

C. Technical Approach

29. USE CASE 1: RHONDA

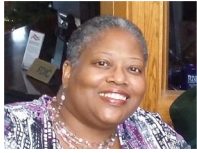
Rhonda, a 30-year-old Humana Enrollee, recently visited the emergency department (ED), where she learned she was pregnant. Upon notification of Rhonda's pregnancy, our **Kentucky Medicaid MomsFirst** team conducts outreach for education, assessment, and engagement in our maternity care management program. As her assigned Managed Care Organization (MCO), we learn of Rhonda's ED visit through one of several routes, including:

- Via her OB/GYN: Our Provider Relations (PR) representatives educate in-network OB/GYNs on our MomsFirst program to encourage referrals. We also **incentivize OB/GYNs for submitting a Notification of Pregnancy form** to promote early identification of pregnant Enrollees.
- Via Member Services: As directed by the ED nurse, Rhonda may have chosen to contact Humana's Member Services Call Center directly. If so, a Member Services Representative (MSR) educates her on our MomsFirst program and transfers her to our care management team for further assessment.
- Direct data feed from the ED's Electronic Health Record (EHR): If Rhonda has visited an ED that maintains a connection with Humana through their EHR system, we would receive a direct data feed reporting her ED visit and pregnancy diagnosis.
- Notification from her daughter Amanda's Humana Care Manager (CM): If Amanda is also a Humana Enrollee, she would have been engaged in **our specialized Neonatal Intensive Care Unit (NICU) care management program** upon her NICU admission, with this team caring for her until 30 days post-discharge from the NICU. If Amanda required care management services after this 30-day period, she would have been reassigned to a maternal child specialist CM within our MomsFirst program. Rhonda may be receiving at least monthly contact from this Humana CM to assess Amanda's progress. Rhonda would be able to ask the CM questions about herself as well and may therefore inform Amanda's CM of her pregnancy directly.

a. Applicable evidence-based Care Management practices

Due to her history of high-risk pregnancies, multiple risk factors [including alcohol and tobacco use, closely-spaced pregnancies, and postpartum depression (PPD)], and applicable social support needs potentially impacting her health (including homelessness, lack of transportation, and a history of domestic violence), we engage Rhonda in the highest level of care management our Kentucky Medicaid Population Health Management (PHM) Program offers, **Risk Tier 4 Complex Care Management**. Evidence-based practices applied to Rhonda's case include the following initiatives below.

Integrated care management: After agreeing to engage in our care management program, **Rhonda is assigned to Jackie, a MomsFirst CM and Registered Nurse (RN)**. If Rhonda's daughter is a Humana Enrollee, we would have assigned Jackie as the CM for both Rhonda and Amanda to preserve the family unit.

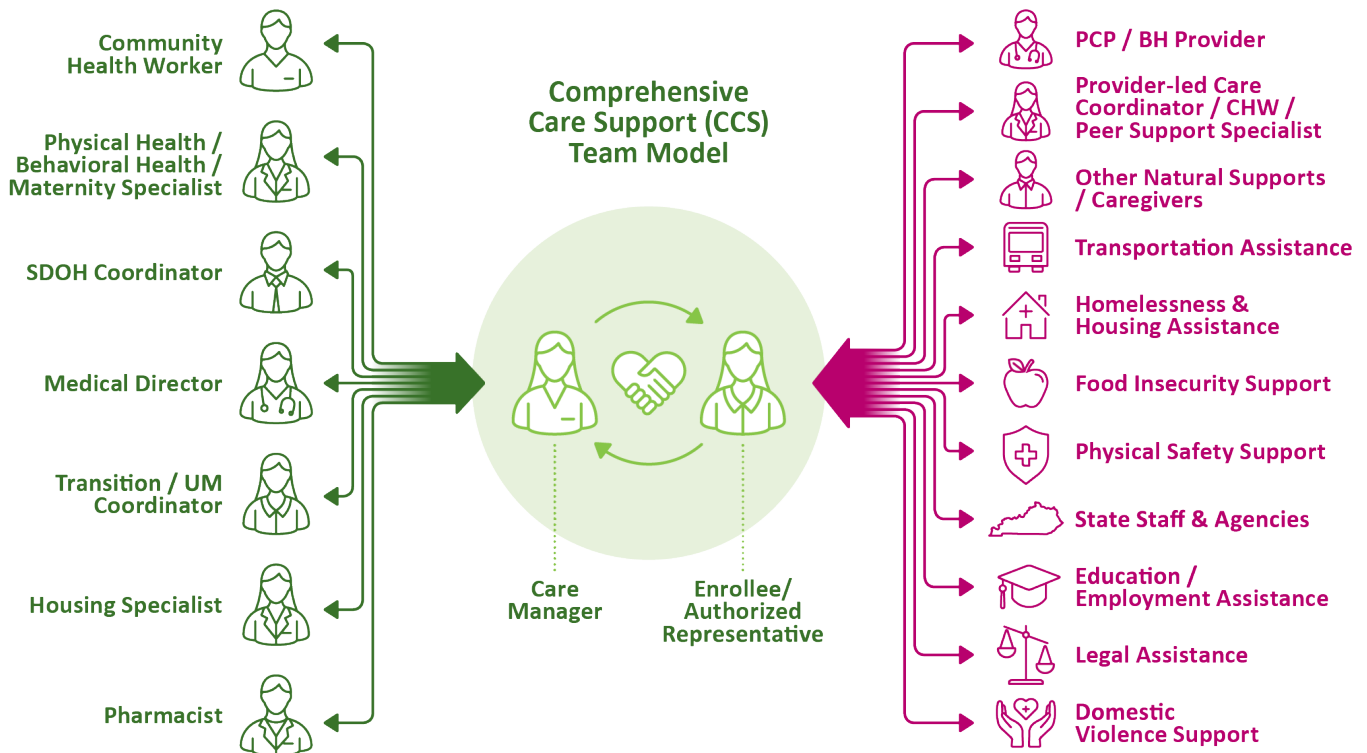


ASSOCIATE SPOTLIGHT:
Jackie Baker, RN, Field Care Manager
MomsFirst Program

Jackie serves as one of Humana’s Kentucky Medicaid MomsFirst Care Managers. She has 25 years’ experience in maternal-infant clinical settings, starting in labor and delivery and moving to postpartum and antepartum care. Her previous roles include contraceptive and HIV counseling for the Women’s Health Clinic at a local Family Health Center, Director of Nursing at a local Community Health Center, and Medicaid Director of Maternal-Child Health Programs for a health plan. Jackie is passionate about delivering holistic and individualized care to our perinatal Enrollees, and excited for the opportunity to improve outcomes for high-risk pregnant women (like Rhonda), infant mortality, and neonatal abstinence syndrome (NAS) in the Commonwealth.

Through our Comprehensive Care Support (CCS) team model (further described in our responses to I.C.24 and I.C.25 of the RFP and depicted below in Figure I.C.29-1), Jackie consults with a behavioral health (BH) CM on her CCS team to discuss how to assess the impact of Rhonda’s alcohol and tobacco use on her life and pregnancy. They also discuss Rhonda’s current symptoms of depression, given her history of PPD. In addition, Jackie works with our Social Determinants of Health (SDOH) coordinator and Housing specialist (dedicated to our Kentucky Medicaid Enrollees) to address Rhonda’s social needs.

Figure I.C.29.Rhonda-1 Comprehensive Care Support (CCS) Team Model



This fully integrated model maintains Jackie as a single point of contact for Rhonda’s care management, while ensuring access to Humana specialists, her Multidisciplinary Team (MDT), and other support systems (identified in Figure I.C.29.Rhonda-2 below) during care plan development and throughout her engagement.

Figure I.C.29. Rhonda-2 Humana’s Support System



Person-centered care planning: Jackie includes Rhonda and her identified support system in every step of our care planning process. She structures her care plan around her goals, preferences, and priority needs. When asked what she would like to achieve in the short and long term, Rhonda states her main goal is to have a healthy pregnancy, to deliver a healthy baby, and to find somewhere safe to live. In the future, she would like to go back to school and get her associate’s degree, so she can get a better job to support herself and her family.

Motivational interviewing and the Transtheoretical model: Jackie uses **motivational interviewing** skills and tenets of the **Transtheoretical model (also known as the Stages of Change model)**, both covered in her CM training, to assess Rhonda’s readiness for behavior change and provide effective recovery management strategies to guide her. These evidence-based models draw upon strategies across psychotherapeutic approaches to help our Enrollees, like Rhonda, better understand the phases of their base behavior patterns and therefore, work more effectively to impact them. To help Rhonda understand the drivers of her alcohol and tobacco use and history of non-compliance with her treatment plan, Jackie develops a strategy for engaging in healthier behaviors. Jackie also supports Rhonda in talking with her OB/GYN about postpartum depression treatment options. Rhonda admits she often feels overwhelmed by the instructions given by her provider but does not feel comfortable asking for clarification. Jackie suggests that a **Humana Community Health Worker (CHW)** accompany Rhonda to her appointments to help Rhonda understand the information presented and to give her more confidence in asking her providers follow-up questions. Rhonda agrees, and Jackie assigns **Cassity (a Humana CHW dedicated to Kentucky Medicaid Enrollees and a life-long resident of the Bluegrass state)** to Rhonda’s case.

Use of a CHW: In Kentucky, we have found CHWs to be essential to our care management approach, facilitating access to care and community resources, locating hard-to-engage Enrollees, and promoting wellness among our membership. Cassity (Rhonda’s assigned Humana CHW) will accompany her to appointments as needed and (with Rhonda’s consent) will help her utilize community resources. She will also provide support related to her pregnancy and other care needs. In addition to living in Rhonda’s region, Cassity is herself a single mother with two young children, allowing her to relate to Rhonda’s circumstances and provide advice about navigating community resources and the healthcare system based on her own life experience. Whenever possible, we recruit and assign CHWs who share the experiences of our Enrollees to enable this resonance.

Figure I.C.29.Rhonda-3 CHW Functions



Flexibility to meet face-to-face: While setting contact minimums for all care management levels, we also empower our CMs to meet with our Enrollees at a frequency and in a setting that is best for the Enrollee and which aligns with their preferences. In this case, Jackie offers to meet Rhonda in person to facilitate the care plan. Taking into account her history of domestic violence, Jackie meets Rhonda at a neutral location where Rhonda feels most comfortable.

Clinical practice guidelines: Jackie accesses Humana’s **Healthwise®** library for assistance in managing Rhonda’s care, including answering questions from Rhonda about various aspects of prenatal and postpartum care and providing educational materials to support self-management. Healthwise® content is consistent with clinical practice guidelines, maintained regularly, and provided in an easy-to-read format.

With Rhonda’s permission, Jackie refers Rhonda to the **KY-Moms Maternal Assistance Toward Recovery (MATR)** program at her regional community mental health center (CMHC) to provide additional support in addressing her tobacco and alcohol use and in working through the impacts of her history of domestic violence. To promote coordination and minimize touchpoints for Rhonda, Jackie coordinates care management services with Rhonda’s assigned KY-Moms MATR specialist. Any care plans and assessments conducted by KY-Moms MATR are incorporated into Rhonda’s care plan in **Clinical Guidance eXchange (CGX)**, Humana’s integrated clinical platform. Jackie remains engaged in Rhonda’s care to assess her progress and address needs.

b. High risk pregnancy initiatives

Maternity Smoking Cessation Performance Improvement Project (PIP):
A 2016 IPRO/DMS review found one-quarter of our pregnant Kentucky Medicaid Enrollees were identified to be smokers. In response, we engaged in a PIP that uses provider and Enrollee education, improved screening techniques, better Enrollee outreach, and engagement in maternity care management to encourage use of smoking cessation services. The interventions put in place as part of this PIP will apply to Rhonda’s care. Interim evaluation of our pregnant Kentucky Medicaid Enrollees found a **48% increase in the rate of tobacco use screenings during prenatal visits**. Among Enrollees who received an intervention for tobacco cessation, we saw a **76% increase with those who abstained from smoking for the rest of their pregnancy**.

Between 2017 and 2018, **NICU admissions** in our Kentucky Medicaid plan **decreased by 32%** and **low birth weight births decreased by 33%**.

Home Health: Humana offers **unlimited home maternity visits for Enrollees with high-risk pregnancies**, like Rhonda. We have partnered with **Optum®** to deliver the recommended 17 Alpha-hydroxyprogesterone caproate

(17P) injections at home for Enrollees at risk of preterm birth. Through in-home provision, Jackie coordinates access to this necessary service if needed for Rhonda, while addressing SDOH needs that may otherwise prevent Rhonda from reaching her provider's office (e.g. lack of transportation and childcare for Amanda).

Doula Support: If requested, Jackie can arrange for doula services during Rhonda's pre and postnatal visits. **As a value-added service (VAS), Humana also covers doula delivery assistance services** for our Kentucky Medicaid pregnant Enrollees, like Rhonda. The provision of doula services during delivery will provide additional emotional and physical support to Rhonda while she is labor. In addition, it has been demonstrated to reduce birth complications and the incidence of Caesarean sections.

Incentive Program for OB/GYNs: Humana's **Maternity Incentive Program** measures OB/GYNs' performance against critical measures that correlate with healthy births, including Timeliness of Prenatal Care and Postpartum Care. We will also offer an incentive for OB/GYNs who submit a complete Notification of Pregnancy form.

c. Health Risk Assessment and Care Planning

Humana conducts an ongoing review of Rhonda's care needs, utilization of services, and other health and well-being factors to generate a quantifiable level of risk. The primary predictive model we use is our proprietary **Medicaid Severity Score Model**. This allows us to create a severity score for Rhonda based on her physical health, BH, pharmacy claims, SDOH needs, and other data to identify a change in care needs. Our **Readmission Predictive Model (RPM)** uses more than 50 variables to assess the probability of Rhonda's readmission to a facility within 30 days of discharge. To identify if Rhonda is likely to use the ED, become a high ED utilizer, and/or use the ED for non-emergent reasons, we use our **ED Predictive Model**. Our **Opioid Predictive Model** reviews pharmacy claims data to identify if Rhonda is at risk of opioid use disorder. We discuss these tools in more detail in our response to I.C.24 of the RFP.



Health Risk Assessment (HRA): If Rhonda has not had an HRA completed in the last 12 months, Jackie administers a new HRA to understand her current physical health, BH, and SDOH needs. Rhonda will receive a **reward incentive upon HRA completion**.

Welcome Kit: Upon enrollment, Rhonda also received a copy of the HRA in her **Humana Kentucky Medicaid Welcome Kit**, along with a pre-addressed envelope with return postage. The Welcome Kit also included her Welcome Letter listing next steps to take toward better managing her health, Enrollee Handbook, a description of our value-added services, and a consent for release of medical information form.

Enrollee Needs Assessment: To gain an in-depth understanding of Rhonda's needs, Jackie administers an Enrollee Needs Assessment. This assessment focuses not only on identifying Rhonda's health needs, but also potential barriers to care. These include (but are not limited to) Rhonda's knowledge of her health and conditions, challenges faced in meeting basic needs (such as food security), the importance of prenatal appointments with her OB/GYN, and adherence to the physician's care plan.

Our Enrollee Needs Assessment addresses all elements required by the Commonwealth and additional elements **(in bold type below)**, upon DMS approval, to ensure we fully understand Rhonda's background, needs, goals, and preferences.

Elements of our Enrollee Needs Assessment for Rhonda include:

- Goals and preferences
- Review of SDOH needs, including housing, food insecurity, physical safety, transportation, education, and employment
- Assessment of psychosocial, functional, and cognitive needs
- Health status, including condition-specific issues and ongoing needs requiring treatment or monitoring

- BH status, including screening for clinical depression, substance use disorder (SUD), serious mental illness (SMI), and tobacco usage, among others
- Clinical history, including prescribed drugs and over-the-counter medications
- Current services, including durable medical equipment (DME) and treatment plans
- Evaluation of caregiver resources, including adequacy, involvement, and level of decision-making
- **Assessment of the home environment**
- **Cultural and linguistic preferences**
- **Life planning activities, covering advance directives, legal assistance, financial planning, and family planning**
- **Hearing and visual preferences or limitations**
- **Service delivery preferences**
- **History of adverse childhood experiences (ACEs) that may impact health**

Through both initial training and ongoing coaching, Jackie is able to use communication techniques and behavior strategies to gather critical information needed to determine the most appropriate levels of care and engagement with Rhonda. Jackie is also provided **cultural competency training** and a network of engagement supports, such as **translation services for over 200 languages and American Sign Language (ASL) in person or via video**, that mitigate barriers to care resulting from language and cultural factors. If Rhonda prefers to engage with Jackie in a language besides English, Jackie will coordinate these translation services.

MomsFirst Survey: In addition to the required components of the Enrollee Needs Assessment, Jackie administers additional maternity-specific questions regarding Rhonda's pregnancy history, psychological growth and development, and family planning intentions. This assessment is given to Rhonda during the prenatal, immediate postpartum, and six weeks postpartum stages. Topics include:

- Pregnancy history
- Psychological growth and developmental assessment
- Family planning and birth spacing education
- Invitation to participate in our Humana Kentucky Medicaid MomsFirst Program
- Needed referrals to community partners and state agencies, such as the Special Supplemental Nutrition Program for Women (SNAP), Infants, and Children, and the state's KY Moms-MATR program

Supplemental Assessments: To identify more complex conditions, care needs, and specialized services and supports for Rhonda, Jackie administers the supplemental surveys below to further understand Rhonda's identified risks.

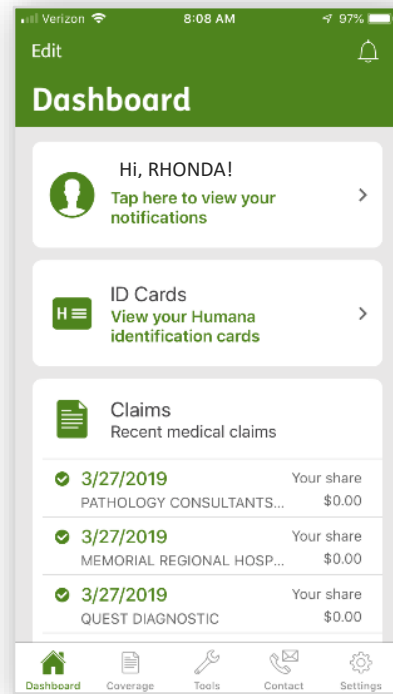
- *Social Needs Assessment*: Jackie conducts this survey to screen for Rhonda's SDOH needs.
- *Domestic Violence Assessment*: Upon learning of Rhonda's history of domestic violence, Jackie requests her permission to administer our supplemental domestic violence assessment. We train all of our clinical associates on recognizing domestic violence, managing critical incidents, and mandatory reporting. If Rhonda reports continued abuse against herself or Amanda, Jackie reports the case to Child Protective Services (CPS) and logs the case in **Humana's Riskonnect system** for tracking and further follow up as needed. Jackie also helps Rhonda find a domestic violence shelter that can accommodate her and Amanda and provide appropriate legal services.

Care Planning: After completing the assessment, Jackie and Rhonda collaborate on Rhonda's care plan using the principles of person-centered care planning. Jackie works with Rhonda to identify key participants for care planning, such as her friends, her OB/GYN, or her KY-Moms MATR specialist. Rhonda's care plan includes (among other elements) interventions to address maternity care tailored for Rhonda's high-risk pregnancy, tobacco use, alcohol use, PPD, and her SDOH needs and captures those interventions offered by KY-Moms MATR. If Rhonda is not connected with a dental provider, Jackie helps her find one in her area, recognizing the

importance of dental care to positive pregnancy outcomes. Rhonda can receive up to **two annual cleanings through Humana’s base and value-added dental benefits for adults.**

Upon completion, Rhonda can access her care plan via **Humana’s Enrollee portal, MyHumana** (see interface example I.C.29.Rhonda-4 MyHumana Mobile App), with a printed copy provided upon request, while Rhonda’s OB/GYN can access her care plan via our provider portal, **Availity**. Annually, with a change in condition or current level of care, or upon request from Rhonda or a member of the MDT, Jackie updates the care plan based on Rhonda’s needs and ensures to communicate the revised plan to Rhonda’s OB/GYN and/or PCP. During subsequent care management meetings, Jackie discusses Rhonda’s progress toward her goals and identifies any additional needed services.

Figure I.C.29 Rhonda-4 MyHumana Mobile App



d. Environmental assessment

Through the HRA and Enrollee Needs Assessment, Jackie has learned Rhonda does not have a stable place to live. Our CMs have access to an environment assessment that can be used, as indicated, to fully understand the Enrollee’s surroundings. Jackie asks questions to identify barriers to maintaining a stable home for Rhonda and her daughter, to identify the features of Rhonda’s preferred environment (e.g., near her friends, near public transportation), and to identify needed services once Rhonda has moved to permanent housing to support them (e.g., utility assistance). As described in subsection I.C.29.i, Jackie works with a **Humana Kentucky Medicaid Housing specialist** to refer Rhonda to needed resources to address her identified needs, including Section 8 housing and the Low-Income Energy Assistance program.

e. Behavioral Health Services

Depression: Rhonda’s unplanned pregnancy, stressful life events, and history of abuse all put her at high risk for a recurrence or continuance of the PPD she experienced after Amanda’s birth. Jackie educates Rhonda on PPD and encourages Rhonda to discuss her history of PPD with her OB/GYN to determine the best treatment plan. This includes initiation of cognitive behavioral therapy and/or prescribing antidepressants after birth. As needed, Jackie helps Rhonda and her OB/GYN connect to a BH provider trained **in trauma-informed care (TIC)**. During the initial Enrollee Needs Assessment, the third trimester of Rhonda’s pregnancy, and after birth, Jackie uses the **Edinburgh Postnatal Depression Scale** to evaluate Rhonda’s symptoms, facilitating follow-up with her provider as needed.

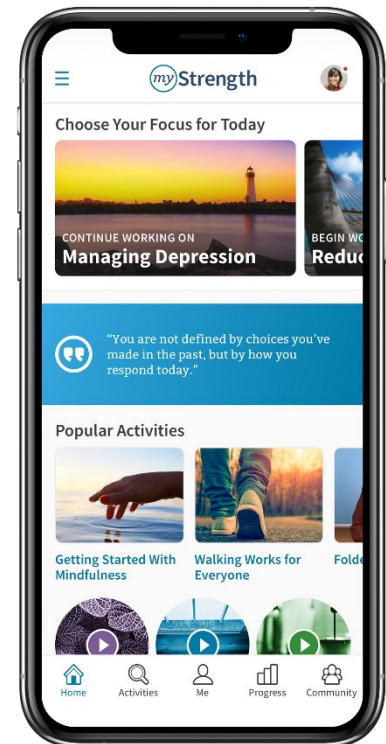
Humana will establish a **trauma-informed care certification program** for our providers.

To prepare Rhonda for the possibility that her PPD may reoccur, Jackie views CGX to see if Rhonda has an existing crisis plan. If she does not, Jackie creates a crisis plan that includes signs of symptom deterioration and

actions Rhonda can take in response, including contacting **Humana’s BH Crisis Line** for support. Jackie and Rhonda also identify friends to whom she can reach out when she feels depressed, including friends who can temporarily look after Amanda and the new baby, if needed. Jackie educates Rhonda on **myStrength**, a digital platform (see interface example I.C.29.Rhonda-5 myStrength Mobile App) offered to Humana Enrollees that can help her manage PPD or just cope with the stresses of parenthood and her current situation. Through myStrength, Rhonda can access evidence-based online approaches and clinically-proven resources specific to her conditions (including PPD) and **text-based, one-on-one coaching**.

Tobacco and Alcohol Use: Rhonda receives support for tobacco cessation and alcohol use through the KY-Moms MATR program. In addition, as a routine part of our MomsFirst program, Jackie educates Rhonda about the potential harms of alcohol use on fetal development, using motivational interviewing techniques. If Rhonda requires additional support to manage her alcohol and/or tobacco use, Jackie helps her connect with local resources, including **Quit Now Kentucky**, or our value-added digital cessation solution, **Craving to Quit®**.

Figure I.C.29 Rhonda-5 MyStrength Mobile App



f. Family planning

Rhonda reports that she did not intend to become pregnant with a second child so soon after giving birth to Amanda and would like to ensure there is a longer period of time before having a third child. Jackie reviews family planning methods Rhonda has used in the past and educates her on steps to prevent another unintended pregnancy and plan for her family. In addition to educating her on methods, including post-partum intrauterine device (IUD) insertion, Jackie encourages Rhonda to discuss her family planning options with her OB/GYN prior to delivery, and educates her on direct access requirements for family planning services.

In 2017 and 2018, **3,343** of our Kentucky Medicaid Enrollees received a long-acting reversible contraception (LARC).

g. Enrollee and family engagement

As a routine part of our MomsFirst approach, Jackie provides tailored education for Rhonda. Drawing upon Rhonda’s medical history, Jackie educates her on the signs of prenatal labor and helps her develop an action plan if she were to experience prenatal labor or be put on bed rest by her OB/GYN. In addition to CM-led education, Jackie also draws upon Humana’s broad array of Enrollee engagement solutions to support Rhonda in management of her and her children’s health.

Maternity smartphone application: When Jackie begins our routine breastfeeding education, Rhonda reports she was unable to breastfeed Amanda due to her health needs, but would like to try breastfeeding the new baby. Jackie shows Rhonda how to access **Pacify**, a smartphone application provided to pregnant and parenting Humana Enrollees that will provide Rhonda with access to video chat with a lactation consultant, or a phone call with a physician extender or RN, for on-demand assistance 24 hours a day, seven days a week. Rhonda can use the app to connect directly with our BH Crisis Line and Medical advice line.

Figure I.C.29.Rhonda-7 Pacify Screenshot



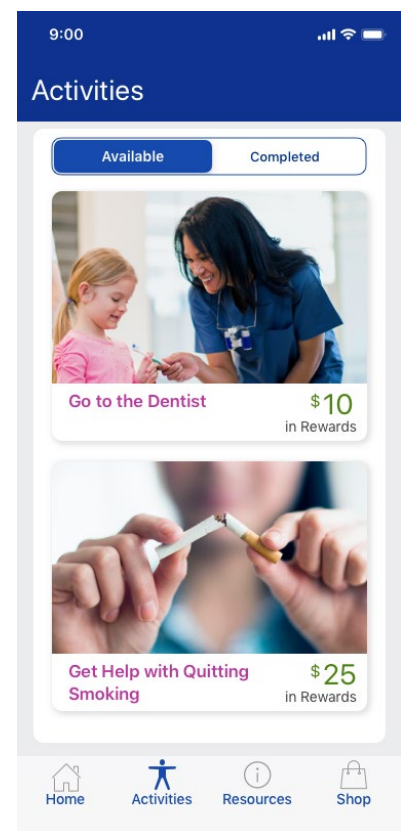
Community baby showers: Jackie tells Rhonda when Humana’s next baby shower will be held near her county and helps her arrange transportation through our service offering, which covers transportation to Humana baby showers. During the baby shower, Rhonda interacts with our **Kentucky Medicaid Community Engagement team (led by Humana’s Kentucky Medicaid Culture & Community Engagement Director, Bryan Kennedy)**, receives a healthy meal, learns important health messages through an interactive game and presentations from community partners (e.g., how to install a child safety seat), learns about resources available through Humana, community partners, and state agencies, and receives needed items. **In 2019, Humana had an average of 17 Kentucky Medicaid Enrollees attend each of our baby showers. We are excited to continue hosting baby showers across the Commonwealth for groups of expectant mothers upon Contract award.**

Incentives: Jackie helps Rhonda sign up for Humana’s **Go365® wellness and rewards program** to incentivize her for engaging in preventive care, including prenatal and postpartum visits and well-child visits for Amanda and her new baby. Our **Go365®** program (see interface example I.C.29.Rhonda-6 Go365® Mobile App) incorporates practices of behavioral economics and encourages Rhonda to complete healthy activities. Upon completion of key activities, Rhonda can earn and redeem gift cards to popular retailers, such as Walmart, Shell, and Amazon.com, which we can deliver via email or mail.

KidsHealth®: Jackie teaches Rhonda how to use **KidsHealth®**, our library of video and written content on pediatric care. With information on topics such as infant communication and breastfeeding, Rhonda can feel better prepared to take on the challenges of caring for a new baby while also taking care of Amanda.

Support for Amanda: Jackie congratulates Rhonda on the progress Amanda has made during the past 10 months. Through the family unit view in our integrated clinical platform, CGX, Jackie confirms Amanda received developmental screenings from her pediatrician. As a preterm infant, Amanda has an elevated risk of developmental delays. If indicated by her screenings, Jackie works with Amanda’s CM (if assigned), Rhonda, and Amanda’s pediatrician to help Rhonda arrange an assessment for **Kentucky First Steps**.

Figure I.C.29 Rhonda-6 Go365® Mobile App



h. Linkage to community resources and support

Jackie uses the **Kentucky Community Resource Directory (CRD)**, powered by **United Way**, to find resources in Rhonda’s county. Cassidy helps Rhonda navigate resources and accompanies her to appointments, as requested. If Rhonda lives in the Louisville area, Jackie uses the **Unite Us** platform to support closed-loop referrals for community resources. Unite Us provides a shared platform for Humana and participating community resources, allowing Jackie to find services for Rhonda, facilitate a referral, and ensure she has completed the referral. If Jackie needs additional assistance in finding the right resources for Amanda, she collaborates with other members of her CCS team, including our SDOH coordinator and Housing specialist.



Jackie uses the CRD and Unite Us to identify resources for victims of domestic violence that may benefit Rhonda. If Rhonda has not been linked with a **victim advocate**, Jackie offers to connect her with an advocate through the **Office of Victims Advocacy** or her region’s domestic violence agency. In addition to providing psychological support, a victim advocate can accompany Rhonda to court (if needed) and help her navigate the legal system if she seeks protection from her abuser or wants to obtain child support. Rhonda expresses that taking care of Amanda has been made more difficult because her family is in Texas. Jackie uses the CRD to identify resources that can help Rhonda connect with women in similar situations and build a support network, such as infant care courses offered by The Medical Center in Bowling Green, Kentucky; support groups offered by the Center for Women and Families; or events for families hosted by her local library.

Through Humana’s new partnership with the United Way of Kentucky, we are helping fund and deliver 2-1-1 services to the entire Commonwealth.

Kentucky Commission on the Deaf and Hard of Hearing: If Rhonda were deaf or hearing impaired, Jackie would link her to services offered by the **Kentucky Commission on the Deaf and Hard of Hearing**, including telecommunications equipment.

Cabinet for Health and Family Services (CHFS) Ombudsman: The **Ombudsman** can serve as an advocate for our Enrollees, reviewing and working to resolve customer issues with programs operated through CHFS departments. Jackie educates Rhonda on how to contact the Ombudsman in our Enrollee Handbook. Humana’s MSRs and other Enrollee-facing staff are also on point to refer Enrollees to the Ombudsman upon request.

Social Security Administration: Jackie can refer Rhonda to the **Social Security Administration** to apply for Title XVI Supplemental Security Income (SSI) benefits, if Rhonda’s conditions worsen or new conditions arise that would prompt her to file for disability benefits.

i. Social Determinants of Health

Jackie uses the Kentucky CRD and Unite Us platform to identify services that meet Rhonda and Amanda’s needs, as identified through the Enrollee Needs Assessment and ongoing dialogue with Rhonda.



Housing: Jackie and Rhonda discuss the option of moving from her friend’s home to a domestic violence shelter, which can provide safe and secure housing for Rhonda and Amanda, as well as psychosocial supports that can help Rhonda begin to recover from her abuse, continue to care for Amanda, and start to prepare for her new baby. If Rhonda agrees, Jackie helps her find a nearby place where she will be comfortable, such as the Center for Women and Families in Louisville, Barren River Area Safe Space in Bowling Green, Turning Point Domestic Violence Services in Prestonsburg, the Women’s Crisis Shelter in Northern Kentucky, or one of the many member agencies working collectively with our strategic partner, **Coalition for the Homeless**.

Depending on the circumstances of her separation from her partner, Rhonda and Amanda may have few personal belongings. Jackie helps Rhonda access resources that provide free or low-cost personal items, such as Goodwill. When Rhonda is ready, Jackie helps her begin the process to find permanent housing for her family, including helping Rhonda obtain any necessary documentation to apply for housing assistance (e.g., valid state ID). With the support of a Humana Kentucky Medicaid Housing specialist, Rhonda applies for **Section 8 Housing** or other affordable housing options, such as New Directions Housing Corporation. When possible, we help Rhonda obtain housing near public transportation to facilitate access to services for herself and her family. Cassity (Rhonda's assigned CHW) can help Rhonda assess her possible housing options and complete paperwork.

Childcare: Rhonda expresses she is overwhelmed with the thought of caring for another child, as she just became accustomed to caring for Amanda. Jackie and Rhonda discuss the possibility of finding childcare for Amanda, so Rhonda can attend her healthcare appointments and engage with her community. Resources for Rhonda include:

- **Humana's childcare benefit:** When Rhonda is ready to seek employment, she can receive **up to \$40 per quarter to cover childcare** while interviewing or visiting employment resources.
- **Child Care Assistance Program:** Jackie refers Rhonda to the **Division of Family Support** to apply for childcare subsidies through the Child Care Assistance Program.
- **Kentucky's Health Access Nurturing Development Services (HANDS):** Jackie helps Rhonda contact her local health department for more information and to enroll in the **Kentucky's HANDS program**, which can provide Rhonda with support in caring for her children.

Food: As a routine part of MomsFirst education, Jackie and Rhonda chat about Rhonda's nutrition needs during her pregnancy and in the postpartum period, including extra calorie requirements if Rhonda chooses to breastfeed. Jackie helps her apply for Women, Infants, and Children (**WIC**) and Supplemental Nutrition Assistance Program (**SNAP**) and educates her on how to use her benefits at her local grocery store. Rhonda expresses that transportation to reach the grocery store poses a major challenge. As good nutrition is essential for Amanda as a young child and Rhonda as a pregnant woman, Jackie approves Rhonda to access Humana's **transportation benefit for three round trips per month** to the grocery store and community resources.



Legal assistance: Rhonda's last partner provides minimal financial support. If Jackie learns this partner is Amanda's father, she guides Rhonda to the **Department of Income Support** for assistance in applying for child support enforcement. She also refers her to community-based legal assistance, if desired.

Employment: When Rhonda is ready to pursue a degree or look for new employment, she joins **Humana's Workforce Development program**. Our voluntary, holistic workforce development program is designed to assist Enrollees, like Rhonda, find dignified, stable work that affords increased self-efficacy and self-sufficiency for themselves and their families. This program will provide Rhonda with up to 12 months of assistance to help her plan for the future (e.g., education, training, financial counseling) and engage in and maintain meaningful work (e.g., job support and retention coaching). We will seek to build access to a network of CBOs with expertise in providing these services by rewarding those organizations who successfully place and stabilize employees. Additionally, we will connect Rhonda to resources across her community to address any unmet needs that present barriers to finding and retaining employment.



To support female Enrollees seeking employment, Humana is excited to offer a direct referral process with **Dress for Success – Louisville**, which serves job-seeking women through career mentoring, financial education, and professional career attire in the greater Louisville metro area. If Rhonda lives in Louisville, Jackie connects her to this resource when she is ready to seek employment. Cassity is available to attend with Rhonda if requested to make her feel more at ease and serve as her advocate and trusted advisor throughout this process.

Education: Humana will offer reimbursement for tools that empower our Enrollees to get their GED. Rhonda will have access to **GEDWorks™**, a program that includes the assignment of a bilingual advisor, access to guidance and study materials to prep for the tests, unlimited use of practice tests, and a test pass guarantee. The test pass guarantee ensures Rhonda can take the test multiple times (at no cost) until she is able to pass. With the exception of the actual GED tests, all other components are offered virtually, allowing maximum flexibility to meet her goals. This benefit helps her work toward financial independence, engage with her community, and support her family.



Financial Literacy: To improve Rhonda's financial independence, Jackie connects her with the Metro United Way's pilot financial literacy and training program to see if she qualifies to participate. This program is designed for families and their residents experiencing economic distress and provides financial literacy coaching and social services.

In 2018 and 2019, the **Humana Foundation contributed \$1,485,000 to the Metro United Way** to expand their pilot literacy and training program.

Physical Safety: Our CCS team has resources at their disposal to address the range of physical safety issues that can affect Enrollees, like Rhonda, including support for domestic violence, self-harm, child abuse, and natural disasters. In the event of a natural disaster within the Commonwealth, we leverage geographic data to identify Enrollees in flood and tornado evacuation zones and reach out to provide assistance. Jackie also helps Rhonda develop a disaster plan, including where she and Amanda can go in the event of a disaster and supplies to pack (e.g., prescription medications, potable water).



j. Provider engagement

Jackie reaches out to Rhonda's OB/GYN and other providers to advise about Rhonda's engagement in Humana care management and KY-Moms MATR, and to invite them to join her care team and provide input on her care plan. Through our provider portal, **Availity**, Rhonda's providers can access her care plan, assessment results, and claims. Recognizing Rhonda only sporadically kept prenatal visits in the past, Jackie focuses on helping Rhonda build a positive relationship with her OB/GYN to encourage regular care attendance. Jackie and Rhonda discuss what to expect at her prenatal and postpartum appointments and the type of questions that Rhonda should pose to her OB/GYN. If Rhonda's OB/GYN needs assistance in managing any of Rhonda's BH needs, including PPD, Jackie educates them on **Humana's psychiatric consultation service**, which offers our network primary care providers and OB/GYNs support in the treatment and management of BH conditions.

k. Transportation

Jackie educates Rhonda on how to use DMS' Non-Emergency Medical Transportation (NEMT) vendor, including how to schedule services for herself or Amanda. Due to Rhonda's high-risk pregnancy, Jackie also helps Rhonda access our **offering for transportation to community resources**, including the grocery store, food bank, or employment assistance, and to attend a local Humana baby shower. Rhonda can take up to three round trips per month through this benefit. To supplement this benefit, Jackie teaches Rhonda how to use public transit options in her county, including paid services offered by her local NEMT broker.



POSTPARTUM CARE

After Rhonda gives birth, Jackie continues to manage her care for 60 days postpartum, including ensuring attendance at the recommended postpartum appointment and supporting Rhonda through a recurrence of PPD. After 60 days postpartum, Rhonda may remain in our Management of Chronic Conditions, Intensive Care

Management, or Complex Care Management program if needed to manage her PPD or another emerging health need. She may also be re-stratified to a lower risk level, including the Health Promotion and Wellness risk level, based on Jackie's judgment, her severity score, and any updated assessments.