
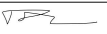
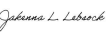
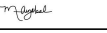


EPD RFP Y124-0061 SCORING TOOL  
FINAL SCORING AND RATIONALE - ORAL PRESENTATION 1

**ORAL PRESENTATION 1:**  
Provide a detailed analysis and summary of the Offeror's understanding of the needs of family caregivers, particularly as it pertains to ensuring members are served in the least restrictive setting. Describe how the Offeror will engage family caregivers and prioritize addressing the needs of family member caregivers including what tools and resources will be utilized to assess risks and needs while identifying and providing needed supports and services.

**Submission Evaluation Considerations:**  
- Innovative  
- Implementable  
- Addresses Person-Centered Service Planning  
- Improves Outcomes (Quality/Member)  
- Other Notable Considerations

ARIZONA PHYSICIANS (PA), INC.	BANNER UNIVERSITY CARE ADVANTAGE	BOSAS HEALTH CHOICE	HEALTH NET ACCESS	MERCY CARE
<p>Offeror described its approach to supporting family caregivers, although it did not distinguish clearly between paid and unpaid caregiver support types.</p> <p>Offeror described its Careforth caregiver support program. Offeror discussed member support tools (e.g., Cambridge tablet) that can offer indirect assistance to caregivers by reducing stress. Offeror also mentioned a SNP-at-home pilot program in Pima County.</p> <p>Offeror mentioned its D-SNP plan available to qualifying members, which offers member/caregiver supports, but did not describe the importance of different family scenarios in assessing caregiver needs.</p> <p>Offeror described risks to family caregiver well-being (e.g., burnout) and the potential for "compassion fatigue".</p> <p>Offeror discussed the role of the family caregiver but did not describe clearly how it assesses what is in the best interest of the member with respect to use of family caregivers.</p> <p>Offeror described its use of community reinvestment dollars for attendant care workforce development. Offeror discussed the importance of diversity in workforce development, including with respect to tribal members.</p> <p>Offeror described its Careforth caregiver training and education program to assess for and address possible family member caregiver burnout.</p>	<p>Offeror affirmed the importance of family caregivers and the need for strategies to support them but described more clearly its approach to serving members. Offeror addressed the potential types of support members/family member caregivers may require, including food.</p> <p>Offeror mentioned its Cambridge app for clinical assistance including urgent care and Rivacare digital care management platform. Offeror also mentioned a peer-to-peer matching program for caregiver respite "swapping".</p> <p>Offeror discussed the importance of different family scenarios on serving members in the least restrictive setting, including parent caregivers of children.</p> <p>Offeror discussed risks to family caregiver well-being (e.g., burnout) but did not describe clearly how it would monitor for these risks and apply identified resources to address.</p> <p>Offeror did not describe clearly how it assesses for what is in the best interest of the member, including the factors to be considered with respect to serving the member in the least restrictive setting.</p> <p>Offeror discussed workforce development needs and use of Rivacare in evaluating but did not describe clearly how it will address expansion of the workforce.</p> <p>Offeror described multiple tools to support family caregivers (directly or indirectly), including Innovace social vulnerability index, Cambridge and Rivacare.</p>	<p><b>RATIONALE AND MAJOR OBSERVATIONS</b></p> <p>Offeror described its approach to supporting paid and unpaid family member caregivers. Offeror addressed in detail the potential types of support family member caregivers may require, including respite, companion care to medical visits, peer support and HDN.</p> <p>Offeror proposed innovative supports, including no-cost health insurance for caregivers at risk of losing coverage due to higher income and BlueCare Cafe 24-hour peer support.</p> <p>Offeror discussed the importance of understanding cultural differences, including LGBTQ-related, on care needs, but did not describe clearly the importance of different family scenarios (e.g., parent caregivers of children versus adult child caregiver of aged parent) in assessing caregiver needs.</p> <p>Offeror did not describe clearly risks to family caregiver well-being (e.g., burnout), although its innovative solutions included peer supports relevant to the concern.</p> <p>Offeror described how it assesses for what is in the best interest of the member, including the factors to be considered with respect to serving the member in the least restrictive setting.</p> <p>Offeror described its analysis of network development needs and potential opportunities for expanding the workforce.</p> <p>Offeror described multiple tools to support family caregivers (directly or indirectly), including Pxx social isolation tool, for use both by members and caregivers, Blue Connection (food/nutrition assistance), Blue Anywhere (remote care) and Blue-at-Home (in-home care).</p>	<p>Offeror described its approach to supporting paid and unpaid family member caregivers, including the various types of member assistance that also will be available to caregivers. Offeror addressed in detail the potential types of support members/family member caregivers may require, including food, housing and home modifications.</p> <p>Offeror mentioned its three-year Caregiver Technical Assistance Support Center Grant, family liaison position (AHCCCS requirement) and "Caregiver Strengthening Program" but did not describe clearly the specifics of these initiatives and how they will support family caregivers in an innovative manner.</p> <p>Offeror discussed the importance of different family scenarios on serving members in the least restrictive setting including adults serving as caregivers of aged parents while also caring for their own children. Offeror noted that family size can affect member placement options.</p> <p>Offeror described risks to family caregiver well-being (e.g., burnout) and the importance of education, including with respect to a member's disease progression. Offeror described how it assesses through the PCSP for what is the best interest of the member with respect to use of family caregivers, and emphasized the central role of the member in decision making.</p> <p>Offeror described proposed initiatives for workforce development, including two centers-of-excellence for family support and Spectrum Training Academy for CHS.</p> <p>Offeror described multiple tools to support family caregivers (directly or indirectly), including Pxx social isolation tool, Moose Health (tablet app), NEST (risk prediction), TrueCare caregiver platform, WellFrame (digital health and TeleDoc (telemedicine).</p>	<p>Offeror described its approach to supporting paid and unpaid family caregivers. Offeror listed the types of demands placed on caregivers.</p> <p>Offeror identified technology-oriented solutions for supporting caregivers. Offeror described its Talveda digital education and coaching application and Truista caregiver platform. Offeror proposed to offer a \$200 monthly allowance for transportation to non-AHCCCS services.</p> <p>Offeror mentioned a dementia-capable care and a Benefits Results program to assist families in identifying unclaimed benefits but did not describe clearly how either initiative would work.</p> <p>Offeror discussed the importance of different family scenarios on serving members in the least restrictive setting, including parent caregivers of children, adult child caregivers of aged parents and spouse caregivers.</p> <p>Offeror discussed risks to family caregiver well-being (e.g., burnout) but did not describe clearly how it would monitor for these risks and apply identified resources to address.</p> <p>Offeror described how it assesses for what is in the best interest of the member, including evaluating the willingness of family members to serve as caregivers.</p> <p>Offeror discussed ensuring timely access to services, including acute physical health care, but did not describe clearly its understanding of, or strategy for addressing, workforce shortages/development needs.</p> <p>Offeror described multiple tools to support family caregivers (directly or indirectly), including Pxx social isolation tool, Dispatch Care (in-home monitoring during telemedicine appointments), Social Scope (needs assessment), Talveda and Truista platforms.</p>
<p>Offeror discussed using CES data to identify potential underutilization of services but did not otherwise demonstrate clearly how its strategy for supporting family caregivers and workforce development is informed by data.</p> <p>Offeror did not describe clearly its strategy for implementing new initiatives.</p> <p>Offeror described its approach as one of providing easy-to-access/available services and supports, both to the member and caregiver(s).</p>	<p>Offeror discussed use of data/trends (e.g., Z-code analysis) and taking findings to the MAC and governance council but did not otherwise demonstrate clearly how its strategy for supporting family caregivers and workforce development is informed by data.</p> <p>Offeror mentioned strategic approaches but did not describe clearly its strategy for implementing new initiatives.</p> <p>Offeror discussed methods for facilitating care in the least restrictive setting (e.g., home modifications) and noted that its historically low case manager turnover rate has facilitated continuity of care.</p>	<p>Offeror's presentation addressed program implementation and offeror demonstrated how its strategy for supporting family caregivers and workforce development is informed by data (e.g., urban/rural and health equity considerations).</p> <p>Offeror's discussion using D-SNP as a foundation for various ALTCs initiatives and identified some dates related to future workforce needs.</p> <p>Offeror described its approach as proactive, in terms of identifying needs, and individualized based on family needs and capacity.</p>	<p>Offeror discussed use of data (e.g., Z-codes) within digital platforms (e.g., NEST) but did not otherwise demonstrate clearly how its strategy for supporting family caregivers and workforce development is informed by data.</p> <p>Offeror did not describe clearly its strategy for implementing new initiatives.</p> <p>Offeror described its approach as designed to reduce caregiver burden, including through an emphasis on in-home services and a care model tailored to the needs of the individual member and his/her caregiver(s).</p>	<p>Offeror discussed use of digital platforms but did not demonstrate clearly how its strategy for supporting family caregivers and workforce development is informed by data.</p> <p>Offeror did not describe clearly its strategy for implementing new initiatives.</p> <p>Offeror described its approach as individualized based on family needs and capacity.</p>
<p>Offeror described its PCSP as encompassing both the member and caregiver (family or otherwise, as desired by the member). Offeror did not discuss clearly the importance of individualized goals.</p> <p>Offeror identified potential risks/barriers to a family caregiver's wellbeing (e.g., burnout/stress). Offeror did not address clearly the challenge posed by the aging of the caregiver workforce.</p> <p>Offeror's approach took into consideration health equity, including with respect to tribal affiliation, ethnicity and LGBTQ status.</p>	<p>Offeror described its PCSP as holistic and mentioned the importance of engaging with both the member and family. Offeror stated that family members are part of the IDT. Offeror mentioned the importance of establishing individualized goals and checking in frequently with both the member and caregiver.</p> <p>Offeror identified potential risks/barriers to a family caregiver's wellbeing (e.g., burnout and isolation). Offeror did not address clearly the challenge posed by the aging of the caregiver workforce.</p> <p>Offeror's approach took into consideration health equity at a system level, in terms of plan infrastructure.</p>	<p>Offeror described a whole person care approach to PCSP that factors in caregiver abilities and needs and defines the case manager's role as being an advocate for both the member and caregiver. Offeror mentioned the importance of individualized goals.</p> <p>Offeror identified potential risks/barriers to a family caregiver's wellbeing (e.g., lack of training and HDN) and discussed the need for caregivers to be satisfied and motivated. Offeror did not address clearly the challenge posed by the aging of the caregiver workforce.</p> <p>Offeror's approach took into consideration health equity, including with respect to language preference and LGBTQ status.</p>	<p>Offeror described a whole person care approach to PCSP that factors in caregiver abilities and needs and seeks to honor a member's preference in the context of what the caregiver is capable of doing. Offeror stated that caregivers are part of the IDT. Offeror addressed the importance of both short- and long-term individualized goals.</p> <p>Offeror identified potential risks/barriers to a family caregiver's wellbeing (e.g., burnout). Offeror did not address clearly the challenge posed by the aging of the caregiver workforce.</p> <p>Offeror identified potential risks/barriers to a family caregiver's wellbeing (e.g., burnout). Offeror did not address clearly the challenge posed by the aging of the caregiver workforce.</p> <p>Offeror's approach took into consideration health equity, including with respect to language preference.</p>	<p>Offeror described its PCSP and affirmed the importance of whole person approach. Offeror stated that caregivers are part of the IDT. Offeror did not address clearly the importance of individualized goals.</p> <p>Offeror identified potential risks/barriers to a family caregiver's wellbeing (e.g., work/life balance, and quality of life). Offeror did not address clearly the challenge posed by the aging of the caregiver workforce.</p> <p>Offeror's approach took into consideration health equity, including with respect to language preference and religious beliefs.</p>
<p>Offeror addressed health outcomes for family caregivers, including through provision of HDPE Inc. warm line. Offeror discussed member social isolation but did not describe clearly any steps to address caregiver isolation.</p>	<p>Offeror affirmed the importance of health outcomes for family caregivers but did not address clearly its approach to improving outcomes, other than related to social isolation. Offeror discussed caregiver social isolation and its readiness to assist caregivers (and members) interested in volunteering in the community.</p>	<p>Offeror addressed health outcomes for family caregivers, including through provision of no-cost health insurance to caregivers at risk of losing coverage due to higher income. Offeror mentioned availability of behavioral health supports, although it did not describe the services in detail. Offeror stated it will make the Pxx app available to caregivers to address social isolation.</p>	<p>Offeror addressed health outcomes for family caregivers, including through provision of WellFrame and TeleDoc apps, as well as its "Shine Butlers" program, although it did not describe how this program would work. Offeror stated it will make the Pxx app available to caregivers to address social isolation, as well as promote age-appropriate community connections.</p>	<p>Offeror affirmed the importance of health outcomes for family caregivers but did not address clearly its approach to improving outcomes. Offeror stated it will make the Pxx app available but did not state clearly whether it will be offered both to members and caregivers, or only members.</p>
<b>RANKING</b>				
2	4	1	3	5

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EVALUATOR TITLE:	ALTC's PROJECT MANAGER
DATE:	Nov 15, 2023
SIGNATURE:	 Danilo Adick (Nov 15, 2023 09:21 PST)
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EVALUATOR TITLE:	Program Development Officer - DHCS
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EVALUATOR FULL NAME (FIRST AND LAST):	Johanna Labach
EVALUATOR TITLE:	Assistant Director - DHCS
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EVALUATOR TITLE:	ALTC's Case Management Program Manager
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