

EXHIBIT A: OFFEROR'S CHECKLIST

The Offeror must complete the Offeror's Checklist. The Offeror's Checklist must be submitted with the Proposal and shall be the initial pages of the Proposal. The Offeror's Checklist includes all submission requirements for the Proposal. It is the Offeror's responsibility to ensure it has submitted all requirements in the RFP notwithstanding the items included in the Offeror's Checklist.

In the column titled "Offeror's Page No.," the Offeror must enter the appropriate page number(s) from its Proposal where AHCCCS may find the Offeror's response to the specified requirement. Refer also to the requirements outlined in RFP Section G: Instructions to Offerors.

| Enter Offeror Name: | Ascend Management Innovations, LLC, a wholly owned subsidiary of MAXIMUS Health Services, Inc. (MAXIMUS) | |
|--|--|---|
| OFFEROR'S CHECKLIST | | |
| Submission Requirement | RFP Section | Offeror's Starting and Ending Page No. (e.g. 1-3) |
| Offeror's Completed and Signed RFP Solicitation Page and Offer and Acceptance Form | RFP Section A Bidders' Library | 2-3 |
| Offeror's Signed Signature Page(s) for each Solicitation Amendment | Refer to Bidders' Library | 4-6 |
| Completed and Signed Offeror's Certification Regarding Boycott of Israel | RFP Section H, Exhibit B | 7 |
| Conflict of Interest Disclosure | RFP Section G | 8 |
| Proposed Subcontracts Template | RFP Section H, Exhibit E | 9 |
| Method of Approach | | |
| Submission Requirement 1 [3 page limit for narrative portion, 5 page limit for workflows, charts, diagrams and written descriptions – Total of 8 page limit for this submission requirement] | RFP Section G | 10-17 |
| Submission Requirement 2 [2 page limit] | RFP Section G | 18-19 |
| Submission Requirement 3 [3 page limit] | RFP Section G | 20-22 |
| Submission Requirement 4 [4 page limit] | RFP Section G | 23-26 |
| Cost Bid Submission Workbook [Excel] | | |
| Pricing Schedule Template worksheet | RFP Section G | 27 |
| Detailed Budget Template worksheet | RFP Section G | 28-29 |
| Experience and Expertise of the Firm and Key Personnel | | |
| Submission Requirement 1 [5 page Limit] | RFP Section G | 30-34 |
| Insurance | | |
| Intent to Provide Certificate of Insurance | RFP Section G | 35 |



Notice of Request for Proposal

SOLICITATION # YH18-0017

SMI ELIGIBILITY DETERMINATION

SECTION A: SOLICITATION PAGE

Procurement Officer:

Mark Held

Senior Procurement Specialist
AHCCCS
701 E. Jefferson, MD5700
Phoenix, Arizona 85034

Telephone: 602-417-4094
E-Mail: SMIEligDet_RFP@azahcccs.gov
Issue Date: March 15, 2018

LOCATION: ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM ADMINISTRATION (AHCCCS)
Procurement Office (First Floor)
701 E. Jefferson, MD 5700
Phoenix, AZ 85034

DESCRIPTION: SMI ELIGIBILITY DETERMINATION

PROPOSAL DUE DATE: MAY 14, 2018 **AT 3:00 P.M.**
ARIZONA TIME

Pre-Proposal Conference: A Pre-Proposal Conference has NOT been scheduled.

QUESTIONS CONCERNING THIS SOLICITATION SHALL BE SUBMITTED TO THE PROCUREMENT OFFICER NAMED ABOVE, IN WRITING, VIA E-MAIL BY MARCH 26, 2018 5:00PM ARIZONA TIME ON THE QUESTIONS AND ANSWERS FORM PROVIDED WITH THIS RFP. ANSWERS TO ALL QUESTIONS WILL BE POSTED ON THE AHCCCS WEBSITE IN THE FORM OF A SOLICITATION AMENDMENT FOR THE BENEFIT OF ALL POTENTIAL OFFERORS.

In accordance with A.R.S. §36-2906, which is incorporated herein by reference, competitive sealed proposals will be received electronically as required in this Solicitation, until the time and date cited. A listing of the Names of the Offerors who submitted a proposal by the correct time and date will be posted to the AHCCCS website.

Late proposals shall not be considered.

Proposals must be submitted electronically as required in this Solicitation document.

Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting the person named above. Requests should be made as early as possible to allow time to arrange the accommodation.

OFFERORS ARE STRONGLY ENCOURAGED TO CAREFULLY READ THE ENTIRE SOLICITATION.

**Notice of Request for Proposal****SOLICITATION # YH18-0017****SMI ELIGIBILITY DETERMINATION****SECTION A:
OFFER AND ACCEPTANCE FORM**

The undersigned Offeror hereby agrees to provide all services in accordance with the terms and requirements stated herein, including all exhibits, amendments, and final proposal revisions (if any). Signature also certifies Small Business Status.

Arizona Transaction (Sales) Privilege Tax License No.:

07654776

Federal Employer Identification No.:

20-8680273

For clarification of this offer, contact:

Name: Christa BallewTitle: Vice President – AscendPhone: 312.285.9617
Signature of Person Authorized to Sign Offer

Adam Polatnick

Printed Name

Vice President – Legal

Title

CERTIFICATION

By signature in the Offer section above, the Offeror certifies:

1. The submission of the offer did not involve collusion or other anti-competitive practices.
2. The Offeror shall not discriminate against any employee or applicant for employment in violation of Federal Executive Order 11246, State Executive Order 2009-09 or A.R.S. §§41-1461 through 1465.
3. The Offeror has not given, offered to give, nor intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the submitted offer. Failure to provide a valid signature affirming the stipulations required by this clause shall result in rejection of the offer. Signing the offer with a false statement shall void the offer, any resulting contract and may be subject to legal remedies provided by law.
4. The Offeror is / X is not a small business with less than 100 employees or has gross revenues of \$4 million or less.
5. The Offeror is in compliance with A.R.S. §18-132 when offering electronics or information technology products, services, or maintenance; and
6. The Offeror certifies that it is not debarred from, or otherwise prohibited from participating in any contract awarded by federal, state, or local government.

ACCEPTANCE OF OFFER (to be completed by AHCCCS)

Your offer, including all exhibits, amendments and final proposal revisions (if any), contained herein, is accepted. The Contractor is now bound to provide all services listed by the attached contract and based upon the solicitation, including all terms, conditions, specifications, amendments, etc., and the Contractor's Offer as accepted by AHCCCS.

The Contractor is cautioned not to commence any billable work or to provide any material or service under this Contract until Contractor receives purchase order, contact release document or written notice to proceed.

This contract shall henceforth be referred to as

Contract No. _____.

CONTRACT SERVICE START DATE: _____.

AWARD DATE: _____.

MEGGAN HARLEY,CPPO, MSW, AHCCCS Chief Procurement Officer

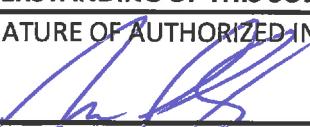
SOLICITATION AMENDMENT #1

| | | |
|--|---|--|
| YH18-0017 SMI Eligibility Determination | Solicitation Due Date: April 2nd, 2018 3:00 pm Arizona Time | Chief Procurement Officer: Meggan Harley Email: SMIEligDet_RFP@azahcccs.gov |
|--|---|--|

A signed copy of this amendment must be submitted with your solicitation response.

This Solicitation is amended as follows:

1. The attached Answers to Questions are incorporated as part of this solicitation amendment.

| | | |
|---|--|--|
| OFFEROR HEREBY ACKNOWLEDGES RECEIPT AND UNDERSTANDING OF THIS SOLICITATION AMENDMENT. | | THIS SOLICITATION AMENDMENT IS HEREBY EXECUTED ON THIS DAY, IN PHOENIX, AZ. |
| SIGNATURE OF AUTHORIZED INDIVIDUAL:  | | SIGNATURE: SIGNATURE ON FILE |
| TYPED NAME: Adam Polatnick | | TYPED NAME: Meggan Harley, CPPO, MSW |
| TITLE: Vice President - Legal | | TITLE: Chief Procurement Officer |
| DATE: May 9, 2018 | | DATE: |

| SOLICITATION AMENDMENT #2 | | |
|---|---|---|
| YH18-0017 SMI Eligibility Determination | Solicitation Due Date: May 14th, 2018 3:00 pm Arizona Time | Chief Procurement Officer: Meggan Harley Email: SMIEligDet_RFP@azahcccs.gov |

A signed copy of this amendment must be submitted with your solicitation response.

This Solicitation is amended as follows:

1. RFP Section G, Instructions to Offerors

5. Proposal Information

- a. **Requirements for Electronic Submission of Proposal:** An Offeror shall upload its Proposal to the secured location on the SFTP server. **The Offeror is required to request and obtain access to the unique SFTP folders listed below and as delineated in RFP Exhibit C in order to gain access to the Data Supplement as described in Section G and for the Offeror to be able to upload its Proposal.** Instructions for access to the SFTP server are included in RFP Section H, Exhibit C. The number of individuals permitted to sign up for the SFTP per Offeror is limited to three. The SFTP is organized as shown below:

Folder: RFP YH18-0017

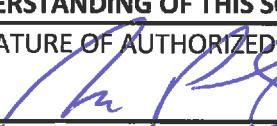
- o Sub-Folder: Bidder files
 - Sub-Folder: Data Supplement
 - Sub-Folder: <Offeror's Name>
 - Sub-Folder: Cost Bid Submission
 - Sub-Folder: Proposal

2. Exhibit C: SFTP Instructions

The deadline to request access to the SFTP is: Thursday, April 05, 2018-Tuesday, May 1st, 2018. No requests for access will be considered after this date. Failure of any Offeror to request access to the SFTP server by this date will result in the Offeror being unable to submit a proposal for this RFP.

3. Solicitation Amendment #1

Solicitation Amendment #1 is corrected to revise the Solicitation Due Date to be **May 14th, 2018** 3:00 pm Arizona Time.

| | | | |
|---|--|--|--|
| OFFEROR HEREBY ACKNOWLEDGES RECEIPT AND UNDERSTANDING OF THIS SOLICITATION AMENDMENT. | | THIS SOLICITATION AMENDMENT IS HEREBY EXECUTED ON THIS DAY, IN PHOENIX, AZ. | |
|  SIGNATURE OF AUTHORIZED INDIVIDUAL: | | SIGNATURE: SIGNATURE ON FILE | |
| TYPED NAME: Adam Polatnick | | TYPED NAME: Meggan Harley, CPPO, MSW | |
| TITLE: Vice President - Legal | | TITLE: Chief Procurement Officer | |
| DATE: May 9, 2018 | | DATE: | |

SOLICITATION AMENDMENT #3

| | | |
|---|---|---|
| YH18-0017 SMI Eligibility Determination | Solicitation Due Date: May 14th, 2018 3:00 pm Arizona Time | Chief Procurement Officer: Meggan Harley Email: SMIEligDet_RFP@azahcccs.gov |
|---|---|---|

A signed copy of this amendment must be submitted with your solicitation response.

This Solicitation is amended as follows:

1. The solicitation contact person is updated to be:

Meggan Harley, Chief Procurement Officer
602-417-4538
SMIEligDet_RFP@azahcccs.gov

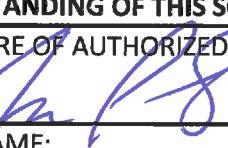
2. RFP Section D, Paragraph 9, Administrative Requirements

Subcontracts: The Contractor may delegate responsibility for services and related activities under this Contract, subject to the limitations outlined in this section, but remains ultimately responsible for compliance with the terms of this Contract. The Contractor shall oversee, and is accountable for any functions and responsibilities that it delegates to any subcontractor.

Subcontracts or delegated agreements with another entity for the purpose of conducting or rendering SMI Eligibility Determinations are prohibited. Additionally, the Contractor shall not delegate the administration or performance of the notice or grievance and appeal processes. Contracting with qualified clinicians who meet the requirements set forth within this Contract, in order to complete SMI Eligibility Determinations, is permitted.

3. Section G, Paragraph 6, Contents of Offeror's Proposal

Each submission requirement below must be submitted utilizing 8½" x 11" one sided, single spaced, type written pages and must be limited to the page limit indicated. Double spacing must be utilized between paragraphs. All responses (including narrative text, headers, footers, graphics, tables, etc.) shall be in Calibri 11 point font or larger with borders no less than ½". Erasures, interlineations, or other manual modifications in the Proposal are prohibited. All pages of the Offeror's Proposal must be numbered sequentially. Numbering of pages shall continue in sequence through each separate section. Each section of the Proposal shall be clearly labeled and contain all information requested in this Solicitation.

| | |
|--|--|
| OFFEROR HEREBY ACKNOWLEDGES RECEIPT AND UNDERSTANDING OF THIS SOLICITATION AMENDMENT. | THIS SOLICITATION AMENDMENT IS HEREBY EXECUTED ON THIS DAY, IN PHOENIX, AZ. |
|  | SIGNATURE: SIGNATURE ON FILE |
| TYPED NAME: Adam Polatnick | TYPED NAME: Meggan Harley, CPPO, MSW |
| TITLE: Vice President - Legal | TITLE: Chief Procurement Officer |
| DATE: May 9, 2018 | DATE: |

SECTION H: EXHIBITS

EXHIBIT B: OFFEROR'S CERTIFICATION REGARDING BOYCOTT OF ISRAEL Contract/RFP No. YH18-0017

EXHIBIT B: OFFEROR'S CERTIFICATION REGARDING BOYCOTT OF ISRAEL

Recognizing legislation has been enacted to prohibit the State from contracting with companies currently engaged in a boycott of Israel, to ensure compliance with A.R.S. §35-393.01, this form must be completed and returned with the response to the solicitation and any supporting information to assist the State in making its determination of compliance.

As defined by A.R.S. §35-393.01:

1. "Boycott" means engaging in a refusal to deal, terminating business activities or performing other actions that are intended to limit commercial relations with Israel or with persons or entities doing business in Israel or in territories controlled by Israel, if those actions are taken either:
 - (a) In compliance with or adherence to calls for a boycott of Israel other than those boycotts to which 50 United States Code section 4607(c) applies.
 - (b) In a manner that discriminates on the basis of nationality, national origin or religion and that is not based on a valid business reason.
2. "Company" means a sole proprietorship, organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, limited liability company or other entity or business association, and includes a wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate.
3. "Direct holdings" means all publicly traded securities of a company that are held directly by the state treasurer or a retirement system in an actively managed account or fund in which the retirement system owns all shares or interests.
4. "Indirect holdings" means all securities of a company that are held in an account or fund, including a mutual fund, that is managed by one or more persons who are not employed by the state treasurer or a retirement system, if the state treasurer or retirement system owns shares or interests either:
 - (a) together with other investors that are not subject to this section.
 - (b) that are held in an index fund.
5. "Public entity" means this State, a political subdivision of this STATE or an agency, board, commission or department of this state or a political subdivision of this state.
6. "Public fund" means the state treasurer or a retirement system.
7. "Restricted companies" means companies that boycott Israel.
8. "Retirement system" means a retirement plan or system that is established by or pursuant to title 38.

All Offerors must select one of the following:

My company **does not** participate in, and agrees not to participate in during the term of the contract a boycott of Israel in accordance with A.R.S. §35-393.01.

My company **does** participate in a boycott of Israel as defined by A.R.S. §35-393.01.:
By submitting this response, proposer agrees to indemnify and hold the State, its agents and employees, harmless from any claims or causes of action relating to the State's action based upon reliance on the above representations, including the payment of all costs and attorney fees incurred by the State in defending such an action.

Ascend Management Innovations, LLC, a wholly owned subsidiary of MAXIMUS Health Services, Inc.

Company Name
840 Crescent Centre Drive, Suite 400
Address
Franklin TN 37067
City State Zip



Signature of Person Authorized to Sign

Adam Polatnick

Printed Name

Vice President – Legal

Title

Conflict of Interest Disclosure

Ascend Management Innovations, LLC, a wholly owned subsidiary of MAXIMUS Health Services, Inc. (MAXIMUS) has no potential conflicts of interest to disclose. Additionally, MAXIMUS has no affiliations with those entities listed in RFP Section G, Paragraph 6, Award.



**REQUEST FOR PROPOSAL
YH18-0017**

EXHIBIT E: PROPOSED SUBCONTRACTS TEMPLATE

| | Subcontractor Name | Contract Number | Physical Address | Mailing Address | Phone Number | Email Address | Description of Purpose of Subcontract |
|-----|-------------------------------|------------------------|--|--|---------------------|---------------------------------|---|
| 1. | Business Ink | | 15404 Long Vista Drive Austin, TX 78728 | 15404 Long Vista Drive Austin, TX 78728 | 512-949-2200 | info@businessink.com | To provide printing/mailing fulfillment services for the AZ SMI Eligibility Determination contract |
| 2. | Greenberg & Sucher | | 8541 E. Anderson Drive, Suite 105, Scottsdale, AZ 85255 | 8541 E. Anderson Drive, Suite 105, Scottsdale, AZ 85255 | 480-213-7674 | gsmonitoring@hotmail.com | To provide recruiting services for Key Staff and clinical consulting services |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| 10. | | | | | | | |

1. Method of Approach

Arizona Health Care Cost Containment System (AHCCCS) requires an expert vendor to provide statewide Serious Mental Illness (SMI) eligibility determinations, clinical decertifications, grievances, and appeals services. Ascend Management Innovations, LLC, a wholly owned subsidiary of MAXIMUS Health Services, Inc. (MAXIMUS) is a national leader in SMI evaluation and determination services. We have partnered with 13 culturally, ethnically, and geographically diverse states and complete over 500,000 mental health and disability evaluations annually. We bring clinical best practices to deliver exceptional quality SMI eligibility determinations and operational expertise to enhance the AHCCCS stakeholder experience. In the following section, we describe the MAXIMUS approach to providing conflict-free SMI eligibility determinations, exemplifying our commitment to culturally sensitive service, continuous quality, and responsible stewardship of State resources.

MAXIMUS acknowledges that we will be responsible for performance of all contract requirements. By signing the Offer and Acceptance form, we are agreeing to be bound by the Offer and Terms of the solicitation. We acknowledge that the following documents, terms, and policies form the basis of the contract and agree to comply with all contractual provisions in the following descending order if a conflict should arise: HIPPA Business Associate Addendum, Terms and Conditions, Scope of Work, Attachments, Exhibits, Documents referenced or included in the Solicitation, Policies and Procedures. Should MAXIMUS be selected for the award, we will respectfully request the opportunity to clarify certain terms and conditions that do not conflict with the RFP Terms and Conditions, including the MAXIMUS right to own any preexisting intellectual property (including information systems, data, and applications), and payment terms in accordance with the assumptions outlined in our Cost Bid Submission. This does not denote that our proposal is conditional in any way, but rather requests a discussion in order to finalize any resulting Contract.

1.1 Solution Overview

As shown in *Exhibit 1-1: Benefits of MAXIMUS Approach* and *Exhibit 1-2: Benefits of MAXIMUS QIO-Like Entity Status*, we deliver accurate SMI evaluations and determinations and promote cost-effective, positive program outcomes by:

- Providing a team of nationally recognized and Arizona-based clinical experts, and experienced corporate resources to ensure accurate determinations are made
- Using proven culturally competent evaluation, training, and outreach methods to address Arizona's unique social, economic, and cultural mental health concerns
- Deploying **MAX-SMI**, our proprietary web system for enhanced data protection, streamlined workflow, and seamless data-driven analytics
- Offering the optimal balance of quality and cost savings through our Quality Improvement Organization-like (QIO-like) designation from the Centers for Medicaid and Medicare Services (CMS)

Strategic Staffing. In addition to AHCCCS-required key personnel, our staffing model includes roles integral to efficiently delivering clinically excellent outcomes and improving stakeholder confidence statewide. As shown in *Exhibit 1-3: Project Organization Chart*, our approach includes a core team of project-dedicated staff, supported by extensive wrap-around corporate resources. Our core team consists of our clinical team supported by administrative professionals to perform all non-clinical tasks. Masters-level Eligibility Coordinators will perform clinical support functions, such as outreach to submitters or other parties to clarify assessment information. Determining Clinicians will consist of Nurse Practitioners, Psychologists, and Psychiatrists responsible for completing determinations. Our Medical Director, Ms. Mona Amini, MD, MBA, FAPA, will oversee all clinicians to ensure adherence to performance and quality expectations. The key benefits of this tiered structure include:

- **Accurate, highly defensible determinations and appeals reduction.** We promote escalation of complex cases to clinical and/or cultural experts when needed to verify clinical decisions in accordance with state-specific criteria.
- **Cost containment.** Our structure ensures that clinical staff practice at the top of their license in the most cost-effective way by delegating specific functions to Eligibility Coordinators and administrative staff as appropriate.
- **Efficient user experience.** By providing customer-centered administrative roles for both appeals and eligibility, stakeholders receive courteous service and accurate information, yielding overall improved customer satisfaction.

Overseeing all operations from our Phoenix facility, the Program Director will serve as the primary point of contact with AHCCCS for maximum accountability and optimal project performance. The Program Director will report directly to our

Division Vice President, providing a direct line to corporate executives, including the General Manager, Chief Executive Officer, and other company-wide resources described below, allowing the Program Director to maintain a customer-centered focus.

Corporate Resources. In addition to direct project staff, MAXIMUS provides the added benefit of our robust corporate shared services and deep bench of clinical and cultural experts. Our project team is supported by a series of shared services to provide the most cost-effective and efficient operations, including:

- **Shared Corporate Resources** including IT development, privacy and security, finance, data analytics, training, and human resources for efficient operations
- **Clinical Advisory Panel** consisting of experts with decades of in-state and national clinical experience in program operations, SMI policy and clinical decision-making guidance, and current health care and disability legislation and best practices
- **Cultural Consultant** specializing in culturally competent engagement with Tribal Communities and proven strategies for successful Tribal engagement
- Award-winning **Center for Health Literacy**, specializing in translation and development of informative print and web materials designed to meet the needs of diverse populations and readers with varying degrees of health literacy

For a more in-depth description of our beneficial corporate resources, please refer to *Section 5*. For additional information on our stakeholder outreach and cultural competency, see *Section 3*.

1.2 Determining SMI Eligibility

MAXIMUS brings expert recruiting and proven initial and ongoing training and quality monitoring. This results in a team of clinicians who understand the typical patterns associated with SMI and who are skilled at recognizing when presented symptom profiles do not align with these patterns and seeking clarification as needed. Our clinicians provide expertise relevant to SMI evaluation and determination:

- **Verifying diagnosis** through comparison of symptom profiles with DSM-5 diagnostic and state-specific criteria
- **Understanding diagnostic challenges** in evaluating the severity of SMI and its impact on functioning. This requires knowledge of the cyclical nature of many mental health conditions, particularly when a person may not have symptoms at the time of assessment. Many mental health conditions also fall along a broad continuum, requiring solid understanding of where *serious* mental illness falls within that continuum.
- **Identifying causal factors** when there are other conditions that can mask or exacerbate symptoms and discerning when presenting symptoms are due to co-occurring conditions versus a mental health condition.
- **Understanding the influence of social determinants** such as access to health care, housing and/or employment instability, familial or peer influence, and/or criminal history to establish a pattern indicative of SMI and rule out other causal factors that can mask or mimic SMI.

Exhibit 1-5: Determining SMI Eligibility provides a clinical guide for SMI considerations. Our experience proves that these types of differentiators are crucial to accurately determining SMI and increasing defensibility of determinations. Additionally, *Exhibit 1-6: SMI Eligibility Determinations Workflow* depicts our process and key benefits to AHCCCS.

Culturally Competent Determinations. MAXIMUS clinical leaders have a broad range of experience conducting mental health evaluations and determinations among diverse populations, including those that typically experience health inequities, such as Tribal populations. Social and cultural considerations can have significant impacts on an individual's utilization of health care, the types of treatments they seek, and how they describe their symptoms. For example, certain populations may be less likely to seek traditional mental health services. Further discussed in *Sections 3* and *4*, our Tribal Liaison will work closely with our

MAXIMUS has implemented **highly successful tribal outreach initiatives** to improve program participation among Tribal Communities. Through customized outreach in New Mexico, including **in-person visits** with Tribal leaders and **partnerships** with Tribal employer associations, Tribal income reporting **increased by 81%**, with participation from **18 out of 22 Tribes statewide**.

Program Director, AHCCCS, Tribal Councils, and community stakeholder groups to build and maintain collaborative relationships and communicate effectively with the participating Tribal Nations statewide to understand:

- The right approach—active engagement and fostering collaborative partnerships, rather than using directives
- Health needs and risks across cultures (for example, high suicide rates among Tribal Communities)
- Cultural interpretations of SMI and acceptability of treatment and diagnoses across Tribal communities
- Complexities of comorbidities such as substance use/abuse

Clinical Decertifications. To confirm or refute an original SMI determination or establish other causal factors of functional impairment, we will conduct a thorough review of the prior determination and all relevant documentation. We will evaluate changes in symptom or behavior profiles and other factors such as the individual's capacity for self-care and independent living, patterns of health care utilization, and safety needs. Through such review, we can verify whether the clinical presentation at the time of the original SMI determination was due to factors other than SMI, such as a substance use disorder, medical condition, or other factors that do not align with state criteria. We will provide notification to required recipients stating the determination and appeal rights, in accordance with all requirements.

1.3 Approach to Grievances & Appeals

Through extensive grievance and appeals processes in other state programs, MAXIMUS has participated in informal dispute resolution, appeals preparation, and expert testimony for decisions related to SMI determination and service eligibility. To reduce appeal rates, our approach begins at submission and continues through the determination process. As shown in *Exhibit 1-4: MAXIMUS Grievance and Appeals Approach, Benefits, and Quality*, we provide the necessary tools and technology to promote quality, accurate determinations through:

- **Automation.** The MAX-SMI system provides instant alerts if AHCCCS-required documentation is missing, and date/time stamps submission and evaluation activity to prevent appeals warranted on a technical basis. MAX-SMI's collection of discrete data elements allows our team to identify and address trends associated with appeals.
- **Deliberate querying.** When Determining Clinicians cannot make a conclusive determination based on information provided, Eligibility Coordinators request clarification from submitters and other key participants. Clinicians and Coordinators will consult with the Cultural Consultant and/or Medical Director, Ms. Mona Amini, as appropriate.
- **Thorough documentation.** We clearly and concisely document the basis for our determination in our notifications to further substantiate our determination.
- **Unbiased review.** A separate administrative unit will manage the grievances and appeals process. As appropriate, a clinician uninvolved in the original determination will perform a second clinical review to determine whether an alternative outcome is warranted prior to reaching the hearing stage.
- **Expert appeals professionals.** Our Grievance and Appeals Administrator, Ms. Teressa Sanzio, RN, MPA, esq. has expert knowledge in Arizona administrative code and grievance/appeals procedures and will participate in appeals as directed by AHCCCS.

As each state establishes appeals processes consistent with their unique code and administrative requirements, Ms. Sanzio, with support from our Corporate Compliance team, will help ensure compliance with all Arizona grievance and appeals procedures. We will provide expert testimony as directed and will track all grievance and appeals data and documentation in our secure web-based system, MAX-SMI.

1.4 Implementation

From implementing over 14 state SMI and disability evaluation programs, we know a well-executed implementation is critical to ongoing project success. MAXIMUS takes an agile implementation approach, valuing individuals and interactions, customer collaboration, responding to change, and iteratively producing solutions and deliverables for feedback, as shown in *Exhibit 1.7: Draft Implementation Plan*. We will work closely with AHCCCS and key stakeholder groups to establish alignment in critical success areas, such as state-specific criteria, program goals, and social and cultural needs. Upon award, we will immediately mobilize our implementation team led by Jennifer Burns, PMP, who will consult with AHCCCS to refine Implementation Plan tasks, milestones, and timelines. Ms. Burns will meet weekly with AHCCCS to review progress, risks, or issues. We will provide all required deliverables, conduct stakeholder training as identified, develop policies and procedures, and conduct system development. Ms. Burns' team will work with AHCCCS to conduct a readiness review prior to go-live and, if required, resolve any outstanding issues.

The MAXIMUS Approach

Defensible Clinical Quality | Engaged & Informed Stakeholders | Efficiency & Cost Containment

Clinical Best Practices, Unmatched National Experience

→ ARIZONA BENEFITS

- Statewide accuracy and quality in SMI determinations
- Efficiencies driven by clinicians practicing at top of licenses



- Clinical Advisory panel bringing national SMI expertise and perspective, tailored to AZ
- Defined clinical and quality protocol, tools to maintain fidelity to clinical SMI criteria

Tailored Stakeholder Engagement, Improved Experience

→ ARIZONA BENEFITS

- Greater understanding of SMI eligibility process statewide
- Effective communication tailored to each community

- Proven strategies for engaging providers and diverse communities statewide
- Ongoing feedback loop to address dissatisfaction and barriers



Industry-Leading MAX-SMI Data & Workflow System

→ ARIZONA BENEFITS

- Sensitive health data protected, security best practices
- Targeted outreach to providers with submission issues



- Secure portal ready contract day one
- Workflow tracking each step of the process
- Enhanced data analytics, built-in quality driving improvement

Exhibit 1-1: Benefits of the MAXIMUS Approach. MAXIMUS brings expertise, tools, technology, and wrap-around resources to deliver exceptional service quality.

Arizona Benefits of MAXIMUS QIO-like Entity Status



What Is QIO?

High Quality, Fiscally Responsible Service

Section 1902 of the Social Security Act requires state Medicaid Agencies to **balance the cost of quality care**.

Towards this goal, states can contract with a Quality Improvement Organization (QIO) or QIO-like entity for 75% Federal match.

To be eligible as a QIO, an organization must perform specific **case review and quality review functions and analyze patterns of care related to medical necessity and quality**.



Why Partner with a QIO?

Enhanced Quality at a Cost Savings

CMS recognition of MAXIMUS as a QIO-like entity affirms our capacity to **provide high-quality evaluation services**.

We have maintained our designation since 2007, demonstrating our **continued commitment to provide quality services**.

AHCCCS can leverage our QIO-like status to increase its federal match to 75%, enabling a potential **5.11% immediate savings for the cost of qualifying services**.

Exhibit 1-2: Benefits of MAXIMUS QIO-like Entity Status. The Center for Medicare and Medicaid (CMS) designated MAXIMUS as a QIO-like entity, a testament to our ability to provide objective, high-quality services.

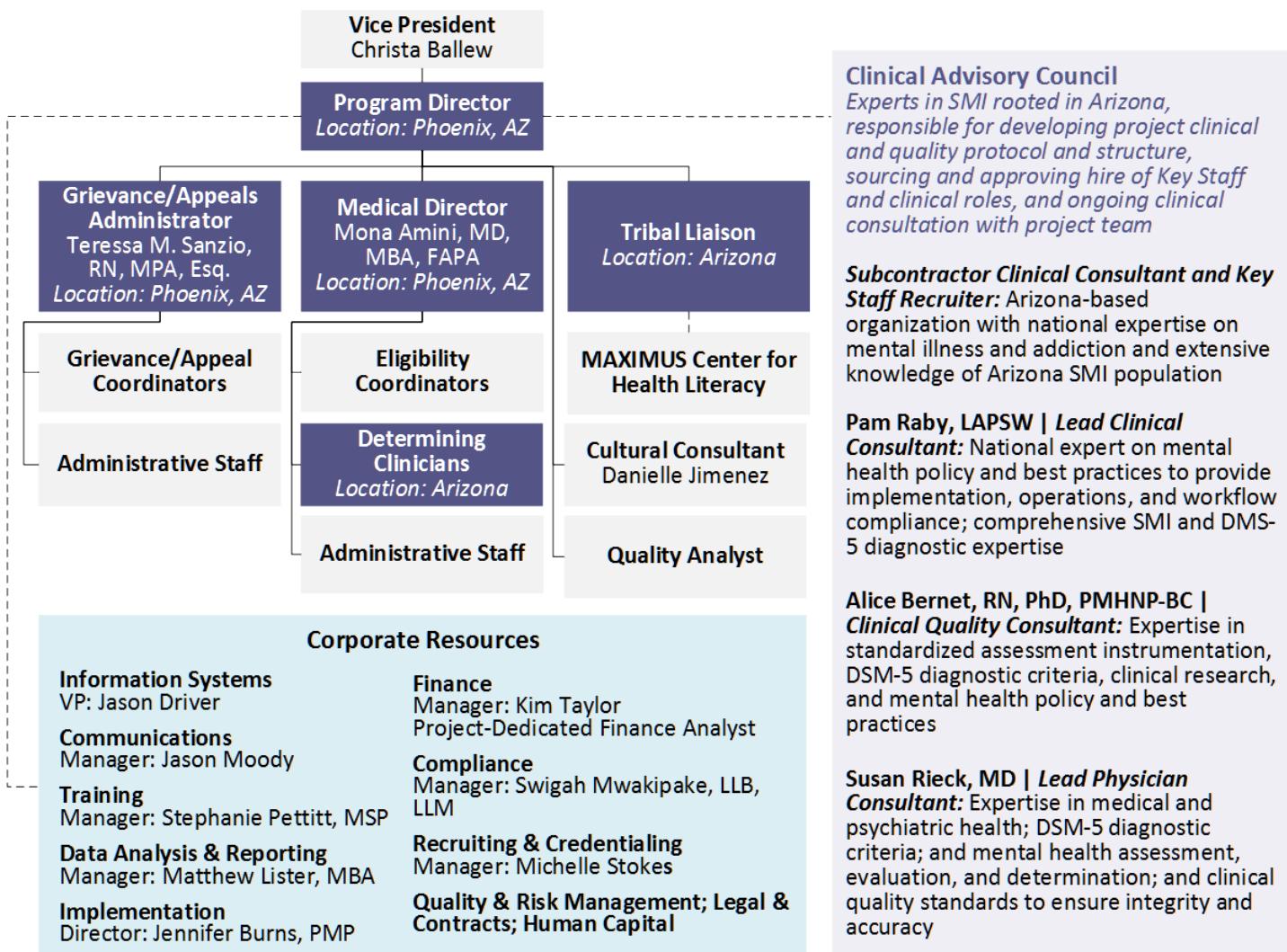


Exhibit 1-3: Project Organization Chart. Our organizational structure features a core project team specifically designed to meet day-to-day project needs. All key staff are shaded in purple. In addition, we bring SMI expert consultants and corporate shared resources to support the project as needed for optimal operations while minimizing overall cost for Arizona. More information appears in Section 5: MAXIMUS and Key Personnel Experience and Expertise.

MAXIMUS Approach to Appeals Management

- 1 End-to-end process monitoring ensures accuracy
- 2 Clinical staffing model to promote collaboration for complex case review
- 3 Robust data capture through MAX-SMI for comparative analysis of appeals outcomes
- 4 Ongoing stakeholder training, outreach, and education to garner positive relationships and promote goal alignment
- 5 Annual and ongoing quality improvement initiatives based on trend analysis to ensure alignment to criteria, technical requirements, and clinical guidelines for accuracy and defensibility

18-P25001.0023-13

Exhibit 1-4: MAXIMUS Grievance and Appeals Approach, Benefits, and Quality. Our technology-enhanced processes, independent quality functions, and experienced team provides built-in quality and ongoing provider feedback result in defensible determinations and promote alignment to requirements across all stakeholders for overall reduction in appeals.

Clinical Expertise

*MAXIMUS Guide for Key SMI Determination Clinical Considerations***1** Confirm presence of qualifying diagnosis**Key Clinical Considerations:**

- Does the symptom profile presented align with DSM-5 criteria?
- Contact Qualified Professional for resolution of disagreement with diagnosis

2 Confirm functional limitations in accordance with AMPM 320-P**PSYCHOTIC DISORDERS****Key Indicators:**

- Diagnostic profile typically marked by severe functional impairment in interpersonal functioning; concentration, persistence, and pace; and adaptation to change
- Other attributing factors such as drug use/abuse may be present, but serious impairments likely to persist, even when those factors are addressed

NON-PSYCHOTIC MAJOR MENTAL DISORDERS & OTHER MENTAL DISORDERS**Key Indicators:**

- Conditions fall along a continuum of severity, where SMI is distinguished according to degree of functional impact
- Symptom severity may be significantly ameliorated or exacerbated by other attributing factors, such as drug use
- Requires thorough biopsychosocial data to:

1 Identify patterns and characteristics indicative of SMI:

- Diagnostic/symptom profile, including symptoms and behaviors and their impact on the individual's day-to-day functioning
- Evidence of relapsing and remitting patterns
- Executive functions impairments such as memory, cognitive flexibility, inhibitory control, organizing and planning, goal direction, attention, abstract reasoning, regulating emotions, self-monitoring, etc.
- Health care utilization patterns (acute psychiatric admissions, patterns of ER use that are inconsistent with medical diagnoses, use of other mental health or crisis-related services),
- Criminal justice involvement and associated contributing factors
- Housing or employment instability
- Cultural considerations, such the manner in which mental illness may be described, reported or treated among different cultural groups

2 Rule out other causal factors that can mimic SMI:

- Substance-induced disorders particularly among young adults
- Dementia in older adults
- Criminal justice involvement where MI is not a verifiable contributor

Exhibit 1-5: Determining SMI Eligibility. This clinical review guide is an example of the type of clinical best practices and guidance materials we provide clinicians to help ensure accurate and consistent fidelity to SMI criteria.

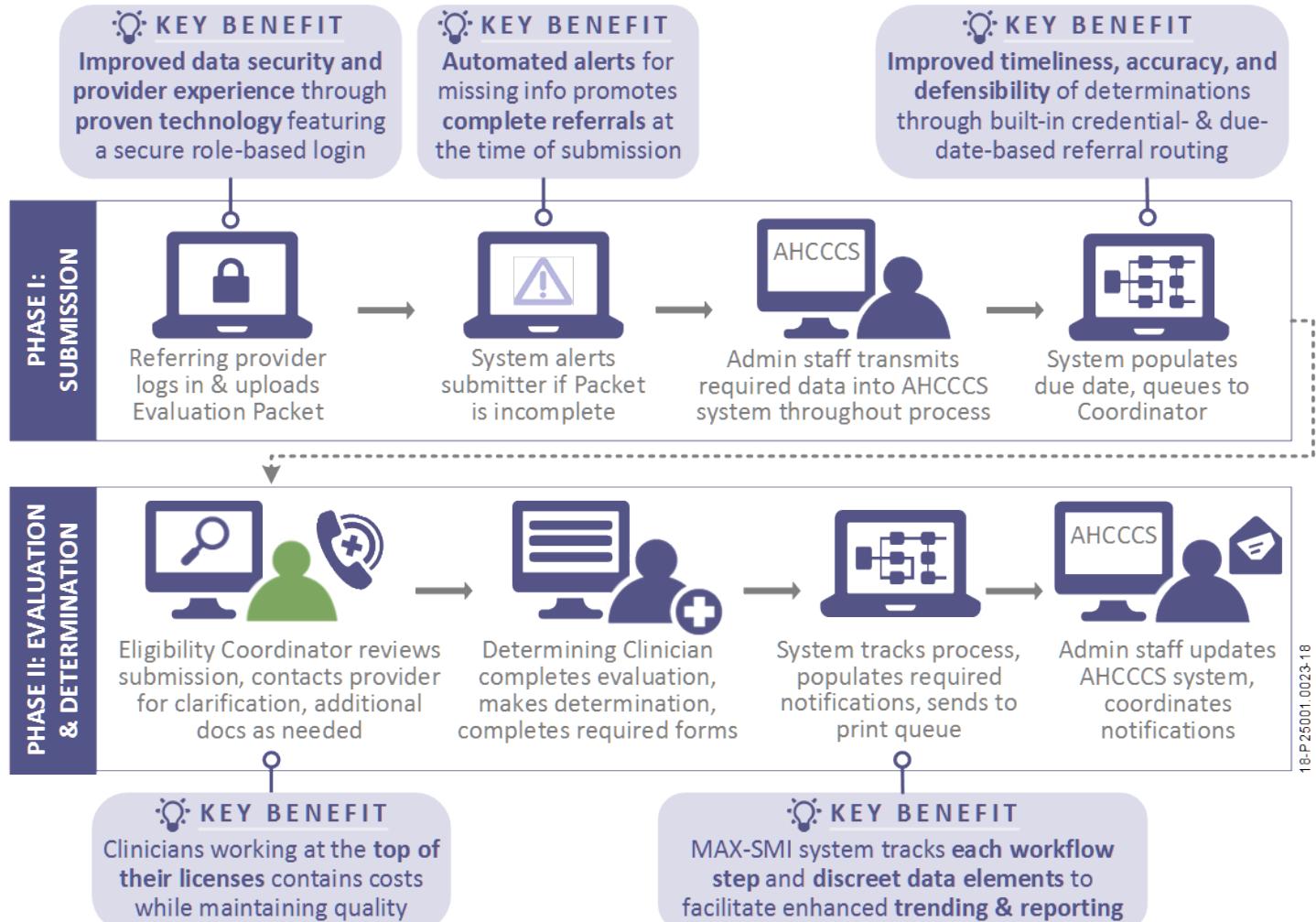


Exhibit 1-6: SMI Eligibility Determinations Workflow. Our proprietary web-based system offers secure workflow innovations to streamline processes and experienced personnel to provide clinically excellent evaluations and determinations.

| Contracting | | | | |
|--|----------|----------|----------|----------|
| Contract award notification | | | 7/2/18 | |
| Planning | | | | |
| Implementation meeting | | | 8/1/18 | 8/1/18 |
| Community/stakeholder planning sessions | | 1 month | 8/6/18 | 9/6/18 |
| Project plans developed | | 2 months | 7/2/18 | 8/31/18 |
| Weekly status/alignment meetings with AHCCCS begin | | 6 months | 8/8/18 | 2/1/19 |
| Submit timeline to AHCCCS | | | 8/8/18 | |
| Facility | | | | |
| Facility modification (construction) | | 3 months | 9/1/18 | 11/30/18 |
| Quality | | | | |
| Develop Quality Management Program | | 3 months | 7/2/18 | 9/30/18 |
| Submit Quality Management Program to AHCCCS | | | 10/1/18 | |
| State approves Quality Management Program | | | 10/15/18 | |
| System | | | | |
| Define MAX-SMI web application configuration | 2 months | 7/2/18 | 8/31/18 | |

| | | | |
|---|------------|----------|----------|
| Submit configuration to AHCCCS | | 9/3/18 | |
| AHCCCS approves configuration | | 9/10/18 | |
| Web-based application development | 2 months | 9/10/18 | 11/12/18 |
| Web-based application testing | | 11/12/18 | 11/30/18 |
| Web-based application published | | 12/1/18 | |
| Collect BAAs from referring providers | | 12/1/18 | |
| Procedures | | | |
| Develop procedures | | 7/2/18 | 9/14/18 |
| Submit procedures to AHCCCS | | 9/17/18 | |
| AHCCCS approves Procedures | | 10/1/18 | |
| Staffing | | | |
| Hire Project Director & Tribal Liaison | | 9/1/18 | |
| Finalize hiring process for Medical Director | | 10/1/18 | |
| Finalize hiring process for Grievance & Appeals Administrator | | 10/1/18 | |
| Hire Eligibility Coordinators, Determining Clinicians, & Administrative staff | | 12/1/18 | 12/7/18 |
| Stakeholders & Tribal Outreach | | | |
| Stakeholder outreach begins | | 9/1/18 | |
| First stakeholder communication | | 9/15/18 | |
| Develop stakeholder materials | | 9/1/18 | 12/15/18 |
| Introductory stakeholder webinars | 1 week | 9/17/18 | 9/21/18 |
| Stakeholder webinars—increasing detail | 1 week | 10/15/18 | 10/19/18 |
| Stakeholder webinars—increasing detail | 1 week | 11/12/18 | 11/16/18 |
| Website development | 4 months | 9/1/18 | 12/15/18 |
| Begin community stakeholder meetings | 3 months | 10/15/18 | 12/15/18 |
| Distribute stakeholder materials | 3 months | 10/15/18 | 12/15/18 |
| Finalize Tribal outreach plan | | 9/15/18 | |
| Develop Tribal materials | 3.5 months | 9/1/18 | 12/15/18 |
| Tribal meetings | 3 months | 10/1/18 | 12/15/18 |
| Distribute Tribal materials | 3 months | 10/1/18 | 12/15/18 |
| Training | | | |
| Develop training | 1 month | 9/1/18 | 9/30/18 |
| Submit training to AHCCCS | | 10/1/18 | |
| State approves training | | 10/8/18 | |
| Train system users | 1 month | 12/1/18 | 12/31/18 |
| Train staff and evaluators | 2 weeks | 12/17/18 | 12/31/18 |
| Post-Go Live Monitoring | | | |
| Quality Monitoring Period | 3 months | 1/1/19 | 3/31/19 |
| Quality Calibration Period | 3 months | 1/1/19 | 3/31/19 |
| Training reinforcement communications | 3 months | 1/1/19 | 3/31/19 |
| Maintenance training | 3 months | 1/1/19 | 3/31/19 |
| Maintenance communications | 3 months | 1/1/19 | 3/31/19 |
| Web updates | 3 months | 1/1/19 | 3/31/19 |

Exhibit 1-7: Draft Implementation Plan. MAXIMUS has extensive experience and resources to provide operational readiness on Day One and a firm foundation for successful ongoing contract operations. This draft plan will be updated and finalized upon award with input and approval from AHCCCS.

2. Rendering SMI Eligibility Determinations to Ensure Timeliness, Accuracy, and Adherence to Clinical Guidelines

Our approach provides an ideal balance between completing evaluations and SMI eligibility determinations quickly and efficiently while providing high quality, accurate, and defensible decisions. Our workflow is designed to develop formal quality processes to measure, analyze, and report on quality trends at the individual and team level. With sophisticated technology, expert clinical services will provide timely, accurate, and defensible SMI eligibility determinations.

2.1 Meeting Timeliness Requirements

MAXIMUS is committed to meeting all timeliness expectations to prevent delays in the SMI eligibility process. Across all our SMI contracts, we complete evaluation and determination activity on time, as shown in *Exhibit 2-1*.

State-of-the-art MAX-SMI System. As described in *Section 1*, **MAX-SMI** alleviates many time constraints associated with manual processes, enables easy tracking, and reinforces the quality components of our workflow. **MAX-SMI** is available 24/7 and offers providers greater flexibility and alerts when required documents are missing. **MAX-SMI** queues to the appropriate team members based on due date and clinician credential and provides visibility of submissions through each phase of the evaluation and determination process. Throughout the entire process, our team has access to on-demand reports within **MAX-SMI**, allowing us to closely monitor turnaround compliance and shift staff assignments/priorities when needed to mitigate volume spikes.

Expert Clinical Services. Our workflow processes provide the necessary structure and tools to complete evaluations within required turnaround times. Even with a best practice SMI eligibility system, a quality program still requires expert clinical decision-making by persons with extensive knowledge of SMI eligibility requirements and who understand contextual subtleties that may be unique to specific cultural groups. We equip our clinicians with resources to understand all aspects of completing clinically excellent, compliant SMI evaluations and determinations that accurately and thoroughly represent the history and status of the individual. In addition to system efficiencies, we provide all staff with initial and refresher training on the critical importance of completing assessments and issuing determination in a manner that is both compliant with and sensitive to the needs of individuals. The combination of our highly qualified, expert clinical staff with our well-honed and proven system infrastructure provides AHCCCS with a highly accurate, exceptionally effective SMI eligibility determination solution.

Constant Monitoring. **MAX-SMI** provides seamless reporting capabilities of submissions by status (submitted, in progress, holding for information, or completed) and by outcome, offering AHCCCS transparent insight into operations. MAXIMUS monitors and tracks this data monthly, weekly, and daily. Our project team routinely employs communication and management strategies such as daily huddles to identify issues. Our Program Director reaches out to appropriate staff to create solutions to issues raised. These strategies help identify challenges and risks so that we can perform root cause analysis to solve problems in a timely manner and prevent similar issues in the future.

2.2 Meeting Quality Requirements

Evaluation methods used to determine service eligibility must generate consistently valid, reliable, and meaningful measurements of each individual's needs. To be defensible and equitable, determinations must demonstrate consistency and validity across all evaluators and all jurisdictional and provider landscapes. Similarly, determination decisions based on assessment results must utilize information in an exceptionally consistent manner across the state and across time as decision criteria are applied. Consistency is critical to prevent accidental inequity and inadvertent bias. MAXIMUS delivers exceptional determination accuracy and consistency across multiple states, for multiple populations of persons with disabilities, and within widely varying service and stakeholder landscapes.

| State Customer | Required Turnaround Time | 2017 Average Performance |
|----------------|--------------------------|--------------------------|
| Connecticut | 4 business days | 3.60 business days |
| Iowa | 5 calendar days | 4.33 calendar days |
| Mississippi | 7 business days | 4.02 business days |
| Nebraska | 3 business days | 2.14 business days |
| North Dakota | 5 business days | 3.34 business days |
| Tennessee | 5 business days | 4.8 business days |
| Virginia | 7 business days | 4.38 business days |

Exhibit 2-1: MAXIMUS Consistent Achievement of 100% Timeliness Requirements for SMI Evaluations

During implementation and annually thereafter, we will provide the Agency with a comprehensive Quality Management Plan (QMP) detailing our processes for monitoring and reporting on evaluation, determination, and grievance and appeals quality. In addition, we routinely develop detailed Quality Improvement Plans (QIP) for many of our projects to report findings from root cause analysis, identify benchmarks for successful improvement, and describe action steps. We incorporate findings into targeted training and communication initiatives with stakeholder groups throughout the state, creating an ongoing feedback loop that facilitates program-wide quality improvement.

The **MAX-SMI** system enables automated data collection of a multitude of discrete data elements allowing us to identify trends and implement remediation strategies as needed. We regularly analyze trends in submission volumes (for example, increased volumes on certain days of the week) and quality, and determination and appeals quality and outcomes. Our project team will be supported by our corporate Quality Department, which provides tools and standardized methodologies to ensure data remains consistent for accurate analytics. A Quality Analyst will be assigned to perform independent look-behind review on a monthly sampling of determinations to identify quality issues and training needs. With data-driven analytics, we can streamline our training and outreach efforts to target specific areas of need and conduct comparative pre- and post-training analysis as an indicator of training effectiveness.

Consistent Application of Clinical Criteria and Inter-Rater Reliability Testing.

During implementation, we will work with AHCCCS to achieve alignment on criteria interpretation. Using this as our foundation, we will develop and conduct comprehensive, AHCCCS-approved training on criteria application. In a similar statewide evaluation project, we collaborated closely with our state customer to align on defensible and preferred outcome decision criteria, guidelines for interpreting criteria when available information points to a decision-making gray area, and preferences for decision report content. For this customer, we hosted an alignment exercise comprising a series of structured questions, discussion of gray area case scenarios, and sample case exercises. Clinical criteria was separately applied by both state SMI experts and our lead clinicians to confirm decision-making alignment and to identify areas needing further clarity. In several states, this thoughtful approach has uncovered significant misalignment of decision-making heuristics even among key state decision-makers. The MAXIMUS approach and commitment to alignment results in consistency across determinations, clinicians, jurisdictions, and time.

In an independent audit of approximately **35,000 MAXIMUS evaluations**, Human Services Research Institute (HSRI) found **100 percent of our evaluations to be both reliable and valid**, demonstrating our strong quality methodologies to deliver high-quality determinations.

To ensure continued alignment, we routinely assess for consistent application of criteria and determinations across team members as part of our Inter-Rater Reliability (IRR) testing process. We conduct IRRs on all new hires within 30 days, and at least annually ongoing on clinicians to ensure continued adherence to requirements. If individual or team performance falls below 90%, we will implement remediation strategies such as additional training and development of a corrective action plan (CAP) to address performance issues.

Quality Assurance for Grievances and Appeals. Our successful appeals performance is attributable to our intensive training and quality monitoring processes. **In appeals work for our Connecticut client where we make both SMI and institutional level of care determinations, we have had no overturned decisions.** Our appeals quality measures include:

- **Timeliness**—All deadlines for information gathering and delivery to the appropriate parties are met
- **Completeness**—All documentation required by AHCCCS is included
- **Participation**—Scheduling and notification processes provide hearing participants adequate time for preparation and participation
- **Appeals Outcomes**—Track appeal outcomes; for any overturned decisions, examine the components cited to identify mitigation strategies at the evaluation and determination phase
- **Reporting**—Provide AHCCCS with appeals report; identify determination or appeals process improvement
- **Review, Report, Train**—Measure the results of retrospective quality reviews to identify trends or weaknesses in the process; management team will discuss results with AHCCCS and implement approved changes to policies and procedures, as well as deliver any refresher or remedial training required

3.0 Engaging and Partnering with System Stakeholders

MAXIMUS is a national leader in management of statewide mental health determination programs, offering an outstanding reputation for transparency, quality control, and stakeholder engagement. We foster a win/win culture by developing stakeholder buy-in for program requirements while maintaining our customer's confidence in program processes and outcomes. The foundation of our outreach approach leverages the capabilities, experience and vision of local community programs that focus on serving the needs of Arizona individuals. Through our experience and successful engagement in other culturally and geographically diverse states, we know that sensitivity to unique community needs, regional characteristics, and demographic variances is key to determining the most effective and appropriate partnerships and outreach activities to inform and improve program efficacy.

Having implemented evaluation and determination programs across the country, we emphasize the importance of vendor commitment to strengthening alliances from project outset. To cultivate understanding and engagement when implementing determination programs, MAXIMUS frequently engages with stakeholder groups—advocates, tribal communities, community-based organizations, resource and support coordinators, behavioral health agencies and service boards, and provider groups and organizations—to deliver presentations explaining the program, our role, and any changes occurring within the program. Our management of over 450 diverse health and human services programs around the world gives us in-depth knowledge of how to meet the varying customer service needs of culturally, socio-economically, and linguistically diverse members of the target populations. We have been performing in-person outreach for more than 22 years, customizing to meet diverse program needs, and integrating lessons learned into our best practices. Our aim is to apply these repeatable, scalable processes in a manner that can make a real difference in lives of eligible individuals and their loved ones. Our strategy will be to listen, learn, and continuously improve our messaging, training curriculum, and materials every day we serve the people of Arizona. This extensive experience and tailored approach positions us to engage in statewide partnerships that serve to improve the SMI eligibility determination process.

Tailored Engagement: Our approach considers each area of Arizona and each target population's unique characteristics, needs, and service delivery systems. For example, through our current programs in Arizona, California, New Mexico, North Dakota, and elsewhere, MAXIMUS recognizes the health inequities that Tribal Communities may be subjected to. We have experience navigating the complex barriers inhibiting successful implementation of health and human service initiatives that integrate traditional practices and philosophies. We further understand that the mindset of Arizona's Tribal Communities may vary widely as they relate to mental health causes, diagnoses, and treatments, requiring a contractor committed to establishing and continuously cultivating a collaborative relationship with each participating Tribal Community that is founded on trust, respect, acceptance, and support. MAXIMUS will foster this tailored engagement approach, with proper recognition of and empathy for the impact of various tribal cultural influences, from the importance of language and interconnectedness to the unique values of each tribal culture and the effect of intergenerational trauma. Our approach to determinations will integrate these considerations by reviewing information about a person's environment—including the many social and cultural determinants that affect mental health, their impact on the *individual*, and any modifiable determinants. We have identified several qualified candidates for Tribal Liaison from the local Tribal Communities that

| Stakeholder Groups |
|--|
| Tribal Communities |
| At-risk Hispanic (low income, new immigrant) |
| Aging |
| Clinical-Forensic Population |
| Substance Abuse |
| Homeless |
| LGBTQ |
| Submitting Providers |
| Treatment Providers (residential, outpatient, community-based, acute) |



Exhibit 3-1: Stakeholder Groups.

will be integral to this task, establishing regular meetings, opening communication channels, and determining preferred methods of support and communication that will inform program training, policies, and practices. MAXIMUS has also identified additional local partnerships to help ensure the SMI Eligibility Determination Process yields culturally sensitive, defensible, and accurate determinations statewide, including providers, advocacy groups, and associations shown in *Exhibit 3-1: Stakeholder Groups*.

As a current contractor for the Arizona Jobs Program, MAXIMUS works with more than 400 employers, providing seminars, hosting job fairs, and frequently interacting with community agencies. As a trusted labor source for both employers and individuals, MAXIMUS brings firsthand knowledge and existing relationships to the SMI program. We will seek insights and information from a broad array of dedicated organizations and agencies serving the State's population with more complex needs, understanding that these resources are well-regarded in the community and can provide valuable insights into the challenges and barriers faced by individuals, ultimately helping us align on both understanding and priority. Through this engagement, our team will establish a feedback loop that allows for a continuous stream of current information. *Exhibit 3-2: Partnership Approach* outlines our proposed approach for collaborating with agencies that reflect the individuals served.

Task #1 – Establishing a Community Alliance Partnership: During implementation, our project leadership, Clinical Advisory Council, and corporate communications team will refine a community outreach plan tailored to Arizona's unique landscape. With approval from AHCCCS, this plan will include establishing and maintaining ongoing relationships with community partners (representing stakeholders in *Exhibit 3-1*) that assures open communication and productive collaboration.

Task #2: Building Trust and Gaining Insights about Challenges: We will work with our community partners to hold stakeholder listening sessions to understand the diverse needs of the population, discuss communication strategies unique to that population, introduce MAXIMUS and our role, and learn about any concerns related to the program. This includes initial and monthly ongoing sessions with each Tribal Community, organized by our Tribal Liaison, fostering understanding of the process and unique approaches to communicating with and understanding SMI presentation in each community. Feedback from these sessions will inform staff training and clinical guidelines.

Task #3: Alignment of Program Expectations: Thorough understanding of the SMI determination purpose, each player's role and responsibility, and clear instructions for how to fulfill those responsibilities are fundamental to ensuring and improving the quality of the eligibility determination process. Our outreach plan includes covering these topics through videos posted on our website, brochures tailored to each community, as well as conducting webinars and in-person communications.

Task #4: Continual, Collaborative Solution Development: Each partnership offers a unique ability to draw on community-based values, traditions, and customs to help us to devise strategies to proactively address issues. Our plan will include continual check-in meetings—including monthly, in-person meetings with Tribal Communities—to identify issues or areas lacking clarity. With approval from AHCCCS and as appropriate, our team will use this feedback to modify staff training, clinical guidelines, and/or develop educational outreach materials (print or web) or events (webinars, in-person sessions) to proactively address the underlying issues.

Exhibit 3-2: Partnership Approach.

3.1 Community Outreach and Education

MAXIMUS proposes innovative and proven effective outreach and education strategies tailored to meet the needs of Arizona individuals. Our personalized and locally focused approach for conducting outreach and education will result in well-informed stakeholders and a fully transparent SMI eligibility determination process. Our comprehensive outreach plan will be developed in alignment with the latest behavioral and cultural research. We will leverage the knowledge gained from other projects, both outside of and within the State, to identify and deploy the best strategies for outreach and education of all Arizona individuals. Our Cultural Consultant for this program, Danielle Jimenez, will provide cultural expertise as a field trained anthropologist specializing in tribal and immigrant populations in the Southwest USA, Mexico, and Central America. She currently coordinates MAXIMUS outreach activities in New Mexico and is skilled in developing

and presenting information to various groups. She will be a vital resource during our outreach plan development, having already identified multiple Arizona-specific targets for tailored outreach such as major tribal employers, tribal membership rolls, medical offices, and public spaces. Ms. Jimenez and our Tribal Liaison will work closely with AHCCCS

to develop a plan that is thorough, inclusive, and reflective of your goals and best practices. The plan will specify our outreach strategies, activities, timelines, locations, and content. We will submit our outreach plan to AHCCCS for approval.

SPOTLIGHT: CULTURALLY COMPETENT OUTREACH

As the preferred vendor for the New Hire Reporting Program under the NM Department of Health and Human Services Child Support Enforcement Division, MAXIMUS placed emphasis on using culturally competent outreach methods to motivate Tribal Nations to report necessary new hire data for the benefit of their members. Targeted outreach included customized informational mailings, in-person meetings with tribal administrations, and culturally relevant flyers, emails, and how-to videos. **Between 2010 and 2015, MAXIMUS went from a near non-existent Tribal reporting rate to 98% of tribes reporting promptly and consistently.**

Outreach Strategies: Website, Brochures, and Help Desk. MAXIMUS understands the importance of having a well-designed, easy-to-use website. As experts in designing websites supporting government programs and agencies, we understand the high standards for such sites: accessible to a variety of populations with widely differing needs and abilities; in compliance with federal and state regulations for security, privacy, and the transmission of sensitive data; and designed to present complicated information in a clear manner. We develop state-specific, project-specific websites for both community members and providers that provide a single source, accessible, and easy-to-use compendium of general program information, FAQs, resources, and contact information. MAXIMUS will also develop and distribute population-specific informational brochures to provider entities and will appropriately submit all informational content to AHCCCS for approval prior to distribution or posting. These will be translated into Spanish, Navajo, and other commonly used languages as required by the **MAXIMUS Center for Health Literacy** – described further below. As is standard in our projects, MAXIMUS will be available by phone during normal business hours and will offer a local and toll-free number.

Selection of Outreach Content. MAXIMUS offers a significant resource to ensure culturally competent and linguistically appropriate outreach and education content. The **MAXIMUS Center for Health Literacy** (the Center) is a group of writers, graphic designers, researchers, and translators who understand the language and literacy needs of diverse populations. The Center produces attractive, clearly written, and easy-to-read correspondence templates, program-related educational materials, and websites. Many of these materials are focused on the needs of culturally diverse populations, and are built around understandable calls to action that are linguistically and culturally attuned to the individuals we serve. The Center studies how consumers understand and interact with written materials, and then develops, designs, and produces written and online materials in response to those findings. For this program, we will leverage the Center's expert translation services, developing forms and materials in the predominant languages of the populations we support. The quality of the Center's work and the breadth of their expertise have been validated numerous times; for example, the Centers for Medicare & Medicaid Services (CMS) and several high-profile nonprofit organizations have turned to the Center for best practice studies to help guide the efforts of state Medicaid and CHIP programs. The Center has received **three Awards of Distinction** for its work from the national ClearMark Awards, sponsored by the Center for Plain Language. Our Center is available as needed to our program staff to consult and assist with the development of any materials.

Technical Assistance. Technical resources will be available to users through a variety of forms, including formal training (as described in *Section 4*), posted resource materials through the dedicated web-page, and Help Desk support via telephone. MAXIMUS provides Help Desk resources to thousands of providers across the country, assisting them in resolving any issues or challenges they experience. Our Help Desk resources also log each request for assistance so that any trends are easily identified and resolved. These analyses also serve to inform procedure and training modifications moving forward.

4.0 Training System Stakeholders

MAXIMUS fosters healthy, collaborative relationships with stakeholders in all our contract states. We provide extensive support to ensure that providers, state officers, advocacy groups, state staff, community groups and other stakeholders have the information they need to understand these programs, understand their roles in program success, and have confidence in the employed tools and approaches. Our training and engagement approach not only teaches about the program and the determination process and technology, but also fully supports stakeholders as they plan for and adapt to any new system/process changes or pertinent barriers. MAXIMUS is committed to providing initial and ongoing training to ensure all stakeholders acquire the knowledge, skills, and sensitivity to meet the needs of the individuals served through this program. We will continually refresh training materials for all stakeholders to ensure the messaging addresses relevant and current topics that respond directly to Arizona's current environment. In the following subsections, we describe our training approach and implementation timeline for each stakeholder category.

SPOTLIGHT: EXPERIENCE PROVIDING EXTENSIVE STAKEHOLDER TRAINING

Our current Indiana SMI and disability evaluation contract required an intensive implementation phase. We onboarded, educated, and trained all system users and stakeholders statewide in web submission of SMI and disability screens and on the use of our web-based provider portal and assessment tool. **We trained 2,598 provider registrants across various entities via webinars during a 2.5 week timespan.** As the first new system introduction in the State in 30 years, our efforts required extensive outreach and significant onboarding activities. The success of our outreach activities and monthly system demos resulted in remarkable user registration rates—**75% registration pre-go live (unprecedented for 817 provider entities)**, 80% less than a week post-go live and 95% 1-month post-go live.

Staff Training. As part of our recruiting efforts, MAXIMUS puts every identified candidate through a rigorous screening process and a series of clinical interviews to help ensure we are onboarding the most qualified assessors and support staff. Once these qualified candidates have been selected, we employ an equally rigorous training and quality monitoring approach. Though we will target hire of clinicians with established behavioral health expertise and familiarity with the SMI Eligibility Determination Program, it is vital that we appropriately train each staff member on the complex topics and processes they will be responsible for on a day-to-day basis, specific state requirements, and how to engage individuals with health, linguistic, cultural, or other social disparities. All new hires at MAXIMUS participate in a structured orientation based on their job description with training elements continually focused on those requirements.

Our staff training program will consist of both initial and ongoing curricula, as outlined in *Exhibit 4-1: Staff Training Program Implementation*. We will focus our efforts on those areas critical to ensuring timely and accurate eligibility determinations, using feedback obtained from our outreach efforts and stakeholder engagement. For example, cultural competency training (described below) will be implemented across all applicable training topics. We offer our Cultural Consultant, Danielle Jimenez, who will work with the Tribal Liaison to monitor and advise the local team's efforts, and to review training materials and tools. Ms. Jimenez has extensive experience working with tribal leadership to implement state programs. We will work collaboratively with AHCCCS on the content of our training and will submit a description of all training programs within 30 days of start of contract year.

| Stage | Timeframe | Focus Areas | Content |
|--------------------|-----------|---|---|
| Initial Curriculum | Phase One | Orientation to MAXIMUS culture and lines of business, importance of role, technology resources. | <ul style="list-style-type: none"> ■ Core Competencies <ul style="list-style-type: none"> • Federal and state requirements • Quality expectations • Interpretation of standards • Key definitions and process flows • Ethics and professional performance • Cooperative strategies with stakeholders • Person-centered and person-first language • HIPAA and data security ■ Program Specific Training |
| | Phase Two | Individual position education and readiness, including critical processes and contract requirements | |

| Stage | Timeframe | Focus Areas | Content |
|---------------------------|-------------------------------|--|---|
| Initial Curriculum | Phase Three | Begin transition to independent work and meeting independent quality standards | <ul style="list-style-type: none"> • Technology platform, functionality, access, user registration, and user guide materials • Cultural competency, diversity, Title VI, discrimination • Resource type and availability • Inter-rater reliability training (where applicable) • Mediation and conflict resolution (where applicable) • Detecting and reporting fraud, waste, and abuse • DSM-5 and state-specific SMI determination criteria • Clinical appropriateness and decision making • Clinical alignment for determinations • Cultural considerations for SMI determinations |
| | Phase Three Completion | Complete transition to independent work and maintenance of independent quality standards | |
| Ongoing Curriculum | Phase Four | Continued assessment of quality performance to determine goals, competency strengths and any improvement needs | <ul style="list-style-type: none"> ▪ Ongoing Training: Applicable changes to policies, procedures, processes, or technology. ▪ Remedial Training: Topics dependent on performance issues and/or stakeholder feedback ▪ Refresher Training (annually): Revisit key topics to maintain competency levels and meet compliance requirements (for example, Cultural Competency, Inter-rater reliability training) |

Exhibit 4-1: Staffing Training Program Implementation.

Provider Training. Establishing efficient and transparent communication with providers is critical to the SMI Eligibility Determination process. MAXIMUS will develop and implement statewide training for providers that emphasizes their role and demonstrates the importance of clinically sound and comprehensive SMI assessments. Given the widespread and multicultural impact of the SMI Eligibility Determination process, we will develop program and population-specific materials and training manuals for each submitting population listed in the RFP, as appropriate: AHCCCS Managed Care Organization (MCO) contracted providers, American Indian Health Program providers for applicable fee for service members, Tribal Regional Behavioral Health Authorities (TRBHAs), Tribal ALTCS, Indian Health Service facilities, Tribally owned or operated 638 facilities, Arizona Department of Corrections (ADC), and Arizona Department of Juvenile Corrections (ADJC). This serves to reduce the time that stakeholders spend searching for information. Content will be simply presented, easily navigated, and fully searchable. We will develop the contents in collaboration with and under the guidance of our Cultural Consultant and Tribal Liaison, the respective Divisions, and AHCCCS, obtaining content approval prior to circulation and availability on our website.

Delivery Method: Webinars. MAXIMUS will conduct live web training sessions using an agenda and training content approved by AHCCCS. Our live web-based training solutions improve access to broad audiences of stakeholders and give providers a cost-effective alternative to on-site trainings. Providers are encouraged to frequently check the SMI Eligibility Determination Program website for upcoming training information and can also opt to join our email list to receive live webinar training announcements, registration, and reminder correspondence. Webinar notifications will be sent via email to the provider community 30 days in advance of each scheduled live webinar.

Live webinars are easily accessible to providers via links in email communications and on the website. Trainings will be recorded and shared on our provider website. We typically use ReadyTalk and GoToWebinar as our webinar resources because of their flexible, user-friendly applications. Both applications permit pre-registration for large group attendance. Webinar resources track provider participation and permit providers the ability to ask live questions during the webinar sessions. Webinars are led by our expert professionals and include vital program content, system "how to" education accompanied by live demonstrations, and ample opportunities for questions and answers with our education team. Our training team, led by Stephanie Pettitt, has led hundreds of successful training webinars for thousands of providers nationwide.

We will continually refine our training materials to address new state and federal requirements as well as to incorporate reviewer, stakeholder, and attendee feedback, acquired through training evaluations and survey data administered to training attendees as well as AHCCCS. Our "provider-informed" approach to education creates a network of engaged providers that continue to grow professionally while simultaneously improving the integrity of the eligibility determination process and instilling confidence in individuals with SMI and the advocacy community. Recorded webinars will also be available on-demand to providers. These are delivered and recorded by topic in brief modules, so that providers may quickly identify and retrieve training information pertinent to their immediate needs. Additionally, all training sessions are supplemented with resources that can be found on the website.

Provider Training Program Implementation. Through collaboration with AHCCCS, MAXIMUS will deliver a series of training modules focused on improving provider compliance and quality of care. *Exhibit 4-2: Provider Training Program Implementation* provides an overview of these modules and their respective timeline.

 [MAXIMUS Provider Training] really helped me to understand the purpose of [the determinations]. That it is not just bureaucratic paperwork but is truly intended to help vulnerable individuals receive the services they need in the most appropriate setting possible. Presenters were obviously dedicated to the cause of advocacy for those with SMI/DD. Weren't just doing their job; it is a passion with them.

—Iowa Provider Training Attendee

| Timeframe | Focus Areas | Content/Modules |
|-----------------------------|---|---|
| Pre-Training Implementation | Upon contract start, our Training Lead will begin developing program-specific training materials. We will submit all training content to AHCCCS for approval prior to implementation. We will also use this time to introduce our training agenda, timeline, and approach to manage expectations. | <ul style="list-style-type: none"> ■ SMI Eligibility 101: Module reviewing the program description and overview, including the program's process, history, and intent ■ State Operational Requirements: Educational materials, training, and resources to help the provider understand AHCCCS Medical Policy Manual (AMPM) Policy 320-P, all applicable State laws, terms, and definitions |
| Phase One | We will work with AHCCCS to identify provider groups during our initial meeting. We will also reach out to member associations and licensing agencies to identify provider stakeholders. To inform our training approach, we will conduct a needs assessment of the providers throughout the State of Arizona during implementation. We will also continue to administer needs assessments and issue communiqué updates continuously throughout the implementation. | <ul style="list-style-type: none"> ■ Understanding SMI Population: Educational materials, training, and resources about the "why" behind the SMI program—including understanding required assessment documentation, determination process, and importance of differentiators that determine when a mental illness qualifies as <i>serious</i>. ■ Workflow Process: Module teaching the steps for which providers are responsible in the SMI Eligibility Determination process, the roles that MAXIMUS and the State play, and the purposes behind each requirement. Understanding the why and how of each step increases buy-in among providers who may otherwise be resistant to certain tasks and timetables. |
| Phase Two | We will post information on the website and will alert providers through email blasts and other outreach efforts to ensure provider community awareness of the availability of all webinar trainings and resources. We will then conduct training sessions using the agenda and training content approved by AHCCCS. | <ul style="list-style-type: none"> ■ Technology User Guides and Training: Detailed user guides and training modules that include step-by-step instructions for system registration, submitting an assessment and records, using queues, checking determination status, and reporting status changes. ■ Cultural and Clinical Considerations: Important clinical information about the impact of culture on mental health diagnosis and treatment; for example, |

| Timeframe | Focus Areas | Content/Modules |
|-------------|---|--|
| Phase Three | <p>We will issue important quality and training reminders and will conduct ongoing training. Because our training processes and operational structure mutually inform one another, we can conduct targeted training that responds to individual problem areas or specific improvements in performance, or comprehension across provider groups.</p> | <p>how to reach people in a culturally relevant way. <i>Cultural Competency Training is described further below.</i></p> <ul style="list-style-type: none"> ▪ Accuracy Considerations: To produce accurate, defensible eligibility determinations, it is imperative the assessments and supplemental information we receive from providers is completely inclusive of all relevant detail. We will provide trainings on appropriate assessment completion, and will provide resources, such as clinical guides, tips, and helpful reference information to further enhance their compliance. |

Exhibit 4-2: Provider Training Program Implementation.

Cultural Competency Training. It is essential that all MAXIMUS staff have the necessary knowledge, training, aptitude, and attitude to assist providers and individuals in a way that meets AHCCCS and MAXIMUS expectations for quality service and cultural competency. As evidenced by the addition of the Cultural Formulation Interview to the DSM-5, cultural factors and experiences may play an important role in the presence of an SMI and an individual's overall perceptions of and behavior toward mental health treatment and services. Awareness of such influences provides important context to providers and increases the chances of soliciting vital assessment information leading to an accurate eligibility determination.

Given the cultural diversity of Arizona, MAXIMUS plans to implement annual cultural competency training for all staff members to help ensure the SMI Eligibility Determination Program is conducted in a culturally competent manner. This type of training will include information such as recent or past events that may influence tribal relations with the State and culturally appropriate communication standards and terminology. MAXIMUS will develop, in conjunction with our Tribal Liaison and Cultural Consultant, a Cultural Competency Plan that includes training for our staff and the provider community. It will include lessons learned and feedback from our stakeholder engagement sessions, described in *Section 3*. We will submit all content to AHCCCS for approval prior to implementation.

Training for General Public. MAXIMUS works closely with our state customers to reach out to advocates, individuals, families, and any others impacted by the programs we conduct. For the SMI Eligibility Determination Program, it is important for the public to have an awareness of and transparency into the SMI program, including a program overview, eligibility determination process guide, and FAQs. As discussed in *Section 3*, our websites are thoughtfully designed to provide low literate and culturally diverse clientele an easy to use and navigable website. We will include all relevant program information and will continually modify as necessary to help ensure that all Arizona individuals are appropriately informed. In addition, to increase visibility and awareness, we will create and distribute culturally sensitive program brochures to all provider entities. Our materials will be translated into common languages, including Spanish and Navajo, to increase accessibility.

Cost Bid Submission Workbook

SMI Determination Pricing Schedule

SMI Determination/ Clinical Decertification Annual Budget Grand Total (See Detailed Budget Template Tab)

Divide by 9,468 annual SMI Determinations/Clinical Decertifications

Rate per SMI Determination/Clinical Decertification to be bid

| | |
|----|-----------|
| \$ | 3,493,656 |
| | 9,468 |
| \$ | 369.00 |

Cost Bid Submission Workbook

Detailed SMI Determination/Clinical Decertification Budget

| | SMI Determination/ Clinical Decertification Annual Budget |
|----------------------------|---|
| Budget | |
| Personal Services | \$ 1,885,139 |
| Employee Related Service | \$ 350,218 |
| Travel Expense | \$ 91,554 |
| Occupancy Expense | \$ 142,230 |
| Supplies | \$ 33,868 |
| Other Operating Expense | \$ 145,576 |
| Indirect or Administration | \$ 845,071 |
| Grand Total | \$ 3,493,656 |

| | Number of Staff | Total Salary |
|--|-----------------|--------------|
| Key Personnel | | |
| Chief Medical Officer | 1.0 | \$ 279,790 |
| Grievance Administrator | 1.0 | \$ 126,943 |
| Total Key Personnel | 2.0 | \$ 406,733 |
| Other Personnel | | |
| Program Leadership | 1.0 | \$ 134,064 |
| SMI Eligibility Staff | 3.0 | \$ 154,808 |
| Grievance Staff | 3.0 | \$ 154,808 |
| Administrative Staff | 5.0 | \$ 196,091 |
| Total Additional Personnel (see below) | 4.5 | \$ 838,634 |
| Total Other Personnel | 16.5 | \$ 1,478,406 |
| | 18.5 | \$ 1,885,139 |
| Add Additional Personnel Titles as needed: | | |
| Tribal Liaison | 1.00 | \$ 64,813 |
| Financial Analyst | 1.00 | \$ 54,699 |
| Determining Clinicians | *** | \$ 527,015 |
| Shared Services Labor | 1.30 | \$ 82,692 |
| Startup Resources | 0.70 | \$ 67,097 |
| IT Implementation Resources | 0.23 | \$ 23,567 |
| IT Configuration Resources | 0.07 | \$ 6,404 |
| IT Ongoing Resources | 0.17 | \$ 12,347 |
| Total | 4.5 | \$ 838,634 |

Note 1: Yellow highlighted cells require input. Non-Highlighted cells contain a formula.

Note 2: Data from Data Supplement should be used to calculate costs assumed for this bid. Additional cost considerations should be made for SMI Determinations, Clinical Decertifications, and SMI appeals that are in progress as of December 31, 2018 that will be the responsibility of the awarded contractor. This information can be estimated using the data contained in the Data Supplement.

Please Provide Assumptions used to develop the SMI Determination/Clinical Decertification Budget:

| | |
|--------------------------|--|
| Personal Services | This total represents the budgets detailed in the Key, Other, and Additional Personnel sections below. |
| Employee Related Service | This line item includes budgets for employee fringe benefits such as health insurance and 401(k) contributions. |
| Travel Expense | This line item includes budgets for mileage reimbursement for Grievance Staff and the Tribal Liaison as well as Out of Town Travel costs associated with off site staff supporting the contract. |
| Occupancy Expense | This line item includes budgets for Rent, Physical Security, Tenant Improvements, and Furniture. |
| Supplies | This line item includes budgets for a copier, printing, graphics, mailing and postage, FedEx, cell phones, and other necessary office supplies. |
| Other Operating Expense | This line item includes budgets for consulting services, translation services, and an external financial audit. |

Cost Bid Submission Workbook

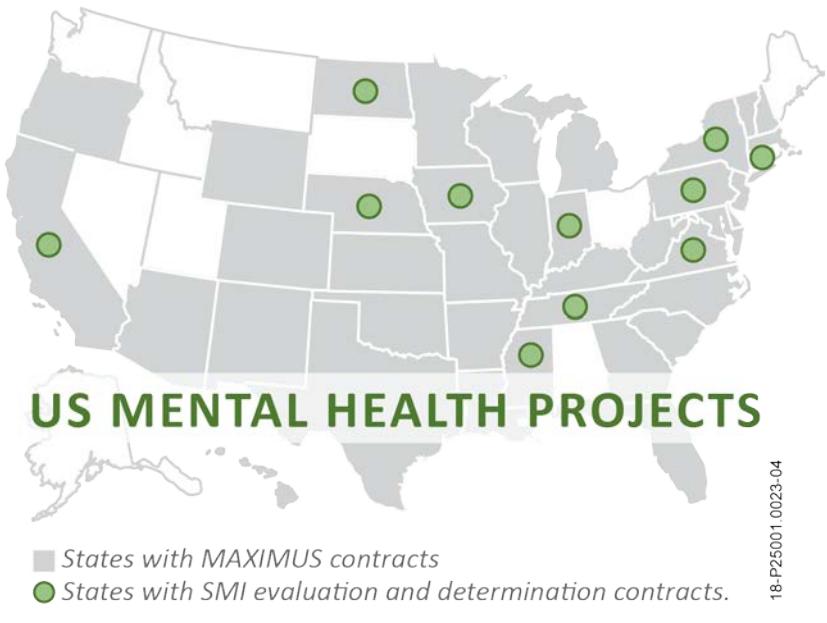
| | |
|-----------------------------|---|
| Indirect or Administration | This line item includes budgets for all Indirect and Administration costs per corporate and accounting policies. The rates in this proposal have been fixed for the duration of the Contract. Should MAXIMUS be selected for the award, we will respectfully request the opportunity to establish fixed indirect rates. This does not denote that our proposal is conditional in any way, but rather requests a discussion in order to finalize any resulting Contract. |
| Grand Total | The Grand Total budget is inclusive of all estimated direct cost, indirect cost and profit within the 5% OI cap outlined in the RFP. The budget outlined is an annual average of total costs estimated for the entire base and optional periods of performance and upon award, we will provide a schedule of budgeted costs by year. As a publically traded company, we adhere to the highest standards of fiscal transparency and accountability. Our Company has an authority matrix, which prescribes approval authorities for all types of expenses, and by designated personnel. We are happy to provide further information regarding our direct cost, indirect cost, and accounting policies upon award. |
| Total Salary | Total Salary is inclusive of Salary and Paid Time Off. |
| Chief Medical Officer | FTE determined per RFP requirements |
| Grievance Administrator | FTE determined per RFP requirements |
| Program Leadership | FTE determined per RFP requirements |
| SMI Eligibility Staff | FTE determined by MMS caseload management model based on volumes provided in the RFP |
| Grievance Staff | FTE determined by MMS caseload management model based on volumes provided in the RFP |
| Administrative Staff | FTE determined by MMS caseload management model based on volumes provided in the RFP |
| Tribal Liaison | FTE determined per RFP requirements |
| Financial Analyst | FTE determined by estimated level of effort needed to comply with financial management requirements within the RFP. |
| Determining Clinicians | *** The number of independent contractor clinicians required during ongoing operations varies. Salary represents the total annualized amount paid to independent contractors per determination. |
| Shared Services Labor | FTE determined by average annual hours of quality, training, and human capital resources from our dedicated shared services staff. The total salary reflects the average annual salary cost of the various positions time spent dedicated to this contract. |
| Startup Resources | FTE determined by hours required for contract implementation prior to go-live. The salary reflects a proration (12/57th) of initial implementation salary for operational and support staff. |
| IT Implementation Resources | FTE determined by hours required for system implementation prior to go live. The salary reflects a proration (12/57th) of initial system implementation salary cost. |
| IT Configuration Resources | FTE determined by hours required for further configuration and fine-tuning of the system expected to occur post go-live. This reflects an annual average (12/57th) of these costs. |
| IT Ongoing Resources | FTE determined by annual average salary cost of ongoing system support and maintenance. |

5.0 MAXIMUS and Key Personnel Experience and Expertise

MAXIMUS is a national leader in mental health assessment services. We offer the clinical and administrative resources necessary to deliver accurate, timely SMI eligibility determinations within the unique cultural and social context of the populations AHCCCS serves. We actively seek to identify ways to gain stakeholder confidence through tailored engagement with community organizations and advocacy groups throughout the state.

5.1 MAXIMUS Experience and Expertise

Our core mission of "Helping Government Serve the People®" is at the heart of our commitment to delivering the most effective solutions in the most efficient manner possible. Since MAXIMUS, Inc. was established in 1975, we have partnered with state, federal, local and international entities in the United States, Canada, the United Kingdom, Saudi Arabia, Singapore, and Australia in support of critical government health services in a culturally and economically diverse array of communities. MAXIMUS has been operating large-scale health service projects since 1992 and Medicaid and customer service projects since 1995. Through its acquisition of Ascend Management Innovations in 2015, MAXIMUS brings over 16 years of mental health and disability assessment services. We have successfully completed **millions of conflict-free disability screens and assessments** for Medicaid long term services and supports beneficiaries **across 13 states**. *Exhibit 5-1* depicts our nationwide experience supporting state agencies providing a variety of services, including mental health assessments services.



18-P25001.0023-04

Exhibit 5-1: MAXIMUS SMI and Health Services Experience

MAXIMUS clinicians conduct hundreds of behavioral health assessments, evaluations, and determinations each day. We provide a clinical team skilled at evaluating the presence and severity of SMI through the lens of the individual's social, familial, cultural, and religious framework. Our end-to-end assessment, evaluation, and determination experience provides us with exceptionally well-rounded clinical skills and insights to provide precise, timely, and defensible SMI eligibility determinations. Our clinical excellence is further driven by our highly developed operational and quality models, which are described in Sections 1.0 and 2.0, respectively.

MAXIMUS has conducted **millions of mental health screens and evaluations** in support of State agencies. Since 2001, we have provided robust, clinically sound assessment, evaluation, and determination services to meet the needs of mental health and intellectual disability authorities across the US. In *Exhibit 5-2*, we provide a summary of our relevant experience performing statewide mental health and SMI determination services in each of the following states:

| State Partner | CA | CT | CO | IN | IA | MS | NE | NY | ND | OH | TN | VA |
|--------------------------------|----|----|----|----|----|----|----|----|----|----|----|----|
| Evaluation skills & techniques | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| SMI determinations | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Physician review | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ |
| Appeals | ✓ | ✓ | | | ✓ | ✓ | ✓ | | ✓ | | ✓ | ✓ |
| Quality review | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

Exhibit 5-2: MAXIMUS SMI Evaluation and Determination Experience

5.1.1 Experience with Diverse Populations

MAXIMUS has demonstrated responsiveness to the economic, social, and educational barriers that affect the individuals we serve. These factors can play a significant part in a person's successful health outcomes. We work with each of our state customers to understand how best to meet the needs of their unique populations and communities and adapt our processes, communication methods, and training and outreach to meet those needs.

MAXIMUS serves a culturally and linguistically diverse range of populations across our health services projects. **From the Tribal nations throughout New Mexico to the multilingual, multicultural metropolises of New York and Philadelphia, we maintain cultural sensitivity to the individuals being assessed by taking into account the cultural norms and values of each individual.** We currently provide services in the three states with the highest percentage of Hispanic populations—New Mexico, California, Texas—and eight out of the top 15 states. Additionally, our projects in New Mexico, North Dakota, Nebraska, Colorado, and California have provided engagement opportunities with the Tribal communities throughout each of these states. In our Saudi Arabia project where we provide employment services, we assist individuals who face barriers to obtaining employment due to social and cultural norms, such as individuals with disabilities and women. Through our diverse national and international experience, including similar populations throughout the US, our clinicians are knowledgeable not only of the unique governance of Tribal populations but also the health care challenges these populations face and the deeply held value systems within which these challenges have evolved. MAXIMUS is committed to honoring these values while working with AHCCCS, American Indian Health Program providers, Tribal Regional Behavioral Health Authorities (TRBHAs), Tribal ALTCS contractors, Indian Health Service facilities, Tribally owned or operated 638 facilities, Arizona Department of Corrections (ADC), and the Arizona Department of Juvenile Corrections (ADJC) to manage a smooth operations transition and build beneficial partnerships.

5.2 Staffing for Success

Clinical Expertise. MAXIMUS brings a deep bench of in-state and nationwide professionals to provide valuable insights, assist with special projects and program initiatives, and offer best practice guidance in SMI determination services, cultural competency, and quality analytics and improvement. In *Exhibit 5-3: Corporate Clinical Advisory Council Members for Program Excellence* we highlight personnel who will help develop the program clinical and quality structure and who will be available ongoing to provide clinical guidance to our Program Director, Medical Director, and other program staff.

| Name/Position | Qualifications and Areas of Expertise |
|--|--|
| <i>Subcontractor Clinical Consultant and Key Staff Recruiter</i> | <ul style="list-style-type: none"> ■ Arizona-based organization with over 30 years of in-state mental health and addiction experience, specializing in addiction medicine ■ In-depth knowledge of Arizona mental health population ■ National certifications through the American Society of Addiction Medicine (ASAM), American Board of Addiction Medicine, among others ■ Assists with recruiting and screening highly-qualified Arizona-based clinical professionals for key personnel and field clinicians ■ Provides consultation to inform clinical training material and best practices |
| Pamela Raby, LAPSW <i>Lead Clinical Consultant</i> | <ul style="list-style-type: none"> ■ Over 30 years in the behavioral healthcare industry providing national consulting, multi-level policy design, and oversight of managed care, treatment, and Quality Management plans ■ Invited by CMS to participate in a national expert panel on specific CMS-mandated mental disability assessments and to contribute in the development of MDS changes ■ Conducted numerous national workshops on CMS program requirements and incorporation of person-centered principles into program models |
| Susan Rieck, PhD <i>Lead Physician Consultant</i> | <ul style="list-style-type: none"> ■ Licensed psychiatrist for over 20 years ■ Extensive medical and behavioral health experience amassed throughout over 10 years of active medical practice and over 20 years of experience in assessments for individuals with physical disabilities and mental health conditions |

| Name/Position | Qualifications and Areas of Expertise |
|---|--|
| Alice Bernet, PhD, RN, PMHNP-BC <i>Clinical Quality Consultant</i> | <ul style="list-style-type: none"> ■ 19 years of experience in mental health and SMI research and quality analytics ■ Director of Quality Department, including management of SMI determination activities since 2015 ■ Board-certified as a Psychiatric Mental Health Nurse Practitioner ■ Research and publications focusing on integrated health systems for individuals with mental illness, suicide prevention, and suicide predictors ■ Provides program staff with tools and resources to support quality analytics functions ■ Directs clinical operations, verifies compliance with standards, and ensures clinical standards are incorporated into all project plans ■ Communicates clinical updates and directs the management of the Quality Improvement Plan (QIP), ensuring compliance with standards and meeting customer expectations |
| Andrea Womack, MA <i>Lead Program Operations Consultant</i> | <ul style="list-style-type: none"> ■ Over 11 years of nationwide mental health assessment, evaluation, and determination experience ■ Nationally recognized for her expertise in CMS-mandated mental health assessment and determination services for long-term services and supports (LTSS) population ■ Eleven years of experience in mental health assessment project operations, including development and adherence to policy and procedures and operational compliance with all contract terms and conditions ■ Management of continuous process improvement through monitoring, refining, and optimizing workflow and processes with the goal of improving overall effectiveness |

Exhibit 5-3: Corporate Clinical Advisory Council Members for Program Excellence

Corporate Clinical Training Expertise. MAXIMUS provides an experienced Training Department, led by our Training Manager, Stephanie Pettitt, MSP. With a Master's Degree in Psychology and over 11 years of training experience for a variety of SMI and disability programs, she brings extensive mental health knowledge and proven training methodologies to promote successful training outcomes. Most recently, she facilitated highly successful statewide provider trainings in Louisiana and Iowa, where she trained on state-specific process changes in their respective SMI projects, including culturally competent clinical interviewing techniques, MAXIMUS system training. Her training efforts will give stakeholders a clear understanding of the overall process, their roles and responsibilities, and the importance they have in achieving a program that successfully meets the needs of the individuals and families served through AHCCCS each day.

Corporate Cultural Competency Expertise. AHCCCS and its stakeholders will also benefit significantly from our Cultural Consultant, Ms. Danielle Jimenez and our MAXIMUS Center for Health Literacy (the Center). They will work with our Tribal Liaison and other relevant staff to provide culturally relevant training and outreach practices and content development.

Ms. Jimenez is a field-trained anthropologist specializing in Tribal and immigrant populations in the Southwest USA, Mexico and Central America. She brings over 11 years' health and human service experience and 8 years' experience in outreach planning with an emphasis on culturally diverse communications. She has been highly successful in working with Hispanic and Tribal communities throughout the southeastern US, some of which have had a history of non-collaboration with State and Federal agencies due to cultural differences.

SPOTLIGHT: PROVEN TRAINING METHODS

In Louisiana, we held sessions in three geographically dispersed cities to train providers on use of a new SMI assessment tool designed to be more sensitive after feedback from Centers for Medicare and Medicaid (CMS) indicated their previous tool was potentially missing individuals with SMI. We also provided training on effective clinical interviewing techniques to elicit the depth of information needed to accurately complete SMI screenings. In Iowa, we visited four cities throughout the state to deliver training to nursing facility and hospital providers on program requirements, and utilizing the MAXIMUS SMI assessment system and services to ensure appropriate utilization of institutional services, facilitate discharge planning efforts, and coordinate community placement supports for individuals with SMI.

The Center focuses on developing print and web content that is easy to read and use. The Center will assist with language translation for written materials, and ensuring complex health information is adapted for readers with limited literacy skills. We will provide written materials and outreach initiatives that are truly effective, ultimately resulting in well-informed individuals capable of making meaningful choices, improved health outcomes, and reduced administrative and health care costs.

5.2.1 Program Personnel

MAXIMUS offers a staffing model designed to provide performance accountability and responsive partnerships. Our staffing structure strategically aligns operations staff and clinical staff to simplify managerial oversight at the team level. We also include program-specific positions in addition to AHCCCS-required key personnel carefully designed to maximize efficiency. Under the centralized oversight of our Program Director, our staffing model not only meets AHCCCS requirements, it provides optimal structure to deliver effective operational performance.

In *Exhibit 5-4*, we provide a list of all essential leadership and their primary responsibilities and qualification requirements. Key personnel will reside in Arizona, reporting to our Phoenix office.

| Role | Responsibilities |
|--|--|
| Program Director  | <ul style="list-style-type: none"> ▪ Reports to Vice President of the Ascend Division of MAXIMUS, Corporate Sponsor for this project ▪ Serve as primary point of contact to AHCCCS Contract Manager and maintain open and responsive communication with Contract Manager ▪ Monitor and report on the financial status of contract ▪ Maintain fidelity to AHCCCS contractual requirements, including performance and deliverables ▪ Engage with Community Based Organizations to tailor outreach efforts to the needs of specific populations |
| Ms. Mona Amini, MD, MBA, FAPA  | <ul style="list-style-type: none"> ▪ Six years of Arizona-based psychiatry experience ▪ Licensed by the Arizona Medical Board and certified by the American Board of Psychiatry and Neurology ▪ Locally and nationally recognized for contributions to behavioral health and psychiatry field ▪ Operationalize and monitor ongoing adherence to clinical/medical policies and procedures ▪ Manage all SMI Eligibility Determination functions ▪ Provide direct oversight of DCs and Quality and Reports Analyst ▪ Attend AHCCCS Director meetings, as directed by AHCCCS ▪ Review evaluation and appeals documentation as needed for input on complex issues ▪ Develop annual QIP and coordinate ongoing clinical quality initiatives |
| Tribal Liaison  | <ul style="list-style-type: none"> ▪ Cultivate relationships with Tribal Nations, Indian Health Services (IHS), and the facilities serving tribal communities ▪ Work with stakeholders to understand specific cultural considerations of various populations throughout the state ▪ Implement strategies for delivering culturally competent SMI determinations and appeals ▪ Provide staff training on culturally competent practices ▪ Provide consultation regarding evaluations, grievances, and appeals as needed for input on complex issues related to cultural considerations ▪ Facilitate stakeholder engagement through outreach and training initiatives |
| Teressa Sanzio, RN, MPA Grievance & Appeals Administrator  | <ul style="list-style-type: none"> ▪ 36 years of in-state medical experience and 21 years as Arizona attorney ▪ Expertise in legal and medical consultation, Arizona code and compliance requirements to provide excellence in grievance and appeals processes ▪ Conduct quality assurance of grievances and appeals ▪ Represent MAXIMUS in Fair Hearings as required |

| Role | Responsibilities |
|--|--|
| Determining Clinicians (DC)  | <ul style="list-style-type: none"> ■ Psychologists, or Psychiatrists consistent with Arizona state code requirements or Nurse Practitioners licensed as an adult psychiatric and mental health nurse ■ Conduct clinically sound culturally competent evaluations, SMI eligibility determinations, clinical decertifications ■ Consult with Medical Director and Tribal Liaison as needed complex reviews as needed to make accurate determinations ■ Complete IRRs at required intervals |
| Quality Analyst | <ul style="list-style-type: none"> ■ Reports to corporate Quality Division ■ Performs independent retrospective quality audit of a sampling of determinations ■ Develops and facilitates inter-rater reliability projects for clinical and quality staff ■ and reports on quality data to support quality projects and initiatives defined by the QIP ■ Performs ad hoc quality-focused studies to identify trends and guide quality improvement activities, operations decisions, and customer consultation ■ Conducts regular quality training sessions with internal and external customers ■ Assists with compliance research, documentation, resolution, and reporting |
| Finance Analyst | <ul style="list-style-type: none"> ■ Collect and analyze data to implement the most efficient business processes ■ Conduct operational research and publish findings ■ Interpret and project financial and productivity information |

Exhibit 5-4: Program Personnel

5.3 Recruiting & Credentialing

As part of the MAXIMUS international health and human services workforce of 18,000 employees, the Ascend Division supporting this project has successfully staffed and maintains a workforce of over 145 full-time professional nurses, social workers, psychologists, psychiatrists, programmers, analysts, and administrative personnel. We also contract with nearly 400 independent clinicians across the country (for example, physicians, psychologists, registered nurses, social workers, and Qualified Mental Health Professionals [QMHPs]) who conduct field evaluations, consultation, and psychiatric and disability assessments. We specialize in recruiting highly qualified candidates in the mental health field, backed by rigorous screening and credentialing processes to successfully meet the staffing needs of the AHCCCS SMI eligibility determination and clinical decertification project. We are actively recruiting candidates for all key positions. To assist with strategic recruiting efforts to target high-caliber candidates, we will partner with an Arizona based organization with over 30 years of in-state clinical behavioral health and addiction experience. We will leverage this long-standing presence in Arizona's mental health community to recruit exceptional candidates capable of delivering high-quality performance.

All project personnel undergo rigorous background screenings, credentialing verification, clinical skills tests, and screenings for potential conflicts in accordance with all AHCCCS requirements. In addition to the experience and credentialing requirements, MAXIMUS seeks candidates who are skilled communicators with a commitment to cultural sensitivity and a demonstrated ability to analyze and verify available information. By vetting for the necessary "soft skills" through well-crafted screening and interviewing techniques we improve:

- The quality and reliability of SMI eligibility, clinical decertification, and appeals determinations
- The satisfaction of personnel in accomplishing their roles
- The retention of our best clinicians
- The satisfaction of our operations and quality review staff, as well as AHCCCS, with staff performance

With our extensive experience relevant to the AHCCCS goals, MAXIMUS is the ideal vendor to foster stakeholder relationships, deliver accurate and timely SMI eligibility determinations and all related functions, and provide dependable, efficient systems to support the functions of the SMI eligibility determination process.

Intent to Provide Certificate of Insurance

If notified of contract award, the Offeror will submit to AHCCCS for review and acceptance, the applicable certificate(s) of insurance as required within this RFP document, within five business days of such notification.