EXHIBIT H: NARRATIVE SUBMISSION REQUIREMENTS

NARRATIVE SUBMISSION REQUIREMENTS		
#	**PAGE LIMIT**	**REQUIREMENT**
B1	**2**	The Offeror shall provide an Executive Summary that includes: a. An overview of the organization, b. The Offeror's relevant experience providing healthcare for the population specified in this Solicitation, and c. A high-level description of the Offeror's proposed unique approach to meet Contract requirements. This submission may be used in whole or part by AHCCCS in public communications following Contract awards. **This submission will not be scored.**
B2	**1** **Refer also to RFP Section H, Instructions to Offerors for submission format requirements**	The Offeror shall identify no more than three contracts, including Arizona Medicaid contracts, which represent its experience in managing similar healthcare delivery systems to the ALTCS E/PD Program. The Offeror shall describe all programs for the contracts selected including those from Arizona. The description shall include but is not limited to geographic coverage, population served and enrollment, behavioral health/physical health integration status, years in program, and current contractual status. In response to the Narrative Submission Requirement that asks for the Offeror's experience as well as any other responses where experience is presented, the Offeror shall refer exclusively to the experience from the identified contracts in this response, and must always include Arizona experience, if applicable. Any contracts referenced in Narrative Submission Requirement responses which are not identified in this response will not be considered. **This submission will not be scored.**
B3	**N/A**	In each response for Narrative Submission Requirements (B4-B9) the Offeror shall include in its response how the Offeror will address health inequities, health disparities, and/or structural and health-related social needs and promote equitable member care.

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B4	5	The ALTCS E/PD member population is complex, and their care often involves a combination of services and providers to effectively meet their needs. Provide a detailed description of how the Offeror will develop and implement best practices for ALTCS Case Managers, and leverage ALTCS Case Management staff to meet the needs of individuals with complex conditions, to: a. Decrease duplication of effort and enhance coordination of care with providers of physical and behavioral health services, b. Assist members prior to, and throughout transitions, c. Improve member engagement, d. Coordinate social and community support services, e. Identify, track, and manage outcomes for members with complex needs, f. Ensure appropriate identification of members that would benefit from High Needs Case Management and provide Case Management services in alignment with identified needs and reduce burden on members and families in coordinating member care. g. Monitor Case Manager performance and respond to identified issues, at the individual and system levels.
B5	4	How will the Offeror ensure that person-centered service planning: a. Includes active engagement with ALTCS members, b. Includes all aspects of quality of life, c. Is consistent with the individual's needs and wishes, d. Promotes access to services in home and community-based settings, and e. Results in high quality, equitable, and cost-effective person-centered care. Additionally, how will the Offeror monitor and evaluate the Case Manager and the member experience and satisfaction to demonstrate the Offeror's person-centered service planning process complies with the values and principles of person-centered thinking, planning, and practice?

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B6	6	Provide a description of the types of data, including but not limited to performance metrics and data collected in partnership with members (e.g., data from member satisfaction surveys or member focus groups), the Offeror will collect, monitor, and analyze for the purposes of improving member health outcomes and informing program initiatives. Provide a detailed description of the processes utilized by the Offeror to inform and/or initiate improvement activities, including reporting tools, monitoring technologies, and/or partnerships, as well as processes used for member and population specific data analyses and MCO decision-making processes. The Offeror shall limit its response to the submission requirement to three pages of narrative and should include up to three, one-page sample utilization reports to demonstrate the Offeror's monitoring and analysis processes.
B7	4	Describe the Offeror's network development strategy, including methods to build Home and Community Based Services (HCBS) providers and institutional capacity in rural areas and maximize available resources. Also discuss specifically how the Offeror will assist rural nursing facilities seeking to expand into community-based care. Provide action steps and a timeline for the first three years of the Contract, along with measurable outcomes to be achieved. The action steps shall illustrate how the Offeror's operational areas will work in an integrated fashion to identify and address network needs.
B8	4	Describe the Offeror's overall workforce development strategy including the Offeror's workforce development philosophy, the use of data to inform strategies and monitoring activities to determine if strategies are effective, and achievement of desired outcomes. Additionally, the Offeror shall describe how the Offeror will: a. Assist and incentivize providers to improve workforce monitoring, assessing, planning, and forecasting workforce trends so that the provider can be more strategic in their efforts to recruit, select, train, deploy, and support their staff, b. Assist providers to improve post-training coaching and supervision to ensure the skills are applied and used effectively to improve member experience and outcomes, and c. Integrate the operations of the Offeror's workforce development function within the operations of the network, medical management, and quality management departments.

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B9	4	Recent studies have shown that social, economic, and environmental conditions, in addition to health behaviors, can determine approximately 80% of health outcomes in the U.S. Given the Offerors' role in serving people with complex clinical, behavioral health, and social needs, it is critical to address social risk factors. For each of the following populations, describe how the Offeror will provide timely access to services and supports as well as monitor outcomes. The Offeror shall also identify its strategy(ies) for addressing potential barriers to care, as well as best practices to be implemented. a. Members residing in rural communities, b. Members residing in Tribal communities, c. Members in need of community resources, and Members in need of Peer and/or Family Support services.
B10	N/A except for Non-Incumbent Offerors For Non-Incumbent Offerors: Refer to (B10c) and RFP Section H, Instructions to Offerors for submission format requirements	Pursuant to 42 CFR 438.358 (b)(iii), Medicaid agencies must conduct compliance reviews of their contracted Managed Care Organizations at least every three years. AHCCCS will evaluate compliance reviews and incorporate the Offeror's past performance as specified below: a. **Incumbent E/PD Contractors** - A submission is not required. AHCCCS will utilize the AHCCCS Calendar Year (CY) 23 ALTCS E/PD Operational Review (OR), b. **Incumbent non-E/PD Contractors** - A submission is not required. AHCCCS will utilize the most recent finalized AHCCCS Operational Review (OR), and c. **Non-Incumbent Offerors** - The Offeror shall submit its most recent review(s) that together comprise a complete evaluation. The review(s) shall be selected from one of the Medicaid Contracts cited in B2 in compliance with 42 CFR 438.358 (b)(iii) for a business line which includes provision of services that are comparable to the Scope of Services for this RFP. The Offeror shall include a description of how the services delivered in the business line for the submitted compliance review are comparable to the Scope of Services for this RFP. The Offeror's submission shall not exceed one page plus attached compliance review(s). AHCCCS reserves the right to validate the submitted review.

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B11	Refer to RFP Section H, Instructions to Offerors for submission format requirements	The Offeror shall submit its most recent AZ Medicaid Plan D-SNP STAR rating. If the Offeror does not have a D-SNP STAR Rating in Arizona, the Offeror shall cite its most recent STAR rating with the corresponding Medicare Contract Number, from one of the states for the Medicaid contracts cited in Submission Requirement B2, using the preference order detailed below. Preference order for STAR Rating from another State: a. FIDE SNP/DSNP Plan, b. Another type of SNP, or c. Medicare Advantage Plan.

[END OF EXHIBIT H: NARRATIVE SUBMISSION REQUIREMENTS]

[END OF SECTION I: EXHIBITS]