the disease. The case manager would address with the member all available services, with a focus on keeping the member at home, and would develop a care plan based on the member's goals and preferences. Offeror committed itself to honoring and supporting the member's wishes if she chose to refuse services, even if the member's family objected.</p> <p>Offeror also discussed employment and housing as part of care planning, although the relevance of employment and housing to this case was not explained.</p> <p>Offeror described a range of covered services that potentially could be used by the member, including DME (including a wheelchair and pressure mattress), home modifications, communication devices, skilled home health, attendant care services, therapies, neurology, specialty nutrition and pharmacy, respite, palliative care/hospice, NEMT and individual/family counseling and grief support for the member, her partner and children.</p> <p>Offeror described a variety of care options that could be appropriate for the member, including aligning the member with a PCP who makes home visits; providing full time ventilator support when needed; and assisting the member to enroll in a clinical trial, if so desired, in accordance with AHCCCS guidelines.</p> <p>Offeror described ways to maximize the member's independence during the progression of the disease, including through communication devices, home modifications (e.g., widening doorways and installing a shower chair), DME and attendant care/home health.</p>

In addition to AHCCCS-covered services, offeror described in detail other services that would be offered or to which the member would be referred, including legal services (although not specifically for power-of-attorney execution); NEMT to church; and ALS education through community resources.

Offeror addressed End-of-Life Care and stated that both its case managers and network palliative care providers are trained to have End-of-Life/Advance Directive discussions with members. Offeror stressed the importance of providing End-of-Life counseling early in the disease process and not waiting until the end stage.

Offeror addressed the member's informal supports and their role in her care, including family, friends, LGBTQ community and spiritual/faith-based support groups.

Offeror mentioned the importance of milestones but did not describe clearly how it would assist the member to address as part of achieving her personal goals. Offeror did discuss having the mother record messages for her children to be played back in the future.

Evaluation Team Member	Signature	Date
Elizabeth Canpio		2-7-17
Virginia Rountree		2.7.17
Melissa Arzabal		2/7/17
Facilitator	Signature	Date
Andrew Chen		2/7/17

COMPONENT: ORAL PRESENTATION / PROGRAM

OFFEROR'S NAME:

UHC

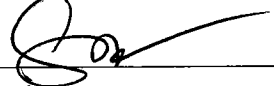
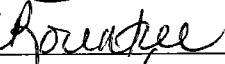

ORAL PRESENTATION REQUIREMENT No. 2	Total Ranking
<p>A 35 year old female is an enrolled member of the Offeror's plan and has a diagnosis of ALS. She has recently begun to experience difficulty speaking. She is a mother of three children, 8, 10, and 15 years of age, and lives with her long term female partner. They are concerned about the progression of the disease prior to her children reaching adulthood. She has remarked on numerous occasions that she is afraid she might miss key milestones in the lives of her children. Additionally, she has expressed concern if her partner will be able to make decisions should she become incapacitated. Describe how the Offeror will address services and supports for this member.</p>	<p>3</p>


Rationale:
<p><u>Major Observations:</u></p> <p>Offeror discussed the progressive and degenerative nature of ALS in general terms and noted the member's relative youth as compared to the average ALS patient.</p> <p>Offeror discussed the importance of the member-care manager relationship but did not describe clearly a person-centered care planning process and did not address clearly specific member's goals other than helping her to achieve quality-of-life and peace-of-mind. Offeror did state that the member's partner and children would be part of the care planning process, if desired by the member.</p> <p>Offeror described a range of covered services that potentially could be used by the member, including DME, home modifications, communication devices, skilled home health, attendant care services, therapies, neurology, respite, feeding therapy and nutritional assessment, palliative care/hospice, NEMT and individual/family counseling and grief support for the member, her partner and children.</p> <p>Offeror described a variety of care options that could be appropriate for the member, including aligning the member with a PCP who makes home visits and assisting the member to enroll in a clinical trial, if so desired, in accordance with AHCCCS guidelines.</p> <p>Offeror discussed maximizing the member's independence through communication devices.</p> <p>In addition to AHCCCS-covered services, offeror described other services that would be offered or to which the member would be referred, including legal services related to executing a power-of-attorney (type(s) not specified); ALS education through community resources; LGBTQ support; and activities for the children (e.g., Big Brothers/Big Sisters).</p> <p>Offeror noted that case managers have End-of-Life training and identified potential sources for an End-of-Life discussion with the member, including the case manager, physician, home health nurse or clergy.</p>

Offeror noted the importance of cultural considerations when addressing End-of-Life care with the member.

Offeror noted clergy as a potential informal support for the member. Offeror appeared to assume that the member's partner is providing supports but did not discuss other potential supports (e.g., family or friends).

Offeror mentioned the importance of milestones and discussed assisting the member to have access to the children's activities, such as sporting events. Offeror also discussed using a volunteer (retired case manager) to help in creating a story book of memories for the children.

Evaluation Team Member	Signature	Date
Elizabeth Corpio		2-7-17
Virginia Rountree		2-7-17
W. Melissa Arzabal		2/7/17

Facilitator	Signature	Date
Andrew Green		2/7/17

COMPONENT: ORAL PRESENTATION / PROGRAM

OFFEROR'S NAME:

Centene

ORAL PRESENTATION REQUIREMENT No. 2	Total Ranking
<p>A 35 year old female is an enrolled member of the Offeror's plan and has a diagnosis of ALS. She has recently begun to experience difficulty speaking. She is a mother of three children, 8, 10, and 15 years of age, and lives with her long term female partner. They are concerned about the progression of the disease prior to her children reaching adulthood. She has remarked on numerous occasions that she is afraid she might miss key milestones in the lives of her children. Additionally, she has expressed concern if her partner will be able to make decisions should she become incapacitated. Describe how the Offeror will address services and supports for this member.</p>	<p>4</p>

Rationale:

Major Observations:

Offeror discussed the progressive and degenerative nature of ALS in detail. Offeror addressed both physical and behavioral health needs.

Offeror discussed the qualifications of the member's case manager and visit schedule but did not describe clearly a person-centered care planning process. Offeror did not describe clearly how the case manager would identify and assist the member in achieving her personal goals and did not relate clearly any goals to End-of-Life care or advance care planning.

Offeror described a range of covered services that potentially could be used by the member, including DME, communication devices, ventilator, attendant care, therapies, neurology respite, palliative care, NEMT and behavioral health services. Offeror did not specifically address hospice.

Offeror described a variety of care options that could be appropriate for the member, including aligning the member with a neurologist for primary care and assisting the member to enroll in a clinical trial, if so desired, in accordance with AHCCCS guidelines. Offeror noted that the member's CES limit would increase when she becomes ventilator dependent, which in turn will allow for more services to be provided in-home.

Offeror discussed maximizing the member's independence through a progression of communication devices tailored to the member's current condition.


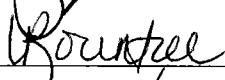
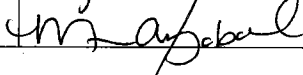
In addition to AHCCCS-covered services, offeror described other services that would be offered or to which the member would be referred, including legal services (healthcare POA) and education/environmental scans available through the ALS Association.

Offeror did not describe clearly End-of-Life training for case managers or providers and did not identify

specifically who would provide End-of-Life counseling to the member. Offeror mentioned its contract with Arizona Palliative Care but did not make clear if this organization would be used for End-of-Life counseling.

Offeror noted faith based services as a potential informal support for the member. Offeror appeared to assume that the member's partner is providing supports but did not discuss clearly other potential supports (e.g., family or friends).

Offeror did not describe clearly how it would support the member's desire to participate in milestones outside of the home.

Evaluation Team Member	Signature	Date
Elizabeth Corpis		2-7-17
Virginia Rountree		2.7.17
Melissa Arzabal		2/7/17

Facilitator	Signature	Date
Alexis Cohen		2/7/17