

Behavioral Health RFP- Individual Evaluator Scoresheet

Offeror Name:	
Section: 70.200 Transmittal Letter	
Applicable RFP Sections: N/A	Maximum Item Points: 0
Question	<p>The offeror shall provide:</p> <p>The transmittal letter must be on official letterhead and be signed by an individual authorized to legally bind the Offeror. It shall include:</p> <ul style="list-style-type: none"> ○ A statement indicating that the offeror is a corporation or other legal entity. All subcontractors shall be identified and a statement included indicating the percentage of work to be performed by the prime offeror and each subcontractor, as measured by percentage of total contract price. ○ A statement that the offeror is registered to do business in Hawaii and has obtained a State of Hawaii General Excise Tax License. Provide the Hawaii Excise tax number (if applicable). ○ A statement identifying all amendments and addenda to this RFP issued by the issuing office and received by the offeror. If no amendments or addenda have been received, a statement to that effect should be included. ○ A statement of affirmative action that the offeror does not discriminate in its employment practices with regard to race, color, creed, ancestry, age, marital status, arrest and court records, sex, including gender identity or expression, sexual orientation, religion, national origin or mental or physical handicap, except as provided by law. ○ If the use of subcontractor(s) is proposed, a statement from each subcontractor must be appended to the transmittal letter signed by an individual authorized to legally bind the subcontractor and stating the general scope of work to be performed by the subcontractor(s). ○ A statement that no attempt has been made or will be made by the offeror to induce any other party to submit or refrain from submitting a proposal. ○ A statement that the person signing this proposal certifies that he/she is the person in the offeror’s organization responsible for, or authorized to make, decisions as to the prices quoted, that the offer is firm and binding, and that he/she has not participated and will not participate in any action contrary to the above conditions.

Behavioral Health RFP- Individual Evaluator Scoresheet

	<ul style="list-style-type: none"> ○ A statement that the offeror has read, understands, and agrees to all provisions of this RFP. ○ A statement that it is understood that if awarded the contract, the offeror’s organization will deliver the goods and services meeting or exceeding the specifications in the RFP and amendments. ○ If any page is marked “Confidential” or “Proprietary” in the Offeror’s proposal, an explanation to DHS of how substantial competitive harm would occur if the information is released. 		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Met</td> <td style="width: 50%; text-align: center;">Not Met</td> </tr> </table>		Met	Not Met
Met	Not Met		
<p>Summary of Requirements</p>	<ul style="list-style-type: none"> ● On an official letterhead and signed by an individual authorized to legally bind the offeror ● Includes all statements as specified in Section 70.200. ● If the transmittal letter is incomplete, the proposal will be rejected and not be scored and will be returned to the offeror since this is part of the mandatory requirements established in Section 90.300. 		

Behavioral Health RFP- Individual Evaluator Scoresheet

Offeror Name:		
Section: 70.300 Executive Summary		
Applicable RFP Sections: N/A		Maximum Item Points: 10
Score (0-5):		
Question	The proposal narrative shall clearly and concisely condense and highlight the contents of the proposal and provide DHS with a broad understanding of the entire proposal. The proposal narrative shall explain how the offeror will implement the CCS program consistent with the requirements of this RFP if a contract is awarded to them.	
	Met	Not Met
Summary of Requirements	<ul style="list-style-type: none"> • Provides a broad understanding of the proposal • Clearly and concisely condenses the proposal • Highlights the contents of the proposal • Identifies how the offeror will implement the CCS program consistent with the RFP requirements if a contract is awarded to them. 	

Behavioral Health RFP- Individual Evaluator Scoresheet

Offeror Name:		
Section: 70.400 Company Background and Experience		
Applicable RFP Sections: N/A	Maximum Item Points: 15	Score (0-5):
Question	<p>The company background and experience section shall include for the offeror and each subcontractor (if any): the background of the company, its size and resources (gross revenues, number of employees, type of businesses), and details of company experience relevant to the operation of managed care plans (type of plan, number of members, etc.). The required information is set forth in detail below.</p> <p><u>Background of the Company</u></p> <p>A description of the history of the company and the BHO to include but not limited to:</p> <ul style="list-style-type: none"> • Provide a general description of the primary business of your organization and its member base • Provide a brief history and current company ownership including the ultimate parent organization and major shareholders/principals. Include date incorporated or formed and corporate domicile, and the date the company began operations. An out-of-state offeror must become duly qualified to do business in the State of Hawaii before a contract can be executed • Ownership of the company (names and percent ownership), including the officers of the corporation • The home office location and all other offices (by city and state) • The location of office from which any contract would be administered • The name, address and telephone number of the offeror’s point of contact for a contract resulting from this RFP • The number of employees both in Hawaii and nationally • The size of organization in assets, revenue and people • The areas of specialization <p>If the company operates a variety of businesses, the offer shall identify for each operations, the type of business, the date the business was established and began operations, the related gross revenues and total number of employees.</p> <p><u>Company Experience</u></p> <p>The details of company experience including subcontractor experience, relevant to the proposal shall include but not limited to the following:</p> <ul style="list-style-type: none"> • Length and quality of previous experience in providing the required behavioral health services to a Medicaid 	

Behavioral Health RFP- Individual Evaluator Scoresheet

	<p>population or low-income group.</p> <ul style="list-style-type: none"> • Length and quality of previous experience with managed care, including experience in working with behavioral health agencies and behavioral health agencies as subcontractors • Outline of existing behavioral healthcare packages offered that are similar to the package described for this RFP • Existing volume of current non-Medicaid members receiving SMI services broken down by age and sex • Existing volume of Medicaid recipients receiving SMI services broken down by age and sex • Any instances of sanctions, corrective oversight, findings of fraud or abuse, or dissatisfaction with performance on the part of the offeror, or their subcontractors or agents. (Describe the event, findings, agency bringing the action, outcome, and any other relevant facts that relate to the matter listed.)
Met	Not Met

Behavioral Health RFP- Individual Evaluator Scoresheet

Summary of Requirements	<ul style="list-style-type: none">• Answers all of the questions posed in Section 70.400 for both themselves and each subcontractor• Company background and experience including experience implementing a program of the nature/size required by this contract• Each subcontractor's background and experience• Extent to which the scope of services under this RFP can be completed by the offeror• Quality with which scope of services under this RFP can be completed by the offeror• Offeror's ability to meet the contract requirements• Other factors identified in section 70.400
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Behavioral Health RFP- Individual Evaluator Scoresheet

Offeror Name:		
Section: 70.500 Organization and Staffing		
Applicable RFP Sections: 40.600	Maximum Item Points: 15	Score (0-5):
Question	<p>The organization and staffing section shall include organization charts of current personnel and resumes of selected management, supervisory and key personnel. The information should provide the State with a clear understanding of the organization and functions of key personnel, and demonstrate compliance with the requirements of section 40.600.</p> <p><u>Organization Charts</u></p> <ul style="list-style-type: none"> • The organization charts shall show: <ul style="list-style-type: none"> ○ Relationships of the offeror to related entities ○ Organizational structure, lines of authority, functions and staffing of the offeror or proposed entity • The proposal shall include a brief discussion of the development of full time equivalent (FTE) estimates for the following positions: <ul style="list-style-type: none"> ○ Member Services ○ Provider Services, including monitoring of subcontractor services ○ Case Management Services ○ Information Systems ○ Fraud and Abuse Investigation ○ Administrative support • Current or proposed key personnel, including an indication of their major areas of responsibility and position within the organization. At a minimum the following positions should be detailed to include FTEs for each position as described in Section 40.600. <ul style="list-style-type: none"> ○ Medical Director ○ Executive Director ○ Financial Officer ○ Pharmacist ○ Plan contact ○ QA/UR coordinator 	

Behavioral Health RFP- Individual Evaluator Scoresheet

- Grievance Coordinator
- Compliance Coordinator

- Geographic location of the key personnel

Staffing (Personnel Resumes)

Resumes should be provided for at least the Administrator or Executive Director, Financial Officer, Medical Director, Pharmacist, CM Supervisor and QA/UR Director. The offeror shall identify an individual within the organization who will be the key contact person for the BHO. If this individual is not one of the positions for which resumes are required, the resume for this individual shall be included. Otherwise, the resume should identify which individual would be serving as the key contact person for the BHO.

- The resumes of key personnel shall include, where applicable:
 - Experience with the Medicaid or QUEST or QExA programs in Hawaii or Medicaid program in other States
 - Experience in managed care systems
 - Length of time with the BHO or related organization
 - Length of time in the behavioral healthcare industry
 - Previous relevant experiences
 - Relevant education and training
 - Names, positions titles and telephone numbers of at least two references who can provide information on the individuals' experience and competence.

References (professional and member)

The offeror shall provide a list of no more than five (5) contacts of organizations that they are currently providing or have previously provided services and shall notify them that DHS may contact them. The following information shall be provided for each of these organizations:

- Name, title, address, telephone number, and e-mail address of the contract manager.
- For each organization listed above, the offeror shall provide the number of members that they have served, the number of years the contract has been in place, and the type of services provided (i.e., behavioral health, TANF, ABD, etc.).

Behavioral Health RFP- Individual Evaluator Scoresheet

	<p>The offeror shall provide a list of no more than five (5) members that they have served in one of their previous programs and shall notify them that DHS may contact them. The following information shall be provided for each of these members:</p> <ul style="list-style-type: none"> • Name, address, and current telephone number of the member. • Release, signed by the member, allowing the DHS to contact them. 	
Met		Not Met

Behavioral Health RFP- Individual Evaluator Scoresheet

Summary of Requirements	<ul style="list-style-type: none">• Basis of relevant experience and member references. Note: For offerors currently providing services to Medicaid members, MQD reserves the right to contact previous and current members beyond those provided in Section 70.530• Past and current management experience for similar services of like projects in scope• Ability to provide high-quality behavioral health services• Relevant program experience and success in performing projects of similar scope to that described herein• Provider network and QIP• Competence of proposed key professionals and other employees• Qualifications of personnel including education, experience with behavioral health populations, length of time with the organization, and Hawaii Medicaid experience. (Resumes of all key personnel must be provided.)• Capability of organizational and administrative systems in Hawaii to implement contractual obligations for this RFP• Sufficient staff and resources identified and allocated to fulfill the requirements of the contract.• Other factors identified in Section 70.500
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Behavioral Health RFP- Individual Evaluator Scoresheet

Offeror Name:		
Section: 70.600 Provider Network		
Applicable RFP Sections: 40.300	Maximum Item Points: 20	Score (0-5):
Question	<p><u>Provider Listing</u></p> <p>The offeror shall have a provider network that complies with the requirements of section 40.300. The offeror shall identify its providers on each island by specialty. The offeror must provide the full range of behavioral health services to members included in their proposal statewide. All providers required in Section 40.310 shall be included in the proposal.</p> <p>The provider network shall be based on either existing contracted providers or the offeror may provide its network based on providers’ intent to contract with the BHO. The letter of intent (LOI) format provided in Appendix F shall be used to identify providers that are willing to contract with the BHO. A copy of each LOI shall be submitted in the proposal. Within one month of notice of award, the offeror must submit its preliminary network to the DHS. Failure to meet the requirements of the contract will result in a delay in implementation of the plan.</p> <p>The offeror shall provide its provider listing (to include providers who have signed a LOI) for each island using the format in Appendix G. For each provider type, the offeror shall list the following information:</p> <ul style="list-style-type: none"> • Provider type • Specialty (i.e., psychiatrist, psychologist, psychiatric nurse practitioner, social workers, substance abuse counselors, etc.) • Island/County (for Oahu, include the city) • List the provider name (last name, first name, M.I.) • Provider address (location where service is provided) • City • Zip code • Indication as to whether the provider is accepting new BHO patients from the plan (Y/N) • Indication as to whether the provider has a limit on the number of BHO QUEST patients he/she will accept from the plan (Y/N) 	

Behavioral Health RFP- Individual Evaluator Scoresheet

Separate the providers by provider type noted below:

- Behavioral healthcare specialist services such as psychiatrist, psychologist, social workers, certified substance abuse counselors, and advance practice nurses trained in psychology
- Case management
- Inpatient behavioral health hospital services
- Outpatient behavioral health hospital services
- Mental health rehabilitation services
- Day treatment programs
- Psychosocial rehabilitation (PSR)/Clubhouse
- Residential treatment programs
- Pharmacies
- Laboratory Services
- Crisis services: mobile crisis response and crisis residential services
- Interpretation services
- Transitional housing
- Representative payee
- Supported employment
- Peer specialist

Each provider should be listed only once.

For clinics serving in the capacity of a behavioral health provider, list the clinic and under the clinic name, identify each specific provider (e.g., psychiatrist, psychologist, psychiatric practitioner, etc.). The address of the clinic should be placed in the address field. The number of BHTPA members assigned to the clinic should be noted. Physicians serving as specialists should be listed on the specialty care matrix with the clinic's name. If the clinic also provides translation, it should be listed on the translation services matrix.

In addition to a hard copy of the provider listings, the offeror shall include with its proposal an electronic file of providers in Excel format.

Finally, the offeror shall describe in narrative format how it will reimburse for services for which there are either no contracted providers or the number of providers fail to meet the minimum requirement. Additionally, if the plan

Behavioral Health RFP- Individual Evaluator Scoresheet

	<p>does not meet the required providers in its network, it should identify how it will enable its members to access these services. Please describe in this narrative portion how it will arrange to reimburse for meals and lodging for out-of-town medically necessary stays.</p> <p><u>Map of Behavioral Health Providers and Hospitals</u></p> <p>The offeror shall include in its proposal a map of each island indicating the locations of all of its behavioral health providers to include acute psychiatric hospitals. The offeror shall include all providers that have signed a LOI in their maps as well as contracted providers.</p>
Met	Not Met

Behavioral Health RFP- Individual Evaluator Scoresheet

Summary of Requirements	<ul style="list-style-type: none">• Provision of the data required in Section 70.600• Capability of offeror's provider network of providing the services set forth in the RFP in all areas statewide• Sufficiency of provider network to meet the behavioral health needs of its members• Comprehensiveness of the provider network to provide access to all required services as set forth in the RFP• Provider availability and geographic access, especially on the islands other than Oahu• Other factors identified in Section 70.600
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Behavioral Health RFP- Individual Evaluator Scoresheet

Offeror Name:		
Section: 70.700 Case Management		
Applicable RFP Sections: 40.200	Maximum Item Points: 25	Score (0-5):
Question	<p>The offeror shall explain how its case management system complies with section 40.200, including but not limited to:</p> <ul style="list-style-type: none"> • How persons (members, family members, community providers and providers) may access the case management system; • How the BHO intends to perform assessments and develop individual treatment plans (ITP) for their members • A description and inclusion of the health plan’s assessment that was used to gather information on the member, when referred by a health plan, provider, DOH-CAMHD or others; • How the BHO will interface with the member’s PCP in the BHO and other service providers; • How the BHO will coordinate with the health plans; • How the BHO will perform concurrent review during acute psychiatric hospitalization and perform safe and appropriate discharge planning; • How the BHO will prioritize cases for case management (i.e., how it will address the various levels of complexity and intensity of members’ behavioral health care needs); • How the BHO intends to implement the different levels of CM services described in Section 40.220; • How the BHO intends to assure that case load ratios described in Section 40.220 are met; • A description of how the BHO will review cases suspected of not meeting SMI criteria; • A description of the components of a ITP; • A description of how the BHO will monitor CM services to report encounters, discharge planning and outcomes; • A description of the case management staffing including a job description of the case manager and the type of initial and/or on-going training and education that it will provide to its case managers; • A description of how the BHO will monitor member’s progress and continued need for enrollment in the BHO; and • A description of how the BHO will coordinate enrollment and disenrollment with DHS description of the offeror’s policies and procedures for the ITP process that includes the forms to be used to document the ITP. 	

Behavioral Health RFP- Individual Evaluator Scoresheet

Met		Not Met	
Summary of Requirements	<ul style="list-style-type: none"> • Process for providing case management • Staff functions, interactions, and internal coordination • Staff level and case load ratios • Plan for monitoring and coordinating needed clinical and other services to support the member in the community • Relationship of BHO with case management agencies in the community • Answer all of the questions from Section 70.700 • Other factors identified in Section 70.700 		

Behavioral Health RFP- Individual Evaluator Scoresheet

Offeror Name:		
Section: 70.800 Outreach and Education Programs		
Applicable RFP Sections: 41.100	Maximum Item Points: 15	Score (0-5):
Question	<p>The offeror shall describe how they intend to perform all of the requirements described in Section 41.100, “Other Services to be provided” (i.e., the offeror’s efforts to contact persons who are homeless, homebound, and physically disabled, and the offeror’s ability to provide cultural and linguistic services to meet the needs of the members). This section should include information on how the offeror intends to support members in maintaining their medical assistance eligibility.</p> <p>In addition, the offeror shall describe how members will be transitioned and what safeguards will be put into place to ensure that there is no disruption of services and to avoid an abrupt change in treatment plan or service providers, especially for the members in high risk populations; i.e., the physically disabled, homeless, delinquent populations and other persons who have a SMI/SPMI diagnosis with special needs. The proposal shall include the transition procedures for:</p> <ul style="list-style-type: none"> • Referral and coordination for members who have received behavioral health services from their health plan provider and/or DOH-CAMHD. • Inclusion of certain health plan providers into the behavioral health network to support and coordinate behavioral health services to high-risk members. • The BHO will resolve differences in treatment plans/approaches with the current PCP. • How the BHO intends to establish and maintain community linkages with other service providers, i.e., health plan, DOH-CAMHD, DOH- AMHD, DOH-ADAD, and other community-based providers. 	

Behavioral Health RFP- Individual Evaluator Scoresheet

Met		Not Met	
Summary of Requirements	<ul style="list-style-type: none"> • Plan for serving persons who are homebound and/or physically disabled • Plan to serve difficult to find members (to include those that do not have a home) • Ability to provide services to members whose primary language is not English • Plan to support members in maintaining their Medicaid eligibility • Plan for transition of care for new members into the BHO to include but not limited to health plans or CAMHD • Other factors identified in Section 70.800 		