

Exhibit H, Evaluation Tool RFA No. HHS0014610 Criteria, Subcriteria Sheet				
Evaluator				
Respondent				
#	Criteria	Weight	Score	Comments
1	Single Point of Contact Coordination (45%)			
1.1	Evaluate the Applicant's plan to provide single point of contact coordination.	5%		
1.2	Evaluate the scope of referral activities the Grantee Coordinator may provide and whether scope demonstrates Grantee Coordinator enhancing Services.	5%		
1.3	Evaluate the Applicant's plan to provide outreach and marketing to the community.	5%		
1.4	Evaluate the Applicant's plan to determine eligibility and whether the plan includes evidence-based assessment or diagnostics and that these diagnostics tools are incorporated into respondents expectation for Individuals to progress through Services.	5%		
1.5	Evaluate the Applicant's plans to use an electronic health record that will meet the needs of Individuals served by the Multi-Assistance Center.	5%		
1.6	Evaluate the Applicant's demographic and geographic analysis of the area that demonstrates the Multi-Assistance Center's understanding and ability to serve Individuals.	5%		
1.7	Evaluate the Applicant's ability to serve the geographic and demographic diversity of Bexar County and other counties in Texas Public Health Region 8 and 11.	5%		
1.8	Evaluate how the outcomes proposed by Applicant will demonstrate whether single point of contact coordination is successfully serving Individuals.	5%		
1.9	Evaluate the Applicant's plan to provide internal quality assurance and oversight processes ensure success of the single point of contact coordination program.	5%		
Subtotal		45%		
2	Medical Services (20%)			
2.1	Evaluate the Applicant's plan to provide medical services, referrals, and some on-site medical services.	10%		
2.2	Evaluate the Applicant's plan to provide dental services, referrals, and some on-site dental services.	5%		
2.3	Evaluate how well the outcomes proposed demonstrate whether medical services and referrals are successfully serving Individuals.	5%		
Subtotal		20%		
3	Therapy Services (15%)			
3.1	Evaluate the plan to provide therapy services and referrals.	10%		
3.2	Evaluate how well the outcomes proposed demonstrate whether therapy services and referrals are successfully serving Individuals.	5%		
Subtotal		15%		
4	Non-Medical Services (10%)			
4.1	Evaluate the Applicants plan to provide non-medical services and referrals.	5%		
4.2	Evaluate how well the outcomes proposed demonstrate non-medical services and referrals successfully serving Individuals.	5%		
Subtotal		10%		
5	Expenditure Proposal Template (10%)			
5.1	Evaluate how the proposed budget identifies all costs to be requested from HHSC with sufficient detail and information to demonstrate the proposed budget matches the proposed strategies.	10%		
Subtotal		10%		
TOTAL (%)		100%		

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Evaluation Scoring Guide		
Score	Level	Description
Unacceptable	1	Response does not address requirement. Response is completely unacceptable.
Unacceptable	2	Response mentions requirement, but is not responsive to the elements of the requirement.
Unacceptable	3	Response addresses requirement, but response described does not allow the agency to fulfill mission.
Marginal. Fails to meet evaluation standards but failures are correctable.	4	Response meets fundamental requirements, however could not be implemented as described (would require both the agency and Respondent to make significant changes not currently anticipated).
Marginal. Fails to meet evaluation standards but failures are correctable.	5	Response meets fundamental requirements, however could not be implemented as described (implementation would require both the agency and Respondent to make minor changes not currently anticipated).
Marginal. Fails to meet evaluation standards but failures are correctable.	6	Response meets fundamental requirements, however could not be implemented as described (implementation would require changes to be made by Respondent only).
Acceptable	7	Response clearly satisfies requirement but has some minor weaknesses.
Acceptable	8	Response clearly satisfies requirement.
Acceptable	9	Response satisfies requirements and has some benefits above requirement.
Exceptional	10	Response far exceeds all aspects of requirement.

For the purposes of this exhibit, “the agency” means the contracting state agency as specified in the solicitation.

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No.	Best Value Criteria	Weight
1	Single Point of Contact Coordination	45%
2	Medical Services	20%
3	Therapy Services	15%
4	Non-Medical Services	10%
5	Expenditure Proposal Template	10%
	GRAND TOTAL	100%