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# **UNSCORED SUBMISSION REQUIREMENTS AND EVALUATION CRITERIA INSTRUCTIONS**

Instructions to Respondents for the Completion of **Exhibit A-4-V2**

All respondents to this solicitation shall utilize **Exhibit A-4-V2** for submission of its technical response as specified in **Attachment A.**, Instructions and Special Conditions, **Section D.**, Response Evaluation, Negotiations, and Contract Award, **Sub-Section 3.**, Non-Scored Requirements, **Item d.**, Unscored Submission Requirements and Evaluation Criteria. Respondents shall adhere to the instructions below for each Submission Requirement Component (SRC).

The Agency reserves the right to utilize any or all of the respondent’s response materials, documents, and information in negotiations.

Completion of Responses

Each SRC includes response criteria as follows:

|  |  |
| --- | --- |
| **RESPONSE CRITERIA** | |
| **Narrative Response Required?** *If yes, list in form field below.* | *Yes/No* |
| **Character Limit?** *Character limits are inclusive of spaces.* | *Not applicable or ###* |
| **Attachments Allowed?** *If yes, list in form field below.* | *Yes/No* |
| **SRC Template Required?** *Original format must be submitted.* | *Yes/No* |

Each SRC contains form fields to be used when indicated in the Response Criteria. Population of the form fields with text will allow the form to expand and cross pages. Unless specified in the SRC, there is no character limit. Text responses must be formatted for 8-1/2’ x 11” paper, single-spaced, and in a size 11 Arial font.

Attachments are acceptable for any SRC response when indicated in the Response Criteria and must be referenced in the form field for the respective SRC and located behind each respective SRC response. Attachments (charts, tables, exhibits, etc.) do not count toward character limits. Respondents shall name and label attachments to refer to respective SRCs by SRC identifier number.

The SRCs in **Exhibit A-4-V2,** Unscored Submission Requirements and Evaluation Criteria, and its associated procurement intake tools may not be retyped and/or modified and must be submitted in the original format.

**FAILURE TO SUBMIT EACH REQUIRED FORM IN ITS ORIGINAL FORMAT MAY RESULT IN REJECTION OF THE RESPONSE.**

**FAILURE TO SUBMIT AN SRC MAY RESULT IN REJECTION OF THE RESPONSE.**

**FAILURE TO SUBMIT EACH REQUIRED SRC TEMPLATE IN ITS ORIGINAL FORMAT MAY RESULT IN REJECTION OF THE RESPONSE.**

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**RESPONDENT NAME:**

# **PERSON CENTERED CARE**

SRC# 1 – Continuity of Care:

The respondent shall describe its approach to implementing continuity of care (COC) contract requirements pursuant to **Attachment B,** **Section VIII Quality, H Continuity of Care in Enrollment,** for enrollees transitioning to the Comprehensive IDD Managed Care Plan.

1. The response should include a detailed description and workflow demonstrating notable points in the system where the respondent’s processes are implemented:
   1. Assignment of new care coordinator,
   2. Identification of available service providers,
   3. Transfer of primary care provider,
   4. Development of the new person-centered care plan, and
   5. Honoring the previous care plan during the first 90 days of enrollment.

Where applicable, the respondent should include specific experiences the respondent has had in addressing continuity of care needs in Florida or other states.

1. The respondent’s workflows/narrative descriptions should include timeframes for completion of each step in the continuity of care process, which include the following:
   1. Process describing a new enrollee’s care coordination beginning with the enrollee’s enrollment in the plan through the enrollee’s first ninety (90) days in the plan.
   2. Timeframes for the following care coordination/case management activities:
      1. Completing a health risk assessment
      2. Connecting enrollee with providers for medically necessary Medicaid services
      3. Following up with enrollee on contacting providers and making appointments
      4. Determining whether the enrollee is eligible for enhanced care coordination/case management.
2. The respondent is encouraged to propose a different COC period and describe how the proposed COC period would work and why the proposed COC period is more favorable to enrollees and providers.

**Response Criteria:**

|  |  |
| --- | --- |
| **RESPONSE CRITERIA** | |
| **Narrative Response Required?** *If yes, list in form field below.* | **Yes** |
| **Character Limit?** *Character limits are inclusive of spaces.* | **4,000** |
| **Attachments Allowed?** *If yes, list in form field below.* | **Yes** |
| **SRC Template Required?** *Original format must be submitted.* | **No** |

**Response:**

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# **INCREASED ACCESS TO PROVIDERS AND SERVICES**

## **SRC# 2 – Staff-to-Enrollee Ratio Staffing Model**:

The respondent shall provide a staff-to-enrollee ratio for the following mandatory staff and any additional proposed staff the respondent includes in the response. The respondent shall specify if the staff is dedicated to this CIDD Managed Care Program or will be shared with other lines of business. If the staff is shared with other lines of business, the respondent shall include how the shared staff is trained on additional needs of the IDD population.

* Care Coordination Staff with full-time staff having 1:38 ratio, part-time staff, assistant staff, and supervisors
* Claims Resolution Staff
* Provider Relations Staff
* Recipient Relations Staff
* Utilization and Authorization Staff
* Quality Initiative Staff

The respondent must provide a staff-to-enrollee ratio for all mandatory and proposed staffing positions.

The respondent must include its proposed staffing and ratios in its response. The Agency reserves the right to include any or all the staffing and ratios listed herein, or as negotiated, as part of the resulting contract.

**Response Criteria:**

|  |  |
| --- | --- |
| **RESPONSE CRITERIA** | |
| **Narrative Response Required?** *If yes, list in form field below.* | **Yes** |
| **Character Limit?** *Character limits are inclusive of spaces.* | **3,000** |
| **Attachments Allowed?** *If yes, list in form field below.* | **Yes** |
| **SRC Template Required?** *Original format must be submitted.* | **Yes** |

**Response:**

Respondents shall use **Exhibit A-4-a-V2,** Staff to Enrollee Ratio, located at <https://ahca.myflorida.com/procurements>, to provide its mandatory and additional proposed staff with ratios of staff to enrollees.

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## SRC# 3 - Engagement with Agency for Persons with Disabilities (APD):

The respondent shall describe its approach to ensuring a robust and innovative program for provider development and collaboration with APD. The response should include a detailed description and workflow demonstrating notable points in the system where the respondent’s processes are implemented, including:

1. Its plan for coordination and engagement with APD.
2. Its engagement with residential habilitation providers to ensure network capacity as individuals require transition between different levels of residential habilitation and ensure coordination with APD prior to placing an enrollee in a residential habilitation provider. Requirement that they coordinate prior to any rehoming.
3. How it will engage with APD and support providers’ ability to train staff to increase access.
4. How it will identify and coordinate transition between providers.
5. How the respondent will utilize level of care and person-centered support plan in a systematic integration with iConnect.

**Response Criteria:**

|  |  |
| --- | --- |
| **RESPONSE CRITERIA** | |
| **Narrative Response Required?** *If yes, list in form field below.* | **Yes** |
| **Character Limit?** *Character limits are inclusive of spaces.* | **10,000** |
| **Attachments Allowed?** *If yes, list in form field below.* | **Yes** |
| **SRC Template Required?** *Original format must be submitted.* | **No** |

**Response:**

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# **MAXIMIZING MANAGED CARE FLEXIBILITY**

## **SRC# 4 – Expanded Benefits**:

Expanded benefits are benefits covered by the Managed Care Plan for which the Managed Care Plan receives no direct payment from the Agency. In **Exhibit A-5-V2**, Scored Submission Requirements and Evaluation Criteria, **SRC# 13** – Expanded Benefits – Medical and Long-Term Services and Supports, the respondent will be asked to identify the expanded benefits it proposes to offer.

With consideration to its proposed expanded benefits package, the respondent shall describe an implementation and evaluation plan for its selected expanded benefits.

**Response Criteria:**

|  |  |
| --- | --- |
| **RESPONSE CRITERIA** | |
| **Narrative Response Required?** *If yes, list in form field below.* | **Yes** |
| **Character Limit?** *Character limits are inclusive of spaces.* | **2,000** |
| **Attachments Allowed?** *If yes, list in form field below.* | **Yes** |
| **SRC Template Required?** *Original format must be submitted.* | **No** |

**Response:**

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# **COMMUNITY INTEGRATION**

SRC# 5 – Recipient Transition (Recipient Experience):

The respondent shall describe how it will address transition planning for enrollees going from an institutional setting and returning to a community setting. The respondent should identify specific strategies for ensuring that transition and discharge planning incorporates assessment of appropriate supports in the home, provision of supplies and home care/nursing services. The respondent shall include an example of an effective transition plan with appropriate timeframes for each step of the process, including:

* Assessment criteria for ensuring the enrollee can be served safely in the community;
* Collaboration with providers’ discharge planning staff (e.g., hospitals, institutional settings, assisted living facilities, ancillary providers);
* Referral and scheduling assistance;
* Coordination with home and community-based providers, including DME and home health providers as appropriate to meet the enrollee’s needs; and
* Processes to prevent unnecessary hospital or ICF readmissions.

**Response Criteria:**

|  |  |
| --- | --- |
| **RESPONSE CRITERIA** | |
| **Narrative Response Required?** *If yes, list in form field below.* | **Yes** |
| **Character Limit?** *Character limits are inclusive of spaces.* | **2,000** |
| **Attachments Allowed?** *If yes, list in form field below.* | **Yes** |
| **SRC Template Required?** *Original format must be submitted.* | **No** |

**Response:**

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# **MANAGED CARE EXPERIENCE**

## 

## **SRC# 6 – Managed Care Experience Narrative**:

In **Exhibit A-5-V2**, Scored Submission Requirements and Evaluation Criteria, **SRC# 16** – Managed Care Experience, Accreditation, and HCBS CAHPS, the respondent will be asked to provide a list of up to three (3) of its current and/or recent (within three (3) years of the issue date of this solicitation, since November 1, 2023) capitated contracts for home and community-based services that include members with IDD. The respondent shall describe:

1. Its experience in delivering managed care services (e.g., medical care, integrated medical and behavioral health services, transportation services and/or long-term services and supports), to individuals with IDD;
2. The use of administrative and/or delegated subcontractor(s) and their scope of work. The respondent may include experience provided by subcontractors for which the respondent was contractually responsible, if the respondent plans to use those same subcontractors for the Comprehensive IDD Managed Care program;
3. The barriers encountered that hindered implementation of the contract and the respondent’s solutions; and
4. The respondent’s accomplishments and achievements in achieving specific quality standards with similar populations under the contract.

**Response Criteria:**

|  |  |
| --- | --- |
| **RESPONSE CRITERIA** | |
| **Narrative Response Required?** *If yes, list in form field below.* | **Yes** |
| **Character Limit?** *Character limits are inclusive of spaces.* | **5,000** |
| **Attachments Allowed?** *If yes, list in form field below.* | **Yes** |
| **SRC Template Required?** *Original format must be submitted.* | **No** |

**Response:**

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## **SRC# 7 – Proposed Subcontractors**:

The respondent shall list any proposed subcontractors to which it will delegate the management of Pilot Plan responsibilities, as permitted in **Attachment B**, Scope of Services – Core Provisions, and its Exhibits, for the following functions:

* **Coverage of Services**
  + Care Coordination
  + Utilization Management
  + Service Authorization
* **Grievance and Appeal System**
  + Notice of Adverse Benefit Determination Issuance & Completion
* **Provider Services**
  + Network Management
  + Provider Contracting
  + Provider Complaint System
  + Claims & Provider Payment
* **Quality**
  + Performance Measures
  + Performance Improvement Projects
* **Administration and Management Services**
  + Electronic Visit Verification
  + Fraud, Abuse, & Waste Recoveries
  + Pharmacy Benefits Manager

**Response Criteria:**

|  |  |
| --- | --- |
| **RESPONSE CRITERIA** | |
| **Narrative Response Required?** *If yes, list in form field below.* | **No** |
| **Character Limit?** *Character limits are inclusive of spaces.* | **Not applicable** |
| **Attachments Allowed?** *If yes, list in form field below.* | **No** |
| **SRC Template Required?** *Original format must be submitted.* | **Yes** |

**Response:**

Respondents shall use **Exhibit A-4-b**, Proposed Subcontractors, located at <https://ahca.mylforida.com/procurments>, to provide its list of proposed subcontractors.

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