

**EPSDT EXPANSION
SECOND ROUND PROPOSAL EVALUATION FORM**

CO-OCCURRING DISORDERS (AOD)

Agency: _____

Evaluated by: _____ Date: _____

Does the program proposal address an identified priority population?

Yes No – Explain:

ITEM	SCORE 5 points max/item*
A. Fiscal readiness and fit with EPSDT funding requirements	<i>Score given by Fiscal Review Team</i> _____
B. Demonstrated expertise with adolescent dual diagnosis population, or clear plan to augment current level of expertise	_____
C. Program structured to meet specific needs of adolescent dual diagnosis population, including developmentally appropriate curriculum and materials	_____
D. Demonstrated ability and/or plan for generating amount of referrals needed to sustain program	_____
E. Institutional capacity, including realistic start-up plan	_____
Sum of (A – E) = FINAL SCORE _____ (25 max)	

* Scale: 5 = Excellent 4 = Above Average 3 = Average 2 = Fair 1 = Poor

COMMENTS: