

Vendor Name: Aetna		Possible Points	Score (1 to 5)	Multiply by Weight	Resulting Score	Comments
Values assigned should relate to the quality and strength of the solution and its relevance to DMS						
60.7 D. (OPTIONAL SUBMITTAL) Kentucky SKY						
1	Executive Summary					
	a. Provide an Executive Summary that summarizes the Contractor's proposed technical approach, staffing and organizational structure, and implementation plan for the Kentucky SKY program. The Executive Summary must include a statement of understanding and fully document the Contractor's ability, understanding and capability to provide the full scope of work.	30	5	6	30	It appears they are committed to providing a Trauma Informed Network and are committed to having their staff trained in trauma. They talk about the system of care model and Universal Precaution Model that all kids have been traumatized and charting the life course. They outline their staff; liked the org structure and Table G.1-2 which provided ratios.
	b. The Contractor's statement of understanding of the unique needs of Medicaid Enrollees in the Commonwealth enrolled in the Kentucky SKY program;					
	c. An overview of the Contractor's proposed organization to provide coordinated services for the Kentucky SKY program;					
	d. A summary of the Contractor's strategy and approach for administering services for Kentucky SKY Enrollees;					
	e. A summary of the Contractor's strategy and approach for establishing a comprehensive Provider network able to meet the unique physical and Behavioral Health needs of Kentucky SKY Enrollees; and					
	f. A summary of innovations and Trauma-informed initiatives the Contractor proposes to implement to achieve improved health outcomes for Kentucky SKY Enrollees in a cost effective manner. Include a discussion of challenges the Contractor anticipates, how the Contractor will address such challenges, and a description of the Contractor's experience with addressing these challenges for similar contracts and populations.					
Section Score		30			30	
2	Company Background					
	a. Corporate Experience	20	5	4	20	Provides 6 Points of Care Program and offered a lot of detail, results, and improvements based upon the model. Table G.2-5 identifies their system personal and their role in supporting SKY. Ensuring they have a repaid response for meeting the needs of our population. They have had good result in AZ with the same model.
	i. Describe the Contractor's experience in the provision of managed care services similar to those specified in the Contract for the Kentucky SKY populations specified in this Contract. In addition, include the following information in the response: a. Experience in coordinating and providing Trauma-informed services, and educating Providers on Trauma-informed Care, ACEs, and evidenced based practices applicable to individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance;					

	<p>b. Three (3) examples of initiatives the Contractor has implemented for Medicaid managed care programs for individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance that have supported improved outcomes (e.g., greater awareness of Trauma-Informed Care, clinical outcomes, Discharge Planning between levels of care, etc.). Describe whether such initiatives were cost effective and resulted in sustained change;</p>					
	<p>c. A summary of lessons learned from the Contractor's experience providing similar services to the populations enrolled in Kentucky SKY; and</p>					
	<p>d. How the Contractor will apply such lessons learned to the Kentucky SKY program.</p>					
	<p>ii. Provide a listing of the Contractor's prior and existing full risk Medicaid managed care contracts serving individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance for the previous five (5) years. Include the following information: a. State name b. Contract start and end dates c. Number of covered lives d. Whether the Contractor provides services regionally or statewide</p>					
	<p>b. Office in the Commonwealth For programs similar to Kentucky SKY, has the Contractor co-located staff in an agency regional office? If yes, describe the factors that influenced that decision and summarized the outcome of the co-location in coordinating of services for program participants.</p>	4	5	0.8	4	They appeared to be committed to DJJ and not just the duly committed population and offered a DJJ liaisons for the whole population. Liked the Start Strong Reentry Program and the Kenton Co. example on page 913. Will co-locate with staff from both DJJ and DCBS.
	<p>c. Staffing</p>					
	<p>i. Describe the Contractor's proposed approach to staffing for the Kentucky SKY program under this Contract, including the following information at a minimum: a. Description of how the organizational structure provides innovative solutions for meeting programmatic goals specific to the Kentucky SKY program and Kentucky SKY Enrollees and supports stakeholder groups (e.g., Kentucky SKY Enrollees, providers, partners, among others). b. Description of how the organizational structure will support whole-person integrated care, population health and overall improvement in health outcomes in a cost-effective manner for the Kentucky SKY program.</p>	12	5	2.4	12	Stated more 200 than SKY staff will be dedicated 100% and the staff can be scaled up or down based upon the member enrollment. They plan to leverage their relationship with KYA. The system of care model plays a big role in how they are structuring their organization. G.2-8 is their system of care staff and G.2-9 shows their risk stratification for risk coordination.
	<p>ii. What prior experience will the Contractor require staff to have had in serving populations similar to Kentucky SKY Enrollees?</p>	4	4.5	0.8	3.6	They will use local candidates with experience with clinical knowledge and appropriate licensure in Kentucky and clinical practices.

	<p>iii. Provide a narrative description of the Contractor's approaches to recruiting staff for the Kentucky SKY program, including:</p> <ul style="list-style-type: none"> a. Recruitment sources; b. Contingency plans if the Contractor is unable to recruit sufficient numbers of adequately trained staff in a timely basis or if the Contractor's original staffing estimates are too low and for avoiding and minimizing the impact of personnel changes; c. How the Contractor will assure the Department that sufficiently experienced, licensed and trained personnel are available to support implementation and ongoing administration of the Kentucky SKY program; and d. How the Contractor will seamlessly transition staff, if necessary, from implementation to ongoing operations. 	4	5	0.8	4	<p>On page 928, they talk about their WV implementation. Liked their engagement with universities to recruit from those graduating from the Masters programs. Good job recruiting staff. Have staff identified; 19 of 19 Key leadership is already filled. Transition from implantation to day-to-day operations.</p>
	<p>iv. A listing of Full-Time Kentucky SKY Key Personnel identified in RFP Attachment F "Draft Medicaid Managed Care Contract and Appendices", and as otherwise defined by the Contractor, including:</p> <ul style="list-style-type: none"> a. Individual names, titles, job descriptions, qualifications and full-time equivalents (FTEs) who are dedicated one hundred percent (100%) to the Kentucky SKY program under this Contract with no other responsibilities outside of the Kentucky SKY program, as well as their office locations for this Contract. An FTE is defined as the ratio of the total number of paid hours divided by the total number of working hours in the period. Annually, an FTE is considered to be 2,080 hours. b. Whether each Full-time Kentucky SKY Key Personnel position will be filled by a Contractor's employee or a Subcontractor. Identify the number of FTE Subcontractor staff who will be one hundred percent (100%) dedicated to the Kentucky SKY program. c. Resumes, including information such as degrees, credentials, clinical licensure as applicable, years and type of experience. Include as an Appendix or Attachment to the Proposal. 	12	5	2.4	12	<p>Table G.2-12 shows their proposed key personnel; page 943-945 talks in detail about staff training; see Attachment V for additional information on training topics.</p>
	<p>v. Overview of the Contractor's proposed training of staff to fulfill all requirements and responsibilities of RFP Attachment F "Draft Medicaid Managed Care Contract and Appendices", for all operational areas. Provide the Contractor's proposed training program and curriculum for all staff specific to areas of responsibility. Include information about the topics for which staff will receive training, how trainings will differ for new staff members versus ongoing trainings and related training schedules.</p>	10	5	2	10	<p>The response is very extensive, detailed, clear and informative and flows in a logical and sequential manner. See page 9248, Attachment V, for a list of Training Topics.</p>
	<p>vi. Overview of Contractor's approach to monitoring Subcontractors' progress in recruiting and training of staff to meet all requirements of RFP Attachment F "Draft Medicaid Managed Care Contract and Appendices".</p>	5	4	1	4	<p>They will provide national and local oversight; see Figure G.2-7 subcontractor integration.</p>
	<p>vii. Retention approach for Full-time Kentucky SKY Key Personnel.</p>	3	5	0.6	3	<p>They talk about a minimum of \$16/hr. and you can get a monetary bones to help recruit new to company. Offers wellness program, competitive pay, & health benefits.</p>

	viii. Provide a detailed description of the Contractor's organizational structure for the Kentucky SKY program under this Contract, including an organizational chart that displays the following: a. Management structure, lines of responsibility, and authority for all operational areas of this Contract. b. How the Kentucky SKY fits into the overall organizational structure of the Parent Company. c. Where Subcontractors will be incorporated.	5	2.5	1	2.5	The response is clear and informative, liked Figure G.2-12 is the SKY organizational design, but it does not appear that the Parent Company (Big Atna, Inc.) integration was included.
	ix. A summary of how each Subcontractor will be integrated into the Contractor's proposal performance of their obligations under the Contract to ensure a streamlined experience for the Kentucky SKY Enrollees, Providers and the Department.	3	5	0.6	3	The response is very extensive, detailed, clear and informative and flows in a logical and sequential manner. Table G.2-15 is the list of subcontractors and Table G.2-13 show how the subcontractors are integrated.
	x. Identification of staff positions that will be based (1) in the Contractor's Kentucky office(s), (2) in the field, and (3) at a corporate office of the Contractor or Subcontractors. Information should include physical locations for all Contractor operational areas to support this Contract.	3	5	0.6	3	Page 965, Figure G.2-14 is extremely detailed the SKY based staff in Kentucky by region. Page 963 outlines which SKY staff will be in the Louisville office. Page 967 outlines their shared staff.
	xi. Number of proposed FTEs dedicated to the Kentucky SKY program, by position type and operational area and how the Contractor determined the appropriateness of these ratios.	5	5	1	5	Extremely detailed Table G.2-16 on page 968 FTEs by position type and operational area.
	xii. Describe the roles and responsibilities of Care Coordinators and Care Coordination Team. How will the Contractor maintain adequate Kentucky SKY to Kentucky SKY Enrollee ratios and number of Care Coordination personnel and management staff having expertise in Physical Health, Behavioral Health, and the Kentucky SKY Enrollee to build Care Coordination Teams? Provide the Contractor's approach to locating the Care Coordinators areas in which they serve.	10	5	2	10	They commit to co-locating with DCBS and DJJ and the care coordination team in every region and include a peer support specialist. Figure G.2-16 was helpful by showing their care management organization.
Section Score		100			96.1	
3	Kentucky SKY Implementation	60	4.5	12	54	Provides a project management 3 Tier approach; the 2

	<p>a. Describe the Contractor’s approach to project management, including a summary of responsibilities for project governance and how the Contractor will track action items, risks and issues, as well as contingency and mitigation plans. At a minimum, the implementation plan must include elements outlined in the RFP, for example:</p> <ul style="list-style-type: none"> i. Establishing an office location and call centers; ii. Provider recruitment activities; iii. Staff hiring and a training plan; iv. Establishing interfaces to information systems operated by the Department and DCBS; and v. Communicating with and educating Network Providers and Kentucky SKY Enrollees through a web site and required materials, and how that interaction will support program participation and program goals. 					<p>upper teams will support the lower team in the implementation; however, the governance structure is somewhat unclear. Table G.3-1 is their SKY implementation in Kentucky. They will expand the call center to take on the SKY function. Figure G.3-2 is the SKY web based resources. Table G.3-5 is the key stakeholder relationships. Appreciate their focus on kids out of state and getting back to Kentucky. Building a relationship through the establishment of state and local roundtable. Confused about the reference to the "Eastern Band Tribe" on Page 990.</p>
	<p>b. Describe the Contractor’s approach for building relationships with DCBS staff at the Service Region and county level, and with Department for Juvenile Justice (DJJ) staff at the Community District level to support enhanced coordination of care, reduced duplication of services, and improved access to the most appropriate services to meet the needs of Kentucky SKY Enrollees. Please address education, training, communications, and process development.</p>					
Section Score		60			54	
4	Kentucky SKY Contractor Educational and Training Requirements	60	5	12	60	
	<p>a. Describe the Contractor’s proposed approach for collaborating with experts including the Department, DCBS, and DJJ) to identify Provider training needs. Please include examples from other Contractor programs exhibiting collaboration with state agencies to identify training needs.</p>					<p>Offers a Kentucky SKY collaborative focused on some of the programs, i.e. ACEs, Neonatal Abstinence, Trauma Informed Care, etc.; but it isn't clear on who is providing the training for these programs.</p>
	<p>b. How will the Contractor ensure that the Contractor’s staff and Network Providers (including but not limited to hospitals, pharmacies, and specialty Providers) receive in-depth training on the Kentucky SKY program, including what is and is not allowable exchange of information in a HIPAA-compliant organization, to preserve and support continuity of care. Describe how the Contractor will ensure Network Providers are aware of the requirements of the Kentucky SKY program, and how the needs of this population may differ from those of the Medicaid managed care population?</p>					
	<p>c. Describe how the Contractor will educate Law Enforcement Officials, the courts, judges, attorneys, and judges about the Kentucky SKY program.</p>					
Section Score		60			60	
5	Kentucky SKY Enrollee Services					

	a. Describe the Contractor's proposed approach for coordinating with the Department, DCBS, and DJJ to ensure Kentucky SKY Enrollees begin receiving services immediately upon entering Foster Care. Please include the Contractor's experience expediting enrollment in other markets.	12	5	2.4	12	They are going to appoint a liaison for each department and offer education for judges and law enforcement. Will designate high priority PCPs for SKY specifically; for expedited enrollment the child will be entered into the system within 2 hours. Will implement a Rapid Response Team similar to what they have in AZ.
	b. The eligibility of Kentucky SKY Enrollees often changes due to their status in Foster Care or the juvenile justice system. Describe the Contractor's proposed process for resolving Enrollment and eligibility discrepancies. Include the Contractor's approach for collaborating with the Department, DCBS and DJJ in resolving eligibility issues.	6	5	1.2	6	They recognize that the transition is traumatic for the child and appears to be willing to do whatever is necessary to make it as easy as possible. They have an enrollment team that researches and validates eligibility issues. Identifies the benefits of co-location.
	c. Describe the Contractor's proposed process to assign Kentucky SKY Enrollees to a PCP within two (2) Business Days of Enrollment. Include a discussion of the Contractor's approach to:	21	5	4.2	21	They will interface with TWIST to assist with the auto assignment of enrollees and have 4 categories for auto assignment of enrollees. They state the PCP can be changed at any time and will be valid within 24 hours; the unassigned PCP report will allow them to work based upon who does not have a PCP assigned. When the PCP receives their daily panel, the SKY population will be flagged; Aetna receives notification when the PCP looks at their panel.
	i. Assist Kentucky SKY Enrollees to select a PCP and auto-assign Kentucky SKY Enrollees who do not make a selection within the required timeframes					
	ii. Work with the Department, DCBS, DJJ, Foster Parents, and Adoptive Parents to assign PCPs					
	iii. Track data to confirm that every Kentucky SKY Enrollee is assigned to a PCP.					
	iv. Inform PCPs of new Kentucky SKY Enrollees within the required timeframes.					
	v. Confirm that PCPs received the list of assigned Kentucky SKY Enrollees					
	vi. Provide a sample of the report the Contractor will use to notify PCPs of their assigned Kentucky SKY Enrollees.					
	d. Describe the Contractor's proposed process for communicating with Kentucky SKY Enrollees about their PCP assignments and encouraging Kentucky Care Enrollees to schedule regular appointments with their assigned PCPs and keep scheduled appointments. Include how the Contractor will identify and work with Kentucky SKY Enrollees to resolve barriers to keeping appointments and how the Contractor will work with resources available at the Department, DCBS and DJJ to communicate with Kentucky SKY Enrollees. Include a discussion of how this process would differ when communicating about their Dental Provider assignment and encouraging Kentucky SKY Enrollees to schedule and keep regular appointments with Dental Providers.	10	4.5	2	9	The response is detailed, clear, and informative; CCT will reach out within 24-hours. They plan to expand Unite US and talk about the mobile dental units like they have in Pennsylvania.
	e. Foster Care (FC) Enrollees and Juvenile Justice (JJ) Enrollees often experience changes in placement. These placement changes may require assignment of new PCPs and Dental Providers. Describe the Contractor's proposed process to assess a FC or JJ Enrollee's access to a PCP and Dental Provider timely after a change in FC Enrollee or JJ Enrollee placement and assigning a new PCP or Dental Provider if the prior Provider no longer meets access standards.	6	5	1.2	6	When you move they give you 2 days to select a new PCP, on the 3rd day they will use an algorithm and auto assign you.
	f. Describe the Contractor's process for engaging Adoptive Parents who request to opt out of the Kentucky SKY program to stay enrolled, including:	8	4.5	1.6	7.2	Providing education to the adoptive parent and they will provide outreach telephonically and by video. Establish an adoption resource center at UK.
	i. Process for outreach and engagement of Adoption Assistance (AA) Enrollees.					

	ii. Conducting surveys with AA Enrollees to determine the reason for opting out of the Kentucky SKY program.					
	iii. Attempts for periodic re-engagement after Disenrollment.					
	iv. Include how the Contractor will use results from the survey to improve the program.					
	g. Provide the Contractor's proposed plan for providing Kentucky SKY Enrollees with ID cards in the required timeframes (be issued initially within five (5) Calendar Days of receipt of the eligibility file from the Department and reissued within five (5) Calendar Days of a request for reissue) in the following instances:	8	5	1.6	8	Providers will mail packets to the DCBS office unless they can get the correct address for the child. They offer printing the card from the portal or app; they have a call center dedicated to lost cards.
	i. Report of a lost ID card.					
	ii. A Kentucky SKY Enrollee name change.					
	iii. A new PCP assignment.					
	iv. FC or DJJ Enrollee moves to a new placement or for any other reason that results in a change to the information disclosed on the Kentucky SKY Enrollee's ID card.					
	h. Describe how the Contractor will address and manage crisis calls during business hours as well as after hours.	3	4	0.6	2.4	They have a well-outlined and detailed plan to incentivize CMHCs; however, they do not propose any alternatives. Page 1046 indicates they are willing to think outside of the box on the Crisis Services.
	i. Describe the processes, protocols and guidelines the Contractor will use to achieve maximum stability and the best outcomes for Kentucky SKY Enrollees in crisis as well as avoid inappropriate and unnecessary Emergency Care and hospital admissions. Describe how the Contractor will prioritize emergency and crisis calls over routine calls, protocols that will be in place to support warm transfers, and what technology the Contractor will have to enable direct telephonic/computer connectivity to emergent and crisis intervention resources.	12	4	2.4	9.6	Will provide comprehensive training, follow evidence-based guidelines, and utilize innovative care management techniques. Liked the Family Finding Program, which makes sure every kid in the foster care program has a contact outside of child welfare.
	j. Describe trainings and resources the Contractor will provide to call center staff related to recognition and management of crisis calls to ensure the most expedient and risk-reducing outcomes, including a description of the level and type of training.	6	5	1.2	6	They provided an extensive list of trainings on page 1048. Didactic role-play and 3 hours of face-to-face trauma training.
Section Score		92			87.2	
6	Provider Network					
	a. Explain the Contractor's plan to develop a comprehensive Provider Network that meets the unique needs of Kentucky SKY Enrollees. The plan must address the following:	50	5	10	50	Will rely on the provider service reps & provider experience teams to keep the network going. Liked the Multi-level care using a priority system as identified in G.6-1. The goal of having all providers accept 100% a TIC model using coaching, training, and incentives is very ambitious.
	i. Approach to contract with PCPs and specialty Providers who are trained or experienced in Trauma-informed Care and in treating individuals with complex special needs, and who have knowledge and experience in working with children in Foster Care and those children receiving Adoption Assistance.					
	ii. Recruitment strategy, including processes for identifying network gaps, developing recruitment work plans, and carrying out recruitment efforts.					

	iii. Strategy for contracting and retaining specialists unique to the Kentucky SKY populations and perhaps different from those in the Medicaid managed care Provider network and how the Contractor will provide access to specialists not included in the Provider Network.					
	iv. Process for continuous network improvement, including the approach for monitoring and evaluating Provider compliance with availability and scheduling appointment requirements and ensuring Kentucky SKY Enrollees have access to care if the Contractor lacks an agreement with a key Provider type in a given DCBS Service Region or DJJ Community District.					
	v. How the Contractor will ensure appointment access standards are met when Kentucky SKY Enrollees cannot access care within the Provider Network.					
	b. Provide an example of how the Contractor has contracted for similar networks for similar populations in other programs. Provide a workplan to contract with Kentucky SKY Network Providers, with accountabilities and timelines.	10	5	2	10	Page 1065 was a good reference to therapeutic foster care for medical complex of children. Network Development Overview Table G.6-3 was really good.
Section Score		60			60	
7	Provider Services	50	5	10	50	They are going to use provider reps to achieve Will make their quality care coordinators certified in High Fidelity Wraparound
	Provide the Contractor's proposed approach to Provider outreach and education. Include a description of how initial training will differ from ongoing training. Describe proposed training materials including but not limited to:					
	a. Coordinating services;					
	b. Care Coordination Teams;					
	c. Training in Trauma-informed Care (include sample materials);					
	d. Crisis services;					
	e. Child and Adolescent Needs and Strengths (CANS);					
	f. High Fidelity Wraparound approach;					
	g. Impact of ACEs;					
	h. Neonatal Abstinence Syndrome (NAS);					
	i. Six Seconds Emotional Intelligence (SEI); and					
	j. Screening for and identification of Behavioral Health needs.					
Section Score		50			50	
8	Covered Services					
	a. Describe the Contractor's approach for ensuring the successful completion of required assessments and screenings. Please include a description of the following:	28	5	5.6	28	Liked Figure G.8-1 proposed front-end process for medically of complex enrollees. Table G.8-1 is their anticipated challenges and proposed solutions. Liked they were forthcoming by identifying and addressing the things that could go wrong. Training referred on page 1091 for staff will support the
	i. How the Contractor will coordinate with Kentucky SKY Enrollees, the Department, DCBS, DJJ, and families. Address the involvement of any other sister agencies in the description.					
	ii. How the Contractor will ensure assessments are initiated immediately upon a Kentucky SKY Enrollee's Enrollment in the Kentucky SKY program.					

	iii. How the Contractor will meet standards for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screening.					overall goal of the trauma informed managed care company.
	iv. Any challenges that the Contractor anticipates in completing required assessments and how it will mitigate these challenges.					
	v. Provide examples of how the Contractor has succeeded in providing assessments to individuals similar to those required for the Kentucky SKY Enrollees.					
	vi. Include examples of Trauma assessment or screening tools the Contractor would recommend the Department consider for the use in identifying Trauma in Kentucky SKY Enrollees.					
	b. Submit the proposed screening tool the Contractor will use to develop the Kentucky SKY Care Plan. Include a description of how the Contractor will use the results of assessments that sister agencies have conducted in developing the Care Plan. Provide examples of prior tools the Contractor has used for other similar programs and detail how these tools have contributed to the Contractor achieving program goals.	10	5	2	10	The response is very extensive, detailed, clear and informative; see Table G.8-2 integrated management tiers and Attachment Z, foster care enrollee assessment.
	c. Describe its comprehensive approach to providing Crisis Services, including in home services, to Kentucky SKY Enrollees.	10	4.5	2	9	Appears to be a sounds plan willing to explore new models and think outside the box. Appears to understand the importance of a proactive approach.
	d. Describe the Contractor's experience in providing services through a holistic, person-centered approach, utilizing a High Fidelity Wraparound approach.	10	3	2	6	Wish the example provided from WV had gone into more detail about what they are doing.
	e. Describe how the Contractor will develop and provide interventions that will help develop resiliency in Kentucky SKY Enrollees who have been exposed to Trauma and ACEs.	10	4.5	2	9	They talk about the Bounce Brick Program. Identifies protectant factors.
	f. Describe the role of non-medical factors (e.g., placement changes) that may drive inappropriate utilization of medical resources and how the Contractor will account for those factors in the delivery approach. As part of the response, include how the Contractor will identify and leverage non-Medicaid resources that may be available in a community environment, including how it will assist such community-based resources that may serve an important role in the Kentucky SKY Enrollees' overall physical and Behavioral Health care needs and goals even if they are not traditional Medicaid services. Provide examples of any community organizations that the Contractor anticipates involving to provide services to support Kentucky SKY Enrollee' needs and goals.	15	5	3	15	The response is very extensive, detailed, and clear, see Table G.8-3 is the KY CVO and Table G.8-4/5 Value Added services. Talks about Unite Us.
	Section Score	83			77	
9	Health Outcomes					
	Describe what measures beyond traditional Healthcare Effectiveness Data and Information Set (HEDIS) scores the Contractor would recommend to determine that its Care Management, Care Coordination, and Utilization Management services and policies are having a meaningful impact on the health outcomes of Kentucky SKY Enrollees.	30	5	6	30	Table G.9-1 the list of tools and how they use measurement tools outside of HEDIS and they went into the care coordinator being the sole point of contact.
	Section Score	30			30	
10	Population Health Management and Care Coordination					

	a. Describe plan for identifying and coordinating care for those Kentucky SKY Enrollees with the most immediate service needs leading up to and immediately following implementation of the Kentucky SKY program.	10	5	2	10	Meetings regionally weekly and have a transition coordinator team wot be established prior to go live. Enrollees designated medically complex they will provide both care management and nursing consultation services.
	b. Describe how the Vendor would identify and monitor new Kentucky SKY Enrollees with high physical or behavioral health needs to ensure continuity of care.	10	5	2	10	Detailed referrals; assessment using the rising risk model.
	c. Describe how the Vendor will stratify Kentucky SKY Enrollees into tiers for Care Management services.	15	5	3	15	They will outreach quarterly to the lowest lever to see it something have changes. Table G.10-4 depicts the different levels.
	d. Provide a description of the Vendor's targeted evidence based approaches applicable to the Kentucky SKY populations. Provide details on the Vendor's approach for ensuring Network Providers' compliance with evidence based approaches mandated by the Vendor for Kentucky SKY Enrollees.	15	4	3	12	Will contract with an external evaluator to monitor, but did not go into detail on how that was going to be accomplished, see page 1133. They mention they will rely on the accreditation bodies.
	e. Provide a description of the Vendor's approach for ensuring Network Providers are providing Trauma-informed Care to Kentucky SKY Enrollees.	10	5	2	10	On page 1138, 3 levels of incentive based upon trauma informed care adoption.
	f. Describe how the Vendor will use telemedicine and telehealth to improve quality or access to physical and Behavioral Health services.	10	5	2	10	Liked the remote patient monitoring for certain situations and telehealth. Appears to be more flexible as far as platforms go.
	g. Describe how the Vendor will capture data related to Social Determinants of Health and incorporate this information into its Care Management approach.	15	5	3	15	Identified 5 different ways to capture individual enrollee data and create profiles.
	h. Describe how the Vendor will coordinate with the Department, DCBS, DJJ, and physical and Behavioral Health Providers to ensure each Provider has access to the most up-to-date medical records for Kentucky SKY Enrollees.	10	5	2	10	Aetna Family Connect will share the platform and would replace the current DCBS Medical Passport
Section Score		95			92	
11	Utilization Management	60	5	12	60	
	a. Describe how the Vendor will collaborate with Network Providers, the Department, DCBS, and DJJ to provide coordinated care for those Kentucky SKY Enrollees accessing psychotropic medications.					Page 1148 talks about Aetna's transformative vision Person centered type of decisions and really liked the CPESN and discharge planning.
	b. Describe how the Vendor will collaborate with the Department, DCBS, DJJ, hospitals, psychiatric residential treatment facilities (PRTFs), residential providers, physical and Behavioral Health Providers and others on Discharge Planning needs of Kentucky SKY Enrollees across all levels of care.					
Section Score		60			60	
12	Aging Out Services					
	Provide the Vendor's recommendations for enhancing the services and outcomes for FC Enrollees, Former Foster Care Enrollees, and JJ Enrollees aging out of Care and the Kentucky SKY program. Provide examples of services or tools the Vendor has used for other similar programs and detail how these tools have contributed to the Vendor achieving program goals.	30	5	6	30	Extensive detail and good ideas, they were specific with programing by ages and outline with transition. They have a plan to start working with the child at age 12 and the independent ageing coordinators.
Section Score		30			30	

60.7 G.13 Use Cases						
USE CASE 1	Describe how the Vendor would address and ensure the delivery of trauma informed care by the contracted provider network for the Kentucky SKY membership. In particular, address how it assesses providers' knowledge of trauma informed care, the approach for targeted provider education at regional and state levels, as needed, and plans for collaborating with DCBS staff. At minimum, address the following in its response:	50	5	10	50	Built-in incentives and disincentives to encourage/discourage moving along through the trauma informed continuum.
	a. Evidenced based practices and trauma-informed care for the Kentucky SKY membership;					
	b. Unique needs of children and youth in Foster Care;					
	c. Access to and sharing of medical records					
	d. Provider contracting;					
	e. Provider education and ongoing support;					
	f. Performance monitoring;					
	g. Cultural competency; and					
	h. Community engagement.					
USE CASE 2	Describe how the Vendor would address Kimberly's situation and coordination with the DCBS Social Service Worker, the ED, residential facilities, behavioral health providers, foster parents, and mother. At a minimum, address the following programs and services:	50	5	10	50	Table G.13-1 shows care management interventions. They provided free of charge a lockbox for medications.
	a. Care management, including coordination with the foster parents;					
	b. Discharging planning between levels of care;					
	c. Network adequacy and availability of services;					
	d. Availability and utilization of telehealth for behavioral health services;					
	e. Applicable evidence based practices; including psychotherapeutic interventions;					
	f. Prescribing psychotropic medications and documentation in medical records (e.g., rationale, follow-up assessments and monitoring, etc.);					
	g. Coordination of transportation, if needed;					
	h. Provider contracting;					
	i. Provider education and support;					
	j. Access to and sharing of medical records; and					
	k. Maintenance of the care plan.					
USE CASE 3	Describe how the Vendor would address Shakira's situation and coordination with the DCBS Social Service Worker, the foster family, physical and behavioral health providers, transition from the family to the community, and community resources. At a minimum, address the following programs and services:	50	5	10	50	Like Table G.13-3 which was the summary of the Care Management intervention
	a. Care management;					
	b. Access to and coordination between physical health providers (e.g., OB/GYN, pediatrician) and behavioral health providers;					
	c. Access to network providers;					
	d. Discharge planning for all levels of care;					
	e. Coordination of school based services and an Individualized Education Plan;					
	f. Community services for parenting skills;					
	g. Applicable evidence based practices;					
	h. Coordination of transportation, if needed;					

	i. Options for aging out of foster care and risk management;					
	j. Social determinants of health;					
	k. Provider education and support;					
	l. Access to and sharing of medical records; and					
	m. Maintenance of the Care Plan.					
USE CASE 4	Describe how the Vendor would address Kirk's situation and coordination with the Social Service Worker, the foster family, in-state and out-of-state providers, and community resources. At a minimum, address the following programs and services:	50	5	10	50	Like the Table G.13-5 Care coordination Respite plan found on page 1210 was good considering the child's needs Table 13-8 identifies the different community resources specific to Webster Co.
	a. Care management, including coordination to address fragmented care and timeliness of care;					
	b. Availability of services and network access, including out-of-state providers;					
	c. Availability of services, such as skilled nursing services;					
	d. Access to school based services;					
	e. Applicable evidence based practices;					
	f. Coordination of transportation, as needed;					
	g. Community resources;					
	h. Social determinants of health;					
	i. Planned respite care;					
	j. Provider education and support;					
	k. Access to and sharing of medical records; and					
	l. Maintenance of the care plan.					
USE CASE 5	Describe how it would address Enrico's situation and coordination with the DCBS Social Service Worker, group home, physical and behavioral health providers, and his family. At minimum address the following programs and services:	50	5	10	50	Page 1213 list practices to facilitate a safe transition. They offer meetings with to develop self-care plan. Evidence based interventions were therapeutic vs. punitive. Table G.13-9, which is the community resources that are available to Enrico.
	a. Care Management, including coordinated management of his physical and behavioral health conditions					
	b. Discharge planning for all levels of care;					
	c. Language accessibility;					
	d. Psychotropic medications and documentation in medical records (e.g., rationale, follow up assessments and monitoring);					
	e. Evidence based psychotherapeutic interventions;					
	f. Social determinants of health;					
	g. Community resources;					
	h. Aging out of foster care;					
	i. Access to and sharing of medical records; and					
	j. Maintenance of the care plan.					
USE CASE 6	Describe how the Vendor would address Mary's situation and coordinate with the DCBS Social Service Worker, parent, and providers. At minimum, address the following programs and services:	50	5	10	50	Table G.13-10 summarizes the needs and interventions for not only Mary, but her mother as well.
	a. Care Management including coordination of multispecialty developmental evaluations and care;					
	b. Discharge planning for all levels of care;					
	c. Applicable evidence based practices;					

	d. School based services;					
	e. Social determinants of health;					
	f. Community resources;					
	g. Access to and sharing of medical records; and					
	h. Maintenance of the care plan.					
USE CASE 7	Describe how the Vendor would address Julie's situation and coordination with the DCBS Social Service Worker, and physical and behavioral health providers. At minimum address the following programs and services:	50	5	10	50	They did a rapid enrollment based upon a recommendation from DJJ.
	a. Care Management;					
	b. Discharging planning for all levels of care;					
	c. Prescribing psychotropic meds and documentation in medical records (e.g., rationale);					
	d. Evidence based psychotherapeutic interventions;					
	e. Viability of aging out of foster care;					
	f. Option for transitioning to an applicable waiver;					
	g. Access to and sharing of medical records; and					
	h. Maintenance of the care plan.					
USE CASE 8	Describe how the Vendor would address Amanda's situation and coordination with the DCBS Social Service Worker, Medically Complex Liaison, foster family, all providers, and community resources. At minimum, address the following programs and services:	50	5	10	50	Table G.13-14 is their summer of care coordination intervention. Offers remote patient monitoring.
	a. Care management, including the assignment of the Nurse Case Manager;					
	b. Involvement of Medically Complex service team;					
	c. Discharge planning between levels of care;					
	d. Individual Health Plan development and maintenance within specified timeframes;					
	e. Availability of and access to providers;					
	f. The Medical Passport;					
	g. Training and support for caregivers;					
	h. Coordination of transportation, as needed;					
	i. Coordination of physical and behavioral health services;					
	j. Community resources;					
	k. Assistance with the Individualized Education Plan;					
	l. Social Determinants of Health;					
	m. Planned respite care;					
	n. Applicable evidence-based practices;					
	o. Sharing and review of medical records; and					
	p. Maintenance of the care plan.					
Section Score		400			400	
Grand Total		1150			1126.3	

Vendor Name: Humana		Possible Points	Score (1 to 5)	Multiply by Weight	Resulting Score	Comments
<i>Values assigned should relate to the quality and strength of the solution and its relevance to DMS</i>						
60.7 D. (OPTIONAL SUBMITTAL) Kentucky SKY						
1	Executive Summary					
	a. Provide an Executive Summary that summarizes the Contractor’s proposed technical approach, staffing and organizational structure, and implementation plan for the Kentucky SKY program. The Executive Summary must include a statement of understanding and fully document the Contractor’s ability, understanding and capability to provide the full scope of work.	30	4	6	24	SKY staff would almost be all located in Kentucky and co-locating complex care coordinators in the DCBS offices. It appears they anticipate having all kids in DJJ custody assigned to them.
	b. The Contractor’s statement of understanding of the unique needs of Medicaid Enrollees in the Commonwealth enrolled in the Kentucky SKY program;					
	c. An overview of the Contractor’s proposed organization to provide coordinated services for the Kentucky SKY program;					
	d. A summary of the Contractor’s strategy and approach for administering services for Kentucky SKY Enrollees;					
	e. A summary of the Contractor’s strategy and approach for establishing a comprehensive Provider network able to meet the unique physical and Behavioral Health needs of Kentucky SKY Enrollees; and					
	f. A summary of innovations and Trauma-informed initiatives the Contractor proposes to implement to achieve improved health outcomes for Kentucky SKY Enrollees in a cost effective manner. Include a discussion of challenges the Contractor anticipates, how the Contractor will address such challenges, and a description of the Contractor’s experience with addressing these challenges for similar contracts and populations.					
Section Score		30			24	
2	Company Background					
	a. Corporate Experience	20	2.5	4	10	It merely addresses the questions but fails to correctly address some aspects of the question specifically related to SKY as it appears that on page 10 they identify all of their enrollees in FL & KY, not just the foster kids that we are anticipating to see. The description on page 3 for the their experience in coordinating trauma informed services and education to providers for the SKY population appears to outline what they plan to do and not what they have
	i. Describe the Contractor’s experience in the provision of managed care services similar to those specified in the Contract for the Kentucky SKY populations specified in this Contract. In addition, include the following information in the response:					
	a. Experience in coordinating and providing Trauma-informed services, and educating Providers on Trauma-informed Care, ACEs, and evidenced based practices applicable to individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance;					

	<p>b. Three (3) examples of initiatives the Contractor has implemented for Medicaid managed care programs for individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance that have supported improved outcomes (e.g., greater awareness of Trauma-Informed Care, clinical outcomes, Discharge Planning between levels of care, etc.). Describe whether such initiatives were cost effective and resulted in sustained change;</p>					done in the past.
	<p>c. A summary of lessons learned from the Contractor’s experience providing similar services to the populations enrolled in Kentucky SKY; and</p>					
	<p>d. How the Contractor will apply such lessons learned to the Kentucky SKY program.</p>					
	<p>ii. Provide a listing of the Contractor’s prior and existing full risk Medicaid managed care contracts serving individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance for the previous five (5) years. Include the following information: a. State name b. Contract start and end dates c. Number of covered lives d. Whether the Contractor provides services regionally or statewide</p>					
	<p>b. Office in the Commonwealth For programs similar to Kentucky SKY, has the Contractor co-located staff in an agency regional office? If yes, describe the factors that influenced that decision and summarized the outcome of the co-location in coordinating of services for program participants.</p>	4	4.5	0.8	3.6	They commit to having co-located complex CCs at each region and they have programs around military outreach.
	<p>c. Staffing</p>					
	<p>i. Describe the Contractor’s proposed approach to staffing for the Kentucky SKY program under this Contract, including the following information at a minimum: a. Description of how the organizational structure provides innovative solutions for meeting programmatic goals specific to the Kentucky SKY program and Kentucky SKY Enrollees and supports stakeholder groups (e.g., Kentucky SKY Enrollees, providers, partners, among others). b. Description of how the organizational structure will support whole-person integrated care, population health and overall improvement in health outcomes in a cost-effective manner for the Kentucky SKY program.</p>	12	4.5	2.4	10.8	Table I.G.2-2 innovative solution for their organizational structure; notes that when appropriate they can obtain peer support specialist certification with future employment with Humana.
	<p>ii. What prior experience will the Contractor require staff to have had in serving populations similar to Kentucky SKY Enrollees?</p>	4	5	0.8	4	They will use local candidates with experience with clinical knowledge and appropriate licensure in Kentucky and clinical practices and they identify soft skills.

	<p>iii. Provide a narrative description of the Contractor’s approaches to recruiting staff for the Kentucky SKY program, including:</p> <ul style="list-style-type: none"> a. Recruitment sources; b. Contingency plans if the Contractor is unable to recruit sufficient numbers of adequately trained staff in a timely basis or if the Contractor's original staffing estimates are too low and for avoiding and minimizing the impact of personnel changes; c. How the Contractor will assure the Department that sufficiently experienced, licensed and trained personnel are available to support implementation and ongoing administration of the Kentucky SKY program; and d. How the Contractor will seamlessly transition staff, if necessary, from implementation to ongoing operations. 	4	4	0.8	3.2	<p>They rely heavily across all of their programs as backup and they hire a lot of veterans, see the results in Table I.G.2-4.</p>
	<p>iv. A listing of Full-Time Kentucky SKY Key Personnel identified in RFP Attachment F “Draft Medicaid Managed Care Contract and Appendices”, and as otherwise defined by the Contractor, including:</p> <ul style="list-style-type: none"> a. Individual names, titles, job descriptions, qualifications and full-time equivalents (FTEs) who are dedicated one hundred percent (100%) to the Kentucky SKY program under this Contract with no other responsibilities outside of the Kentucky SKY program, as well as their office locations for this Contract. An FTE is defined as the ratio of the total number of paid hours divided by the total number of working hours in the period. Annually, an FTE is considered to be 2,080 hours. b. Whether each Full-time Kentucky SKY Key Personnel position will be filled by a Contractor’s employee or a Subcontractor. Identify the number of FTE Subcontractor staff who will be one hundred percent (100%) dedicated to the Kentucky SKY program. c. Resumes, including information such as degrees, credentials, clinical licensure as applicable, years and type of experience. Include as an Appendix or Attachment to the Proposal. 	12	5	2.4	12	<p>Table I.G.2-5 is the listing of fulltime SKY personnel with attached resumes.</p>
	<p>v. Overview of the Contractor’s proposed training of staff to fulfill all requirements and responsibilities of RFP Attachment F “Draft Medicaid Managed Care Contract and Appendices”, for all operational areas. Provide the Contractor’s proposed training program and curriculum for all staff specific to areas of responsibility. Include information about the topics for which staff will receive training, how trainings will differ for new staff members versus ongoing trainings and related training schedules.</p>	10	4.5	2	9	<p>Table I.G.2-7, which is the Medicaid and SKY specific training; describes the training and identifies the frequency of taking the training.</p>
	<p>vi. Overview of Contractor’s approach to monitoring Subcontractors’ progress in recruiting and training of staff to meet all requirements of RFP Attachment F “Draft Medicaid Managed Care Contract and Appendices”.</p>	5	4	1	4	<p>See page 62 subcontractors; did not see there it talked about recruitment requirements for SKY.</p>
	<p>vii. Retention approach for Full-time Kentucky SKY Key Personnel.</p>	3	5	0.6	3	<p>Great benefits see Table I.G.2-21 for their benefits plan, i.e. Helping Hands and adoption program</p>

	viii. Provide a detailed description of the Contractor’s organizational structure for the Kentucky SKY program under this Contract, including an organizational chart that displays the following: a. Management structure, lines of responsibility, and authority for all operational areas of this Contract. b. How the Kentucky SKY fits into the overall organizational structure of the Parent Company. c. Where Subcontractors will be incorporated.	5	5	1	5	Attachment I.G.2-3 shows their entire enterprise and you can see where SKY fits in.
	ix. A summary of how each Subcontractor will be integrated into the Contractor’s proposal performance of their obligations under the Contract to ensure a streamlined experience for the Kentucky SKY Enrollees, Providers and the Department.	3	4	0.6	2.4	Very general details about subcontracts, nothing specifically related to SKY.
	x. Identification of staff positions that will be based (1) in the Contractor’s Kentucky office(s), (2) in the field, and (3) at a corporate office of the Contractor or Subcontractors. Information should include physical locations for all Contractor operational areas to support this Contract.	3	4	0.6	2.4	Table I.G.2-24 Staffing by office type and location; offers general detail just notes if someone was "in the field".
	xi. Number of proposed FTEs dedicated to the Kentucky SKY program, by position type and operational area and how the Contractor determined the appropriateness of these ratios.	5	3	1	3	Page 81; however, their definition of an FTE doesn't appear to match what is in the RFP and the listing of full time required personnel doesn't appear to match what is in the RFP.
	xii. Describe the roles and responsibilities of Care Coordinators and Care Coordination Team. How will the Contractor maintain adequate Kentucky SKY to Kentucky SKY Enrollee ratios and number of Care Coordination personnel and management staff having expertise in Physical Health, Behavioral Health, and the Kentucky SKY Enrollee to build Care Coordination Teams? Provide the Contractor’s approach to locating the Care Coordinators areas in which they serve.	10	4	2	8	The response is detailed, clear, and informative, see page 86.
Section Score		100			80.4	
3	Kentucky SKY Implementation	60	4.5	12	54	RELIS is the training platform and will provide SKY specific training.
	a. Describe the Contractor’s approach to project management, including a summary of responsibilities for project governance and how the Contractor will track action items, risks and issues, as well as contingency and mitigation plans. At a minimum, the implementation plan must include elements outlined in the RFP, for example: i. Establishing an office location and call centers; ii. Provider recruitment activities; iii. Staff hiring and a training plan; iv. Establishing interfaces to information systems operated by the Department and DCBS; and v. Communicating with and educating Network Providers and Kentucky SKY Enrollees through a web site and required materials, and how that interaction will support program participation and program goals.					

	b. Describe the Contractor’s approach for building relationships with DCBS staff at the Service Region and county level, and with Department for Juvenile Justice (DJJ) staff at the Community District level to support enhanced coordination of care, reduced duplication of services, and improved access to the most appropriate services to meet the needs of Kentucky SKY Enrollees. Please address education, training, communications, and process development.					
Section Score		60			54	
4	Kentucky SKY Contractor Educational and Training Requirements	60	4.5	12	54	
	a. Describe the Contractor’s proposed approach for collaborating with experts including the Department, DCBS, and DJJ) to identify Provider training needs. Please include examples from other Contractor programs exhibiting collaboration with state agencies to identify training needs.					Liked the idea of the LHAB. Trauma Informed Program Director 100% of the time. SKY Provider advisory committee, but needs more providers. Listed associate training on page 6 Figure I.G.4-1 training models 32 hours of training every two years for SKY staff TIC provider recognition program
	b. How will the Contractor ensure that the Contractor’s staff and Network Providers (including but not limited to hospitals, pharmacies, and specialty Providers) receive in-depth training on the Kentucky SKY program, including what is and is not allowable exchange of information in a HIPAA-compliant organization, to preserve and support continuity of care. Describe how the Contractor will ensure Network Providers are aware of the requirements of the Kentucky SKY program, and how the needs of this population may differ from those of the Medicaid managed care population?					
	c. Describe how the Contractor will educate Law Enforcement Officials, the courts, judges, attorneys, and judges about the Kentucky SKY program.					
Section Score		60			54	
5	Kentucky SKY Enrollee Services					
	a. Describe the Contractor’s proposed approach for coordinating with the Department, DCBS, and DJJ to ensure Kentucky SKY Enrollees begin receiving services immediately upon entering Foster Care. Please include the Contractor’s experience expediting enrollment in other markets.	12	5	2.4	12	They talk about implementation with DCBS & DMS to get information about population. Figure I.G.5-2 Kentucky SIS Team Liked the SIS support team and coordinating with other MCOs.
	b. The eligibility of Kentucky SKY Enrollees often changes due to their status in Foster Care or the juvenile justice system. Describe the Contractor’s proposed process for resolving Enrollment and eligibility discrepancies. Include the Contractor’s approach for collaborating with the Department, DCBS and DJJ in resolving eligibility issues.	6	3.5	1.2	4.2	The response is detailed; however, it is difficult to distinguish between the roles of the Care Coordinator team and the complex care coordinator.
	c. Describe the Contractor’s proposed process to assign Kentucky SKY Enrollees to a PCP within two (2) Business Days of Enrollment. Include a discussion of the Contractor’s approach to:	21	4	4.2	16.8	Detailed response see Figure I.G.5-3 Enrollee Services, Attachment I.G.5-1 sample contractor report and Table I.G.5-1 Auto PCP assignment process.
	i. Assist Kentucky SKY Enrollees to select a PCP and auto-assign Kentucky SKY Enrollees who do not make a selection within the required timeframes					
	ii. Work with the Department, DCBS, DJJ, Foster Parents, and Adoptive Parents to assign PCPs					
	iii. Track data to confirm that every Kentucky SKY Enrollee is assigned to a PCP.					
	iv. Inform PCPs of new Kentucky SKY Enrollees within the required timeframes.					

	v. Confirm that PCPs received the list of assigned Kentucky SKY Enrollees					
	vi. Provide a sample of the report the Contractor will use to notify PCPs of their assigned Kentucky SKY Enrollees.					
	d. Describe the Contractor’s proposed process for communicating with Kentucky SKY Enrollees about their PCP assignments and encouraging Kentucky Care Enrollees to schedule regular appointments with their assigned PCPs and keep scheduled appointments. Include how the Contractor will identify and work with Kentucky SKY Enrollees to resolve barriers to keeping appointments and how the Contractor will work with resources available at the Department, DCBS and DJJ to communicate with Kentucky SKY Enrollees. Include a discussion of how this process would differ when communicating about their Dental Provider assignment and encouraging Kentucky SKY Enrollees to schedule and keep regular appointments with Dental Providers.	10	4	2	8	Detailed response, will use care hub platform and Avality. The Care Coordinator will provide sometime of outreach.
	e. Foster Care (FC) Enrollees and Juvenile Justice (JJ) Enrollees often experience changes in placement. These placement changes may require assignment of new PCPs and Dental Providers. Describe the Contractor’s proposed process to assess a FC or JJ Enrollee’s access to a PCP and Dental Provider timely after a change in FC Enrollee or JJ Enrollee placement and assigning a new PCP or Dental Provider if the prior Provider no longer meets access standards.	6	4	1.2	4.8	Detailed response, see Figure I.G.5-4 KY SKY provider network stats. Allows 2 days to choose & then auto enroll.
	f. Describe the Contractor’s process for engaging Adoptive Parents who request to opt out of the Kentucky SKY program to stay enrolled, including:	8	4	1.6	6.4	The response is detailed, clear, and informative and flows in a logical and sequential manner; online or paper survey.
	i. Process for outreach and engagement of Adoption Assistance (AA) Enrollees.					
	ii. Conducting surveys with AA Enrollees to determine the reason for opting out of the Kentucky SKY program.					
	iii. Attempts for periodic re-engagement after Disenrollment.					
	iv. Include how the Contractor will use results from the survey to improve the program.					
	g. Provide the Contractor’s proposed plan for providing Kentucky SKY Enrollees with ID cards in the required timeframes (be issued initially within five (5) Calendar Days of receipt of the eligibility file from the Department and reissued within five (5) Calendar Days of a request for reissue) in the following instances:	8	4	1.6	6.4	Liked the enrollee portal, think parents will be more app to do to request a card vs. call. HID CMS tracks what cards have/have not been issued.
	i. Report of a lost ID card.					
	ii. A Kentucky SKY Enrollee name change.					
	iii. A new PCP assignment.					
	iv. FC or DJJ Enrollee moves to a new placement or for any other reason that results in a change to the information disclosed on the Kentucky SKY Enrollee’s ID card.					
	h. Describe how the Contractor will address and manage crisis calls during business hours as well as after hours.	3	4	0.6	2.4	Partnered with VIA Link to operate the crisis line MSR’s are going to be trained in Mental Health First Aid
	i. Describe the processes, protocols and guidelines the Contractor will use to achieve maximum stability and the best outcomes for Kentucky SKY Enrollees in crisis as well as avoid inappropriate and unnecessary Emergency Care and hospital admissions. Describe how the Contractor will prioritize emergency and crisis calls over routine calls, protocols that will be in place to support warm transfers, and what technology the Contractor will have to enable direct telephonic/computer connectivity to emergent and crisis intervention resources.	12	5	2.4	12	Like the Behavioral Health protocols outlined on page 27; VIA Links suicide related calls. They are going to use CMHCs mobile crisis team and if they do not have one they would work with BHSO. Telehealth with Arcadian telepsychiatry

	j. Describe trainings and resources the Contractor will provide to call center staff related to recognition and management of crisis calls to ensure the most expedient and risk-reducing outcomes, including a description of the level and type of training.	6	5	1.2	6	The response is very extensive, VIA Link training topics are found on page 82; 70 to 80 hours of training.
Section Score		92			79	
6	Provider Network					
	a. Explain the Contractor’s plan to develop a comprehensive Provider Network that meets the unique needs of Kentucky SKY Enrollees. The plan must address the following:	50	5	10	50	The response is very extensive; see Table I.G.6-1 Network Gap Management Tools. Provides Value Based Incentives, work on HighFi Wrap, and Gold Card Program.
	i. Approach to contract with PCPs and specialty Providers who are trained or experienced in Trauma-informed Care and in treating individuals with complex special needs, and who have knowledge and experience in working with children in Foster Care and those children receiving Adoption Assistance.					
	ii. Recruitment strategy, including processes for identifying network gaps, developing recruitment work plans, and carrying out recruitment efforts.					
	iii. Strategy for contracting and retaining specialists unique to the Kentucky SKY populations and perhaps different from those in the Medicaid managed care Provider network and how the Contractor will provide access to specialists not included in the Provider Network.					
	iv. Process for continuous network improvement, including the approach for monitoring and evaluating Provider compliance with availability and scheduling appointment requirements and ensuring Kentucky SKY Enrollees have access to care if the Contractor lacks an agreement with a key Provider type in a given DCBS Service Region or DJJ Community District.					
	v. How the Contractor will ensure appointment access standards are met when Kentucky SKY Enrollees cannot access care within the Provider Network.					
	b. Provide an example of how the Contractor has contracted for similar networks for similar populations in other programs. Provide a workplan to contract with Kentucky SKY Network Providers, with accountabilities and timelines.	10	4.5	2	9	See Table I.G.6-3, which was the network provider work plan. Response detailed two examples, but thought that could have made them more applicable to SKY.
Section Score		60			59	
7	Provider Services					
	Provide the Contractor’s proposed approach to Provider outreach and education. Include a description of how initial training will differ from ongoing training. Describe proposed training materials including but not limited to:	50	4	10	40	Most is based upon RELIS, but they are going to work with the BOUNCE Collation and will work with KY SKY provider advisory council, QMAC, and town halls.
	a. Coordinating services;					
	b. Care Coordination Teams;					
	c. Training in Trauma-informed Care (include sample materials);					
	d. Crisis services;					
	e. Child and Adolescent Needs and Strengths (CANS);					
	f. High Fidelity Wraparound approach;					
	g. Impact of ACEs;					
	h. Neonatal Abstinence Syndrome (NAS);					

	i. Six Seconds Emotional Intelligence (SEI); and					
	j. Screening for and identification of Behavioral Health needs.					
Section Score		50			40	
8	Covered Services					
	a. Describe the Contractor’s approach for ensuring the successful completion of required assessments and screenings. Please include a description of the following:	28	4.5	5.6	25.2	Liked the challenges listed on page 10, 3 different ones provided; only one example provided of FL MCO.
	i. How the Contractor will coordinate with Kentucky SKY Enrollees, the Department, DCBS, DJJ, and families. Address the involvement of any other sister agencies in the description.					
	ii. How the Contractor will ensure assessments are initiated immediately upon a Kentucky SKY Enrollee’s Enrollment in the Kentucky SKY program.					
	iii. How the Contractor will meet standards for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screening.					
	iv. Any challenges that the Contractor anticipates in completing required assessments and how it will mitigate these challenges.					
	v. Provide examples of how the Contractor has succeeded in providing assessments to individuals similar to those required for the Kentucky SKY Enrollees.					
	vi. Include examples of Trauma assessment or screening tools the Contractor would recommend the Department consider for the use in identifying Trauma in Kentucky SKY Enrollees.					
	b. Submit the proposed screening tool the Contractor will use to develop the Kentucky SKY Care Plan. Include a description of how the Contractor will use the results of assessments that sister agencies have conducted in developing the Care Plan. Provide examples of prior tools the Contractor has used for other similar programs and detail how these tools have contributed to the Contractor achieving program goals.	10	5	2	10	Several detailed assessments were attached to the response; reduction in hospital ED visits.
	c. Describe its comprehensive approach to providing Crisis Services, including in home services, to Kentucky SKY Enrollees.	10	4	2	8	It is unclear if the crisis plan will be developed for all SKY enrollee or just the complex care.
	d. Describe the Contractor’s experience in providing services through a holistic, person-centered approach, utilizing a High Fidelity Wraparound approach.	10	4.5	2	9	See Figure I.G.8-2 which is the care coordination approach; cited work in FL, IL, & KY.
	e. Describe how the Contractor will develop and provide interventions that will help develop resiliency in Kentucky SKY Enrollees who have been exposed to Trauma and ACEs.	10	4	2	8	Like the concept of the peer support specialist. Evidence based practice & collaboration. Caregiver support.
	f. Describe the role of non-medical factors (e.g., placement changes) that may drive inappropriate utilization of medical resources and how the Contractor will account for those factors in the delivery approach. As part of the response, include how the Contractor will identify and leverage non-Medicaid resources that may be available in a community environment, including how it will assist such community-based resources that may serve an important role in the Kentucky SKY Enrollees’ overall physical and Behavioral Health care needs and goals even if they are not traditional Medicaid services. Provide examples of any community organizations that the Contractor anticipates involving to provide services to support Kentucky SKY Enrollee’ needs and goals.	15	5	3	15	The response provided a lot of detail about community-based organizations; see Table I.G.8-3 SKY Community based partnership which indicated location and if there are city/regional/statewide. Provided 3 reasons that drive inappropriate utilization

Section Score		83			75.2	
9	Health Outcomes					
	Describe what measures beyond traditional Healthcare Effectiveness Data and Information Set (HEDIS) scores the Contractor would recommend to determine that its Care Management, Care Coordination, and Utilization Management services and policies are having a meaningful impact on the health outcomes of Kentucky SKY Enrollees.	30	5	6	30	The response provided very through measures specific to intensive care coordination, see Table I.G.9-1 proposed performance measures.
Section Score		30			30	
10	Population Health Management and Care Coordination					
	a. Describe plan for identifying and coordinating care for those Kentucky SKY Enrollees with the most immediate service needs leading up to and immediately following implementation of the Kentucky SKY program.	10	4.5	2	9	Collaborating with other MCOs and makes the needs assessment a priority.
	b. Describe how the Vendor would identify and monitor new Kentucky SKY Enrollees with high physical or behavioral health needs to ensure continuity of care.	10	4	2	8	Pre enrollment of 90 days before it goes live and they do an initial stratification of the members.
	c. Describe how the Vendor will stratify Kentucky SKY Enrollees into tiers for Care Management services.	15	5	3	15	They have a list of their discharge planning processes on page 7.
	d. Provide a description of the Vendor's targeted evidence based approaches applicable to the Kentucky SKY populations. Provide details on the Vendor's approach for ensuring Network Providers' compliance with evidence based approaches mandated by the Vendor for Kentucky SKY Enrollees.	15	4	3	12	Clinical Guidance Exchange on page 8 detailed the continuity of care for the high risk.
	e. Provide a description of the Vendor's approach for ensuring Network Providers are providing Trauma-informed Care to Kentucky SKY Enrollees.	10	5	2	10	Figure I.G.10-1 the PHM program, which shows the identification and stratification.
	f. Describe how the Vendor will use telemedicine and telehealth to improve quality or access to physical and Behavioral Health services.	10	5	2	10	The evidenced practices are good, but questions their ability to measure fidelity.
	g. Describe how the Vendor will capture data related to Social Determinants of Health and incorporate this information into its Care Management approach.	15	5	3	15	Trauma informed and provider manual, work with UK & UofL, provider recognition program.
	h. Describe how the Vendor will coordinate with the Department, DCBS, DJJ, and physical and Behavioral Health Providers to ensure each Provider has access to the most up-to-date medical records for Kentucky SKY Enrollees.	10	4	2	8	Value based incentive program to for completing training.
Section Score		95			87	
11	Utilization Management	60	4.5	12	54	Throughout the term, CC is used but is referencing different Care Coordination levels/roles; it is assumed 35 are not co-located/11 co-located. Hospital based care managers
	a. Describe how the Vendor will collaborate with Network Providers, the Department, DCBS, and DJJ to provide coordinated care for those Kentucky SKY Enrollees accessing psychotropic medications.					
	b. Describe how the Vendor will collaborate with the Department, DCBS, DJJ, hospitals, psychiatric residential treatment facilities (PRTFs), residential providers, physical and Behavioral Health Providers and others on Discharge Planning needs of Kentucky SKY Enrollees across all levels of care.					
Section Score		60			54	
12	Ageing Out Services					

	Provide the Vendor's recommendations for enhancing the services and outcomes for FC Enrollees, Former Foster Care Enrollees, and JJ Enrollees aging out of Care and the Kentucky SKY program. Provide examples of services or tools the Vendor has used for other similar programs and detail how these tools have contributed to the Vendor achieving program goals.	30	5	6	30	The response is very extensive, they are going to start working with kids at age 12 & 13; see Table I.G.12-1 different aging out services by age group and Figure I.G.12-2 supplemental activities.
Section Score		30			30	
60.7 G.13 Use Cases						
USE CASE 1	Describe how the Vendor would address and ensure the delivery of trauma informed care by the contracted provider network for the Kentucky SKY membership. In particular, address how it assesses providers' knowledge of trauma informed care, the approach for targeted provider education at regional and state levels, as needed, and plans for collaborating with DCBS staff. At minimum, address the following in its response:	50	5	10	50	The response is very extensive, 3 evidence based practices were identified for them to hone in on; was do able and achievable.
	a. Evidenced based practices and trauma-informed care for the Kentucky SKY membership;					
	b. Unique needs of children and youth in Foster Care;					
	c. Access to and sharing of medical records					
	d. Provider contracting;					
	e. Provider education and ongoing support;					
	f. Performance monitoring;					
	g. Cultural competency; and					
	h. Community engagement.					
USE CASE 2	Describe how the Vendor would address Kimberly's situation and coordination with the DCBS Social Service Worker, the ED, residential facilities, behavioral health providers, foster parents, and mother. At a minimum, address the following programs and services:	50	5	10	50	The response is very extensive, they had everyone involved in the discharge process and thought about other options besides hospitalization.
	a. Care management, including coordination with the foster parents;					
	b. Discharging planning between levels of care;					
	c. Network adequacy and availability of services;					
	d. Availability and utilization of telehealth for behavioral health services;					
	e. Applicable evidence based practices; including psychotherapeutic interventions;					
	f. Prescribing psychotropic medications and documentation in medical records (e.g., rationale, follow-up assessments and monitoring, etc.);					
	g. Coordination of transportation, if needed;					
	h. Provider contracting;					
	i. Provider education and support;					
	j. Access to and sharing of medical records; and					
	k. Maintenance of the care plan.					
USE CASE 3	Describe how the Vendor would address Shakira's situation and coordination with the DCBS Social Service Worker, the foster family, physical and behavioral health providers, transition from the family to the community, and community resources. At a minimum, address the following programs and services:	50	5	10	50	Shakira receives a full behavioral health assessment and quarterly PCP summary.
	a. Care management;					
	b. Access to and coordination between physical health providers (e.g., OB/GYN, pediatrician) and behavioral health providers;					

	c. Access to network providers;					
	d. Discharge planning for all levels of care;					
	e. Coordination of school based services and an Individualized Education Plan;					
	f. Community services for parenting skills;					
	g. Applicable evidence based practices;					
	h. Coordination of transportation, if needed;					
	i. Options for aging out of foster care and risk management;					
	j. Social determinants of health;					
	k. Provider education and support;					
	l. Access to and sharing of medical records; and					
	m. Maintenance of the Care Plan.					
USE CASE 4	Describe how the Vendor would address Kirk's situation and coordination with the Social Service Worker, the foster family, in-state and out-of-state providers, and community resources. At a minimum, address the following programs and services:	50	5	10	50	They taught everyone to care for the shunt; this is a good example of the role you would want from a MCO in this situation. Support and respite for the caregiver was offered.
	a. Care management, including coordination to address fragmented care and timeliness of care;					
	b. Availability of services and network access, including out-of-state providers;					
	c. Availability of services, such as skilled nursing services;					
	d. Access to school based services;					
	e. Applicable evidence based practices;					
	f. Coordination of transportation, as needed;					
	g. Community resources;					
	h. Social determinants of health;					
	i. Planned respite care;					
	j. Provider education and support;					
	k. Access to and sharing of medical records; and					
	l. Maintenance of the care plan.					
USE CASE 5	Describe how it would address Enrico's situation and coordination with the DCBS Social Service Worker, group home, physical and behavioral health providers, and his family. At minimum address the following programs and services:	50	5	10	50	Excellent crisis plan identified.
	a. Care Management, including coordinated management of his physical and behavioral health conditions					
	b. Discharge planning for all levels of care;					
	c. Language accessibility;					
	d. Psychotropic medications and documentation in medical records (e.g., rationale, follow up assessments and monitoring);					
	e. Evidence based psychotherapeutic interventions;					
	f. Social determinants of health;					
	g. Community resources;					
	h. Aging out of foster care;					
	i. Access to and sharing of medical records; and					
	j. Maintenance of the care plan.					

USE CASE 6	Describe how the Vendor would address Mary's situation and coordinate with the DCBS Social Service Worker, parent, and providers. At minimum, address the following programs and services:	50	5	10	50	An extensive list of other services that would be applicable to Mary was provide. Liked the pet and equine therapy Value Add Services.
a.	Care Management including coordination of multispecialty developmental evaluations and care;					
b.	Discharge planning for all levels of care;					
c.	Applicable evidence based practices;					
d.	School based services;					
e.	Social determinants of health;					
f.	Community resources;					
g.	Access to and sharing of medical records; and					
h.	Maintenance of the care plan.					
USE CASE 7	Describe how the Vendor would address Julie's situation and coordination with the DCBS Social Service Worker, and physical and behavioral health providers. At minimum address the following programs and services:	50	5	10	50	Started the aging out process at age 12. Taking a role in as transitioning into the waiver.
a.	Care Management;					
b.	Discharging planning for all levels of care;					
c.	Prescribing psychotropic meds and documentation in medical records (e.g., rationale);					
d.	Evidence based psychotherapeutic interventions;					
e.	Viability of aging out of foster care;					
f.	Option for transitioning to an applicable waiver;					
g.	Access to and sharing of medical records; and					
h.	Maintenance of the care plan.					
USE CASE 8	Describe how the Vendor would address Amanda's situation and coordination with the DCBS Social Service Worker, Medically Complex Liaison, foster family, all providers, and community resources. At minimum, address the following programs and services:	50	5	10	50	Offers medical respite. Will be good to have the MCO involved with developing Amanda's IHP.
a.	Care management, including the assignment of the Nurse Case Manager;					
b.	Involvement of Medically Complex service team;					
c.	Discharge planning between levels of care;					
d.	Individual Health Plan development and maintenance within specified timeframes;					
e.	Availability of and access to providers;					
f.	The Medical Passport;					
g.	Training and support for caregivers;					
h.	Coordination of transportation, as needed;					
i.	Coordination of physical and behavioral health services;					
j.	Community resources;					
k.	Assistance with the Individualized Education Plan;					
l.	Social Determinants of Health;					
m.	Planned respite care;					
n.	Applicable evidence-based practices;					
o.	Sharing and review of medical records; and					
p.	Maintenance of the care plan.					
Section Score		400			400	

Grand Total	1150	1066.6
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Vendor Name: Molina		Possible Points	Score (1 to 5)	Multiply by Weight	Resulting Score	Comments
<i>Values assigned should relate to the quality and strength of the solution and its relevance to DMS</i>						
60.7 D. (OPTIONAL SUBMITTAL) Kentucky SKY						
1	Executive Summary					
	a. Provide an Executive Summary that summarizes the Contractor’s proposed technical approach, staffing and organizational structure, and implementation plan for the Kentucky SKY program. The Executive Summary must include a statement of understanding and fully document the Contractor’s ability, understanding and capability to provide the full scope of work.	30	4	6	24	The response used a lot of "buzz words" and was concerned about the very weak coverage in far western Kentucky and that they say on page 1 they anticipate a lot of rate negotiations would be required. Really liked the Medical Backpack program and the Fostering Success Academy. Exhibit G.1-1 Thcnical Approach for SYK
	b. The Contractor’s statement of understanding of the unique needs of Medicaid Enrollees in the Commonwealth enrolled in the Kentucky SKY program;					
	c. An overview of the Contractor’s proposed organization to provide coordinated services for the Kentucky SKY program;					
	d. A summary of the Contractor’s strategy and approach for administering services for Kentucky SKY Enrollees;					
	e. A summary of the Contractor’s strategy and approach for establishing a comprehensive Provider network able to meet the unique physical and Behavioral Health needs of Kentucky SKY Enrollees; and					
	f. A summary of innovations and Trauma-informed initiatives the Contractor proposes to implement to achieve improved health outcomes for Kentucky SKY Enrollees in a cost effective manner. Include a discussion of challenges the Contractor anticipates, how the Contractor will address such challenges, and a description of the Contractor’s experience with addressing these challenges for similar contracts and populations.					
Section Score		30			24	
2	Company Background					
	a. Corporate Experience	20	3.5	4	14	They do not currently have a program exclusively for foster care children and there was conflicting information about states, 9, 7, 8.
	i. Describe the Contractor’s experience in the provision of managed care services similar to those specified in the Contract for the Kentucky SKY populations specified in this Contract. In addition, include the following information in the response:					
	a. Experience in coordinating and providing Trauma-informed services, and educating Providers on Trauma-informed Care, ACEs, and evidenced based practices applicable to individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance;					
	b. Three (3) examples of initiatives the Contractor has implemented for Medicaid managed care programs for individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance that have supported improved outcomes (e.g., greater awareness of Trauma-Informed Care, clinical outcomes, Discharge Planning between levels of care, etc.). Describe whether such initiatives were cost effective and resulted in sustained change;					

	<p>c. A summary of lessons learned from the Contractor’s experience providing similar services to the populations enrolled in Kentucky SKY; and</p>					
	<p>d. How the Contractor will apply such lessons learned to the Kentucky SKY program.</p>					
	<p>ii. Provide a listing of the Contractor’s prior and existing full risk Medicaid managed care contracts serving individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance for the previous five (5) years. Include the following information:</p> <p>a. State name</p> <p>b. Contract start and end dates</p> <p>c. Number of covered lives</p> <p>d. Whether the Contractor provides services regionally or statewide</p>					
	<p>b. Office in the Commonwealth</p> <p>For programs similar to Kentucky SKY, has the Contractor co-located staff in an agency regional office? If yes, describe the factors that influenced that decision and summarized the outcome of the co-location in coordinating of services for program participants.</p>	4	3	0.8	2.4	The response is clear and informative, but merely addresses the question; they say they may co-locate, but was very non-committal.
	<p>c. Staffing</p>					
	<p>i. Describe the Contractor’s proposed approach to staffing for the Kentucky SKY program under this Contract, including the following information at a minimum:</p> <p>a. Description of how the organizational structure provides innovative solutions for meeting programmatic goals specific to the Kentucky SKY program and Kentucky SKY Enrollees and supports stakeholder groups (e.g., Kentucky SKY Enrollees, providers, partners, among others).</p> <p>b. Description of how the organizational structure will support whole-person integrated care, population health and overall improvement in health outcomes in a cost-effective manner for the Kentucky SKY program.</p>	12	3	2.4	7.2	The response is clear and informative, but merely addresses the question; only had 80 staff and they preface the whole section with a statement concerning rates.
	<p>ii. What prior experience will the Contractor require staff to have had in serving populations similar to Kentucky SKY Enrollees?</p>	4	3.5	0.8	2.8	The response is clear and informative, but merely addresses the question; requires prior experience.
	<p>iii. Provide a narrative description of the Contractor’s approaches to recruiting staff for the Kentucky SKY program, including:</p> <p>a. Recruitment sources;</p> <p>b. Contingency plans if the Contractor is unable to recruit sufficient numbers of adequately trained staff in a timely basis or if the Contractor’s original staffing estimates are too low and for avoiding and minimizing the impact of personnel changes;</p> <p>c. How the Contractor will assure the Department that sufficiently experienced, licensed and trained personnel are available to support implementation and ongoing administration of the Kentucky SKY program; and</p> <p>d. How the Contractor will seamlessly transition staff, if necessary, from implementation to ongoing operations.</p>	4	3.5	0.8	2.8	The response is clear and informative, but merely addresses the question; likes the employee referral program and plans to use existing staff. Training appears to be general, nothing specific to SKY.

	<p>iv. A listing of Full-Time Kentucky SKY Key Personnel identified in RFP Attachment F “Draft Medicaid Managed Care Contract and Appendices”, and as otherwise defined by the Contractor, including:</p> <p>a. Individual names, titles, job descriptions, qualifications and full-time equivalents (FTEs) who are dedicated one hundred percent (100%) to the Kentucky SKY program under this Contract with no other responsibilities outside of the Kentucky SKY program, as well as their office locations for this Contract. An FTE is defined as the ratio of the total number of paid hours divided by the total number of working hours in the period. Annually, an FTE is considered to be 2,080 hours.</p> <p>b. Whether each Full-time Kentucky SKY Key Personnel position will be filled by a Contractor’s employee or a Subcontractor. Identify the number of FTE Subcontractor staff who will be one hundred percent (100%) dedicated to the Kentucky SKY program.</p> <p>c. Resumes, including information such as degrees, credentials, clinical licensure as applicable, years and type of experience. Include as an Appendix or Attachment to the Proposal.</p>	12	2	2.4	4.8	<p>The response indicates there is an intent to share an enrollee services manager, population health manager, provider network director; but the sharing of the enrollee services manage was concerning.</p>
	<p>v. Overview of the Contractor’s proposed training of staff to fulfill all requirements and responsibilities of RFP Attachment F “Draft Medicaid Managed Care Contract and Appendices”, for all operational areas. Provide the Contractor’s proposed training program and curriculum for all staff specific to areas of responsibility. Include information about the topics for which staff will receive training, how trainings will differ for new staff members versus ongoing trainings and related training schedules.</p>	10	4	2	8	<p>Table G.2-29 training for the operational areas & Table G.2-30 SKY Personnel Training The ongoing training appears weak.</p>
	<p>vi. Overview of Contractor’s approach to monitoring Subcontractors’ progress in recruiting and training of staff to meet all requirements of RFP Attachment F “Draft Medicaid Managed Care Contract and Appendices”.</p>	5	4	1	4	<p>Page 47 they train contractors based upon specific clinical topics to the population.</p>
	<p>vii. Retention approach for Full-time Kentucky SKY Key Personnel.</p>	3	5	0.6	3	<p>They have a competitive compensation, likes list on page 47.</p>
	<p>viii. Provide a detailed description of the Contractor’s organizational structure for the Kentucky SKY program under this Contract, including an organizational chart that displays the following:</p> <p>a. Management structure, lines of responsibility, and authority for all operational areas of this Contract.</p> <p>b. How the Kentucky SKY fits into the overall organizational structure of the Parent Company.</p> <p>c. Where Subcontractors will be incorporated.</p>	5	4.5	1	4.5	<p>Provided detailed exhibits, see Exhibit G.2-5 staffing plan; Exhibit G.2-6 shared services personnel; and Exhibit G.2-7 MHI Senior Leadership.</p>
	<p>ix. A summary of how each Subcontractor will be integrated into the Contractor’s proposal performance of their obligations under the Contract to ensure a streamlined experience for the Kentucky SKY Enrollees, Providers and the Department.</p>	3	4	0.6	2.4	<p>Provided priority information on Subcontractors. The chief compliance officer will oversee monitoring.</p>
	<p>x. Identification of staff positions that will be based (1) in the Contractor’s Kentucky office(s), (2) in the field, and (3) at a corporate office of the Contractor or Subcontractors. Information should include physical locations for all Contractor operational areas to support this Contract.</p>	3	3	0.6	1.8	<p>The response is clear and informative, but lacks a lot of specifics. Page 55 states there will be 7 vs. 6 offices (6 regional officer and headquarters in Louisville) What about the OneStop Shop? Table G.2-31 Staff Model</p>

	xi. Number of proposed FTEs dedicated to the Kentucky SKY program, by position type and operational area and how the Contractor determined the appropriateness of these ratios.	5	3	1	3	The response is clear and informative, 1 to 25 meet standards for the High Fi Wrap Model.
	xii. Describe the roles and responsibilities of Care Coordinators and Care Coordination Team. How will the Contractor maintain adequate Kentucky SKY to Kentucky SKY Enrollee ratios and number of Care Coordination personnel and management staff having expertise in Physical Health, Behavioral Health, and the Kentucky SKY Enrollee to build Care Coordination Teams? Provide the Contractor's approach to locating the Care Coordinators areas in which they serve.	10	3.5	2	7	The response is clear and informative, but does not specify how far Western part of Kentucky will be served. They will identify offices where care coordinators should be embedded and where feasible.
Section Score		100			67.7	
3	Kentucky SKY Implementation	60	4	12	48	
	a. Describe the Contractor's approach to project management, including a summary of responsibilities for project governance and how the Contractor will track action items, risks and issues, as well as contingency and mitigation plans. At a minimum, the implementation plan must include elements outlined in the RFP, for example: i. Establishing an office location and call centers; ii. Provider recruitment activities; iii. Staff hiring and a training plan; iv. Establishing interfaces to information systems operated by the Department and DCBS; and v. Communicating with and educating Network Providers and Kentucky SKY Enrollees through a web site and required materials, and how that interaction will support program participation and program goals.					Exhibit G.3-1 Kentucky SKY Implantation Model Details provider recruitment activities on page 12 & 13. Interfaces for information systems, see pages 14 & 15. Provider portal on page 16 and Exhibit G.3-7 Provider Portal Homepage. System of care staff Page 7 identifies the location of offices
	b. Describe the Contractor's approach for building relationships with DCBS staff at the Service Region and county level, and with Department for Juvenile Justice (DJJ) staff at the Community District level to support enhanced coordination of care, reduced duplication of services, and improved access to the most appropriate services to meet the needs of Kentucky SKY Enrollees. Please address education, training, communications, and process development.					
Section Score		60			48	
4	Kentucky SKY Contractor Educational and Training Requirements	60	4	12	48	
	a. Describe the Contractor's proposed approach for collaborating with experts including the Department, DCBS, and DJJ) to identify Provider training needs. Please include examples from other Contractor programs exhibiting collaboration with state agencies to identify training needs.					The response addresses the Fostering Success Academy and identified provider champions, but did not adequately address how they were going to engage the providers, what are the incentives besides CUs?

	b. How will the Contractor ensure that the Contractor's staff and Network Providers (including but not limited to hospitals, pharmacies, and specialty Providers) receive in-depth training on the Kentucky SKY program, including what is and is not allowable exchange of information in a HIPAA-compliant organization, to preserve and support continuity of care. Describe how the Contractor will ensure Network Providers are aware of the requirements of the Kentucky SKY program, and how the needs of this population may differ from those of the Medicaid managed care population?					
	c. Describe how the Contractor will educate Law Enforcement Officials, the courts, judges, attorneys, and judges about the Kentucky SKY program.					
Section Score		60			48	
5	Kentucky SKY Enrollee Services					
	a. Describe the Contractor's proposed approach for coordinating with the Department, DCBS, and DJJ to ensure Kentucky SKY Enrollees begin receiving services immediately upon entering Foster Care. Please include the Contractor's experience expediting enrollment in other markets.	12	3	2.4	7.2	The response is clear and informative, addresses 24x7 access. Exhibit G.5-1 references 1 business day for care coordinator, but it does not correlate with the 24 hours noted on page 2.
	b. The eligibility of Kentucky SKY Enrollees often changes due to their status in Foster Care or the juvenile justice system. Describe the Contractor's proposed process for resolving Enrollment and eligibility discrepancies. Include the Contractor's approach for collaborating with the Department, DCBS and DJJ in resolving eligibility issues.	6	4	1.2	4.8	They will use 3 separate reports to identify cases that need intervention and will take 48 hrs.
	c. Describe the Contractor's proposed process to assign Kentucky SKY Enrollees to a PCP within two (2) Business Days of Enrollment. Include a discussion of the Contractor's approach to:	21	4.5	4.2	18.9	Encourages the caregiver to select, but auto assigns. Likes they can change the PCP on the app; change at any time, and as often as they want
	i. Assist Kentucky SKY Enrollees to select a PCP and auto-assign Kentucky SKY Enrollees who do not make a selection within the required timeframes					
	ii. Work with the Department, DCBS, DJJ, Foster Parents, and Adoptive Parents to assign PCPs					
	iii. Track data to confirm that every Kentucky SKY Enrollee is assigned to a PCP.					
	iv. Inform PCPs of new Kentucky SKY Enrollees within the required timeframes.					
	v. Confirm that PCPs received the list of assigned Kentucky SKY Enrollees					
	vi. Provide a sample of the report the Contractor will use to notify PCPs of their assigned Kentucky SKY Enrollees.					
	d. Describe the Contractor's proposed process for communicating with Kentucky SKY Enrollees about their PCP assignments and encouraging Kentucky Care Enrollees to schedule regular appointments with their assigned PCPs and keep scheduled appointments. Include how the Contractor will identify and work with Kentucky SKY Enrollees to resolve barriers to keeping appointments and how the Contractor will work with resources available at the Department, DCBS and DJJ to communicate with Kentucky SKY Enrollees. Include a discussion of how this process would differ when communicating about their Dental Provider assignment and encouraging Kentucky SKY Enrollees to schedule and keep regular appointments with Dental Providers.	10	4	2	8	They do a normal process for communication; welcome kit, targeted mailings, & etc. Table G.5-2 Overcoming Barriers to Meet Appointments appears to be geared to a population other than SKY Like they address runaways

	e. Foster Care (FC) Enrollees and Juvenile Justice (JJ) Enrollees often experience changes in placement. These placement changes may require assignment of new PCPs and Dental Providers. Describe the Contractor's proposed process to assess a FC or JJ Enrollee's access to a PCP and Dental Provider timely after a change in FC Enrollee or JJ Enrollee placement and assigning a new PCP or Dental Provider if the prior Provider no longer meets access standards.	6	4	1.2	4.8	They said they will call them.
	f. Describe the Contractor's process for engaging Adoptive Parents who request to opt out of the Kentucky SKY program to stay enrolled, including:	8	4.5	1.6	7.2	Provides detail response addressing care coordination, reengaging after disenrollment, and surveys.
	i. Process for outreach and engagement of Adoption Assistance (AA) Enrollees.					
	ii. Conducting surveys with AA Enrollees to determine the reason for opting out of the Kentucky SKY program.					
	iii. Attempts for periodic re-engagement after Disenrollment.					
	iv. Include how the Contractor will use results from the survey to improve the program.					
	g. Provide the Contractor's proposed plan for providing Kentucky SKY Enrollees with ID cards in the required timeframes (be issued initially within five (5) Calendar Days of receipt of the eligibility file from the Department and reissued within five (5) Calendar Days of a request for reissue) in the following instances:	8	4	1.6	6.4	Appears you have to call or use app for a new card; but you cannot pull your card up on the app.
	i. Report of a lost ID card.					
	ii. A Kentucky SKY Enrollee name change.					
	iii. A new PCP assignment.					
	iv. FC or DJJ Enrollee moves to a new placement or for any other reason that results in a change to the information disclosed on the Kentucky SKY Enrollee's ID card.					
	h. Describe how the Contractor will address and manage crisis calls during business hours as well as after hours.	3	4	0.6	2.4	A lot of assumptions, says what they are going to do, but not how it will happen.
	i. Describe the processes, protocols and guidelines the Contractor will use to achieve maximum stability and the best outcomes for Kentucky SKY Enrollees in crisis as well as avoid inappropriate and unnecessary Emergency Care and hospital admissions. Describe how the Contractor will prioritize emergency and crisis calls over routine calls, protocols that will be in place to support warm transfers, and what technology the Contractor will have to enable direct telephonic/computer connectivity to emergent and crisis intervention resources.	12	4	2.4	9.6	The hotline enrollees have immediate access to a licensed clinician
	j. Describe trainings and resources the Contractor will provide to call center staff related to recognition and management of crisis calls to ensure the most expedient and risk-reducing outcomes, including a description of the level and type of training.	6	5	1.2	6	Liked the topics identified in Table G.5-3 which is the behavioral health hotline training topics. Provides monthly SUD training.
Section Score		92			75.3	
6	Provider Network					
	a. Explain the Contractor's plan to develop a comprehensive Provider Network that meets the unique needs of Kentucky SKY Enrollees. The plan must address the following:	50	4	10	40	They have over 47,000 letters of intent Table G.6-1 SKY Provider Network which identifies the key

	i. Approach to contract with PCPs and specialty Providers who are trained or experienced in Trauma-informed Care and in treating individuals with complex special needs, and who have knowledge and experience in working with children in Foster Care and those children receiving Adoption Assistance.					providers per region Regional located provider reps Use care coordinators; concierge model.
	ii. Recruitment strategy, including processes for identifying network gaps, developing recruitment work plans, and carrying out recruitment efforts.					
	iii. Strategy for contracting and retaining specialists unique to the Kentucky SKY populations and perhaps different from those in the Medicaid managed care Provider network and how the Contractor will provide access to specialists not included in the Provider Network.					
	iv. Process for continuous network improvement, including the approach for monitoring and evaluating Provider compliance with availability and scheduling appointment requirements and ensuring Kentucky SKY Enrollees have access to care if the Contractor lacks an agreement with a key Provider type in a given DCBS Service Region or DJJ Community District.					
	v. How the Contractor will ensure appointment access standards are met when Kentucky SKY Enrollees cannot access care within the Provider Network.					
	b. Provide an example of how the Contractor has contracted for similar networks for similar populations in other programs. Provide a workplan to contract with Kentucky SKY Network Providers, with accountabilities and timelines.	10	4.5	2	9	Table G.6-4 Network development plan, and provided 4 examples from other states (FL, WA, OH, MI)
Section Score		60			49	
7	Provider Services	50	5	10	50	Will create a trauma informed training, see page 12. Liked the ongoing provider education focus found on page 8. Attachment I.G.07A proprietary attachment for TIC Training.
	Provide the Contractor's proposed approach to Provider outreach and education. Include a description of how initial training will differ from ongoing training. Describe proposed training materials including but not limited to:					
	a. Coordinating services;					
	b. Care Coordination Teams;					
	c. Training in Trauma-informed Care (include sample materials);					
	d. Crisis services;					
	e. Child and Adolescent Needs and Strengths (CANS);					
	f. High Fidelity Wraparound approach;					
	g. Impact of ACEs;					
	h. Neonatal Abstinence Syndrome (NAS);					
	i. Six Seconds Emotional Intelligence (SEI); and					
	j. Screening for and identification of Behavioral Health needs.					
Section Score		50			50	
8	Covered Services					
	a. Describe the Contractor's approach for ensuring the successful completion of required assessments and screenings. Please include a description of the following:	28	4	5.6	22.4	Like the 4 challenges listed. Exhibit G.8-1 is there assessment process, but seems long

	i. How the Contractor will coordinate with Kentucky SKY Enrollees, the Department, DCBS, DJJ, and families. Address the involvement of any other sister agencies in the description.						You can access data in your backpack up to 5 years after you disenrollment.
	ii. How the Contractor will ensure assessments are initiated immediately upon a Kentucky SKY Enrollee's Enrollment in the Kentucky SKY program.						
	iii. How the Contractor will meet standards for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screening.						
	iv. Any challenges that the Contractor anticipates in completing required assessments and how it will mitigate these challenges.						
	v. Provide examples of how the Contractor has succeeded in providing assessments to individuals similar to those required for the Kentucky SKY Enrollees.						
	vi. Include examples of Trauma assessment or screening tools the Contractor would recommend the Department consider for the use in identifying Trauma in Kentucky SKY Enrollees.						
	b. Submit the proposed screening tool the Contractor will use to develop the Kentucky SKY Care Plan. Include a description of how the Contractor will use the results of assessments that sister agencies have conducted in developing the Care Plan. Provide examples of prior tools the Contractor has used for other similar programs and detail how these tools have contributed to the Contractor achieving program goals.	10	4	2	8		Provided examples in propitiary, one from WA. Exhibit G.8-3 shows intergrated care plan
	c. Describe its comprehensive approach to providing Crisis Services, including in home services, to Kentucky SKY Enrollees.	10	5	2	10		Like the intent of the services they talk about; therputic forstercare services statewide is the a critical need.
	d. Describe the Contractor's experience in providing services through a holistic, person-centered approach, utilizing a High Fidelity Wraparound approach.	10	3.5	2	7		Would have liked more information about the WISE Program. Not a lot of talk about the case load size. Appers they may be planning to do what the CMHCs are doing.
	e. Describe how the Contractor will develop and provide interventions that will help develop resiliency in Kentucky SKY Enrollees who have been exposed to Trauma and ACEs.	10	4	2	8		The response is detailed, clear, and informative.
	f. Describe the role of non-medical factors (e.g., placement changes) that may drive inappropriate utilization of medical resources and how the Contractor will account for those factors in the delivery approach. As part of the response, include how the Contractor will identify and leverage non-Medicaid resources that may be available in a community environment, including how it will assist such community-based resources that may serve an important role in the Kentucky SKY Enrollees' overall physical and Behavioral Health care needs and goals even if they are not traditional Medicaid services. Provide examples of any community organizations that the Contractor anticipates involving to provide services to support Kentucky SKY Enrollee' needs and goals.	15	5	3	15		Provided examples from other states Exhibit G.8-2 the community based organizations by region was very good
Section Score		83			70.4		
9	Health Outcomes						

	Describe what measures beyond traditional Healthcare Effectiveness Data and Information Set (HEDIS) scores the Contractor would recommend to determine that its Care Management, Care Coordination, and Utilization Management services and policies are having a meaningful impact on the health outcomes of Kentucky SKY Enrollees.	30	5	6	30	Tables G.9-1, G.9-2, & G.9-3 which is the non-HEDIS utilization measures shows a good representation, they know and understand what they are going to be expected to watch for.
Section Score		30			30	
10	Population Health Management and Care Coordination					
	a. Describe plan for identifying and coordinating care for those Kentucky SKY Enrollees with the most immediate service needs leading up to and immediately following implementation of the Kentucky SKY program.	10	4	2	8	They are going to create a process for 24 hr contact.
	b. Describe how the Vendor would identify and monitor new Kentucky SKY Enrollees with high physical or behavioral health needs to ensure continuity of care.	10	4	2	8	The enrollee needs assessment will be completed within 14 days.
	c. Describe how the Vendor will stratify Kentucky SKY Enrollees into tiers for Care Management services.	15	3	3	9	Merely addresses, appears to have gaps between tier 1 & 2.
	d. Provide a description of the Vendor's targeted evidence based approaches applicable to the Kentucky SKY populations. Provide details on the Vendor's approach for ensuring Network Providers' compliance with evidence based approaches mandated by the Vendor for Kentucky SKY Enrollees.	15	4	3	12	Liked Table G.10-1, which is effective evidenced based approaches. How dos the WISe Program fit in? Appears to be gaps in logic as to the approach to adoption and monitoring
	e. Provide a description of the Vendor's approach for ensuring Network Providers are providing Trauma-informed Care to Kentucky SKY Enrollees.	10	4	2	8	Provides train the trainer Would have liked to a summery for the Fostering Success Academy.
	f. Describe how the Vendor will use telemedicine and telehealth to improve quality or access to physical and Behavioral Health services.	10	4.5	2	9	Table G.10-2 innovative telehealth solutions.
	g. Describe how the Vendor will capture data related to Social Determinants of Health and incorporate this information into its Care Management approach.	15	5	3	15	Liked they are using data analytics to see what is going on at a community level. They are looking at the right areas to get the data. Four goals listed on page 22 and community partnerships.
	h. Describe how the Vendor will coordinate with the Department, DCBS, DJJ, and physical and Behavioral Health Providers to ensure each Provider has access to the most up-to-date medical records for Kentucky SKY Enrollees.	10	4	2	8	Medical Backpack program
Section Score		95			77	
11	Utilization Management	60	4	12	48	
	a. Describe how the Vendor will collaborate with Network Providers, the Department, DCBS, and DJJ to provide coordinated care for those Kentucky SKY Enrollees accessing psychotropic medications.					Clinical round tables and sharing information. Discharge planning audits was a great idea also are a good way to monitor quality and reinforces what is going on with high level.

	b. Describe how the Vendor will collaborate with the Department, DCBS, DJJ, hospitals, psychiatric residential treatment facilities (PRTFs), residential providers, physical and Behavioral Health Providers and others on Discharge Planning needs of Kentucky SKY Enrollees across all levels of care.					
Section Score		60			48	
12	Aging Out Services					
	Provide the Vendor's recommendations for enhancing the services and outcomes for FC Enrollees, Former Foster Care Enrollees, and JJ Enrollees aging out of Care and the Kentucky SKY program. Provide examples of services or tools the Vendor has used for other similar programs and detail how these tools have contributed to the Vendor achieving program goals.	30	5	6	30	Key Mile Stones Table G.12-1 shows starts the process at 12 years.
Section Score		30			30	
60.7 G.13 Use Cases						
USE CASE 1	Describe how the Vendor would address and ensure the delivery of trauma informed care by the contracted provider network for the Kentucky SKY membership. In particular, address how it assesses providers' knowledge of trauma informed care, the approach for targeted provider education at regional and state levels, as needed, and plans for collaborating with DCBS staff. At minimum, address the following in its response:	50	5	10	50	Appears to operationalize things well. Performance monitoring was really good.
	a. Evidenced based practices and trauma-informed care for the Kentucky SKY membership;					
	b. Unique needs of children and youth in Foster Care;					
	c. Access to and sharing of medical records					
	d. Provider contracting;					
	e. Provider education and ongoing support;					
	f. Performance monitoring;					
	g. Cultural competency; and					
	h. Community engagement.					
USE CASE 2	Describe how the Vendor would address Kimberly's situation and coordination with the DCBS Social Service Worker, the ED, residential facilities, behavioral health providers, foster parents, and mother. At a minimum, address the following programs and services:	50	5	10	50	Page 11 identifies Kimberly's goals and interventions. They note the use of virtual support groups.
	a. Care management, including coordination with the foster parents;					
	b. Discharging planning between levels of care;					
	c. Network adequacy and availability of services;					
	d. Availability and utilization of telehealth for behavioral health services;					
	e. Applicable evidence based practices; including psychotherapeutic interventions;					
	f. Prescribing psychotropic medications and documentation in medical records (e.g., rationale, follow-up assessments and monitoring, etc.);					
	g. Coordination of transportation, if needed;					
	h. Provider contracting;					
	i. Provider education and support;					
	j. Access to and sharing of medical records; and					
	k. Maintenance of the care plan.					

USE CASE 3	Describe how the Vendor would address Shakira’s situation and coordination with the DCBS Social Service Worker, the foster family, physical and behavioral health providers, transition from the family to the community, and community resources. At a minimum, address the following programs and services:	50	5	10	50	The care coordinator meets with the foster family and DCBS worker first to assess about transition. Assigned a peer support specialist. Incentivizes providers who provide small specializes services. Focused on Postpartum Depression	
a.	Care management;						
b.	Access to and coordination between physical health providers (e.g., OB/GYN, pediatrician) and behavioral health providers;						
c.	Access to network providers;						
d.	Discharge planning for all levels of care;						
e.	Coordination of school based services and an Individualized Education Plan;						
f.	Community services for parenting skills;						
g.	Applicable evidence based practices;						
h.	Coordination of transportation, if needed;						
i.	Options for aging out of foster care and risk management;						
j.	Social determinants of health;						
k.	Provider education and support;						
l.	Access to and sharing of medical records; and						
m.	Maintenance of the Care Plan.						
USE CASE 4	Describe how the Vendor would address Kirk’s situation and coordination with the Social Service Worker, the foster family, in-state and out-of-state providers, and community resources. At a minimum, address the following programs and services:	50	5	10	50	They arrange for a nurse to come weekly. Kirk's system of care team Child/parent psychotherapy	
a.	Care management, including coordination to address fragmented care and timeliness of care;						
b.	Availability of services and network access, including out-of-state providers;						
c.	Availability of services, such as skilled nursing services;						
d.	Access to school based services;						
e.	Applicable evidence based practices;						
f.	Coordination of transportation, as needed;						
g.	Community resources;						
h.	Social determinants of health;						
i.	Planned respite care;						
j.	Provider education and support;						
k.	Access to and sharing of medical records; and						
l.	Maintenance of the care plan.						
USE CASE 5	Describe how it would address Enrico’s situation and coordination with the DCBS Social Service Worker, group home, physical and behavioral health providers, and his family. At minimum address the following programs and services:	50	5	10	50	Exhibit G.13-4 Care Management Activities Will participate in the IEP meetings at school	
a.	Care Management, including coordinated management of his physical and behavioral health conditions						
b.	Discharge planning for all levels of care;						
c.	Language accessibility;						
d.	Psychotropic medications and documentation in medical records (e.g., rationale, follow up assessments and monitoring);						

	e. Evidence based psychotherapeutic interventions;					
	f. Social determinants of health;					
	g. Community resources;					
	h. Aging out of foster care;					
	i. Access to and sharing of medical records; and					
	j. Maintenance of the care plan.					
USE CASE 6	Describe how the Vendor would address Mary's situation and coordinate with the DCBS Social Service Worker, parent, and providers. At minimum, address the following programs and services:	50	5	10	50	Page 37 provides a list of evidence-based practices to support Mary. The picture exchange program for non-verbal child.
	a. Care Management including coordination of multispecialty developmental evaluations and care;					
	b. Discharge planning for all levels of care;					
	c. Applicable evidence based practices;					
	d. School based services;					
	e. Social determinants of health;					
	f. Community resources;					
	g. Access to and sharing of medical records; and					
	h. Maintenance of the care plan.					
USE CASE 7	Describe how the Vendor would address Julie's situation and coordination with the DCBS Social Service Worker, and physical and behavioral health providers. At minimum address the following programs and services:	50	5	10	50	Trying to get the child in a waiver The Medical Backpack will be very good for Julie's situation.
	a. Care Management;					
	b. Discharging planning for all levels of care;					
	c. Prescribing psychotropic meds and documentation in medical records (e.g., rationale);					
	d. Evidence based psychotherapeutic interventions;					
	e. Viability of aging out of foster care;					
	f. Option for transitioning to an applicable waiver;					
	g. Access to and sharing of medical records; and					
	h. Maintenance of the care plan.					
USE CASE 8	Describe how the Vendor would address Amanda's situation and coordination with the DCBS Social Service Worker, Medically Complex Liaison, foster family, all providers, and community resources. At minimum, address the following programs and services:	50	5	10	50	They created her an individual health plan. An additional two days of respite care.
	a. Care management, including the assignment of the Nurse Case Manager;					
	b. Involvement of Medically Complex service team;					
	c. Discharge planning between levels of care;					
	d. Individual Health Plan development and maintenance within specified timeframes;					
	e. Availability of and access to providers;					
	f. The Medical Passport;					
	g. Training and support for caregivers;					
	h. Coordination of transportation, as needed;					
	i. Coordination of physical and behavioral health services;					
	j. Community resources;					
	k. Assistance with the Individualized Education Plan;					

	i. Social Determinants of Health;			
	m. Planned respite care;			
	n. Applicable evidence-based practices;			
	o. Sharing and review of medical records; and			
	p. Maintenance of the care plan.			
Section Score		400	400	
Grand Total		1150	1017.4	

Vendor Name: UnitedHealthcare		Possible Points	Score (1 to 5)	Multiply by Weight	Resulting Score	Comments
<i>Values assigned should relate to the quality and strength of the solution and its relevance to DMS</i>						
60.7 D. (OPTIONAL SUBMITTAL) Kentucky SKY						
1	Executive Summary					
	a. Provide an Executive Summary that summarizes the Contractor's proposed technical approach, staffing and organizational structure, and implementation plan for the Kentucky SKY program. The Executive Summary must include a statement of understanding and fully document the Contractor's ability, understanding and capability to provide the full scope of work.	30	5	6	30	Challenges and solutions provided in the response were extensive; liked PRTF diversion and the training examples and the acknowledged the need to recruit providers. Lacked social determinates of health.
	b. The Contractor's statement of understanding of the unique needs of Medicaid Enrollees in the Commonwealth enrolled in the Kentucky SKY program;					
	c. An overview of the Contractor's proposed organization to provide coordinated services for the Kentucky SKY program;					
	d. A summary of the Contractor's strategy and approach for administering services for Kentucky SKY Enrollees;					
	e. A summary of the Contractor's strategy and approach for establishing a comprehensive Provider network able to meet the unique physical and Behavioral Health needs of Kentucky SKY Enrollees; and					
	f. A summary of innovations and Trauma-informed initiatives the Contractor proposes to implement to achieve improved health outcomes for Kentucky SKY Enrollees in a cost effective manner. Include a discussion of challenges the Contractor anticipates, how the Contractor will address such challenges, and a description of the Contractor's experience with addressing these challenges for similar contracts and populations.					
Section Score		30			30	
2	Company Background					
	a. Corporate Experience	20	2.5	4	10	Serving 65,000 total covered lives based upon the chart found in the attachment does not add up. Appears to be too much reliance on an online platform. Training with National Foster Parent Association in OH for Foster Patents. Liked the Kentucky Inspired Program.
	i. Describe the Contractor's experience in the provision of managed care services similar to those specified in the Contract for the Kentucky SKY populations specified in this Contract. In addition, include the following information in the response:					

	<p>a. Experience in coordinating and providing Trauma-informed services, and educating Providers on Trauma-informed Care, ACEs, and evidenced based practices applicable to individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance;</p>					
	<p>b. Three (3) examples of initiatives the Contractor has implemented for Medicaid managed care programs for individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance that have supported improved outcomes (e.g., greater awareness of Trauma-Informed Care, clinical outcomes, Discharge Planning between levels of care, etc.). Describe whether such initiatives were cost effective and resulted in sustained change;</p>					
	<p>c. A summary of lessons learned from the Contractor's experience providing similar services to the populations enrolled in Kentucky SKY; and</p>					
	<p>d. How the Contractor will apply such lessons learned to the Kentucky SKY program.</p>					
	<p>ii. Provide a listing of the Contractor's prior and existing full risk Medicaid managed care contracts serving individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance for the previous five (5) years. Include the following information: a. State name b. Contract start and end dates c. Number of covered lives d. Whether the Contractor provides services regionally or statewide</p>					
	<p>b. Office in the Commonwealth</p> <p>For programs similar to Kentucky SKY, has the Contractor co-located staff in an agency regional office? If yes, describe the factors that influenced that decision and summarized the outcome of the co-location in coordinating of services for program participants.</p>	4	3	0.8	2.4	<p>The response is clear and informative, main office in Louisville and have experience co-locating in OH. Did not commit to co-locating</p>
	<p>c. Staffing</p>					

	<p>i. Describe the Contractor’s proposed approach to staffing for the Kentucky SKY program under this Contract, including the following information at a minimum:</p> <p>a. Description of how the organizational structure provides innovative solutions for meeting programmatic goals specific to the Kentucky SKY program and Kentucky SKY Enrollees and supports stakeholder groups (e.g., Kentucky SKY Enrollees, providers, partners, among others).</p> <p>b. Description of how the organizational structure will support whole-person integrated care, population health and overall improvement in health outcomes in a cost-effective manner for the Kentucky SKY program.</p>	12	4	2.4	9.6	<p>CEO and Medical Director, other key officials have letters of intent. Local regional staff, performance measures, and social determinates of health.</p>
	<p>ii. What prior experience will the Contractor require staff to have had in serving populations similar to Kentucky SKY Enrollees?</p>	4	4	0.8	3.2	<p>They identify soft skills and will ensure staff will have experience.</p>
	<p>iii. Provide a narrative description of the Contractor’s approaches to recruiting staff for the Kentucky SKY program, including:</p> <p>a. Recruitment sources;</p> <p>b. Contingency plans if the Contractor is unable to recruit sufficient numbers of adequately trained staff in a timely basis or if the Contractor's original staffing estimates are too low and for avoiding and minimizing the impact of personnel changes;</p> <p>c. How the Contractor will assure the Department that sufficiently experienced, licensed and trained personnel are available to support implementation and ongoing administration of the Kentucky SKY program; and</p> <p>d. How the Contractor will seamlessly transition staff, if necessary, from implementation to ongoing operations.</p>	4	4	0.8	3.2	<p>Will collaborate with local agencies to recruit staff and use national staff for contingency planning.</p>

	<p>iv. A listing of Full-Time Kentucky SKY Key Personnel identified in RFP Attachment F “Draft Medicaid Managed Care Contract and Appendices”, and as otherwise defined by the Contractor, including:</p> <p>a. Individual names, titles, job descriptions, qualifications and full-time equivalents (FTEs) who are dedicated one hundred percent (100%) to the Kentucky SKY program under this Contract with no other responsibilities outside of the Kentucky SKY program, as well as their office locations for this Contract. An FTE is defined as the ratio of the total number of paid hours divided by the total number of working hours in the period. Annually, an FTE is considered to be 2,080 hours.</p> <p>b. Whether each Full-time Kentucky SKY Key Personnel position will be filled by a Contractor’s employee or a Subcontractor. Identify the number of FTE Subcontractor staff who will be one hundred percent (100%) dedicated to the Kentucky SKY program.</p> <p>c. Resumes, including information such as degrees, credentials, clinical licensure as applicable, years and type of experience. Include as an Appendix or Attachment to the Proposal.</p>	12	4	2.4	9.6	Page 16 & 17 identifies the person/position & FTE.
	<p>v. Overview of the Contractor’s proposed training of staff to fulfill all requirements and responsibilities of RFP Attachment F “Draft Medicaid Managed Care Contract and Appendices”, for all operational areas. Provide the Contractor’s proposed training program and curriculum for all staff specific to areas of responsibility. Include information about the topics for which staff will receive training, how trainings will differ for new staff members versus ongoing trainings and related training schedules.</p>	10	4	2	8	<p>Liked their topics. Page 25 they talk about the 2 WK care management 101. Every 3 years ongoing training is required for staff who work with children who are medically complex. Self-paced online training is available for staff who work with foster children and youth. Did not mention DMS or DJJ when coming up with trainings. All training doesn’t appear to be KY specific, all canned.</p>
	<p>vi. Overview of Contractor’s approach to monitoring Subcontractors’ progress in recruiting and training of staff to meet all requirements of RFP Attachment F “Draft Medicaid Managed Care Contract and Appendices”.</p>	5	4	1	4	Will use a vendor oversight manager and learn source and subcontractors will be required to do the same training.
	<p>vii. Retention approach for Full-time Kentucky SKY Key Personnel.</p>	3	5	0.6	3	Page 27 additional benefits and appreciation program good benefits package

	viii. Provide a detailed description of the Contractor's organizational structure for the Kentucky SKY program under this Contract, including an organizational chart that displays the following: a. Management structure, lines of responsibility, and authority for all operational areas of this Contract. b. How the Kentucky SKY fits into the overall organizational structure of the Parent Company. c. Where Subcontractors will be incorporated.	5	4.5	1	4.5	This plan will have the flexibility to meet the needs of Kentucky. Subcontractors are hired through Optiom Explains how SKY fits into the parent company; evident from charts.
	ix. A summary of how each Subcontractor will be integrated into the Contractor's proposal performance of their obligations under the Contract to ensure a streamlined experience for the Kentucky SKY Enrollees, Providers and the Department.	3	4	0.6	2.4	KY based vendor for oversight committee.
	x. Identification of staff positions that will be based (1) in the Contractor's Kentucky office(s), (2) in the field, and (3) at a corporate office of the Contractor or Subcontractors. Information should include physical locations for all Contractor operational areas to support this Contract.	3	4	0.6	2.4	Like the field based offices table Page 32, would have liked to see it broken out by regions.
	xi. Number of proposed FTEs dedicated to the Kentucky SKY program, by position type and operational area and how the Contractor determined the appropriateness of these ratios.	5	3	1	3	The response is clear and informative, 63 positions determined by a workforce calculator to determine ratios. 4 nurse based taking care of medically complex
	xii. Describe the roles and responsibilities of Care Coordinators and Care Coordination Team. How will the Contractor maintain adequate Kentucky SKY to Kentucky SKY Enrollee ratios and number of Care Coordination personnel and management staff having expertise in Physical Health, Behavioral Health, and the Kentucky SKY Enrollee to build Care Coordination Teams? Provide the Contractor's approach to locating the Care Coordinators areas in which they serve.	10	3	2	6	The response is clear and informative, do not think they can manage the workload with the staff numbers they have outlined.
Section Score		100			71.3	
3	Kentucky SKY Implementation	60	5	12	60	Have a detailed attachment that had their implementation plan.

	<p>a. Describe the Contractor’s approach to project management, including a summary of responsibilities for project governance and how the Contractor will track action items, risks and issues, as well as contingency and mitigation plans. At a minimum, the implementation plan must include elements outlined in the RFP, for example:</p> <ul style="list-style-type: none"> i. Establishing an office location and call centers; ii. Provider recruitment activities; iii. Staff hiring and a training plan; iv. Establishing interfaces to information systems operated by the Department and DCBS; and v. Communicating with and educating Network Providers and Kentucky SKY Enrollees through a web site and required materials, and how that interaction will support program participation and program goals. 					<p>Likes the PMBOK 5 gates of framework they use; the project management platform. Have a rapid response team and log Good experience and what they have built upon. Liked the Kid Count Roadshow they did with KYA.</p>
	<p>b. Describe the Contractor’s approach for building relationships with DCBS staff at the Service Region and county level, and with Department for Juvenile Justice (DJJ) staff at the Community District level to support enhanced coordination of care, reduced duplication of services, and improved access to the most appropriate services to meet the needs of Kentucky SKY Enrollees. Please address education, training, communications, and process development.</p>					
Section Score		60			60	
4	Kentucky SKY Contractor Educational and Training Requirements	60	4	12	48	<p>Note Ohio and Nebraska examples Noted good training topic on page 3, but most is online and they did not identify what incentives they were offering providers. Mentioned collaborative with AOC, Fraternal Order of Police, etc...</p>
	<p>a. Describe the Contractor’s proposed approach for collaborating with experts including the Department, DCBS, and DJJ) to identify Provider training needs. Please include examples from other Contractor programs exhibiting collaboration with state agencies to identify training needs.</p>					
	<p>b. How will the Contractor ensure that the Contractor’s staff and Network Providers (including but not limited to hospitals, pharmacies, and specialty Providers) receive in-depth training on the Kentucky SKY program, including what is and is not allowable exchange of information in a HIPAA-compliant organization, to preserve and support continuity of care. Describe how the Contractor will ensure Network Providers are aware of the requirements of the Kentucky SKY program, and how the needs of this population may differ from those of the Medicaid managed care population?</p>					

	c. Describe how the Contractor will educate Law Enforcement Officials, the courts, judges, attorneys, and judges about the Kentucky SKY program.					
Section Score		60			48	
5	Kentucky SKY Enrollee Services					
	a. Describe the Contractor’s proposed approach for coordinating with the Department, DCBS, and DJJ to ensure Kentucky SKY Enrollees begin receiving services immediately upon entering Foster Care. Please include the Contractor’s experience expediting enrollment in other markets.	12	4.5	2.4	10.8	The regional care coordinator who will be available by phone or email will play a big role Response line available 24/7
	b. The eligibility of Kentucky SKY Enrollees often changes due to their status in Foster Care or the juvenile justice system. Describe the Contractor’s proposed process for resolving Enrollment and eligibility discrepancies. Include the Contractor’s approach for collaborating with the Department, DCBS and DJJ in resolving eligibility issues.	6	4	1.2	4.8	Mention community platform Send error reports to the community coordinator The care coordinator will be heavily involved, but we are unsure how all the of the responsibilities will be handled effectively.
	c. Describe the Contractor’s proposed process to assign Kentucky SKY Enrollees to a PCP within two (2) Business Days of Enrollment. Include a discussion of the Contractor’s approach to:	21	4	4.2	16.8	Welcome call and auto assign after 2 days. It does not appear the PCP has any way of see the child is on the SKY program.
	i. Assist Kentucky SKY Enrollees to select a PCP and auto-assign Kentucky SKY Enrollees who do not make a selection within the required timeframes					
	ii. Work with the Department, DCBS, DJJ, Foster Parents, and Adoptive Parents to assign PCPs					
	iii. Track data to confirm that every Kentucky SKY Enrollee is assigned to a PCP.					
	iv. Inform PCPs of new Kentucky SKY Enrollees within the required timeframes.					
	v. Confirm that PCPs received the list of assigned Kentucky SKY Enrollees					
	vi. Provide a sample of the report the Contractor will use to notify PCPs of their assigned Kentucky SKY Enrollees.					

	<p>d. Describe the Contractor’s proposed process for communicating with Kentucky SKY Enrollees about their PCP assignments and encouraging Kentucky Care Enrollees to schedule regular appointments with their assigned PCPs and keep scheduled appointments. Include how the Contractor will identify and work with Kentucky SKY Enrollees to resolve barriers to keeping appointments and how the Contractor will work with resources available at the Department, DCBS and DJJ to communicate with Kentucky SKY Enrollees. Include a discussion of how this process would differ when communicating about their Dental Provider assignment and encouraging Kentucky SKY Enrollees to schedule and keep regular appointments with Dental Providers.</p>	10	4.5	2	9	
	<p>e. Foster Care (FC) Enrollees and Juvenile Justice (JJ) Enrollees often experience changes in placement. These placement changes may require assignment of new PCPs and Dental Providers. Describe the Contractor’s proposed process to assess a FC or JJ Enrollee’s access to a PCP and Dental Provider timely after a change in FC Enrollee or JJ Enrollee placement and assigning a new PCP or Dental Provider if the prior Provider no longer meets access standards.</p>	6	4	1.2	4.8	<p>They have many different positions in the SKY team that has access Advocate 4 Me. Will use TWIST to know about placement moves.</p>
	<p>f. Describe the Contractor’s process for engaging Adoptive Parents who request to opt out of the Kentucky SKY program to stay enrolled, including:</p>	8	4	1.6	6.4	<p>The table provided on page 9 is detailed and clear.</p>
	<p>i. Process for outreach and engagement of Adoption Assistance (AA) Enrollees.</p>					
	<p>ii. Conducting surveys with AA Enrollees to determine the reason for opting out of the Kentucky SKY program.</p>					
	<p>iii. Attempts for periodic re-engagement after Disenrollment.</p>					
	<p>iv. Include how the Contractor will use results from the survey to improve the program.</p>					
	<p>g. Provide the Contractor’s proposed plan for providing Kentucky SKY Enrollees with ID cards in the required timeframes (be issued initially within five (5) Calendar Days of receipt of the eligibility file from the Department and reissued within five (5) Calendar Days of a request for reissue) in the following instances:</p>	8	3.5	1.6	5.6	<p>The response is clear and informative, but it does not appear that they have a app or a portal; you have to do everything via the telephone.</p>
	<p>i. Report of a lost ID card.</p>					
	<p>ii. A Kentucky SKY Enrollee name change.</p>					
	<p>iii. A new PCP assignment.</p>					
	<p>iv. FC or DJJ Enrollee moves to a new placement or for any other reason that results in a change to the information disclosed on the Kentucky SKY Enrollee’s ID card.</p>					

	h. Describe how the Contractor will address and manage crisis calls during business hours as well as after hours.	3	5	0.6	3	Can do warm hand offs, dedicated SKY line is accessible 24/7
	i. Describe the processes, protocols and guidelines the Contractor will use to achieve maximum stability and the best outcomes for Kentucky SKY Enrollees in crisis as well as avoid inappropriate and unnecessary Emergency Care and hospital admissions. Describe how the Contractor will prioritize emergency and crisis calls over routine calls, protocols that will be in place to support warm transfers, and what technology the Contractor will have to enable direct telephonic/computer connectivity to emergent and crisis intervention resources.	12	4	2.4	9.6	Unclear who will be providing the mobile services
	j. Describe trainings and resources the Contractor will provide to call center staff related to recognition and management of crisis calls to ensure the most expedient and risk-reducing outcomes, including a description of the level and type of training.	6	3	1.2	3.6	The response is clear and informative; operation manual will provide scripts, workflow, and processes.
Section Score		92			74.4	
6	Provider Network					
	a. Explain the Contractor’s plan to develop a comprehensive Provider Network that meets the unique needs of Kentucky SKY Enrollees. The plan must address the following:	50	4	10	40	They stated recuing providers in 2019; letters of intent; Figure 9 Foster Care Model Framework on page 3. They will monitor providers as they complete training. Recruitment strategies and work with DMS to create a set of model programs. Do quarterly auditing. Page 11 talks about wanting to minimize out of network contracting.
	i. Approach to contract with PCPs and specialty Providers who are trained or experienced in Trauma-informed Care and in treating individuals with complex special needs, and who have knowledge and experience in working with children in Foster Care and those children receiving Adoption Assistance.					
	ii. Recruitment strategy, including processes for identifying network gaps, developing recruitment work plans, and carrying out recruitment efforts.					
	iii. Strategy for contracting and retaining specialists unique to the Kentucky SKY populations and perhaps different from those in the Medicaid managed care Provider network and how the Contractor will provide access to specialists not included in the Provider Network.					
	iv. Process for continuous network improvement, including the approach for monitoring and evaluating Provider compliance with availability and scheduling appointment requirements and ensuring Kentucky SKY Enrollees have access to care if the Contractor lacks an agreement with a key Provider type in a given DCBS Service Region or DJJ Community District.					
	v. How the Contractor will ensure appointment access standards are met when Kentucky SKY Enrollees cannot access care within the Provider Network.					

	b. Provide an example of how the Contractor has contracted for similar networks for similar populations in other programs. Provide a workplan to contract with Kentucky SKY Network Providers, with accountabilities and timelines.	10	4.5	2	9	
Detail work plan provided on page 19						
Section Score		60			49	
7	Provider Services Provide the Contractor’s proposed approach to Provider outreach and education. Include a description of how initial training will differ from ongoing training. Describe proposed training materials including but not limited to:	50	4	10	40	Figure 10 which is the provider 360 Page 7-9 proposed training materials, source, topics, and frequency; appears to be all online, nothing hands-on
	a. Coordinating services;					
	b. Care Coordination Teams;					
	c. Training in Trauma-informed Care (include sample materials);					
	d. Crisis services;					
	e. Child and Adolescent Needs and Strengths (CANS);					
	f. High Fidelity Wraparound approach;					
	g. Impact of ACEs;					
	h. Neonatal Abstinence Syndrome (NAS);					
	i. Six Seconds Emotional Intelligence (SEI); and					
	j. Screening for and identification of Behavioral Health needs.					
Section Score		50			40	
8	Covered Services					
	a. Describe the Contractor’s approach for ensuring the successful completion of required assessments and screenings. Please include a description of the following:	28	5	5.6	28	Very detailed response on Community Care (care management platform) and collaboration with DJJ and having the predisposition report.
	i. How the Contractor will coordinate with Kentucky SKY Enrollees, the Department, DCBS, DJJ, and families. Address the involvement of any other sister agencies in the description.					
	ii. How the Contractor will ensure assessments are initiated immediately upon a Kentucky SKY Enrollee’s Enrollment in the Kentucky SKY program.					
	iii. How the Contractor will meet standards for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screening.					
	iv. Any challenges that the Contractor anticipates in completing required assessments and how it will mitigate these challenges.					
	v. Provide examples of how the Contractor has succeeded in providing assessments to individuals similar to those required for the Kentucky SKY Enrollees.					

	vi. Include examples of Trauma assessment or screening tools the Contractor would recommend the Department consider for the use in identifying Trauma in Kentucky SKY Enrollees.					
	b. Submit the proposed screening tool the Contractor will use to develop the Kentucky SKY Care Plan. Include a description of how the Contractor will use the results of assessments that sister agencies have conducted in developing the Care Plan. Provide examples of prior tools the Contractor has used for other similar programs and detail how these tools have contributed to the Contractor achieving program goals.	10	5	2	10	Liked they had an expectant mom assessment
	c. Describe its comprehensive approach to providing Crisis Services, including in home services, to Kentucky SKY Enrollees.	10	5	2	10	Liked CAST and all the possibilities that it offers.
	d. Describe the Contractor's experience in providing services through a holistic, person-centered approach, utilizing a High Fidelity Wraparound approach.	10	3	2	6	The response is clear and informative, not currently using High Fidelity Wraparound approach, see page 13 & 14.
	e. Describe how the Contractor will develop and provide interventions that will help develop resiliency in Kentucky SKY Enrollees who have been exposed to Trauma and ACEs.	10	3.5	2	7	The response is clear and informative; interesting interventions, but do not talk us through how this will happen, just that they are doing it.
	f. Describe the role of non-medical factors (e.g., placement changes) that may drive inappropriate utilization of medical resources and how the Contractor will account for those factors in the delivery approach. As part of the response, include how the Contractor will identify and leverage non-Medicaid resources that may be available in a community environment, including how it will assist such community-based resources that may serve an important role in the Kentucky SKY Enrollees' overall physical and Behavioral Health care needs and goals even if they are not traditional Medicaid services. Provide examples of any community organizations that the Contractor anticipates involving to provide services to support Kentucky SKY Enrollee' needs and goals.	15	4	3	12	Page 15 addresses delayed reunification and placement changes. Looks like they have dashboards for tracking. Uses community based organizations.
	Section Score	83			73	
9	Health Outcomes					
	Describe what measures beyond traditional Healthcare Effectiveness Data and Information Set (HEDIS) scores the Contractor would recommend to determine that its Care Management, Care Coordination, and Utilization Management services and policies are having a meaningful impact on the health outcomes of Kentucky SKY Enrollees.	30	5	6	30	List of measures on page 2 that identifies the outcomes, metric, and source of data.
	Section Score	30			30	
10	Population Health Management and Care Coordination					

	a. Describe plan for identifying and coordinating care for those Kentucky SKY Enrollees with the most immediate service needs leading up to and immediately following implementation of the Kentucky SKY program.	10	5	2	10	Work with the department and the MCOs to identify the kids with the highest needs.
	b. Describe how the Vendor would identify and monitor new Kentucky SKY Enrollees with high physical or behavioral health needs to ensure continuity of care.	10	4.5	2	9	Liked the list of population of kids they need to be monitored.
	c. Describe how the Vendor will stratify Kentucky SKY Enrollees into tiers for Care Management services.	15	4.5	3	13.5	Liked Figure 12, understanding each child; however, it appears the only thing they are relying on is what is in their system...not pulling from DCBS. How will this be accomplished with 16 care coordinators?
	d. Provide a description of the Vendor's targeted evidence based approaches applicable to the Kentucky SKY populations. Provide details on the Vendor's approach for ensuring Network Providers' compliance with evidence based approaches mandated by the Vendor for Kentucky SKY Enrollees.	15	4	3	12	The description of MST was limited. Liked the functional family therapy.
	e. Provide a description of the Vendor's approach for ensuring Network Providers are providing Trauma-informed Care to Kentucky SKY Enrollees.	10	4	2	8	All training is online or onDemand broadcast training.
	f. Describe how the Vendor will use telemedicine and telehealth to improve quality or access to physical and Behavioral Health services.	10	4.5	2	9	Like the telepsychiatry and telepharmacy
	g. Describe how the Vendor will capture data related to Social Determinants of Health and incorporate this information into its Care Management approach.	15	4	3	12	Community Partnerships have impact pro to collect data analytics. IDC-10
	h. Describe how the Vendor will coordinate with the Department, DCBS, DJJ, and physical and Behavioral Health Providers to ensure each Provider has access to the most up-to-date medical records for Kentucky SKY Enrollees.	10	4	2	8	Will use community care, which is the medical passport and electron health records. Liked the On My Way Vault Liked Figure 16, population dashboard on page 21.
	Section Score	95			81.5	
11	Utilization Management	60	5	12	60	The response was very detailed and well written.
	a. Describe how the Vendor will collaborate with Network Providers, the Department, DCBS, and DJJ to provide coordinated care for those Kentucky SKY Enrollees accessing psychotropic medications.					

	b. Describe how the Vendor will collaborate with the Department, DCBS, DJJ, hospitals, psychiatric residential treatment facilities (PRTFs), residential providers, physical and Behavioral Health Providers and others on Discharge Planning needs of Kentucky SKY Enrollees across all levels of care.					
Section Score		60			60	
12	Aging Out Services					
	Provide the Vendor's recommendations for enhancing the services and outcomes for FC Enrollees, Former Foster Care Enrollees, and JJ Enrollees aging out of Care and the Kentucky SKY program. Provide examples of services or tools the Vendor has used for other similar programs and detail how these tools have contributed to the Vendor achieving program goals.	30	4.5	6	27	Would have liked to have seen them address more the implication of kids who do not get good transition services. Addressed the peer support specialist.
Section Score		30			27	
60.7 G.13 Use Cases						
USE CASE 1	Describe how the Vendor would address and ensure the delivery of trauma informed care by the contracted provider network for the Kentucky SKY membership. In particular, address how it assesses providers' knowledge of trauma informed care, the approach for targeted provider education at regional and state levels, as needed, and plans for collaborating with DCBS staff. At minimum, address the following in its response:	50	5	10	50	Table on page 6, evidenced based practices for delivering THC. Table 20 are stakeholders for getting this off the ground.
	a. Evidenced based practices and trauma-informed care for the Kentucky SKY membership;					
	b. Unique needs of children and youth in Foster Care;					
	c. Access to and sharing of medical records					
	d. Provider contracting;					
	e. Provider education and ongoing support;					
	f. Performance monitoring;					
	g. Cultural competency; and					
	h. Community engagement.					
USE CASE 2	Describe how the Vendor would address Kimberly's situation and coordination with the DCBS Social Service Worker, the ED, residential facilities, behavioral health providers, foster parents, and mother. At a minimum, address the following programs and services:	50	5	10	50	Providers near Kimberly were identified. Like the Figure Circle of Support and Complex Care Management.
	a. Care management, including coordination with the foster parents;					
	b. Discharging planning between levels of care;					
	c. Network adequacy and availability of services;					
	d. Availability and utilization of telehealth for behavioral health services;					

	e. Applicable evidence based practices; including psychotherapeutic interventions;					
	f. Prescribing psychotropic medications and documentation in medical records (e.g., rationale, follow-up assessments and monitoring, etc.);					
	g. Coordination of transportation, if needed;					
	h. Provider contracting;					
	i. Provider education and support;					
	j. Access to and sharing of medical records; and					
	k. Maintenance of the care plan.					
USE CASE 3	Describe how the Vendor would address Shakira's situation and coordination with the DCBS Social Service Worker, the foster family, physical and behavioral health providers, transition from the family to the community, and community resources. At a minimum, address the following programs and services:	50	5	10	50	Liked Figure 22 And grief through life skills Engage transition liaison for her.
	a. Care management;					
	b. Access to and coordination between physical health providers (e.g., OB/GYN, pediatrician) and behavioral health providers;					
	c. Access to network providers;					
	d. Discharge planning for all levels of care;					
	e. Coordination of school based services and an Individualized Education Plan;					
	f. Community services for parenting skills;					
	g. Applicable evidence based practices;					
	h. Coordination of transportation, if needed;					
	i. Options for aging out of foster care and risk management;					
	j. Social determinants of health;					
	k. Provider education and support;					
	l. Access to and sharing of medical records; and					
	m. Maintenance of the Care Plan.					
USE CASE 4	Describe how the Vendor would address Kirk's situation and coordination with the Social Service Worker, the foster family, in-state and out-of-state providers, and community resources. At a minimum, address the following programs and services:	50	5	10	50	Like the concise, summery provided to show the needs are being met. Figure 23 on page 23 Circle of Support
	a. Care management, including coordination to address fragmented care and timeliness of care;					
	b. Availability of services and network access, including out-of-state providers;					
	c. Availability of services, such as skilled nursing services;					
	d. Access to school based services;					
	e. Applicable evidence based practices;					
	f. Coordination of transportation, as needed;					
	g. Community resources;					

	h. Social determinants of health;					
	i. Planned respite care;					
	j. Provider education and support;					
	k. Access to and sharing of medical records; and					
	l. Maintenance of the care plan.					
USE CASE 5	Describe how it would address Enrico's situation and coordination with the DCBS Social Service Worker, group home, physical and behavioral health providers, and his family. At minimum address the following programs and services:	50	5	10	50	Figure 24 circle of support Goals do not talk about externalizing behavior
	a. Care Management, including coordinated management of his physical and behavioral health conditions					
	b. Discharge planning for all levels of care;					
	c. Language accessibility;					
	d. Psychotropic medications and documentation in medical records (e.g., rationale, follow up assessments and monitoring);					
	e. Evidence based psychotherapeutic interventions;					
	f. Social determinants of health;					
	g. Community resources;					
	h. Aging out of foster care;					
	i. Access to and sharing of medical records; and					
	j. Maintenance of the care plan.					
USE CASE 6	Describe how the Vendor would address Mary's situation and coordinate with the DCBS Social Service Worker, parent, and providers. At minimum, address the following programs and services:	50	5	10	50	Like Figure 25; page 40 talks about coordinating school services, KSD, private, public options.
	a. Care Management including coordination of multispecialty developmental evaluations and care;					
	b. Discharge planning for all levels of care;					
	c. Applicable evidence based practices;					
	d. School based services;					
	e. Social determinants of health;					
	f. Community resources;					
	g. Access to and sharing of medical records; and					
	h. Maintenance of the care plan.					
USE CASE 7	Describe how the Vendor would address Julie's situation and coordination with the DCBS Social Service Worker, and physical and behavioral health providers. At minimum address the following programs and services:	50	5	10	50	Figure 26, got Julie on the HCL wait list.
	a. Care Management;					
	b. Discharging planning for all levels of care;					
	c. Prescribing psychotropic meds and documentation in medical records (e.g., rationale);					
	d. Evidence based psychotherapeutic interventions;					

	e. Viability of aging out of foster care;					
	f. Option for transitioning to an applicable waiver;					
	g. Access to and sharing of medical records; and					
	h. Maintenance of the care plan.					
USE CASE 8	Describe how the Vendor would address Amanda's situation and coordination with the DCBS Social Service Worker, Medically Complex Liaison, foster family, all providers, and community resources. At minimum, address the following programs and services:	50	5	10	50	Figure 27 Circle of Support
	a. Care management, including the assignment of the Nurse Case Manager;					
	b. Involvement of Medically Complex service team;					
	c. Discharge planning between levels of care;					
	d. Individual Health Plan development and maintenance within specified timeframes;					
	e. Availability of and access to providers;					
	f. The Medical Passport;					
	g. Training and support for caregivers;					
	h. Coordination of transportation, as needed;					
	i. Coordination of physical and behavioral health services;					
	j. Community resources;					
	k. Assistance with the Individualized Education Plan;					
	l. Social Determinants of Health;					
	m. Planned respite care;					
	n. Applicable evidence-based practices;					
	o. Sharing and review of medical records; and					
	p. Maintenance of the care plan.					
Section Score		400			400	
Grand Total		1150			1044.2	

Vendor Name: WellCare		Possible Points	Score (1 to 5)	Multiply by Weight	Resulting Score	Comments
<i>Values assigned should relate to the quality and strength of the solution and its relevance to DMS</i>						
60.7 D. (OPTIONAL SUBMITTAL) Kentucky SKY						
1	Executive Summary					
	a. Provide an Executive Summary that summarizes the Contractor's proposed technical approach, staffing and organizational structure, and implementation plan for the Kentucky SKY program. The Executive Summary must include a statement of understanding and fully document the Contractor's ability, understanding and capability to provide the full scope of work.	30	5	6	30	Extensive detail, significant they have experience in other states with sole source foster care; see Table G.1-1 was their innovations and initiatives. Has 6 regional offices with field outreach coordinators. Plans to do ground rounds with judges. Has significant resources and a collaboration optimization committee.
	b. The Contractor's statement of understanding of the unique needs of Medicaid Enrollees in the Commonwealth enrolled in the Kentucky SKY program;					
	c. An overview of the Contractor's proposed organization to provide coordinated services for the Kentucky SKY program;					
	d. A summary of the Contractor's strategy and approach for administering services for Kentucky SKY Enrollees;					
	e. A summary of the Contractor's strategy and approach for establishing a comprehensive Provider network able to meet the unique physical and Behavioral Health needs of Kentucky SKY Enrollees; and					
	f. A summary of innovations and Trauma-informed initiatives the Contractor proposes to implement to achieve improved health outcomes for Kentucky SKY Enrollees in a cost effective manner. Include a discussion of challenges the Contractor anticipates, how the Contractor will address such challenges, and a description of the Contractor's experience with addressing these challenges for similar contracts and populations.					
Section Score		30			30	
2	Company Background					
	a. Corporate Experience	20	5	4	20	The response is extensive, they have experience in 17 different states and the end of 2019 they had been serving 28,000 in multiple states including KY. They have a partnership with UofL to implement a statewide trauma informed training program and the training is going to target providers, community based organizations and first responders. Table G.2-1 summarized lessons learned. The Home Field Based Coordination program to reduce the ER visits.
	i. Describe the Contractor's experience in the provision of managed care services similar to those specified in the Contract for the Kentucky SKY populations specified in this Contract. In addition, include the following information in the response:					

	<p>a. Experience in coordinating and providing Trauma-informed services, and educating Providers on Trauma-informed Care, ACEs, and evidenced based practices applicable to individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance;</p>					<p>Key Assets is a community living program for severely autistic and others with sever development disorders.</p>
	<p>b. Three (3) examples of initiatives the Contractor has implemented for Medicaid managed care programs for individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance that have supported improved outcomes (e.g., greater awareness of Trauma-Informed Care, clinical outcomes, Discharge Planning between levels of care, etc.). Describe whether such initiatives were cost effective and resulted in sustained change;</p>					
	<p>c. A summary of lessons learned from the Contractor's experience providing similar services to the populations enrolled in Kentucky SKY; and</p>					
	<p>d. How the Contractor will apply such lessons learned to the Kentucky SKY program.</p>					
	<p>ii. Provide a listing of the Contractor's prior and existing full risk Medicaid managed care contracts serving individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance for the previous five (5) years. Include the following information: a. State name b. Contract start and end dates c. Number of covered lives d. Whether the Contractor provides services regionally or statewide</p>					
	<p>b. Office in the Commonwealth</p> <p>For programs similar to Kentucky SKY, has the Contractor co-located staff in an agency regional office? If yes, describe the factors that influenced that decision and summarized the outcome of the co-location in coordinating of services for program participants.</p>	4	5	0.8	4	6 regional offices and will conduct regional meetings with DCBS; will co-locate in DCBS offices.
	<p>c. Staffing</p>					

	<p>i. Describe the Contractor’s proposed approach to staffing for the Kentucky SKY program under this Contract, including the following information at a minimum:</p> <p>a. Description of how the organizational structure provides innovative solutions for meeting programmatic goals specific to the Kentucky SKY program and Kentucky SKY Enrollees and supports stakeholder groups (e.g., Kentucky SKY Enrollees, providers, partners, among others).</p> <p>b. Description of how the organizational structure will support whole-person integrated care, population health and overall improvement in health outcomes in a cost-effective manner for the Kentucky SKY program.</p>	12	5	2.4	12	<p>Care coordination teams which will be in each DCBS region. 220 associates in KY dedicated to SKY. Training specialist & DJJ liaison & SKY network team Figure G.2-8 which is the integrated care team</p>
	<p>ii. What prior experience will the Contractor require staff to have had in serving populations similar to Kentucky SKY Enrollees?</p>	4	5	0.8	4	<p>All positions require a minimum 2 years of child welfare experience. Like the soft skills identified on page 1899</p>
	<p>iii. Provide a narrative description of the Contractor’s approaches to recruiting staff for the Kentucky SKY program, including:</p> <p>a. Recruitment sources;</p> <p>b. Contingency plans if the Contractor is unable to recruit sufficient numbers of adequately trained staff in a timely basis or if the Contractor's original staffing estimates are too low and for avoiding and minimizing the impact of personnel changes;</p> <p>c. How the Contractor will assure the Department that sufficiently experienced, licensed and trained personnel are available to support implementation and ongoing administration of the Kentucky SKY program; and</p> <p>d. How the Contractor will seamlessly transition staff, if necessary, from implementation to ongoing operations.</p>	4	5	0.8	4	<p>19 key leadership positions identified collaborating with universities and has an associate referral program They have an internal success plan, see page 1906, for growth.</p>

	<p>iv. A listing of Full-Time Kentucky SKY Key Personnel identified in RFP Attachment F “Draft Medicaid Managed Care Contract and Appendices”, and as otherwise defined by the Contractor, including:</p> <p>a. Individual names, titles, job descriptions, qualifications and full-time equivalents (FTEs) who are dedicated one hundred percent (100%) to the Kentucky SKY program under this Contract with no other responsibilities outside of the Kentucky SKY program, as well as their office locations for this Contract. An FTE is defined as the ratio of the total number of paid hours divided by the total number of working hours in the period. Annually, an FTE is considered to be 2,080 hours.</p> <p>b. Whether each Full-time Kentucky SKY Key Personnel position will be filled by a Contractor’s employee or a Subcontractor. Identify the number of FTE Subcontractor staff who will be one hundred percent (100%) dedicated to the Kentucky SKY program.</p> <p>c. Resumes, including information such as degrees, credentials, clinical licensure as applicable, years and type of experience. Include as an Appendix or Attachment to the Proposal.</p>	12	5	2.4	12	<p>The response is very extensive see Table G.2-11 fulltime KY SKY personnel, Table G.2-12 Fulltime SKY Key coordination team, and Table G.2-13 Shared personnel. Only 2-fulltime peer support specialist were listed.</p>
	<p>v. Overview of the Contractor’s proposed training of staff to fulfill all requirements and responsibilities of RFP Attachment F “Draft Medicaid Managed Care Contract and Appendices”, for all operational areas. Provide the Contractor’s proposed training program and curriculum for all staff specific to areas of responsibility. Include information about the topics for which staff will receive training, how trainings will differ for new staff members versus ongoing trainings and related training schedules.</p>	10	5	2	10	<p>Extensive training phases, topics, & frequency are identified on Table G.2-14; 3 phases of training are new hire, market specific, and role specific.</p>
	<p>vi. Overview of Contractor’s approach to monitoring Subcontractors’ progress in recruiting and training of staff to meet all requirements of RFP Attachment F “Draft Medicaid Managed Care Contract and Appendices”.</p>	5	4.5	1	4.5	<p>Creates a Kentucky SKY training, see page 1939.</p>
	<p>vii. Retention approach for Full-time Kentucky SKY Key Personnel.</p>	3	5	0.6	3	<p>They have an extensive benefits package, i.e. allowing employees to telecommute 4 days a week and tuition reimbursement.</p>

	viii. Provide a detailed description of the Contractor's organizational structure for the Kentucky SKY program under this Contract, including an organizational chart that displays the following: a. Management structure, lines of responsibility, and authority for all operational areas of this Contract. b. How the Kentucky SKY fits into the overall organizational structure of the Parent Company. c. Where Subcontractors will be incorporated.	5	5	1	5	17 org charts; Chart G.2-1 WellCare of KY org structure. Page 1944 addressed how the Kentucky SKY fits into the overall organizational structure. Table G.2-15 is specific to the function and reporting structure. Chart G.2-3 subcontractor management structure
	ix. A summary of how each Subcontractor will be integrated into the Contractor's proposal performance of their obligations under the Contract to ensure a streamlined experience for the Kentucky SKY Enrollees, Providers and the Department.	3	4	0.6	2.4	Have a delegation oversight team. Table G.2-15 subcontractor reporting structure
	x. Identification of staff positions that will be based (1) in the Contractor's Kentucky office(s), (2) in the field, and (3) at a corporate office of the Contractor or Subcontractors. Information should include physical locations for all Contractor operational areas to support this Contract.	3	5	0.6	3	They have field based staff listed by region; each region provided specifics by job class. 139 staff in 6 regional offices and 81 field based staff.
	xi. Number of proposed FTEs dedicated to the Kentucky SKY program, by position type and operational area and how the Contractor determined the appropriateness of these ratios.	5	4	1	4	Table G.2-16 shows FTEs by functional area and position Would have liked to have seen more peer support specialist 64 care coordinators Ratios are based upon previous implementations.
	xii. Describe the roles and responsibilities of Care Coordinators and Care Coordination Team. How will the Contractor maintain adequate Kentucky SKY to Kentucky SKY Enrollee ratios and number of Care Coordination personnel and management staff having expertise in Physical Health, Behavioral Health, and the Kentucky SKY Enrollee to build Care Coordination Teams? Provide the Contractor's approach to locating the Care Coordinators areas in which they serve.	10	5	2	10	Layout what each enrollee needs based upon their medical and behavioral health needs. Each enrollee is assigned a care coordinator and a care coordination team.
Section Score		100			97.9	
3	Kentucky SKY Implementation	60	4	12	48	Provided detailed milestones, see Table G.3-1.

	<p>a. Describe the Contractor’s approach to project management, including a summary of responsibilities for project governance and how the Contractor will track action items, risks and issues, as well as contingency and mitigation plans. At a minimum, the implementation plan must include elements outlined in the RFP, for example:</p> <ul style="list-style-type: none"> i. Establishing an office location and call centers; ii. Provider recruitment activities; iii. Staff hiring and a training plan; iv. Establishing interfaces to information systems operated by the Department and DCBS; and v. Communicating with and educating Network Providers and Kentucky SKY Enrollees through a web site and required materials, and how that interaction will support program participation and program goals. 					<p>Liked the regional engagement found on page 2010 and the list of critical components for success are listed on 2009. The elements of the government structure are listed on 2006 & 2007.</p>
	<p>b. Describe the Contractor’s approach for building relationships with DCBS staff at the Service Region and county level, and with Department for Juvenile Justice (DJJ) staff at the Community District level to support enhanced coordination of care, reduced duplication of services, and improved access to the most appropriate services to meet the needs of Kentucky SKY Enrollees. Please address education, training, communications, and process development.</p>					
Section Score		60			48	
4	Kentucky SKY Contractor Educational and Training Requirements	60	5	12	60	<p>Very thorough, lots of good ideas; however, how are they going to convince providers to do it. Table G.4-1 is the Kentucky SKY staff training topics.</p> <p>The provider education is offered in person, town halls, & etc.</p>
	<p>a. Describe the Contractor’s proposed approach for collaborating with experts including the Department, DCBS, and DJJ) to identify Provider training needs. Please include examples from other Contractor programs exhibiting collaboration with state agencies to identify training needs.</p>					

	b. How will the Contractor ensure that the Contractor's staff and Network Providers (including but not limited to hospitals, pharmacies, and specialty Providers) receive in-depth training on the Kentucky SKY program, including what is and is not allowable exchange of information in a HIPAA-compliant organization, to preserve and support continuity of care. Describe how the Contractor will ensure Network Providers are aware of the requirements of the Kentucky SKY program, and how the needs of this population may differ from those of the Medicaid managed care population?					
	c. Describe how the Contractor will educate Law Enforcement Officials, the courts, judges, attorneys, and judges about the Kentucky SKY program.					
Section Score		60			60	
5	Kentucky SKY Enrollee Services					
	a. Describe the Contractor's proposed approach for coordinating with the Department, DCBS, and DJJ to ensure Kentucky SKY Enrollees begin receiving services immediately upon entering Foster Care. Please include the Contractor's experience expediting enrollment in other markets.	12	5	2.4	12	The response is very extensive; they will give the foster family a tablet if they did not have any other way to access the app. The Clear SKY app for the caregiver and outreach coordinators at each DCBS, see page 2031 examples of where they have delivered expedited services and page 2028 field outreach coordinator assigned as soon as the child comes into custody.
	b. The eligibility of Kentucky SKY Enrollees often changes due to their status in Foster Care or the juvenile justice system. Describe the Contractor's proposed process for resolving Enrollment and eligibility discrepancies. Include the Contractor's approach for collaborating with the Department, DCBS and DJJ in resolving eligibility issues.	6	4.5	1.2	5.4	They have the capacity to resolve issues within 24 hrs. AHS is their enrollment broker; will run the file and use system to fix One point of contact for agencies and after hours contact available through the enrollee call center.
	c. Describe the Contractor's proposed process to assign Kentucky SKY Enrollees to a PCP within two (2) Business Days of Enrollment. Include a discussion of the Contractor's approach to:	21	4.5	4.2	18.9	Care Coordinators will follow up whenever there is a gap in care identified. Attachment G.5.C.VI which identifies the notification to the PCP When a member is assigned to a PCP the MIS system notifies the PCP with an system generated email.
	i. Assist Kentucky SKY Enrollees to select a PCP and auto-assign Kentucky SKY Enrollees who do not make a selection within the required timeframes					
	ii. Work with the Department, DCBS, DJJ, Foster Parents, and Adoptive Parents to assign PCPs					
	iii. Track data to confirm that every Kentucky SKY Enrollee is assigned to a PCP.					
	iv. Inform PCPs of new Kentucky SKY Enrollees within the required timeframes.					

	v. Confirm that PCPs received the list of assigned Kentucky SKY Enrollees					
	vi. Provide a sample of the report the Contractor will use to notify PCPs of their assigned Kentucky SKY Enrollees.					
	d. Describe the Contractor's proposed process for communicating with Kentucky SKY Enrollees about their PCP assignments and encouraging Kentucky Care Enrollees to schedule regular appointments with their assigned PCPs and keep scheduled appointments. Include how the Contractor will identify and work with Kentucky SKY Enrollees to resolve barriers to keeping appointments and how the Contractor will work with resources available at the Department, DCBS and DJJ to communicate with Kentucky SKY Enrollees. Include a discussion of how this process would differ when communicating about their Dental Provider assignment and encouraging Kentucky SKY Enrollees to schedule and keep regular appointments with Dental Providers.	10	5	2	10	Provided a detailed list of touch points where they encourage enrollees to schedule appointments with their PCPs, see page 2039. PCP can be changed at anytime
	e. Foster Care (FC) Enrollees and Juvenile Justice (JJ) Enrollees often experience changes in placement. These placement changes may require assignment of new PCPs and Dental Providers. Describe the Contractor's proposed process to assess a FC or JJ Enrollee's access to a PCP and Dental Provider timely after a change in FC Enrollee or JJ Enrollee placement and assigning a new PCP or Dental Provider if the prior Provider no longer meets access standards.	6	4	1.2	4.8	The response is detailed; they will reach out to the caregiver or social worker.
	f. Describe the Contractor's process for engaging Adoptive Parents who request to opt out of the Kentucky SKY program to stay enrolled, including:	8	4	1.6	6.4	The response was detailed, outbound calls; however, it was unclear if reengagement activities are through WellCare if the enrollee disenrollees from the program.
	i. Process for outreach and engagement of Adoption Assistance (AA) Enrollees.					
	ii. Conducting surveys with AA Enrollees to determine the reason for opting out of the Kentucky SKY program.					
	iii. Attempts for periodic re-engagement after Disenrollment.					
	iv. Include how the Contractor will use results from the survey to improve the program.					

	g. Provide the Contractor’s proposed plan for providing Kentucky SKY Enrollees with ID cards in the required timeframes (be issued initially within five (5) Calendar Days of receipt of the eligibility file from the Department and reissued within five (5) Calendar Days of a request for reissue) in the following instances:	8	5	1.6	8	Detailed and straightforward response, their card is in the mobile app; they can print it, ask WellCare to mail it to them, or forward it to their PCP.
	i. Report of a lost ID card.					
	ii. A Kentucky SKY Enrollee name change.					
	iii. A new PCP assignment.					
	iv. FC or DJJ Enrollee moves to a new placement or for any other reason that results in a change to the information disclosed on the Kentucky SKY Enrollee’s ID card.					
	h. Describe how the Contractor will address and manage crisis calls during business hours as well as after hours.	3	5	0.6	3	The response provides extensive details about the FITT Program and care managers notified daily of any contacts. Figure G.5-1 is their behavior crisis care flowchart. Interaction Analyzer is a word triggered system that flags and escalates calls.
	i. Describe the processes, protocols and guidelines the Contractor will use to achieve maximum stability and the best outcomes for Kentucky SKY Enrollees in crisis as well as avoid inappropriate and unnecessary Emergency Care and hospital admissions. Describe how the Contractor will prioritize emergency and crisis calls over routine calls, protocols that will be in place to support warm transfers, and what technology the Contractor will have to enable direct telephonic/computer connectivity to emergent and crisis intervention resources.	12	5	2.4	12	The response provides extensive steps to avoid ER & Hospitalization, see page 2054 and offers training for foster parents and caregivers. Page 2053 provides a several outreach options to improve crisis services.
	j. Describe trainings and resources the Contractor will provide to call center staff related to recognition and management of crisis calls to ensure the most expedient and risk-reducing outcomes, including a description of the level and type of training.	6	5	1.2	6	Provided an example of the script and has a red crisis button, see page 2057.
Section Score		92			86.5	
6	Provider Network					
	a. Explain the Contractor’s plan to develop a comprehensive Provider Network that meets the unique needs of Kentucky SKY Enrollees. The plan must address the following:	50	5	10	50	They currently have 99.9% KY Medicare providers under contract. Table G.6-2 Providers per Region Trauma informed care training with UofL Will add new services.

	i. Approach to contract with PCPs and specialty Providers who are trained or experienced in Trauma-informed Care and in treating individuals with complex special needs, and who have knowledge and experience in working with children in Foster Care and those children receiving Adoption Assistance.					
	ii. Recruitment strategy, including processes for identifying network gaps, developing recruitment work plans, and carrying out recruitment efforts.					
	iii. Strategy for contracting and retaining specialists unique to the Kentucky SKY populations and perhaps different from those in the Medicaid managed care Provider network and how the Contractor will provide access to specialists not included in the Provider Network.					
	iv. Process for continuous network improvement, including the approach for monitoring and evaluating Provider compliance with availability and scheduling appointment requirements and ensuring Kentucky SKY Enrollees have access to care if the Contractor lacks an agreement with a key Provider type in a given DCBS Service Region or DJJ Community District.					
	v. How the Contractor will ensure appointment access standards are met when Kentucky SKY Enrollees cannot access care within the Provider Network.					
	b. Provide an example of how the Contractor has contracted for similar networks for similar populations in other programs. Provide a workplan to contract with Kentucky SKY Network Providers, with accountabilities and timelines.	10	2.5	2	5	The response is clear; however, the dates on the work plan were not changed, see page 2084.
Section Score		60			55	
7	Provider Services Provide the Contractor's proposed approach to Provider outreach and education. Include a description of how initial training will differ from ongoing training. Describe proposed training materials including but not limited to:	50	5	10	50	Table G.7-1 shows the breakdown of proposed training materials for different topic areas. Offers Community Summits and provider orientation within 30 days.
	a. Coordinating services;					
	b. Care Coordination Teams;					
	c. Training in Trauma-informed Care (include sample materials);					
	d. Crisis services;					
	e. Child and Adolescent Needs and Strengths (CANS);)					
	f. High Fidelity Wraparound approach;					

	g. Impact of ACEs;					
	h. Neonatal Abstinence Syndrome (NAS);					
	i. Six Seconds Emotional Intelligence (SEI); and					
	j. Screening for and identification of Behavioral Health needs.					
Section Score		50			50	
8	Covered Services					
	a. Describe the Contractor’s approach for ensuring the successful completion of required assessments and screenings. Please include a description of the following:	28	4.5	5.6	25.2	<p>The response is detailed; prioritize know high-risk cases, identifies 3 challenges as they relate to eligibility issues, enrollee engagement through initial assessments, and FOC will assign the care coordinator.</p> <p>When kids transfer from one MCO to a new one they will try to get as much information as possible.</p> <p>Example from NJ they did a lot of work before hand to get things in place 90 days prior to go live for LTSS.</p> <p>Example of being able to perform 68,000 good assessment, but appears to be unrealistic.</p>
	i. How the Contractor will coordinate with Kentucky SKY Enrollees, the Department, DCBS, DJJ, and families. Address the involvement of any other sister agencies in the description.					
	ii. How the Contractor will ensure assessments are initiated immediately upon a Kentucky SKY Enrollee’s Enrollment in the Kentucky SKY program.					
	iii. How the Contractor will meet standards for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screening.					
	iv. Any challenges that the Contractor anticipates in completing required assessments and how it will mitigate these challenges.					
	v. Provide examples of how the Contractor has succeeded in providing assessments to individuals similar to those required for the Kentucky SKY Enrollees.					
	vi. Include examples of Trauma assessment or screening tools the Contractor would recommend the Department consider for the use in identifying Trauma in Kentucky SKY Enrollees.					
	b. Submit the proposed screening tool the Contractor will use to develop the Kentucky SKY Care Plan. Include a description of how the Contractor will use the results of assessments that sister agencies have conducted in developing the Care Plan. Provide examples of prior tools the Contractor has used for other similar programs and detail how these tools have contributed to the Contractor achieving program goals.	10	5	2	10	<p>Liked they are going to have the PCP evaluate for ACES.</p> <p>Attachment G.8.B was proposed screening tools</p>

	c. Describe its comprehensive approach to providing Crisis Services, including in home services, to Kentucky SKY Enrollees.	10	5	2	10	Liked Ethan's examples; recognize the lack of crisis services available in Kentucky and are going to try to build this up and willing to reach out to multiple sources to get us where we need to go.
	d. Describe the Contractor's experience in providing services through a holistic, person-centered approach, utilizing a High Fidelity Wraparound approach.	10	4	2	8	Section G4 provides detail of how the High Fidelity Wraparound will progress in the future.
	e. Describe how the Contractor will develop and provide interventions that will help develop resiliency in Kentucky SKY Enrollees who have been exposed to Trauma and ACEs.	10	5	2	10	Like the Annie E Casey Approach to Building Resilience found on page 2108.
	f. Describe the role of non-medical factors (e.g., placement changes) that may drive inappropriate utilization of medical resources and how the Contractor will account for those factors in the delivery approach. As part of the response, include how the Contractor will identify and leverage non-Medicaid resources that may be available in a community environment, including how it will assist such community-based resources that may serve an important role in the Kentucky SKY Enrollees' overall physical and Behavioral Health care needs and goals even if they are not traditional Medicaid services. Provide examples of any community organizations that the Contractor anticipates involving to provide services to support Kentucky SKY Enrollee' needs and goals.	15	5	3	15	Detailed and clearly identified the different factors, the community connection program and the WellCare Works program was good. The Care Coordinator will mediate the SDOH. Multiple attachments that address; including the childhood assessments.
Section Score		83			78.2	
9	Health Outcomes					
	Describe what measures beyond traditional Healthcare Effectiveness Data and Information Set (HEDIS) scores the Contractor would recommend to determine that its Care Management, Care Coordination, and Utilization Management services and policies are having a meaningful impact on the health outcomes of Kentucky SKY Enrollees.	30	5	6	30	Provided detailed performance improvement plan and the sample measures found on page 2123 through 2126.
Section Score		30			30	
10	Population Health Management and Care Coordination					
	a. Describe plan for identifying and coordinating care for those Kentucky SKY Enrollees with the most immediate service needs leading up to and immediately following implementation of the Kentucky SKY program.	10	5	2	10	Like the detailed fundamental and safety goals provided on page 2134 and the Table G.10-1, which is the unique factors in providing care coordination.

	b. Describe how the Vendor would identify and monitor new Kentucky SKY Enrollees with high physical or behavioral health needs to ensure continuity of care.	10	5	2	10	Appreciate they say they assume every member is high needs and the identification procedures for enrollees with high needs found on page 2142 and 2143.
	c. Describe how the Vendor will stratify Kentucky SKY Enrollees into tiers for Care Management services.	15	5	3	15	Their ID stratification engine has a priority algorithm that includes SDOH Figure G.10-2 Case Management Tiers, liked their stratification process of for identifying the different population into tiers.
	d. Provide a description of the Vendor's targeted evidence based approaches applicable to the Kentucky SKY populations. Provide details on the Vendor's approach for ensuring Network Providers' compliance with evidence based approaches mandated by the Vendor for Kentucky SKY Enrollees.	15	5	3	15	Table G.10-3 provides examples of evidence approaches to be used and Attachment G.10.D-1BH child and adolescent CPGs was impressive.
	e. Provide a description of the Vendor's approach for ensuring Network Providers are providing Trauma-informed Care to Kentucky SKY Enrollees.	10	5	2	10	The response provided an extensive plan to create a trauma informed care checklist.
	f. Describe how the Vendor will use telemedicine and telehealth to improve quality or access to physical and Behavioral Health services.	10	5	2	10	Table G.10-4, which is the specialty providers that can be accessed through telehealth. Moving to a direct to consumer model and making iPad available to families Remote monitoring
	g. Describe how the Vendor will capture data related to Social Determinants of Health and incorporate this information into its Care Management approach.	15	5	3	15	Like Figure G.10-5 are the unique SDOH considerations & Figure G.10-6 community connections Liked they were going to train providers to use the ICD10Z codes
	h. Describe how the Vendor will coordinate with the Department, DCBS, DJJ, and physical and Behavioral Health Providers to ensure each Provider has access to the most up-to-date medical records for Kentucky SKY Enrollees.	10	5	2	10	Understands this is an issue and willing to work with other MCOs to resolve The medical passport will be available on the portal
	Section Score	95			95	
11	Utilization Management	60	5	12	60	Have a pediatric anti-psychotic utilization assessment Their polypharmacy program has two programs within the DUR
	a. Describe how the Vendor will collaborate with Network Providers, the Department, DCBS, and DJJ to provide coordinated care for those Kentucky SKY Enrollees accessing psychotropic medications.					

	b. Describe how the Vendor will collaborate with the Department, DCBS, DJJ, hospitals, psychiatric residential treatment facilities (PRTFs), residential providers, physical and Behavioral Health Providers and others on Discharge Planning needs of Kentucky SKY Enrollees across all levels of care.					
Section Score		60			60	
12	Aging Out Services					
	Provide the Vendor's recommendations for enhancing the services and outcomes for FC Enrollees, Former Foster Care Enrollees, and JJ Enrollees aging out of Care and the Kentucky SKY program. Provide examples of services or tools the Vendor has used for other similar programs and detail how these tools have contributed to the Vendor achieving program goals.	30	5	6	30	Starting at age 14; see Table G.12-3 for extensive detail on the transition team.
Section Score		30			30	
60.7 G.13 Use Cases						
USE CASE 1	Describe how the Vendor would address and ensure the delivery of trauma informed care by the contracted provider network for the Kentucky SKY membership. In particular, address how it assesses providers' knowledge of trauma informed care, the approach for targeted provider education at regional and state levels, as needed, and plans for collaborating with DCBS staff. At minimum, address the following in its response:	50	5	10	50	Fully automated the medical passport. Healing Futures program and their dedication to resiliency.
	a. Evidenced based practices and trauma-informed care for the Kentucky SKY membership;					
	b. Unique needs of children and youth in Foster Care;					
	c. Access to and sharing of medical records					
	d. Provider contracting;					
	e. Provider education and ongoing support;					
	f. Performance monitoring;					
	g. Cultural competency; and					
	h. Community engagement.					
USE CASE 2	Describe how the Vendor would address Kimberly's situation and coordination with the DCBS Social Service Worker, the ED, residential facilities, behavioral health providers, foster parents, and mother. At a minimum, address the following programs and services:	50	5	10	50	Like the table on page 2244 showing the factors that are influencing Kimberly's health. Liked the summery that showed the innovation for Kimberly and the respite for her foster parents.
	a. Care management, including coordination with the foster parents;					

	b. Discharging planning between levels of care;					
	c. Network adequacy and availability of services;					
	d. Availability and utilization of telehealth for behavioral health services;					
	e. Applicable evidence based practices; including psychotherapeutic interventions;					
	f. Prescribing psychotropic medications and documentation in medical records (e.g., rationale, follow-up assessments and monitoring, etc.);					
	g. Coordination of transportation, if needed;					
	h. Provider contracting;					
	i. Provider education and support;					
	j. Access to and sharing of medical records; and					
	k. Maintenance of the care plan.					
USE CASE 3	Describe how the Vendor would address Shakira's situation and coordination with the DCBS Social Service Worker, the foster family, physical and behavioral health providers, transition from the family to the community, and community resources. At a minimum, address the following programs and services:	50	5	10	50	Talks about the aging out; the comprehensive needs assessment helps with identifying factors that are influencing she health see page 2252.
	a. Care management;					
	b. Access to and coordination between physical health providers (e.g., OB/GYN, pediatrician) and behavioral health providers;					
	c. Access to network providers;					
	d. Discharge planning for all levels of care;					
	e. Coordination of school based services and an Individualized Education Plan;					
	f. Community services for parenting skills;					
	g. Applicable evidence based practices;					
	h. Coordination of transportation, if needed;					
	i. Options for aging out of foster care and risk management;					
	j. Social determinants of health;					
	k. Provider education and support;					
	l. Access to and sharing of medical records; and					
	m. Maintenance of the Care Plan.					
USE CASE 4	Describe how the Vendor would address Kirk's situation and coordination with the Social Service Worker, the foster family, in-state and out-of-state providers, and community resources. At a minimum, address the following programs and services:	50	5	10	50	Liked the community resources; online support group, planned respite, and the Ronald McDonald house near Vanderbilt.
	a. Care management, including coordination to address fragmented care and timeliness of care;					

	b. Availability of services and network access, including out-of-state providers;					
	c. Availability of services, such as skilled nursing services;					
	d. Access to school based services;					
	e. Applicable evidence based practices;					
	f. Coordination of transportation, as needed;					
	g. Community resources;					
	h. Social determinants of health;					
	i. Planned respite care;					
	j. Provider education and support;					
	k. Access to and sharing of medical records; and					
	l. Maintenance of the care plan.					
USE CASE 5	Describe how it would address Enrico's situation and coordination with the DCBS Social Service Worker, group home, physical and behavioral health providers, and his family. At minimum address the following programs and services:	50	5	10	50	Like they are getting him involved with the life-coaching program.
	a. Care Management, including coordinated management of his physical and behavioral health conditions					
	b. Discharge planning for all levels of care;					
	c. Language accessibility;					
	d. Psychotropic medications and documentation in medical records (e.g., rationale, follow up assessments and monitoring);					
	e. Evidence based psychotherapeutic interventions;					
	f. Social determinants of health;					
	g. Community resources;					
	h. Aging out of foster care;					
	i. Access to and sharing of medical records; and					
	j. Maintenance of the care plan.					
USE CASE 6	Describe how the Vendor would address Mary's situation and coordinate with the DCBS Social Service Worker, parent, and providers. At minimum, address the following programs and services:	50	5	10	50	Liked they were addressing audiology in the beginning was the right thing to do and their emphasis and focus on streamlining services all in one place and the focuses they were placing on dental care.
	a. Care Management including coordination of multispecialty developmental evaluations and care;					
	b. Discharge planning for all levels of care;					
	c. Applicable evidence based practices;					
	d. School based services;					
	e. Social determinants of health;					
	f. Community resources;					
	g. Access to and sharing of medical records; and					
	h. Maintenance of the care plan.					

USE CASE 7	Describe how the Vendor would address Julie’s situation and coordination with the DCBS Social Service Worker, and physical and behavioral health providers. At minimum address the following programs and services:	50	5	10	50	They got Julie on the emergency SCL waiting list.
	a. Care Management;					
	b. Discharging planning for all levels of care;					
	c. Prescribing psychotropic meds and documentation in medical records (e.g., rationale);					
	d. Evidence based psychotherapeutic interventions;					
	e. Viability of aging out of foster care;					
	f. Option for transitioning to an applicable waiver;					
	g. Access to and sharing of medical records; and					
	h. Maintenance of the care plan.					
USE CASE 8	Describe how the Vendor would address Amanda’s situation and coordination with the DCBS Social Service Worker, Medically Complex Liaison, foster family, all providers, and community resources. At minimum, address the following programs and services:	50	5	10	50	Provided Amanda with an extensive care plan, see page 2293.
	a. Care management, including the assignment of the Nurse Case Manager;					
	b. Involvement of Medically Complex service team;					
	c. Discharge planning between levels of care;					
	d. Individual Health Plan development and maintenance within specified timeframes;					
	e. Availability of and access to providers;					
	f. The Medical Passport;					
	g. Training and support for caregivers;					
	h. Coordination of transportation, as needed;					
	i. Coordination of physical and behavioral health services;					
	j. Community resources;					
	k. Assistance with the Individualized Education Plan;					
	l. Social Determinants of Health;					
	m. Planned respite care;					
	n. Applicable evidence-based practices;					
	o. Sharing and review of medical records; and					
	p. Maintenance of the care plan.					
Section Score		400			400	
Grand Total		1150			1120.6	