

Individual Evaluation Score Sheet

710-19-1024 Description

(Region 1)

Vendor: Quapaw House, Inc.

Evaluator's Name: Debra Garrison

Evaluator's Title: Program Administrator

Evaluator's Signature: Debra Garrison

Date: 4-9-19

Omitted - 0; Poor - 1; Below Average - 2; Adequate - 3; Good - 4; Exceptional - 5

	Maximum Available RAW Score	Actual RAW Score	Comments Evaluator's comments are Required for all scores except adequate (3 pts)
E.1.B. Background	5	3	
E.1.C. Past Performance	5	3	
E.1.D. Management	5	3	
E.1.E. Letters of Recommendation	5	3	
E.2.A. RFQ 2.1	5	2	Lack of detail w: points

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E. 2. B. Telemedicine	5	3	
E. 3. A. Crisis Services	5	3	
E. 3. B. ASH	5	2	insufficient detail
E. 3. C. Forensic Eval's.	5	3	
E. 3. D. FOR Program	5	3	
E. 3. E. SMI-Non-Medicaid	5	3	
E. 3. F. FEP	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E.3.G. CBSS	5	2	not answered
E.3.H. SSBG	5	3	
E.3.I. Expanded Services	5	3	
E.4.A. Community Collab.	5	3	
E.5.A. Staffing	5	3	
E.6.A. Records/Reporting	5	3	
E.7.A. Appeals/Grievance	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E. 8. A. Quality Assurance	5	1	Lack of detail - how do you meet who's on committee how do you do chart review?
E. 9. A. Financial	5	3	
E. 10. A. Region Specific	5	3	
	5		
	5		
	5		
	5		

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Quachita Regional Counseling

Evaluator's Name: Debra Garrison

Evaluator's Title: Program Administrator

Evaluator's Signature: Debra Garrison

Date: 4-9-19

Omitted - 0; Poor - 1; Below Average - 2; Adequate - 3; Good - 4; Exceptional - 5

	Maximum Available RAW Score	Actual RAW Score	Comments <small>Evaluator's comments are Required for all scores except adequate (3 pts)</small>
E.1.B. Background	5	3	
E.1.C. Past Performance	5	3	
E.1.D. Management	5	2	no licensure info
E.1.E. Letters of Recommendation	5	3	
E.2.A. RFQ 2.1	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E.2.B. Telemedicine	5	3	
E.3.A. Crisis Services	5	3	
E.3.B. ASH	5	3	
E.3.C. Forensic Eval's.	5	3	
E.3.D. FOR Program	5	3	
E.3.E. SMI-Non-Medicaid	5	3	
E.3.F. FEP	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E.3.G. CBSS	5	3	
E.3.H. SSBG	5	2	
E.3.I. Expanded Services	5	2	lack of info on aftercare recovery
E.4.A. Community Collab.	5	3	
E.5.A. Staffing	5	2	lack of details
E.6.A. Records/Reporting	5	3	
E.7.A. Appeals/Grievance	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E. 8. A. Quality Assurance	5	3	
E. 9. A. Financial	5	3	
E. 10. A. Region Specific	5	3	
	5		
	5		
	5		
	5		

Individual Evaluation Score Sheet

710-19-1024 Description

(Region 2)

Vendor:

Connections Behavioral Health

Evaluator's Name:

Debra Garrison

Evaluator's Title:

Program Administrator

Evaluator's Signature:

Debra Garrison

Date:

4-9-19

Omitted - 0; Poor - 1; Below Average - 2; Adequate - 3; Good - 4; Exceptional - 5

	Maximum Available RAW Score	Actual RAW Score	Comments Evaluator's comments are Required for all scores except adequate (3 pts)
E.1.B. Background	5	3	
E.1.C. Past Performance	5	2	lack of detail
E.1.D. Management	5	2	lacking evidence of licensure.
E.1.E. Letters of recommendation	5	3	
E.2.A. RFQ 2.1	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E. 2. B. Telemedicine	5	3	
E. 3. A. Crisis Services	5	3	
E. 3. B. ASH	5	3	
E. 3. C. Forensic Eval's.	5	3	
E. 3. D. FOR Program	5	3	
E. 3. E. SMI-Non-Medicaid	5	3	
E. 3. F. FEP	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E.3.G. CBSS	5	2	not detailed re: required detail
E.3.H. SSBG	5	3	
E.3.I. Expanded Services	5	2	
E.4.A. Community Collab.	5	3	
E.5.A. Staffing	5	2	
E.6.A. Records/Reporting	5	3	
E.7.A. Appeals/Grievance	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E. 8. A. Quality Assurance	5	2	need more info re: QA committee, Chart reviews, data capture how to improve quality.
E. 9. A. Financial	5	3	
E. 10. A. Region Specific	5	2	Insufficient detail.
	5		
	5		
	5		
	5		

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Counseling Associates, Inc.

Evaluator's Name: Debra Garrison

Evaluator's Title: Program Administrator

Evaluator's Signature: Debra Garrison

Date: 4-9-19

Omitted - 0; Poor - 1; Below Average - 2; Adequate - 3; Good - 4; Exceptional - 5

	Maximum Available RAW Score	Actual RAW Score	Comments Evaluator's comments are Required for all scores except adequate (3 pts)
E.1.B. Background	5	3	
E.1.C. Past Performance	5	3	
E.1.D. Management	5	3	
E.1.E. Letters of Recommendation	5	3	
E.2.A. RFQ 2.1	5	2	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E. 2. B. Telemedicine	5	3	
E. 3. A. Crisis Services	5	3	
E. 3. B. ASH	5	3	
E. 3. C. Forensic Eval's.	5	2	
E. 3. D. FOR Program	5	2	
E. 3. E. SMI-Non-Medicaid	5	2	
E. 3. F. FEP	5	2	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E.3.G. CBSS	5	3	
E.3.H. SSBG	5	3	
E.3.I. Expanded Services	5	3	
E.4.A. Community Collab.	5	3	
E.5.A. Staffing	5	3	
E.6.A. Records/Reporting	5	3	
E.7.A. Appeals/Grievance	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E. 8. A. Quality Assurance	5	3	
E. 9. A. Financial	5	3	
E. 10. A. Region Specific	5	3	
	5		
	5		
	5		
	5		

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Counseling Clinic, Inc.

Evaluator's Name: Debra Garrison

Evaluator's Title: Program Administrator

Evaluator's Signature: Debra Garrison

Date: 4-9-19

Omitted - 0; Poor - 1; Below Average - 2; Adequate - 3; Good - 4; Exceptional - 5

	Maximum Available RAW Score	Actual RAW Score	Comments Evaluator's comments are Required for all scores except adequate (3 pts)
E.1.B. Background	5	3	
E.1.C. Past Performance	5	3	
E.1.D. Management	5	3	
E.1.E. Letters of recommendation	5	3	
E.2.A. RFQ 2.1	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E. 2. B. Telemedicine	5	2	
E. 3. A. Crisis Services	5	2	
E. 3. B. ASH	5	3	
E. 3. C. Forensic Eval's.	5	3	
E. 3. D. FOR Program	5	3	
E. 3. E. SMI-Non-Medicaid	5	2	
E. 3. F. FEP	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E.3.G. CPSS	5	3	
E.3.H. SSBG	5	3	
E.3.I. Expanded Services	5	3	
E.4.A. Community Collab.	5	3	
E.5.A. Staffing	5	3	
E.6.A. Records/Reporting	5	3	
E.7.A. Appeals/Grievance	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E. 8. A. Quality Assurance	5	3	
E. 9. A. Financial	5	3	
E. 10. A. Region Specific	5	3	
	5		
	5		
	5		
	5		

Individual Evaluation Score Sheet

710-19-1024 Description

Delta Counseling Associates
Inc

Vendor:

Evaluator's Name:

Debra Garrison

Evaluator's Title:

Program Administrator

Evaluator's Signature:

Debra Garrison

Date:

4-9-19

Omitted - 0; Poor - 1; Below Average - 2; Adequate - 3; Good - 4; Exceptional - 5

	Maximum Available RAW Score	Actual RAW Score	Comments Evaluator's comments are Required for all scores except adequate (3 pts)
E.1.B. Background	5	3	
E.1.C. Past Performance	5	3	
E.1.D. Management	5	2	Lack of licensure documentation
E.1.E. Letters of recommendation	5	3	
E.2.A. RFQ 2.1	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E. 2. B. Telemedicine	5	3	
E. 3. A. Crisis Services	5	3	
E. 3. B. ASH	5	3	
E. 3. C. Forensic Eval's.	5	2	
E. 3. D. FOR Program	5	3	✓
E. 3. E. SMI-Non-Medicaid	5	3	
E. 3. F. FEP	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E.3.G. CBSS	5	4	extra detail re: community resources
E.3.H. SSBG	5	3	
E.3.I. Expanded Services	5	3	
E.4.A. Community Collab.	5	3	
E.5.A. Staffing	5	3	
E.6.A. Records/Reporting	5	3	
E.7.A. Appeals/Grievance	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E. 8. A. Quality Assurance	5	2	Lack of detail re: QA processes
E. 9. A. Financial	5	3	
E. 10. A. Region Specific	5	3	
	5		
	5		
	5		
	5		

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Western Ark Counseling

Evaluator's Name: Debra Garrison

Evaluator's Title: Program Administrator

Evaluator's Signature: Debra Garrison

Date: 4-9-19

Omitted - 0; Poor - 1; Below Average - 2; Adequate - 3; Good - 4; Exceptional - 5

	Maximum Available RAW Score	Actual RAW Score	Comments Evaluator's comments are Required for all scores except adequate (3 pts)
E.1.B. Background	5	3	
E.1.C. Past Performance	5	3	
E.1.D. Management	5	2	Lack of licensure info
E.1.E. Letters of Recommendation	5	4	extra information not copied
E.2.A. RFQ 2.1	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E.2.B. Telemedicine	5	5	exceptional detail.
E.3.A. Crisis Services	5	3	
E.3.B. ASH	5	3	
E.3.C. Forensic Eval's.	5	3	
E.3.D. FOR Program	5	3	
E.3.E. SMI-Non-Medicaid	5	3	
E.3.F. FEP	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E.3.G. CBSS	5	3	
E.3.H. SSBG	5	3	
E.3.I. Expanded Services	5	4	exceptional detail
E.4.A. Community Collab.	5	3	
E.5.A. Staffing	5	3	
E.6.A. Records/Reporting	5	3	
E.7.A. Appeals/Grievance	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E. 8. A. Quality Assurance	5	3	
E. 9. A. Financial	5	2	
E. 10. A. Region Specific	5	3	
	5		
	5		
	5		
	5		

Individual Evaluation Score Sheet

710-19-1024 Description

Centers for Youth & Families

Vendor:

Evaluator's Name:

Debra Garrison

Evaluator's Title:

Program Administrator

Evaluator's Signature:

Debra Garrison

Date:

4-11-19

Omitted - 0; Poor - 1; Below Average - 2; Adequate - 3; Good - 4; Exceptional - 5

	Maximum Available RAW Score	Actual RAW Score	Comments Evaluator's comments are Required for all scores except adequate (3 pts)
E.1.B. Background	5	3	
E.1.C. Past Performance	5	3	
E.1.D. Management	5	2	no licensure info
E.1.E. Letters of Recommendation	5	3	
E.2.A. RFQ 2.1	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E.2.B. Telemedicine	5	2	
E.3.A. Crisis Services	5	3	
E.3.B. ASH	5	3	
E.3.C. Forensic Evals.	5	3	
E.3.D. FOR Program	5	3	
E.3.E. SMI-Non-Medicaid	5	3	
E.3.F. FEP	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E.3.G. CBSS	5	3	
E.3.H. SSBG	5	2	
E.3.I. Expanded Services	5	3	
E.4.A. Community Collab.	5	3	
E.5.A. Staffing	5	2	
E.6.A. Records/Reporting	5	3	
E.7.A. Appeals/Grievance	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E. 8. A. Quality Assurance	5	3	
E. 9. A. Financial	5	3	
E. 10. A. Region Specific	5	3	
	5		
	5		
	5		
	5		

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Mid-South Health Systems

Evaluator's Name: Debra Garrison

Evaluator's Title: Program Administrator

Evaluator's Signature: Debra Garrison

Date: 4-11-19

Omitted - 0; Poor - 1; Below Average - 2; Adequate - 3; Good - 4; Exceptional - 5

	Maximum Available RAW Score	Actual RAW Score	Comments Evaluator's comments are Required for all scores except adequate (3 pts)
E.1.B. Background	5	3	
E.1.C. Past Performance	5	3	
E.1.D. Management	5	3	
E.1.E. Letters of Recommendation	5	3	
E.2.A. RFQ 2.1	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E.2.B. Telemedicine	5	3	
E.3.A. Crisis Services	5	3	
E.3.B. ASH	5	4	extra detail
E.3.C. Forensic Eval's.	5	3	
E.3.D. FOR Program	5	4	extra detail
E.3.E. SMI-Non-Medicaid	5	4	extra detail
E.3.F. FEP	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E.3.G. CBSS	5	4	extra detail
E.3.H. SSBG	5	3	
E.3.I. Expanded Services	5	3	
E.4.A. Community Collab.	5	3	
E.5.A. Staffing	5	3	
E.6.A. Records/Reporting	5	3	
E.7.A. Appeals/Grievance	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E. 8. A. Quality Assurance	5	3	
E. 9. A. Financial	5	4	extra detail
E. 10. A. Region Specific	5	5	extra detail
	5		
	5		
	5		
	5		

Individual Evaluation Score Sheet

710-19-1024 Description

(Region 8)

Vendor: Connections Behavioral Health

Evaluator's Name: Derm Garrison

Evaluator's Title: Program Administrator

Evaluator's Signature: Derm Garrison

Date: 4-11-19

Omitted - 0; Poor - 1; Below Average - 2; Adequate - 3; Good - 4; Exceptional - 5

	Maximum Available RAW Score	Actual RAW Score	Comments Evaluator's comments are Required for all scores except adequate (3 pts)
E.1.B. Background	5	3	
E.1.C. Past Performance	5	2	insufficient detail
E.1.D. Management	5	3	
E.1.E. Letters of recommendation	5	3	
E.2.A. RFQ 2.1	5	2	insufficient detail

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E. 2. B. Telemedicine	5	3	
E. 3. A. Crisis Services	5	3	
E. 3. B. ASH	5	3	
E. 3. C. Forensic Eval's.	5	3	
E. 3. D. FOR Program	5	3	
E. 3. E. SMI-Non-Medicaid	5	3	
E. 3. F. FEP	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E.3.G. CBSS	5	2	lack of detail
E.3.H. SSBG	5	3	
E.3.I. Expanded Services	5	3	
E.4.A. Community Collab.	5	3	
E.5.A. Staffing	5	3	
E.6.A. Records/Reporting	5	3	
E.7.A. Appeals/Grievance	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E. 8. A. Quality Assurance	5	3	
E. 9. A. Financial	5	3	
E. 10. A. Region Specific	5	2	lack of detail
	5		
	5		
	5		
	5		

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Ozark Guidance Center

Evaluator's Name: Debra Gunn

Evaluator's Title: Program Administrator

Evaluator's Signature: Debra Gunn

Date: 4-11-19

Omitted - 0; Poor - 1; Below Average - 2; Adequate - 3; Good - 4; Exceptional - 5

	Maximum Available RAW Score	Actual RAW Score	Comments Evaluator's comments are Required for all scores except adequate (3 pts)
E.1.B. Background	5	3	
E.1.C. Past Performance	5	3	
E.1.D. Management	5	3	
E.1.E. Letters of recommendation	5	3	
E.2.A. RFQ 2.1	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E. 2. B. Telemedicine	5	3	
E. 3. A. Crisis Services	5	4	extra detail re: Crisis Miles.
E. 3. B. ASH	5	3	
E. 3. C. Forensic Evals.	5	3	
E. 3. D. FOR Program	5	3	
E. 3. E. SMI-Non-Medicaid	5	3	
E. 3. F. FEP	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E.3.G. CBSS	5	3	
E.3.H. SSBG	5	3	
E.3.I. Expanded Services	5	3	
E.4.A. Community Collab.	5	3	
E.5.A. Staffing	5	3	
E.6.A. Records/Reporting	5	3	
E.7.A. Appeals/Grievance	5	3	

Individual Evaluation Score Sheet
710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E. 8. A. Quality Assurance	5	4	extra detail re: quality assurance processes
E. 9. A. Financial	5	3	
E. 10. A. Region Specific	5	3	
	5		
	5		
	5		
	5		

Individual Evaluation Score Sheet

710-19-1024 Description

Professional Counseling
Associates Inc.

Vendor:

Evaluator's Name:

Debra Garrison

Evaluator's Title:

Program Administrator

Evaluator's Signature:

Debra Garrison

Date:

1-11-19

Omitted - 0; Poor - 1; Below Average - 2; Adequate - 3; Good - 4; Exceptional - 5

	Maximum Available RAW Score	Actual RAW Score	Comments Evaluator's comments are Required for all scores except adequate (3 pts)
E.1.B. Background	5	3	
E.1.C. Past Performance	5	3	
E.1.D. Management	5	3	
E.1.E. Letters of Recommendation	5	3	
E.2.A. RFQ 2.1	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E.2.B. Telemedicine	5	3	
E.3.A. Crisis Services	5	3	
E.3.B. ASH	5	3	
E.3.C. Forensic Eval's.	5	2	
E.3.D. FOR Program	5	3	
E.3.E. SMI-Non-Medicaid	5	3	
E.3.F. FEP	5	2	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E.3.G. CBSS	5	3	
E.3.H. SSBG	5	3	
E.3.I. Expanded Services	5	2	Insufficient detail.
E.4.A. Community Collab.	5	3	
E.5.A. Staffing	5	2	Insufficient detail.
E.6.A. Records/Reporting	5	3	
E.7.A. Appeals/Grievance	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E. 8. A. Quality Assurance	5	3	
E. 9. A. Financial	5	3	
E. 10. A. Region Specific	5	3	
	5		
	5		
	5		
	5		

Individual Evaluation Score Sheet

710-19-1024 Description

(Region 9)

Vendor: Quapaw House, Inc

Evaluator's Name: Debra Garrison

Evaluator's Title: Program Administrator

Evaluator's Signature: Debra Garrison

Date: 4-11-19

Omitted - 0; Poor - 1; Below Average - 2; Adequate - 3; Good - 4; Exceptional - 5

	Maximum Available RAW Score	Actual RAW Score	Comments Evaluator's comments are Required for all scores except adequate (3 pts)
E.1.B. Background	5	3	
E.1.C. Past Performance	5	3	
E.1.D. Management	5	3	
E.1.E. Letters of Recommendation	5	3	
E.2.A. RFQ 2.1	5	2	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E.2.B. Telemedicine	5	3	
E.3.A. Crisis Services	5	3	
E.3.B. ASH	5	2	Insufficient detail.
E.3.C. Forensic Eval's.	5	3	
E.3.D. FOR Program	5	3	
E.3.E. SMI-Non-Medicaid	5	3	
E.3.F. FED	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E.3.G. CBSS	5	2	Insufficient detail.
E.3.H. SSBG	5	3	
E.3.I. Expanded Services	5	2	
E.4.A. Community Collab.	5	2	
E.5.A. Staffing	5	2	
E.6.A. Records/Reporting	5	2	
E.7.A. Appeals/Grievance	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E. 8. A. Quality Assurance	5	3	
E. 9. A. Financial	5	3	
E. 10. A. Region Specific	5	3	
	5		
	5		
	5		
	5		

Individual Evaluation Score Sheet

710-19-1024 Description

South AR Regional
Health Center

Vendor:

Evaluator's Name:

Debra Garrison

Evaluator's Title:

Program Administrator

Evaluator's Signature:

Debra Garrison

Date:

4-11-19

Omitted - 0; Poor - 1; Below Average - 2; Adequate - 3; Good - 4; Exceptional - 5

	Maximum Available RAW Score	Actual RAW Score	Comments Evaluator's comments are Required for all scores except adequate (3 pts).
E.1.B. Background	5	3	
E.1.C. Past Performance	5	3	
E.1.D. Management	5	2	no licensure evidence
E.1.E. Letters of recommendation	5	2	didn't meet all requirements
E.2.A. RFQ 2.1	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E.2.B. Telemedicine	5	3	
E.3.A. Crisis Services	5	3	
E.3.B. ASH	5	3	
E.3.C. Forensic Eval's.	5	3	
E.3.D. FOR Program	5	3	
E.3.E. SMI-Non-Medicaid	5	3	
E.3.F. FEP	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E.3.G. CBSS	5	2	
E.3.H. SSBG	5	2	
E.3.I. Expanded Services	5	2	lack of peer, mat, ect.
E.4.A. Community Collab.	5	3	
E.5.A. Staffing	5	2	didn't address stewardship of state funds.
E.6.A. Records/Reporting	5	3	
E.7.A. Appeals/Grievance	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E. 8. A. Quality Assurance	5	3	
E. 9. A. Financial	5	3	
E. 10. A. Region Specific	5	3	
	5		
	5		
	5		
	5		

Individual Evaluation Score Sheet

710-19-1024 Description

SE AR Behavioral
Healthcare System

Vendor:

Evaluator's Name:

Debra Garrison

Evaluator's Title:

Program Administrator

Evaluator's Signature:

Debra Garrison

Date:

4-11-19

Omitted - 0; Poor - 1; Below Average - 2; Adequate - 3; Good - 4; Exceptional - 5

	Maximum Available RAW Score	Actual RAW Score	Comments Evaluator's comments are Required for all scores except adequate (3 pts)
E.1.B. Background	5	3	
E.1.C. Past Performance	5	3	
E.1.D. Management	5	2	no evidence of licensure
E.1.E. Letters of Recommendation	5	3	
E.2.A. RFQ 2.1	5	3	inappropriate detail

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E.2.B. Telemedicine	5	2	
E.3.A. Crisis Services	5	3	
E.3.B. ASH	5	3	
E.3.C. Forensic Eval's.	5	3	
E.3.D. FOR Program	5	3	
E.3.E. SMI-Non-Medicaid	5	2	not offering any non-restricted settings
E.3.F. FEP	5	2	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E.3.G. CBSS	5	3	
E.3.H. SSBG	5	3	
E.3.I. Expanded Services	5	2	lack of detail per, support partners, etc.
E.4.A. Community Collab.	5	2	
E.5.A. Staffing	5	2	
E.6.A. Records/Reporting	5	3	
E.7.A. Appeals/Grievance	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E. 8.A. Quality Assurance	5	3	
E. 9.A. Financial	5	3	
E. 10.A. Region Specific	5	3	
	5		
	5		
	5		
	5		

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: SWAR Counseling & MH Center

Evaluator's Name: Debra Garrison

Evaluator's Title: Program Administrator

Evaluator's Signature: Debra Garrison

Date: 4-11-19

Omitted - 0; Poor - 1; Below Average - 2; Adequate - 3; Good - 4; Exceptional - 5

	Maximum Available RAW Score	Actual RAW Score	Comments Evaluator's comments are Required for all scores except adequate (3 pts)
E.1.B. Background	5	3	
E.1.C. Past Performance	5	3	
E.1.D. Management	5	3	
E.1.E. Letters of Recommendation	5	3	
E.2.A. RFQ 2.1	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E.2.B. Telemedicine	5	3	
E.3.A. Crisis Services	5	3	
E.3.B. ASH	5	3	
E.3.C. Forensic Eval's.	5	3	
E.3.D. FOR Program	5	3	
E.3.E. SMI-Non-Medicaid	5	3	
E.3.F. FEP	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E.3.G. CBSS	5	3	
E.3.H. SSBG	5	3	
E.3.I. Expanded Services	5	3	
E.4.A. Community Collab.	5	3	
E.5.A. Staffing	5	3	
E.6.A. Records/Reporting	5	3	
E.7.A. Appeals/Grievance	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: _____

Evaluator's Title: _____

E. 8. A. Quality Assurance	5	3	
E. 9. A. Financial	5	3	
E. 10. A. Region Specific	5	3	
	5		
	5		
	5		
	5		