

G.

**Kentucky SKY**

Submittal of a proposal to serve the Kentucky SKY population is optional. Evaluation of proposals received for this Section will be limited to Contractors receiving an award for the main Managed Care contract. (See Section 70.1 for more information.)  
Section references herein are made to RFP Attachment C “Draft Medicaid Managed Care Contract and Appendices.”

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:

**HUMANA’S APPROACH FOR SUCCESSFUL COMPLETION OF REQUIRED ASSESSMENTS AND SCREENINGS**

Through our experience serving more than **2,000 potential Kentucky SKY Enrollees**, as well as foster care and similar vulnerable populations in our Florida Medicaid program, Humana has found that early and timely assessment of emotional, medical, dental, and social service needs can dramatically improve outcomes for foster care children, including reducing the frequency of placement changes. Similarly, children in the juvenile justice system often face many challenges as they transition into community settings such as family foster or group homes. Humana will offer all required assessments and screenings, as well as additional evaluation tools. Our approach accounts for the need to collaborate with various state agencies, specialists, and providers across the Commonwealth, out-of-state providers, and the Enrollee’s caregivers and natural supports to reduce the trauma of duplication of assessment and screenings. Assessments will be a key driver of our strengths-based, collaborative approach to address the unique challenges of Kentucky SKY Enrollees.

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.

**COORDINATION WITH KENTUCKY SKY ENROLLEES AND FAMILIES**

**Engaging the Enrollee and the appropriate Authorized Representatives**

Over the past five years, Humana CareSource has worked with the Department for Community Based Services (DCBS) to develop a streamlined process to identify individuals who DCBS designates as authorized representatives (legal custodian). As a result, we now include foster parents, kinship caregivers, fictive kin, and other natural supports in the Enrollee’s Care Coordination Team (CCT) with appropriate permissions from the DCBS Social Service Worker (SSW). Through the work Humana did with DCBS regarding implied consent regarding state contracted foster parents, DCBS has replicated this process to benefit all Medicaid Managed Care Organizations (MCO) to directly access those authorized representative.

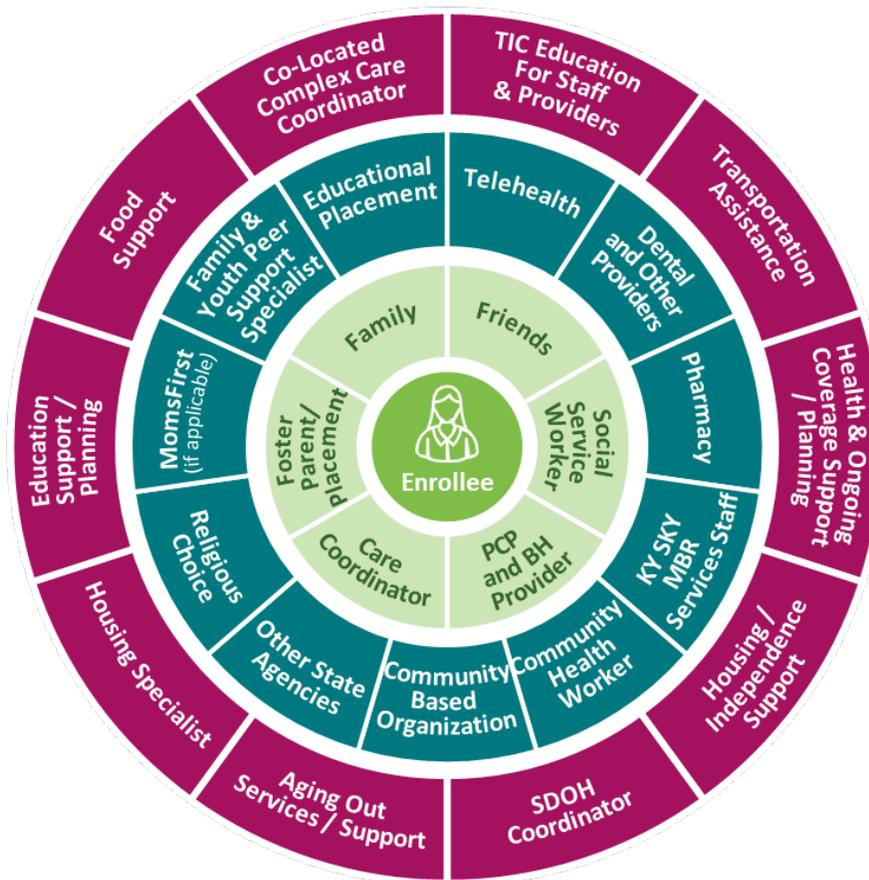
We will work with the DCBS SSW to identify all parties that should be engaged with the CCT for foster care Kentucky SKY Enrollees in accordance with a High Fidelity Wraparound model for care planning. We aim to work collaboratively with the Department of Medicaid Services (DMS) and DCBS to develop documentation that will allow for role-based permissions that include natural supports in the care planning process while maintaining privacy and confidentiality. As we know, many children in foster care have a permanency goal to return to their family of origin. Even those who do not will likely increase contact after exiting the foster care system, so we recognize that families of origin will need to be highly engaged and involved when it is appropriate and approved by DCBS. Care Coordinators (CCs) collaborate with approved caregivers to identify any other

individuals who may be important to the Enrollee and part of the care plan and to seek appropriate permissions from the DCBS SSW to expand the collaborative team. When appropriate, our Co-located Complex CCs support the CC in obtaining the requisite authorized representative documentation from the DCBS SSW. Upon request or at regularly planned intervals based on the Enrollee’s needs, we will share all assessments and care plans with the Enrollee, their caregivers, and the custodian (DCBS or Department of Juvenile Justice (DJJ)) or designates.

We will engage the other Enrollees from the Kentucky SKY population, Adoption Assistance Enrollees and Former Foster Youth, in a similar fashion but by understanding the unique aspects of these different populations. Our Adoptive families will be key to determining the natural supports and other parties to include in care planning for their child. We will lean on their expertise regarding their child and the family’s needs when determining care planning steps and supporting their healthcare choices. We recognize these families may have lost some of their key supports from DCBS once their adoption was finalized and will remain supportive and consistent through our CCT process.

We will focus on engaging Former Foster Youth Enrollee by building trust and self-resiliency through education around healthcare choices. These youth may be experiencing independence for the first time and will need to feel their CC is there to provide answers to their questions and deploy resources such as Community Health Workers (CHW) and Family and Youth Peer Support Specialists to reduce or remove Social Determinants of Health (SDOH) barriers.

Figure I.G.8-1: Kentucky SKY Care Model



### **Building Trust during the First Contact**

The children and youth who make up the Kentucky SKY population have often experienced trauma, so they struggle to trust others and are sometimes unable to accurately recall or recount their own health histories and care. Family members and caregivers may also initially be untrusting depending on their history in working with various systems or insurers. Humana trains its local CCTs extensively on how to develop trustful and meaningful relationships with Enrollees and their caregivers. We train all of our CCs in **motivational interviewing** techniques and a **strengths-based approach** to build rapport with Kentucky SKY Enrollees. We conduct full background checks of all Enrollee-facing associates and require specific previous experience and ongoing training based upon the associate's needs and role.

Humana's CCT members will use a flexible approach in working with Enrollees, their families, and caregivers. Our CCs will determine the best schedule and communication style for the Enrollee and/or their caregiver in conducting any needed assessments or intake documentation. During those initial interactions, the CC will work with the family or caregiver to develop initial care and crisis plans to start work immediately on the best wrap-around plan of care. Humana will also use Family and Youth Peer Support Specialists and CHWs to assist the CC in increasing Enrollee and family or caregiver comfort. Our CCs will specifically **partner with the family or caregiver** to ensure we incorporate their voice and choice into the goals established in the Enrollee's care plan when the Enrollee is still a minor. Former Foster Care Enrollees that are no longer under any form of guardianship can elect to involve any others in their care as they see fit. All members of the CCT that are Humana associates will be included for their knowledge and experience of the unique Kentucky SKY population.

### **Providing Support to Families and Caregivers**

We understand that when trying to improve the health and outcomes for a Kentucky SKY Enrollee, it is of utmost importance to support the families and caregivers of that youth. Whether it is family of origin working to regain custody of their child, or a foster parent or kinship caregiver, we will tailor our approach to collaborate with them and respond to their needs. For the children in foster care, placement changes can be a primary barrier to achieving care plan goals; therefore, education and support to foster parents can be one of the strongest determinants of placement stability. Humana will **offer 12 individual sessions of therapy for foster parents and kinship caretakers** annually. We will authorize additional therapy sessions as needed. We also realize respite services are a much-needed component to stabilize families and plan to explore innovative solutions such as home health providers and incentives to increase access to respite.

Some components of the care plan for Kentucky SKY Enrollees may include services to include approved family members and caregivers. CCTs can work with the family and caregivers to locate providers for family therapy or leverage the Kentucky SKY CHW to assist in accessing local resources to promote stability. The CCT is also there to educate the families and caregivers on the care of the child in their home, many of whom may have complex behavioral health (BH) and physical health needs. If the caregiver for the child feels confident and knowledgeable on how to provide the best care for the Kentucky SKY Enrollee, they will learn to rely upon their skills, natural supports, and even the crisis plan for that child rather than depend on crisis or emergency services, potentially jeopardizing the child's stability in the home.



### Enrollee Story Spotlight:

Humana serves an adolescent boy who was adopted by his grandmother at age three. He was exposed to methamphetamine in utero and was born prematurely. He has a history of numerous inpatient admissions with multiple diagnoses. He was tried on a myriad of medications during those admissions. He boy has exhibited behavioral issues since age three with a long history of aggression, including threatening his grandmother with a knife. Before his most recent period of treatment, he kicked his grandmother and assaulted police in the emergency department (ED). Charges were filed and pending, and he has a guardian ad litem. Residential treatment centers (RTC) have been reluctant to take the Enrollee due to his aggression.

During his last inpatient stay, a Humana associate convened a weekly multi-disciplinary meeting, including **hospital staff, the Enrollee's grandmother, school staff, and other community organizations**, to find appropriate services for the Enrollee. Due to his aggression, finding an RTC was challenging. We sent more than 30 referrals, were sent out with and only a few facilities being were willing to accept him. **Humana quickly executed a single case agreement with an RTC** to ensure the child received timely care.

Humana has actively participated in rounds and case conferences with the child's existing and new medical providers and RTC staff to determine the Enrollee's needs. While the case is still ongoing, we are looking at current and future needs and services the Enrollee will need when he is ready to go return home. We are pursuing in-home OP outpatient services, respite care to relieve his grandmother, and Applied Behavioral Analysis (ABA) services. While the case is ongoing, Humana continues to pursue services in the Enrollee's home area that will support his transition back to the community.

### **COORDINATION WITH DMS, DCBS, DJJ, AND PROVIDERS**

Humana's approach to coordinating with State agencies and providers is two-fold. First, we will leverage our CCTs to share information and make it available to relevant parties via secure communication portals such as fax or future enhancements to information-sharing information. Second, we will closely communicate through the CCT, which will include a Co-located Complex CC who is embedded regionally, to coordinate directly with DCBS and DJJ to share any up-to-date information. Our associates will be available to DCBS personnel as needed through this regional model to convene quickly when we identify urgent needs for Kentucky SKY Enrollees.

To the extent possible, Humana will work with sister agencies to DMS to receive the Informed Consent and Release of Information and Record Form and provide real-time access to Enrollee assessment data as appropriate. We will populate all information collected from providers, including completed assessments and the results for each question, in our provider portal, Availity. To ensure all relevant entities have access to this information, **we will work with DCBS and DJJ to set up a bi-directional feed into The SSWs Information System (TWIST) and DJJ's Juvenile Offender Registry Index (JORI) system with role-based access parameters.**

Upon Contract award, Humana will enter and/or update data-sharing agreements with stakeholder agencies, including:

- DMS
- DCBS
- Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID)
- DJJ
- Administrative Office of the Courts (AOC)

To promote increased coordination, Humana will co-locate a Complex Care Coordinator (CC) in key DCBS locations.

These agreements will enable DCBS and DJJ Social Service Workers (SSW) and staff to be most effective in the systems they are trained on and make accessing real-time information more efficient. By incorporating data and assessments from multiple sources, as noted above, as well as previous and current treatment providers, our associates will use this information to develop treatment goals appropriate to the complexities the Kentucky SKY Enrollee is facing and identify existing needs.

DCBS, DJJ, and all key providers involved with a specific Kentucky SKY Enrollee will be on our CCT and will have access to the continually evolving care plan. We will be in regular contact with these parties through the CCT meetings and documentation. For our Adoption Assistance and Former Foster Youth Enrollees, engaging with the identified stakeholders and providers will be key to identifying areas for additional support. The assigned CC will ensure that every provider who is part of the Enrollee's CCT has access to our provider portal, Availity, where information on Enrollee care plans, assessments, medication history, and lab results is available appropriate to privacy restrictions.

We have worked across our organization to be a data-rich partner by investing heavily in connecting with relevant data sources, including, but not limited to provider platforms and Health Insurance Exchanges (HIE). Today, Humana has connectivity with **all eight of the top Electronic Health Record (EHR) vendors** in the country, including Epic, Practice Fusion, and athenahealth, Inc. These bi-directional data feeds enable us to share clinical information, gaps in care, and demographic information.

We will coordinate with additional sister agencies that may have served or can be a resource to help us fill the needs of Kentucky SKY Enrollees. Such agencies include the Department of Education, Department for Aging and Independent Living (DAIL), Department for Public Health (DPH) and the Office for Children with Special Health Care Needs (OCSCHN).

### **Medical Records and Information Sharing**

We will seek to obtain data-sharing consents from appropriate legal custodian(s) or the Enrollee as appropriate and will systematically capture for each Kentucky SKY Enrollee which information we have consent to share between providers treating that individual. All information sharing described below will be contingent on receiving appropriate consent.

- **Medical Passport:** Humana understands the value of the Medical Passport and that foster parents and caregivers are to maintain it. Our CCs will support DCBS personnel to ensure that the Medical Passport stays with the Enrollee and that it is updated and current. Humana will help identify Enrollees who do not have a Medical Passport and work with DCBS to obtain when necessary. Humana would like to work with DCBS to develop a process to scan the Medical Passport into Humana's systems to account for instances when it is lost or misplaced to facilitate replacement. We will support the family/caregiver's maintenance of the Medical Passport, ensuring it includes all appointments for medical, BH, vision, dental care, immunizations, and relevant clinical history. This will also be of great use to transition aged youth as they become the decision-makers for their own healthcare.
- **Provider Portal:** Humana's primary form of documentation sharing with providers is through Availity, our provider portal. Availity offers clinical data management, simplifying the process to respond to care gaps and participate in quality programs. We also deliver information to providers using Availity's Payer Spaces, which allows secure access to the Enrollee's contact information, assessments, and care plans. This platform also gives the providers the necessary data to evaluate their own performance and provides Humana with data to identify outliers and prioritize areas for outreach. Humana will have the capacity to share Enrollee medical records with DCBS. The care plan (in its most recent updated form) will be continually available online.
- **Humana's Voice & Choice Information Exchange care portal:** Humana is committed to providing a Kentucky SKY-dedicated care portal to share data as appropriate with the Enrollee and members of the care team working with that child. The level of information shared through such a portal would be role-based to meet the permissions and consents appropriate for the Kentucky SKY Enrollee. For the children in DCBS or DJJ custody, we would seek consent by the assigned State worker in addition to family of origin where

appropriate. We will also consult adoptive parents and the final consenting party for children in the Adoption Assistance program. Assigned CCs will work with Former Foster Youth to help them understand their rights to privacy and determine which parties of the care team to approve for varying levels of access on the portal.

### Medical Record and Assessment Sharing Consent Processes

Humana complies with the Health Insurance Portability and Accountability Act (HIPAA) and confidentiality requirements for all communication and exchange of Enrollee information. We will confirm that the Enrollees and their guardians understand that the release of information is designed for treatment coordination between provider, court, and DCBS to inform child protection decisions and the development of Enrollee-centered care plans.

### Collaboration with DCBS

Humana is dedicated to creating a close, collaborative partnership with DCBS to ensure that we closely support and manage the Kentucky SKY Enrollee population. We also propose placing our Co-located CC **in key DCBS locations** to assist with the coordination of obtaining pertinent information from the DCBS office, such as Form DPP 106-B, assessments, and the Enrollee's last service plan.

As previously noted, Humana recognizes that there are times that DCBS will need to contact our clinical team for urgent Enrollee issues that occur after hours and/or on the weekends. DCBS can call our Member Services Call Center 24 hours a day, seven days a week and if needed, we will warm-transfer them to our on-call Co-located Complex CC.

### Coordination with DBHDID

Humana will continue to partner with DBHDID to build a comprehensive and trained provider network that is aware of how to incorporate elements of resilience-building. This includes, but is not limited to, incorporating the use of Peer Support Specialists, strategies to engage with Enrollees to build resilience, facilitating recovery for Enrollees affected by Adverse Childhood Experiences (ACE), and providing High Fidelity Wraparound services to Enrollees. DBHDID has long supported a High Fidelity Wraparound model and will be a great resource when collaborating to train providers and other community stakeholders invested in the Kentucky SKY population.

Humana will continue to partner with the DBHDID to address issues of importance to the Commonwealth, our provider community, our Enrollees, and our communities, in adherence with requirements in Section 30.7 Interface with State Behavioral Health Agency of the Draft Medicaid Contract. In addition to contributing our experience and expertise to those topics of concern to DBHDID and DMS, we will come prepared with our own suggestions for topics that may be important to DMS, DBHDID, and other MCOs. Our Kentucky SKY BH Director, Liz Stearman, will meet with DBHDID at least quarterly to discuss items including, but not limited to:

- State Mental Health Authority Agency protocols, rules, and regulations
- Family and Youth Peer Support provider certification training and process
- Enrollee education for individuals with severe mental illness (SMI) and children and youth with serious emotional disturbance (SED)
- Provider and staff training (to include thirty-party subcontractors when appropriate) on priority training topics, such as suicide prevention and trauma-informed care (TIC)
- Satisfaction survey requirements
- A process for integrating our BH Crisis Line and services with DMS, DBHDID, and Community Mental Health Centers (CMHC)
- Establishing collaborative agreements with state-operated or state-contracted psychiatric hospitals, as well as other Department facilities that individuals with co-occurring BH and intellectual and developmental disabilities (BH/IDD) use

ii.

How the Contractor will ensure assessments are initiated immediately upon a Kentucky SKY Enrollee's Enrollment in the Kentucky SKY program.

## **INITIATING ASSESSMENTS IMMEDIATELY UPON ENROLLMENT**

All Kentucky SKY Enrollees will work with a CCT member within 24 hours of notification as a Kentucky SKY Enrollee. The first point of contact will be with the Kentucky SKY Intake and Support (SIS) team, which will be the initial central point for arranging health assessments and screenings. Members of this team will assist in many of the early functions when we identify a new Kentucky SKY Enrollee, including gathering information from providers, DCBS/DJJ, and family/caregivers on what assessments the enrollee has already finished, completing the initial assessments appropriate to the Enrollee's age and need, and determining if a clinical staff member needs to complete more intensive assessments. **Humana's Co-located Complex CC in key DCBS locations can also be leveraged for immediate needs of Enrollees in a crisis situation.** In some instances, the Co-located Complex CC may receive an informal "heads up" about a child even before they come across on the 834 enrollment roster or via the DCBS 106.

Our primary priority will be to provide appropriate assessments while not subjecting the Enrollee or their family to unnecessary duplication of questioning.

### **Identifying Immediate Services Needs**

Humana's Kentucky SKY SIS team outreaches to SKY Enrollees' to complete the common Health Risk Assessment (HRA) and our Enrollee Needs Assessment within the first 30 days of eligibility. We set a goal to complete 100% within the required timeframe but understand individual circumstances may not allow that to happen in every situation. During the initial assessment, our CCs will identify immediate service needs, validate an appropriate PCP and dental home assignment, facilitate scheduling an Early and Periodic Screening, Diagnostic and Treatment (EPSDT) check-up for eligible enrollees, and arrange transportation to services if necessary. We will generate reports from our **fully integrated clinical platform, Clinical Guidance eXchange (CGX)**, to ensure compliance with Contract requirements. These operational reports support the monitoring of timely completion of initial and ongoing outreach, as well as the HRA, Enrollee Needs Assessment and care plan. We will share these reports with DMS upon request.

**Stratification and Risk Scoring:** Humana uses multiple strategies to stratify new Enrollees into sub-populations that are more likely to need immediate services. We use claims analysis and data analytic tools, including proprietary risk scoring methodologies and analytics to predict and engage Enrollees with SDOH. Our state-of-the-art information systems collect clinical data from EHRs, state Health Information Exchanges (HIE), and other documents of note for the foster care population such as placement records and care plans in the DCBS TWIST system. Upon enrollment, Humana conducts a review of our membership's characteristics, utilization, and demographics to generate a quantifiable level of risk.

The primary predictive model we use across our Medicaid population is our proprietary **Medicaid Severity Score Model**. This allows us to create a severity score based on physical health, BH, pharmacy claims, SDOH needs, and other data to identify Enrollees with complex and changing care needs. This model will be important to the Kentucky SKY population, as it will assist us in early identification of the highest-need Enrollees so we can appropriately assign them to the most appropriate level of complexity for care coordination. The model uses hundreds of predictors, including but not limited to enrollment information, demographics, utilization patterns, medical diagnosis codes, Current Procedural Terminology (CPT) codes, major clinical conditions, BH conditions, medications, and labs, from a disparate set of data sources like medical, pharmacy, lab, and BH claims as well as demographics. There are active discussions ongoing to add SDOH for these Enrollees in future revisions of the model.

When modeling for a diverse group, the large number of characteristics makes it difficult to score the Enrollees under the same circumstances. To build our models, we group the individuals based on characteristic profiles like Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), and LTC, and develop a separate model for each of these groups tailored to the needs of that group. We could use this model to stratify the DCBS, DJJ, Former Foster Youth, and Adoption Assistance portions of Kentucky SKY Enrollees. Then the individual model scores are appended in one place, so the severity model is not one model, but several

models running on Humana’s Medicaid population. This two-stage Meta Modeling approach is reliable, efficient, and more accurate. We run the current model monthly and score the entire Medicaid population to identify high- risk individuals.

Our **Readmission Predictive Model (RPM)** uses more than 50 variables to assess the probability of a readmission to a facility within 30 days of discharge. We use this score, coupled with our transitional care coordination, to prioritize our post-discharge outreach efforts and support referrals for ongoing care coordination. This model can be leveraged for our Kentucky SKY Enrollees who might be new to the program where utilization of inpatient services may not be known. Its predictive nature can also assist the CCT and the Enrollee’s family or caregivers to develop crisis and safety plans to put in place preventative measures and services.

Our **Emergency Department (ED) Predictive Model** prospectively identifies Enrollees who are likely to use EDs, become high ED utilizers, and/or use EDs for non-emergent reasons, which are considered identifying factors for care coordination. Former Foster youth may not be skilled in accessing healthcare or have a trusted relationship with a Primary Care Provider (PCP) so they may use the ED for standard health care needs. This model can give the CCT information to make timely intervention to prevent inappropriate ED utilization. Adoption Assistance Enrollees may demonstrate needs or behaviors in their family’s home that caregivers feel overwhelmed to address. Utilization of the ED can be a signal to the CCT that the family needs education about combatting the symptoms of trauma and understanding complex BH issues.

Our **Opioid Predictive Model** reviews pharmacy claims data to identify Enrollees at risk of opioid use disorder. Kentucky’s foster care population has grown in large part over the past several years because of the impact the opioid epidemic has had on families throughout the Commonwealth. Additionally, Kentucky is first in percentage of children living with relatives who are not their biological parents due to the rampant abuse of opioids and the devastating effects of addiction. For those reasons, we know that Kentucky SKY enrollees will be at great risk for opioid abuse as well as other substance use disorders (SUD), making a predictive tool critical to effectively impacting these Enrollees. Please refer to **Section I.G.10** of the RFP for more detail on our stratification processes.

Initial Care Coordinator Outreach: The assigned CC will reach out to the DCBS SSW or DJJ case worker and the previous MCO if applicable, to identify immediate needs and the most appropriate approved supports and caregivers for the child for SKY Enrollees in DJJ or DCBS. Once Humana identifies an approved caregivers and family supports authorized representative(s), the Kentucky SIS team will make an introductory welcome call to the individual(s) to complete an initial HRA to further identify immediate needs. For Adoption Assistance and Former Foster Youth Enrollees, this initial outreach will be to ensure we note communication preferences and start the relationship-building process.

During this initial engagement, the CC will seek information such as current medications and any existing service authorizations, obtain contact information for the Enrollee and family or caregiver, and request copies of completed assessments and care plans. The CC will reach out the Enrollee’s current providers to communicate our continuity of care provisions and ensure existing services will continue. Where there are placement changes, the CC will work with the Enrollee and the authorized representative to identify accessible providers and ensure continuity of care. Based on the immediate needs identified, the CC will gauge appropriateness for administering a comprehensive risk assessment during this outreach.

iii.

How the Contractor will meet standards for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screening.

### **MONITORING AND TRACKING EPSDT ASSESSMENTS**

Humana has experience delivering, monitoring, and assessing our compliance with EPSDT standards in operating our Florida Medicaid program. We **currently track and monitor compliance with EPSDT assessments and services** via CGX and will bring this experience and capability to the Kentucky SKY program. In CGX we track

assessment completion, schedule follow-up contacts according to Contract requirements and Enrollee preference and **generate Gaps in Care CC alerts** when an Enrollee's due date for an EPSDT service or reassessment is approaching. To support the timely and accurate completion of assessments and forms, we use care coordination dashboards. These dashboards are easily accessible by our CCs and our Co-located Complex CCs. Our **Kentucky SKY EPSDT Coordinator** will closely monitor timely completion of assessments, reassessments, care plans, and authorizations.

We track reassessments and contact due dates in CGX. CCs monitor Enrollee reassessment dates, which occur under the following five circumstances, in order of priority:

1. Change in condition
2. Change in placement
3. Leveling of care
4. Monthly care plan review/update for intensive and complex Enrollees and two care plan reviews/updates per year for Enrollees in care coordination
5. Request by Enrollee, custodian, courts, and/or authorized representative

### **COMPLIANCE WITH EPSDT SCREENING STANDARDS**

CGX alerts the assigned CC when Kentucky SKY Enrollees are due for elements of the EPSDT screening, including:

- Comprehensive health and developmental history
- Comprehensive unclothed physical exam (measurements, sensory, procedures)
- Laboratory tests (including blood lead screening)
- Immunizations
- Age-recommended screenings (mental health, risk behavior, depression, substance use, developmental, hearing, vision, lead, other)
- Dental screenings and referrals to dental providers
- Health education and anticipatory guidance (age-appropriate development, healthy lifestyles, accident and disease prevention, at-risk and risk behaviors, safety)
- Referrals for further diagnosis and treatment

In accordance with 907 KAR 1:034, **Humana uses the American Academy of Pediatrics (AAP) Periodicity Schedule** (in partnership with Bright Futures) for age-appropriate services and recommended ages for administering EPSDT health exam and screenings. Humana has adopted nationally recognized Clinical Practice Guidelines (CPG) and other educational materials published by the AAP. These guidelines are available to the Plan's providers through the provider website, provider portal, newsletters, and focused meetings with Provider Relations representatives. We review the guidelines at least every two years or more often, as appropriate, and update them as necessary.

Our Utilization Management (UM) program is also responsible for reviewing EPSDT Special Services requests that may help correct or ameliorate defects, physical and BH illnesses, or other conditions. If a request for services for an Enrollee under the age of 21 is out of scope of the guidance provisions, we route it to a Humana Medical Director. **For EPSDT Specialized Services, our Medical Director's authorization decision is always based on medical necessity, not Covered Services.**

### **COORDINATION WITH PROVIDERS, CAREGIVERS, AND ENROLLEES**

The assigned PCP will be responsible for completing EPSDT screenings based on the established periodicity schedule. We will create provider alerts through the provider portal, Availity, for preventive measures, screenings, and well-child checkups. In addition, Humana will offer providers reports detailing their Humana Enrollees' EPSDT requirements and compliance using our population health management platform, **Population Insights Compass** (Compass). For any issues identified during the assessments, we will assist PCPs and families in referrals to providers that can assist with the further diagnostic and/or treatment services.

Recognizing the importance of EPSDT for our Medicaid population, Humana has developed specialized outreach tools to connect with the caregivers and guardians of our Enrollees under age 21. When we identify a care gap, we provide Enrollee mailings and outbound calls to assist with appointment scheduling, which can be directed to the child's family and caregiver in addition to potential guardians with DCBS and DJJ.

From January 1, 2017, to July 31, 2017, our Florida Medicaid plan reached nearly 23,500 Enrollees through an outbound call campaign targeting Enrollees with EPSDT care gaps and **scheduled PCP appointments for more than 2,000 Enrollees.**

For Enrollees and families who may have challenges in keeping their appointments and obtaining services, Kentucky SKY CCs will work with them to address the barriers to these activities as appropriate. We **empower families in managing their care and that of their children** and in ensuring that children and their families have access to all necessary services and supports.

iv.

Any challenges that the Contractor anticipates in completing required assessments and how it will mitigate these challenges.

Our enrollment and engagement model recognizes and addresses the unique engagement challenges present with new Enrollees who may have serious medical, BH, and/or social needs. The CC responsible for arranging the assessments will work closely with the entire CCT and the DCBS SSW, DJJ worker, family, and caregiver to identify barriers, such as difficulty reaching case workers, changes in placement, and knowledgeable providers for this complex population, and facilitate efforts to overcome them.

#### **Challenge: Overburdened Case Workers**

Mitigation Strategy: For DCBS or DJJ Enrollees, Humana understands that DCBS SSWs put in countless hours to ensure the safety and well-being of Kentucky's most vulnerable children. Through our care management model, Humana is committed to deploying processes that will streamline workflows and find efficiencies that will lighten DCBS SSWs' workload while keeping focused on the Enrollee and their care. Having co-located staff within the DCBS and DJJ offices will make it easier to reach and assist case workers in providing information. For example, we have assisted DCBS SSWs by making calls, arranging appointments, and pulling medical information. The Co-located Complex CCs will educate DCBS SSWs staff on the resources that Humana offers in the regular monthly meetings proposed in the Kentucky SKY Contract. By providing additional supports to the caregivers to the DCBS SKY population, the DCBS SSW will need to field fewer requests so they can maintain focus on safety and permanency.

#### **Challenge: Changes in Placement**

Mitigation Strategy: The CCT must be able to reach the Enrollee and interact with their caregivers, whether the Enrollee is in a community or residential setting. We will use our established relationships within DCBS and Co-located Complex CCs, placement information from DCBS' TWIST and DJJ's JORI, and provider information in our provider portal, Availity, to facilitate timely updates of Enrollee information. Each time a child changes placements they lose connection, stability, educational attainment, and many crucial relationships with natural supports. Therefore we will work to leverage our provider network to minimize placement changes by deploying resources, High Fidelity Wrap-around-driven decision making, and caregiver education.

#### **Challenge: Sufficient and Knowledgeable Providers**

Mitigation Strategy: Humana has a robust Medicaid provider network in Kentucky and established relationships with many providers that have traditionally served foster care and juvenile justice (JJ) children in addition to the broader population of Adoption Assistance and Former Foster Youth Enrollees. In preparation to serve the Kentucky SKY population, we have

Humana is developing a Trauma-Informed Care Recognition Program for our network providers.

recruited and expanded our network to include providers who are currently serving these beneficiaries and additional provider types who will further strengthen our ability to support this membership. We offer training to our providers within the first 30 days of contracting as well as ongoing annual training. Planned trainings for providers will include content on the Kentucky SKY program, issues that may be unique to the population, and screening and assessment tools that they may administer. We are exploring a partnership with the **Praed Foundation**, creator of the Child and Adolescent Needs and Strengths (CANS) assessment tool, to develop a multi-faceted module on its use.

v.

Provide examples of how the Contractor has succeeded in providing assessments to individuals similar to those required for the Kentucky SKY Enrollees.

Humana has experience conducting both telephonic and face-to-face assessments for more than 600,000 Medicaid Enrollees nationally. Our person-centered approach addresses the physical health, BH and SDOH needs of our most vulnerable Enrollees. For our more than 2,000 potential Kentucky SKY Enrollees, Humana completes a needs assessment specific to the Enrollee and their needs, collaborating with the DCBS SSW to obtain historical claims and clinical information as well as any results of assessments completed by DCBS or DJJ. We use any information that can be transferred from the Service Plan to populate the assessment. We have found that the foster parent or caregiver is often the person best suited to complete the assessment; through collaboration with DCBS SSW, we have been able to contact them directly to complete the assessment. From this initial assessment, Humana determines whether more in-depth BH or trauma-related assessments are needed.

#### **EXAMPLES OF PREVIOUS SUCCESSES**

Humana has extensive experience conducting assessments similar to those assessments required for Kentucky SKY Enrollees. We use a combination of industry-recognized and internal proprietary HRA tools. In our Florida Medicaid program, we conduct HRA outreach to more than 430,000 Enrollees. For our complex, high-risk Enrollees, similar to those in Kentucky SKY, we conduct our proprietary Comprehensive Enrollee Needs Assessment as well as an array of mini-assessments available for our CCs to use to assess Enrollee-specific issues. We use the following mini assessments across our Medicaid populations:

- **Missed Services**: Used when an Enrollee calls to report a missed home-based service
- **Risk Assessment**: Used to identify risk factors in the home
- **Domestic Violence Screening**: Used for Enrollees with suspected domestic violence
- **Risk Agreement**: Used based upon identification of risk to develop owner(s) and plans to address needs
- **BH Assessment**: Used for Enrollees identified as having SMI or BH needs
- **Readmission Risk**: Used to review for risk for inpatient re-admission following a hospitalization

**HRA Completion: Applying Lessons Learned**

To address less-than-desired HRA completion rates, our Florida Medicaid plan undertook a quality improvement process to increase HRA completion rates for several key populations, including Enrollees with SMI, asthma, diabetes, and Enrollees who are pregnant.

By implementing focused call campaigns, including authorization of additional associate work hours to complete calls in the evenings and on weekends, **our plan surpassed State benchmarks** for these key populations. The success of this program, and lessons learned have a direct bearing on the process we will use to increase Kentucky completion rates. Noting we reached the highest percentage of Enrollees during the fourth outbound call attempt, we will complete **a minimum of five call attempts (plus one mail attempt) for all Enrollees**, in addition to our other outreach efforts.

**HRA Completion Rates, Humana Florida Medicaid (December 2018)**

Population	Completion Rate	Benchmark
Enrollees who are pregnant	78.7%	70%
Enrollees with SMI	67.2%	50%
Enrollees with asthma	53.7%	50%
Enrollees with diabetes	66.1%	50%

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.

Humana has built upon the vast experience of our clinical leaders to identify the most appropriate, evidence-based trauma assessments. Below we have listed the evidence-based trauma-informed assessment tools we recommend that DMS use to identify trauma in Kentucky SKY Enrollees. These tools represent cutting-edge best practices in TIC.

- UCLA Reaction Index: The most commonly-used measure for Post-Traumatic Stress Disorder (PTSD) symptoms in children and adolescents. There are versions of this measure for children, adolescents, and parents. The UCLA Index has two parts: The first part includes a brief screen on the respondent's trauma history, and the second part assesses the frequency with which post-traumatic stress symptoms were experienced over the past month.
- Child PTSD Symptom Scale: This tool assesses the frequency of all PTSD symptoms and was also designed to assess PTSD diagnosis. The first 17 items measure PTSD symptoms and yield a total Symptom Severity score. Seven additional items assess daily functioning and any functional impairment.
- Trauma Symptom Checklist for Children: This tool evaluates whether a child is experiencing symptoms related to acute and chronic trauma and post-traumatic stress. The tool's scoring system is conceptually based on theories of development and child trauma. This tool may be used as a screening tool on its own or part of a larger trauma-informed assessment or psychological evaluation.
- Trauma Symptom Checklist for Young Children: This is a 90-item caregiver report instrument developed for the assessment of trauma-related symptoms in children ages three through 12. The scoring gives a detailed evaluation of post-traumatic stress symptoms and a tentative PTSD diagnosis. It also provides information on other symptoms such as anxiety, depression, anger, and abnormal sexual behavior. This tool may be used as a screening tool on its own or part of a larger trauma-informed assessment or psychological evaluation.
- Child Sexual Behavior Inventory: This is a 38-item caregiver completed tool and was developed to assess children who have been sexually abused or are suspected of having been sexually abused. The scoring gives

a total score, a developmentally-related sexual behavior score, and a sexual abuse-specific items score. It also gives scores on the following nine domains:

1. Boundary Problems
2. Exhibitionism
3. Gender Role Behavior
4. Self-Stimulation
5. Sexual Anxiety
6. Sexual Interest
7. Sexual Intrusiveness
8. Sexual Knowledge
9. Voyeuristic Behavior

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 similar programs and detail how these tools have contributed to the Contractor achieving program goals.

### **PROPOSED SCREENING TOOL**

Humana has developed various proposed comprehensive Enrollee Needs Assessments based on the population **for children in the Kentucky SKY population** to meet and exceed the Kentucky SKY contractual requirements. This proposed Enrollee Needs Assessment is an individualized and holistic assessment of the Enrollee's immediate needs that also captures current and past needs of the child, including:

- Physical health
- BH via the Patient Health Questionnaire (PHQ-2) for depression
- Car, Relax, Alone, Forget, Friends, Trouble (CRAFT) screening for Enrollees who screen positive for substance use

The assessment captures information on the child's **psychosocial, functional, and cognitive needs as well as SDOH** that can impact health outcomes for the child and/or caregivers or the stability of the child's placement. In addition to contractually-required elements, we screen for bullying, exposure to physical or sexual abuse and/or violent behavior, and information about the Enrollee's individualized education program (IEP), if applicable. **Table I.G.8-1** below outlines which assessment is being used for each population.

In the process of assessing the child, the CC will document within the Enrollee Needs Assessment the child's current and past health conditions, current list of medications, current healthcare services, and care management they are receiving. The assessment will also collect information on the Enrollee's natural and community support system to inform the person-centered, individualized care planning process. Areas covered in the assessment include, but are not limited to the following:

- Enrollee goals and preferences
- Review of SDOH needs, including housing, food insecurity, physical safety, transportation, education, and employment
- Assessment of psychosocial, functional, and cognitive needs
- Enrollee's health status, including condition-specific issues and ongoing needs requiring treatment or monitoring
- BH status, including screening for clinical depression (using the PHQ-9), SUD, SED, 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
- Covering advance directives, legal assistance, financial planning, and family planning
- Hearing and visual preferences or limitations
- Service delivery preferences
- History of ACEs that may impact health

**Table I.G.8-1: Data and Process Flows for Key Processes**

Population	Assessment Title
Former Foster Care	Medicaid Enrollee Needs Assessment ( <b>Attachment I.G.8-1</b> )
Adoptive Pediatrics	Medicaid Pediatric Survey ( <b>Attachment I.G.8-2</b> )
Complex Adult	Medicaid Physical Health Comprehensive Survey ( <b>Attachment I.G.8-3</b> )
Behavioral Health	Medicaid Behavioral Health Comprehensive Survey ( <b>Attachment I.G.8-4</b> )
Complex Pediatric	Pediatric Comprehensive Survey ( <b>Attachment I.G.8-5</b> )
Foster Care/DJJ	Kentucky SKY Pediatric Needs Assessment ( <b>Attachment I.G.8-6</b> )

For our adult Kentucky SKY Enrollees, we propose using either the Medicaid Behavioral Health Comprehensive Survey or the Medicaid Physical Health Comprehensive Survey, based on their needs. These screenings cover many of the topics listed above in the child-specific assessment but are more appropriate for the age of the Enrollee being assessed. We plan to develop an assessment specific to transition-aged youth in the Kentucky SKY population.

**INTEGRATING ASSESSMENT RESULTS INTO THE HEALTH CARE SERVICE PLAN**

We will use the Enrollee Needs Assessment to support the CCT in decision-making, including level of care and service planning. The assessment will be administered within 30 days of receipt of eligibility information from the State and when an individual moves to a new placement. Our model relies on a CC as the primary, dedicated point of contact for the Enrollee. The CC will establish a relationship focused on the individual and family’s prioritized goals for health and include the Enrollee/guardian in the assessment and care planning process. This approach avoids a common situation where multiple screenings conducted by a variety of care team members with different objectives can include duplicative and unnecessary questions that create confusion and frustration by Enrollees and their caregivers in addition to potentially re-traumatizing the Enrollee.

Upon evaluation of the assessment, we will identify if there are more significant medical, BH, or social issues that we need to assess to fully understand the needs of the Enrollee. We will support and encourage use of other assessment tools with providers, where appropriate, such as the Comprehensive Child and Family Assessment (CCFA), CANS screenings, or more involved testing where required.

**INTEGRATING RESULTS OF SISTER AGENCIES**

Humana will coordinate with additional sister agencies that may have served our Enrollees or can be a resource to help us fill the needs of Kentucky SKY Enrollees. Such agencies include the Department of Education, DAIL, DPH, and OCSCHN. The Humana CC coordinates with sister agencies to identify and integrate the results of previous assessments, screenings, and tests. Once collected, the data from the previous assessments, as well as our current assessments of the Enrollee, will be available in CGX to provide a more comprehensive picture of the Enrollee. At the onset of the Contract, we will employ additional specialists to assist in migrating assessments completed by other entities into CGX for the new Enrollees.

**PRIOR TOOLS USED WITH SIMILAR POPULATIONS AND CONTRIBUTIONS TO ACHIEVE PROGRAM GOALS**

In 2018, Humana CareSource administered a Pediatric Needs Assessment for Kentucky foster children (see **Attachment I.G.8-7**). This assessment included questions to determine the health status of the Enrollee, sources of care, services received through other programs, education, emotional well-being, and use of community resources. The assessment enabled our CCs to identify immediate needs as well as discern areas of concern to address in the care plan for pediatric Enrollees.

We will leverage several assessments based on the Kentucky SKY Enrollee’s specific needs as well as their age and known previous assessments. This is in addition to the **Kentucky SKY Pediatric Needs Assessment** described above, which would be targeted for youth without complex health needs. For our youth that have complex needs related to their physical health and those designated as Medically Complex, we would leverage the Pediatric Comprehensive Survey. For both adolescents and Former Foster Care adult Enrollees with complex BH needs that are of primary concern for their treatment, the Medicaid Behavioral Health Comprehensive Survey can be used to direct care planning.

In 2019 we served more than 2,000 potential Kentucky SKY Enrollees. We offer extensive evidence that our tailored care coordination efforts, including our assessments and evaluation tools, are producing excellent results. Several examples of our statistical performance serving this population are conveyed in **Table I.G.8-2**.

**Table I.G.8-2: Key Performance Statistics, Humana Kentucky Foster Care Enrollees, 2018-2019**

Performance Statistic	Annualized Usage or Cost Per Person (per 12 Coverage Months)					
	All Humana Foster Care Enrollees			Humana Kentucky Foster Care Enrollees Continuously Enrolled Throughout 2018 and 2019		
	2018	2019	% Change	2018	2019	% Change
Average Number of Enrollees	1,352	1,692	31.3%	613	613	NA
PCP Visits	6.5	5.0	0.2%	6.3	4.2	-33.6%
ED Visits	0.6	0.5	-12.0%	0.5	0.4	-17.3%
Hospitalizations	0.08	0.05	-31.6%	0.02	0.00	-70.0%

\*Per state 820 premium files

Our approach to care coordination, including our assessments and screening tools, have reduced clinical crises among our foster children. **Overall hospital admissions decreased 70.0% between the two years** for our continuously enrolled foster care Enrollees and the hospitalization rate decreased 37.5% during this timeframe across all our foster care Enrollees. While this Enrollee subgroup has significant medical and non-medical needs, only 6.7% of our continuously-enrolled foster care Enrollees were hospitalized during 2018. As these children’s enrollment tenure with Humana progressed, **this figure was reduced to 4.4% in 2019**.

ED usage rates provide another way to assess our efforts to minimize the degree to which enrollees reach a “crisis point” as well as the degree to which we assess for and implement the most appropriate care in the most appropriate setting. Among our continuously enrolled foster care Enrollees, **the total number of ED visits decreased 17.3% from 2018 to 2019**. These kinds of impacts are not only occurring within foster care – we also achieved a plan-wide reduction of 11.0% in ED visits across our 82,216 Kentucky Medicaid Enrollees with continuous coverage during 2018 and 2019, and a 6.8% reduction in ED visits among persons with disabilities age 26 and under.

The ultimate goal of our programs for our most vulnerable populations is to improve the health outcomes and quality of life for those Enrollees. Our assessment tools contribute to helping us achieve this goal by efficiently

and effectively identifying Enrollees' needs early in our care coordination processes. This early identification connects Enrollee's with the necessary services and supports to improve their health, prevents avoidable complications, and ensures these Enrollees have a specialized care team in place to help guide them through the healthcare delivery system.

c.

Describe its comprehensive approach to providing Crisis Services, including in home services, to Kentucky SKY Enrollees.

Humana is committed to providing comprehensive crisis services that are timely, de-escalate the situation to a safe resolution, stabilize the Enrollee, and direct our Kentucky SKY Enrollees to the least restrictive, most effective treatment available. In addition, we aim to prevent Enrollee crises through crisis planning and Enrollee and caregiver education. Our approach to BH crisis intervention and prevention includes the **development of an Enrollee crisis plan**. Our CCs work with our Enrollees with identified BH needs, their caregivers, and our CCT to develop a crisis plan as part of our routine care planning process. The Enrollee's crisis plan identifies triggers of a crisis, steps that the Enrollee and their caregivers can take to mitigate triggers, and follow-up actions to stabilize and respond to a crisis, including calling our BH Crisis Line, going to a walk-in crisis stabilization unit, or contacting their outpatient provider.

#### **APPROACH TO PROVIDING CRISIS SERVICES**

We understand that our crisis services can only be used once we are aware the crisis exists; therefore we have created a wide range of communication avenues for various parties to apprise us of a Kentucky SKY Enrollee's crisis:

- **Our highly-trained, 24 hours a day, seven days a week BH Crisis line** operated by VIA LINK directly and immediately assists an Enrollee in crisis with de-escalation, enacting the Enrollee's crisis plan and engaging mobile crisis service or emergency response as appropriate
- Our **CC** makes provides their contact information to all key persons in the Kentucky SKY Enrollee's life, including all participants on the Enrollee's CCT, facilitating contact to Humana if at any point a CCT member becomes aware of an Enrollee's crisis
- Our dedicated Kentucky SKY **Member Services Call Center** staffed 24 hours a day, seven days a week, is available for non-emergency assistance. We train Kentucky SKY Member Services Representatives (MSR) on directing the Enrollee in crisis to our BH Crisis line
- Through our **co-location with DCBS** at key locations, and two in the larger regions, we can become immediately aware of an Enrollee's crisis situation if DCBS initially learns of the situation
- All accessible Humana phone lines (e.g., Member Services, Care Coordinator, 24 hours a day, seven days a week Medical Advice Line, etc.) will have an option to immediately connect to the BH Crisis Line, in case callers accidentally call the wrong phone number
- All Humana Kentucky SKY MSRs will also be **trained on how to address callers in crisis** and how to transfer to BH Crisis Line, if appropriate

Our approach to immediately assisting Enrollees in crisis includes the following actions:

- Identifying the nature of the issues causing the crisis and the danger or risk posed to the child or someone else
- Ensuring mobile crisis services are deployed or directing the Enrollee to the appropriate level of care based upon the situation
- Collaborating with the DCBS worker to ensure safety for the Enrollee and involved parties and to reduce foster care disruption, using out of home placement of the child only when it is necessary
- Initiating a crisis response and treatment plan in the child's home to stabilize the child and help reduce the incidence of a future crisis
- Linking the child and family to other community mental health services or other supports

- Providing short-term care coordination and follow-up via our BH Crisis team that may reduce the need for other formal services, and in accordance with Enrollee’s crisis plan
- Facilitating the connection to crisis/respite resources such as a crisis group home, foster home, or crisis bed in a residential or community center

Below we further describe Humana’s approaches to delivering emergency BH and crisis services.

### **CRISIS PLAN DEVELOPMENT**

As part of our crisis planning processes, we will identify and document potential triggers for a BH crisis for our Kentucky SKY Enrollees with a BH diagnosis or upon request of the caregiver, family, or Enrollee. The Enrollee’s care plan will include authorized services that can mitigate the impact of these triggers, along with all required care plan elements.

**Every Kentucky SKY Enrollee with a BH diagnosis will receive a crisis plan** from their CC as part of their care plan to help Enrollees and their support system respond appropriately in the event of a crisis. This outlines their triggers for a crisis, steps they and others can take to mitigate a crisis, agreed-upon plan for responding to a crisis (including the closest walk-in crisis intervention site), and contact information for the BH Crisis Line. Our BH Crisis line vendor, VIA LINK, Inc. will provide a summary of the crisis, including actions taken and follow-up agreed upon to the Enrollee’s assigned CC. The crisis plan will include contact information for the Enrollee’s CC, the BH Crisis Line, and Mobile Crisis Outreach teams, as well as the locations of CMHCs in their area. If the Enrollee’s provider has developed a crisis plan with the Enrollee and their caregiver or family, this can be added into Humana’s systems to prevent duplication and ensure consistency across all members of the CCT in line with a High Fidelity Wraparound approach. We will also ensure the Enrollee’s providers know how to access all of these services in the event of an emergency. In addition to supplying a copy of the crisis plan to the Enrollee and their caretakers or custodians, the **crisis plan will also be available in CGX** and our secure Provider Portal, ensuring the Enrollee’s providers, the Enrollee’s CCT, and our Kentucky SKY MSRs have easy access to the crisis plan during an emergency, through our internal systems or the Voice and Choice Information Exchange care portal.



**ASSOCIATE SPOTLIGHT:**  
Liz Stearman, CSW, MSSW

Liz has served as the Behavioral Health Director for a Managed Care Organization in several Medicaid markets, including Kentucky since 2016. She is a native Kentucky resident who has spent the majority of her career working with the Medicaid population and those impacted by child welfare services. After almost 15 years working directly with children in the foster care system and their families at Maryhurst, Inc., a well-respected non-profit Private Child Caring agency, Liz transitioned to working with Medicaid to improve outcomes for all Kentuckians through improving behavioral health services and the continuum of care.

### **IN HOME CRISIS SERVICES**

Upon notification that an Enrollee is experiencing a crisis, we will work to:

- Locate the Enrollee
- Identify the appropriate emergency service based on the type of crisis they are experiencing
- Triage appropriately
- Ensure they receive needed services by communicating with the appropriate provider

Recognizing inpatient care may be the most appropriate setting for some Enrollees, we will also provide a range of other options to Kentucky SKY Enrollees as suitable alternatives to ED visits and inpatient admissions, including **in-home services, intensive outpatient treatment, partial hospitalization, and residential treatment**. We have partnered with **Centerstone** to offer residential and crisis services for the appropriate Kentucky SKY populations, including residential SUD treatment to address the needs of the former foster care Enrollees. To

promote stability for Kentucky SKY Enrollees in the community, Centerstone is committed to providing home-based family therapy services. We will pursue similar commitments with providers that will increase statewide access. Our UM team and CCs will work with the Enrollee, DCBS/DJJ, their family, and the Enrollee’s providers to identify the most appropriate care option while initiating stabilization services such as crisis beds or therapeutic homes. Please refer to **Attachment I.G.8-8** for the letter of support from Centerstone.

### Short-Term Crisis Stabilization and the Prevention of BH Crises

Short-term crisis stabilization services allow an Enrollee who is experiencing a BH emergency to receive the necessary services in a home-like residential setting to avoid an inpatient stay. Additionally, these services can help an Enrollee transition from an inpatient setting to the community. We will partner with clinicians trained in the delivery of evidence-based crisis stabilization models for high-risk youth, including TIC.

### LEVERAGING COMMUNITY RESOURCES TO PROVIDE CRISIS SERVICES

Humana has deep relationships in Kentucky with all major health systems, CMHCs, and key BH providers. **Our BH network will include CMHCs and more than 3,100 BH providers** to assure crisis support for the Kentucky SKY population.

Community Mental Health Centers (CMHC): Humana will contract with CMHCs to offer the following services:

- Emergency screening services
- Crisis stabilization units to increase bed availability
- Mobile crisis services
- Home-based therapy visits
- Assistance in connecting Enrollees to follow-up BH services
- Providing reports to the CC for follow-up

Centerstone: We are partnering with Centerstone of Kentucky to enhance our BH crisis services with:

- Emergency on-call services 24 hours a day, seven days a week, including onsite visits to the home if necessary
- Specialized, evidence-based training in managing the needs of the BH population
- Group therapy programs and classroom sessions for school-aged children
- Monthly foster parent support group meetings
- Intensive outpatient therapy (IOP)
- Partial hospitalization (PHP)

### Ensuring Continuity of Care in BH Emergencies

The following mechanisms alert Humana’s CCs of an Enrollee’s BH crisis:

- Direct notification by the Enrollee, their family, caregiver, or DCBS/DJJ
- Claims-based alert for an inpatient or crisis service
- Submission of an authorization for inpatient, partial hospitalization, or intensive outpatient care
- Notification from the BH Crisis Line or the Mobile Crisis team that served the Enrollee
- Notification of Hospital-Based Care Managers (in high-volume facilities) by facility staff

Following this notification, the CC will initiate our procedures for responding to a change in condition that includes an **Enrollee reassessment** and identification of the factors that precipitated the crisis. As part of follow-up, the CC will also engage the Enrollee’s CCT and any additional needed specialists as indicated by the Enrollee’s PCP.

If the Enrollee was admitted as an inpatient, the CC will participate in discharge planning with the facility to ensure all needed services are arranged upon discharge and **follow-up outpatient appointment(s) are**

“  
Humana has been easy to work with and available for our staff and member agencies over the years, and we have appreciated their partnership.  
”  
– Abbreial Drane, MBA,  
President & CEO,  
Centerstone of Kentucky, Inc.

**scheduled to occur within seven days of discharge.** Using the reassessment results as a guide, the CC will collaborate with the Enrollee and their CCT (as appropriate) to update the Enrollee’s care plan and crisis plan with strategies and treatments to avoid future BH emergencies. Our twice-weekly case rounds—with the participation of our BH CCs, Kentucky SKY Medical Director, Kentucky SKY BH Director and UM associates—may also be used as a forum to discuss appropriate follow-up for BH crisis situations, as needed.

Our approach to address additional needs following a crisis and deployment of resources include:

- Assessing the crisis situation and ensuring safety of all parties involved
- De-escalating a state of crisis
- Reducing the risk of a worsening crisis
- Reducing the risk of physical harm to the recipient or others
- Resolving a family crisis to prevent out-of-home placement
- Improving child and family coping skills

Our prompt follow-up activities with the Enrollee will assist in the recipient’s transition to a least restrictive level of care and allow them to receive ongoing support from their CC, CCT, and appropriate BH specialists.

**d.** Describe the Contractor’s experience in providing services through a holistic, person-centered approach, utilizing a High Fidelity Wraparound approach.

Humana’s model of care, across all of our programs, is founded upon a person-centered approach. We have developed our core clinical model around holistic, integrated care with **more than 10,000 experienced medical and BH clinicians** working together to manage the needs of our Humana-insured populations. We are experienced in the use of multiple types of evidence-based treatment fidelity models in Florida for children with BH conditions, including **child and family teams, intensive outpatient treatment, and multi-systemic therapy.** Through our background in implementing and overseeing fidelity for these programs, we recognize that the High Fidelity Wraparound care planning process is intended to keep families together by teaching them a way to plan for their needs.

Humana has broad experience serving vulnerable citizens through a variety of different models. We have served Medicaid-eligible populations continuously for more than 20 years through programs including traditional Medicaid Managed Care (MMC), Managed Long-Term Services and Supports (MLTSS), and Centers for Medicare and Medicaid Services (CMS) Financial Alignment Initiative Dual Demonstrations. **We currently manage Medicaid benefits for more than 600,000 enrollees in Florida, Kentucky, and Illinois,** including 2,000 Kentucky Foster Care enrollees. We have significant expertise providing care coordination, care planning, and specialized clinical management within a social supports-based framework for the complex needs of Temporary Assistance for Needy Families (TANF); Children’s Health Insurance Program (CHIP); Affordable Care Act (ACA) Expansion; Aged, Blind, or Disabled (ABD); dual-eligible; serious and persistent mental illness (SPMI); and SUD populations. Through these years and this breadth of experience, we have developed substantial experience integrating medical, behavioral, and social services to positively impact outcomes. Humana’s MMC experience demonstrates a strong ability to manage complex populations in large numbers and at industry-leading levels of quality while continually improving health and well-being outcomes for Enrollees.

#### **HUMANA’S HIGH FIDELITY WRAPAROUND APPROACH**

Our experience serving more than **2,000 potential SKY Enrollees in Kentucky,** as well as Foster Care and similar vulnerable populations in our Florida Medicaid program, has allowed Humana to develop expertise in managing the holistic, person-centered needs for the SKY population. Specifically, our model has been designed around the tenets of a High-Fidelity Wraparound Service approach for providing the highest quality of care, while assuring the behavioral, physical, social, and emotional support needs of our enrollees are addressed holistically.

High Fidelity Wraparound (HFW) is a team-based, collaborative planning process for developing and implementing individualized care plans for children with complex behavioral health challenges and their families

and serves as the foundation for Humana's CCT. Our CCT model directly supports the four goals of High Fidelity Wraparound:

- Meet the stated needs prioritized by the youth and family;
- Improve the youth/family's ability and confidence to manage their own services and supports;
- Develop or strengthen the youth/family's natural support system over time
- Integrate the work of all child serving entities and supports into one streamlined comprehensive plan.

Information is captured in our care management platform, CGX, and readily shareable (with permission) to participants identified as part of the CCT. The care plan and pertinent information for managing the enrollee's holistic needs will also be made available through our Voice and Choice Information Exchange platform for the CCT to access. High Fidelity Wraparound is an evidence-based process driven by 10 principles and below is an example, based upon a recent success story, of how our CCs utilize components of Wraparound Services:

A nine year old Foster Care enrollee in Kentucky, who suffered with an intellectual disability disorder and PTSD diagnosis, was in a PCC residential program. With the DCBS Case Worker's permission, our Case Manager (CM) reached out to the therapist at the residential facility and collaborated regarding ABA therapy services from a community provider. The therapist at the PCC completed a referral to a local ABA program and scheduled time with an ABA therapist. Our CM also coordinated psychological testing with the residential program and followed up to assure the enrollee was able to stay in the least restrictive setting. The team-based approach allowed the enrollee to maintain their preferred placement without having to move to an inpatient setting. The CM served as the central point of contact for the CCT, in collaboration with the DCBS Social Service Worker.

Humana will work with our providers as we implement a High Fidelity Wraparound approach to provide intensive, person-centered individualized care planning and care coordination. Our Wraparound process engages Enrollees and their natural and community supports along with their providers to achieve positive outcomes for children and youth with significant BH concerns. We will use empowerment and a strengths-based approach that engages the child, family, and caregivers in the planning and implementation process to successfully meet the self-identified goals of the Enrollee and family. Through our efforts, we will ensure that we meet all the following components of a High Fidelity Wraparound approach:

- Family voice and choice: Our CCT will engage with the Kentucky SKY Enrollee and caretakers, as authorized by DCBS and DJJ, to ensure their specific needs are met.
- Team-based: Our CCT will collaborate on the unique service needs of each Enrollee, pulling in the necessary supports from our provider network, internal teams, State agencies, as well as community resources.
- Natural supports: We will continue to leverage existing relationships within the community and familial structure to support Enrollees. We will target focus on removing social needs and non-medical factors impeding access to care and improving health outcomes.
- Collaboration: Through our multi-disciplinary CCT, our CCs have a venue to collaborate across the continuum of care. Co-located Complex CCs will naturally serve as an accelerant to collaborating with DCBS.
- Community-based: Community-based organizations (CBO) and schools are a critical element to our CCT – we will work with them to fill service gaps.
- Culturally competent: Humana's diverse associates and experience supporting Enrollees across the country ensure that we treat each individual with respect. Our providers and Associates are required to complete cultural competency training. For example, Humana's Concierge Service for Accessibility works with our Enrollees who have physical or mental disabilities, are non-English speaking or have another barrier to accessing care, by providing auxiliary aids to ensure effective communication occurs.
- Individualized: We assign each Enrollee a CC, CCT, PCP, and a dental provider, as well as other specialists all to meet their unique needs. The CCT designed for each Enrollee is unique to that Enrollee's situation and needs.

- **Strengths-based:** Humana is proud to use evidence-based approaches that enhance each Enrollee’s confidence in achieving better health. At every point that we engage Enrollees, our CCs are trained to use a strengths-based approach and motivational interviewing techniques.
- **Unconditional:** We respect our Enrollees’ decisions and choices and are always available to support them no matter the situation they are in. Our CCs have experience with complex populations and understand our role in providing unconditional support.
- **Outcomes-based:** We leverage best practices and lessons learned from our previous experiences working with similar populations. We regularly monitor Enrollee utilization of services to ensure they receive access to timely care and maintain good health status. Our clinical platform CGX is designed to alert our CCs when Enrollees miss preventive visits, placement changes occur, and upon admissions to the ED to assess health outcomes across all levels.

Humana partnered with **Thresholds**, a CMHC provider in Cook and Kankakee counties in Illinois, to provide wraparound services to Enrollees identified as having a severe mental health diagnosis and who have also been identified as high utilizers of inpatient services to manage their healthcare. The goal of the program is to connect these vulnerable Enrollees to resources within their community. These resources include emergency housing, food pantries, counseling services, psychiatric services, substance abuse programs, vocational rehabilitation programs, long-term housing, primary care services, safe housing for victims of domestic violence, and medication management. **Enrollees who have been involved for six months have seen a 64% decrease in inpatient utilization.**

Humana’s CCs identify Enrollees in need of wraparound services using multiple means, including regular contact with Enrollees, DCBS and caretakers, HRAs, Enrollee Needs Assessments, and provider referrals. CCs maintain regular contact with Enrollees to determine service needs and changes in condition that may indicate needs for wraparound services.

“  
Humana understands the role they can play in ensuring access to a comprehensive network of trauma-informed providers and are aware of the challenges that foster care and juvenile justice-involved youth in Kentucky are often pre-disposed with. They understand that offering treatments such as these is the key to moving from putting a band-aid on these vulnerable children’s symptoms to providing them with the lasting healing they deserve, enabling them to live healthy lives and be productive members of our society.  
”

– Marissa Ghavami, Founder & CEO, Healing TREE

### Care Coordination Team

Humana’s Kentucky SKY Enrollees with BH conditions will benefit from the full-spectrum, wraparound supports provided by our CCT. The CCT comprises internal Humana resources that support the CC to manage the Enrollee’s care. Members of the CCT may include:

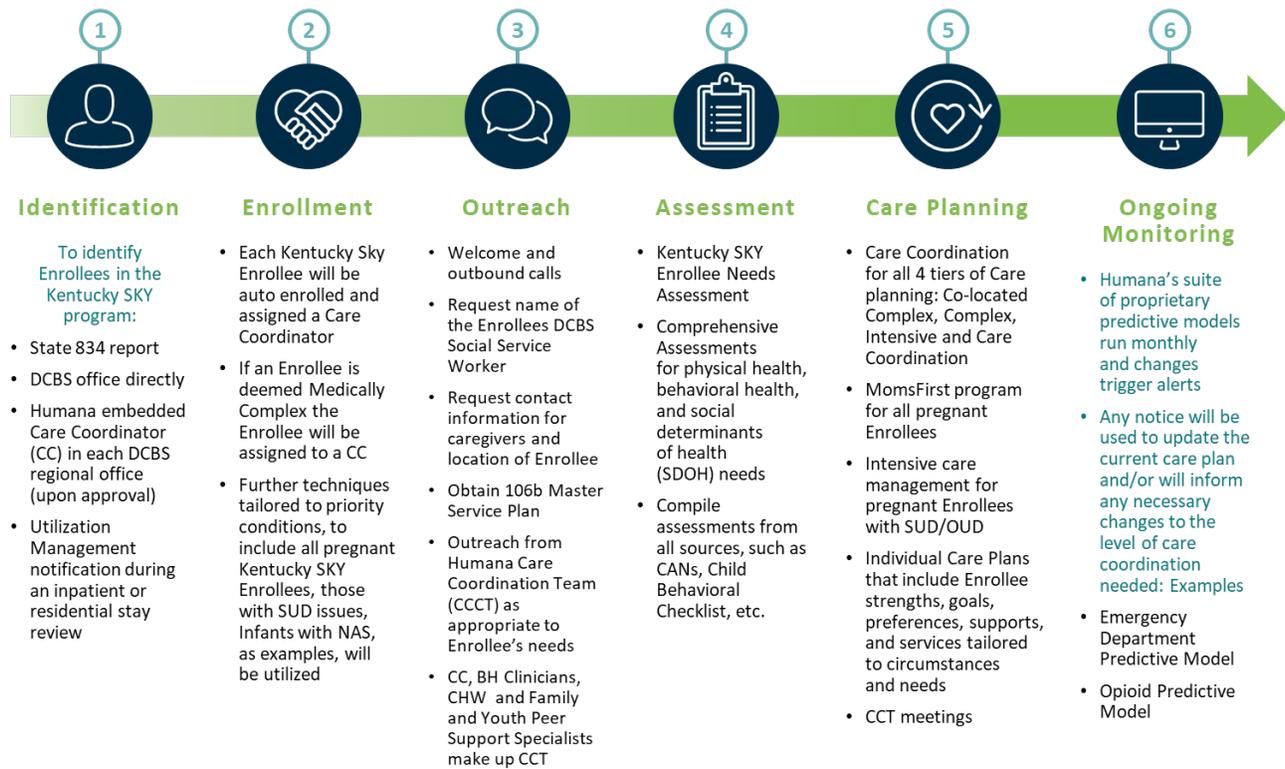
- UM nurse
- BH specialist
- SDOH coordinators
- CHWs
- Housing specialist
- Kentucky SKY Medical Directors
- Kentucky SKY BH Director

The Humana CC coordinates with internal resources and external members of the CCT to develop a person-centered care plan. External CCT participants may include:

- Assigned DCBS SSW
- DJJ personnel
- Health providers
- Foster care and family of origin as appropriate
- Family members
- Teachers and/or coaches

CCT team meetings, held at least monthly, will serve as a forum for collaboration between CCs with diverse professional backgrounds, linking together the acute care, TIC, and BH services of Kentucky SKY. Enrollees can access a single point of contact for all their care needs and remain with the same CC as their needs change.

Figure I.G.8-2: Humana’s Care Coordination Approach



**TIC Trauma-Informed Care (TIC)**

TIC Program Director: Humana is dedicated to activities that provide Kentucky SKY Enrollees with targeted and intensive wraparound support. In addition to meeting DMS’s required staffing positions for Kentucky SKY Humana has named a **TIC Program Director, Tricia Cloud, given its importance. This position will be fully dedicated to the Kentucky SKY program and will meet with DMS to identify provider training needs and broader opportunities to elevate TIC across the Commonwealth.** Ms. Cloud will develop a Humana TIC Provider Recognition Program and will work with DMS, DCBS, DJJ, and other agencies to identify core components of the curriculum.

TIC Provider Recognition Program: Humana recognizes TIC as a crucial component of provider training. To promote and facilitate access, we will develop a **TIC Provider Recognition Program**, which will recognize successful completion of TIC training. We have secured partnerships with both the University of Louisville’s (UofL) Center for Promoting Recovery and Resilience (CPRR) and the University of Kentucky’s (UK) Center on Trauma and Children (CTAC) to inform the design of our TIC recognition. Providers can achieve this recognition through several modes:

- We will leverage Relias’s online evidence-based programs to offer our providers more than 20 TIC modules, which will be available online through our secure provider portal, Availity.



- We will accept and acknowledge providers who have already completed industry-approved training (such as the University of Buffalo’s Trauma-Informed Organization Certificate Program: Basics for All Staff) and have experience serving Kentucky SKY-eligible Enrollees.
- As our collaborations with both UofL and UK evolve, we will explore including their repository of training resources.

To incentivize providers to pursue this recognition, we will **offer a value-based incentive program for successful completion**. Additionally, Humana will **identify TIC-recognized providers in our provider directory** and **move them up the PCP-assignment algorithm** for Kentucky SKY Enrollees.

Please see **Attachment I.G.8-9** and **Attachment I.G.8-10** for the Letters of Support that outline our partnership with UK and with UofL, respectively.

“  
We are committed to strengthening and supporting the well-being and vitality of Kentucky’s children, families, and communities through our high-quality, impactful services designed to empower clients by building on their unique strengths. And, we are excited to be working with Humana, an innovative managed care partner, to support the Enrollees that will be served by the SKY program.

”  
– Anita P. Barbee, PhD, MSSW, UofL  
Kent School of Social Work

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.

### **RESILIENCY IN ENROLLEES EXPOSED TO TRAUMA AND ADVERSE CHILDHOOD EXPERIENCES**

Humana’s approach to serving Kentucky SKY Enrollees is grounded in evidence-based practices (EBP) and a TIC approach that involves understanding, recognizing, and responding to the effects of all types of trauma. Children and adolescents who have been exposed to traumatic events and ACEs need support and understanding from those around them. Often, these youth can be re-traumatized by well-meaning caregivers and community service providers.<sup>1</sup> We will educate our associates and providers and provide training regarding the impact of trauma on all Enrollees—whether families, adults, or children.

Humana will focus on providing evidence-based treatment by:

- Expanding existing services
- Educating providers to build capacity
- Providing trauma-focused training for community organizations and relevant agencies
- Expanding telemedicine services within Kentucky

We will develop and implement interventions based upon CPG, industry best practices, and guidance peer-reviewed organizations. We will also implement proven strategies we have used in other states to assist in developing resiliency in Kentucky SKY Enrollees who have been exposed to trauma and ACEs. These strategies include:

**Family and Youth Peer Support Specialists:** Youth and families who are challenged with severe emotional disorder (SED), mental illness, or addiction disorders benefit greatly from working with others who have lived

“  
Humana’s efforts will address the core needs of our community’s vulnerable children and families – fostering resiliency-building knowledge, skills, and practices across Kentucky. The Bounce Coalition is proud to collaborate with Humana to help the citizens of Kentucky who are served by Medicaid to thrive.

”  
– David Finke, PhD, Co-Chair,  
Bounce Coalition

<sup>1</sup> Racusin, Maerlender, Sengupta, Isquith, & Straus, (2005). Racusin, R., Maerlender, A. R., Sengupta, A., Isquith, P., & Straus, M. (2005). Psychosocial treatment of children in foster care: a review. *Community Mental Health Journal*, 41(2), 199-221.

through similar experiences and reached a significant level of recovery. Our CCTs will include Family and Youth Peer Support Specialists to augment the work of the care team. These individuals empower Enrollees and families or caregivers to define and pursue their goals, connect them with community-based resources, and work collaboratively with clinicians. They engage, educate, and empower Enrollees and their families to connect with support services, community resources, and advocacy assistance.

Evidenced-Based Practices (EBP): There is a great deal of work being done in Kentucky and across the country to promote resiliency and support children who have experienced trauma. **Humana has established a partnership with the UK's CTAC**. The Center, part of the National Child Traumatic Stress Network, is dedicated to identifying and disseminating evidence-based approaches to addressing child abuse and trauma. Humana will also work collaboratively with additional organizations to provide specific EBPs that include:

Trauma-Informed Systems of Care: Trauma-Informed Systems of Care is purposeful in expanding the array of coordinated, community-based, and culturally competent services and supports for children and youth with SED as well as their families. We will work with DMS, DJJ, and DCBS to assess what program expansion may be indicated, and to seek resources to support such expansion.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT): Humana will advocate for and support this form of therapy to provide a psycho-social treatment model designed to treat trauma and related emotional and behavioral problems in children and adolescents.

Parent-Child Interaction Therapy (PCIT): PCIT is a form of behaviorally focused parent training developed for children aged two to seven and their caregivers. Humana will promote an increase in PCIT certified providers in Kentucky through funding opportunities and training collaborations. Trained providers engage in a unique combination of behavioral therapy, play therapy, and parent training to teach more effective discipline techniques and improve the parent-child relationship.

Trauma Impact Parent Group: Trauma Impact Parent Group is a psycho-educational group for caregivers of children impacted by traumatic experiences. Through instruction and role plays, caregivers participating in this group have the opportunity to increase skills in emotional regulation for both themselves (in the event they, too, have experienced trauma) and for their children. This group is helpful for biological/foster/adoptive parents, as well as grandparents or kinship providers.

Eye Movement Desensitization and Reprocessing (EMDR): EMDR is a form of therapy developed specifically for individuals with trauma or traumatic experiences and has proven effective for this population. EMDR uses triggers for eye movements to help the brain reprocess information and handle the stress and anxiety around the trauma in a more healthy way. Humana will support the increase in utilization of this service via outpatient therapy and increase its utilization with residential providers for children in foster care where appropriate. Humana has already demonstrated support of this resiliency-based intervention by supporting the Healing Tree in 2019, which funded eye movement desensitization and reprocessing (EMDR) certification for one of the therapists serving the foster care Enrollees at Maryhurst's residential program.

Seven Challenges: Humana will promote the adoption of The Seven Challenges EBP for adolescents and young adults who need substance use treatment geared toward their age that incorporates clinical enhancements like traditional abstinence-based programs such as Alcoholics Anonymous (AA or Narcotics Anonymous (NA). Several providers in the Commonwealth have already adopted this model of care and Humana will support ongoing fidelity efforts as well as adoption of the curriculum for providers that may not be currently using.

### Impactful Collaboration with UK

Humana and UK are **partnering to broaden provider education** on issues that impact Kentucky SKY Enrollees, especially raising awareness and competency on the impact of traumatic events and methods to better serve Kentucky SKY Enrollees. Our partnership will include **providing targeted educational seminars**; working with UK to identify providers rated as Good and Excellent at providing **Secondary Traumatic Stress (STS) informed care** and identify these organizations in our directory; **hosting an annual Kentucky SKY Program Conference** to convene and collaborate with providers and community-based organizations; and **funding experts** from UK to lead and/or facilitate training on TIC and relevant evidence-based approaches.

“  
Through the model Humana is offering, we are very encouraged that the children in foster care and adoption assistance as well as those involved with DJJ will receive the best care, and the state will observe positive outcomes, including reduction in the number of children entering the foster care system.  
”

– Mark D. Birdwhistell, Vice President for Health System Administration & Chief of Staff, UK HealthCare

Recovery Services for Children and Families: This program focuses on resilience when working with families who are raising children with SED or SMI. We work with our providers to offer support through clinical services, advocacy programs, and family-directed, peer support services. Services for families may include in-home support, behavioral coaching, parenting skills, family support services, and family education. Treating the family as a whole increases the natural resiliency within children, allowing them to develop and grow competencies, while giving parents the ability to nurture a child with special needs.

Caregiver Recovery Services: Peers will work with caregivers to provide support and referral for traditional and non-traditional services. Supports may include: assistance in understanding and navigating the clinical and school based IEP process, acting as a “translator” for the parent/caregiver, coping skills development, daily living skills, and psycho-education.

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.

### IDENTIFYING NON-MEDICAL FACTORS DRIVING INAPPROPRIATE UTILIZATION

Improving the quality of physical and behavioral healthcare for children in child welfare poses unique challenges. We have found that Enrollees in this population face multiple changes in living arrangements, turnover in assigned workers, and de-stabilizing events such as loss of critical relationships, which compound on existing stressors and impact not only family relationships, but also the trusted relationship they have with medical and social service providers. Humana has identified the following factors that contribute to fluctuating

access to healthcare, little continuity of care, and poorly coordinated care, all of which lead to high healthcare costs and inappropriate utilization of services.

### **Instability of caregivers or natural supports**

When a child or youth in the Kentucky SKY population suffers a destabilizing event that leads to a change in living situation, there are many effects on the individual and they become at higher risk for negative outcomes. These impacts then become further destabilizing factors for the Enrollee, resulting in loss of visitation with family, changes in school or child care, loss of friends, teasing or bullying by peers, separation from siblings, loss of natural supports in a community or faith community, geographic relocation away from resources, or even reentering foster care after reunification or adoption. These factors all serve as potential drivers of instability resulting in the disruption of care. Parents and caregivers may be unaware of the child's BH issues and/or are ill-prepared to handle the behavioral byproducts of trauma the child displays. Humana has processes and methods in place to assist Enrollees throughout the many complex experiences and transitions within the foster care and juvenile justice system. Training and support for the family or caregiver are crucial to minimize instability in the home.

Humana CareSource's historic collaborations with DCBS and DJJ have improved our understanding of the additional factors that can contribute to de-stabilization of a child who was not adequately prepared for their new placement. There is substantial overlap in the solutions and resources that Humana, with support from our community partners, will offer for de-escalation and support for the household.

Humana will use targeted training and education for caregivers and families to empower them to provide quality care for the children in their home. **CHWs along with Kentucky SKY Family and Youth Peer Support Specialists can offer** foster parents and foster children the support system they need to avoid further escalation or to assist Former Foster Youth in weathering the challenges of independence and gaining new life skills. We will also explore partnerships with CMHCs to provide a high conflict parenting course and additional trainings, such as PCIT as noted above, to help enhance the caregiver and child relationships.

### **Placement Changes and Characteristics**

Humana recognizes that children in foster care are at increased risk for discontinuity of care because each change in foster care placement may be associated with changes in providers and all other consistent forms of support in the child's life. From our experience with children in this population, placement stability continues to be a challenge for most child protection agencies, resulting in negative impacts on safety, permanency, and well-being. Multiple placements negatively impact other areas of the child's life, including delayed permanency outcomes, loss of academic attainment, and struggling to maintain the same or appropriate level of care specific to that child's needs. In order to provide a high level of care for these Enrollees, **Humana delivers consistency and predictability** in our approach. Our process begins with outreach to DCBS SSW prior to enrollment. In addition to those DCBS SSWs who can attest that a placement change has occurred, we prioritize identifying Enrollees with multiple placement changes via:

- **Historical Claims Reviews:** By reviewing historical claims, our CCs can identify changes in provider locations (city, county) that may indicate that our Enrollee experienced a change in placement. CCs will flag Enrollees who have had more than one placement in the last year and work to identify triggers to instability so we can develop mitigation plans. These reviews can also eliminate duplication of services such as physical exams, dental check-ups, vaccinations, and BH assessments.
- **DCBS SSW:** Our Co-located Complex CCs placed in each of the 9 DCBS regions, and two in the larger regions, can be a resource to provide consistency throughout the region even if the child's direct surroundings have changed.

With all Kentucky SKY Enrollees engaged with providers within one network and familiar with the processes of Humana's administration of the Kentucky SKY program, efficiencies can be created when searching for new placements and finding the right fit for the Enrollee's needs.

### **Organizational factors**

SSW Turnover: SSW turnover during critical junctures in a child's placement may result in a significant resource loss to foster families, leading to potential instability with placement as well as escalation of the child's behaviors. To support the DCBS SSW, Humana will employ a dedicated team of Kentucky SKY CCs who will facilitate the CCT meetings and coordinate activities with members of DMS, DCBS, and DJJ. CCs will maintain up-to-date Enrollee records and enhance all forms of communication to support state staff with access to additional resources.

Through our integrated clinical platform, CGX, the Enrollee's dedicated CCT team will have access to the Enrollee's medical history, assessments, authorizations, claims detail, and care plan to allow for a seamless flow of information among all relevant parties. Our integrated processes provide personalized support to close care gaps, ensure continuity of care following a turnover, link Enrollees with the appropriate level of care, and respond to SDOH needs. The dedicated CCT alleviates administrative burden on state case workers by gathering information, compiling assessments, and limiting disruptions for our Enrollees. Additionally the caregiver or foster family will not have to play the role of historian for the child when a new DCBS or DJJ worker comes onto the case; they can look to the Humana Kentucky SKY CCT for this function.

Disenrollment or Medicaid Eligibility Status: If an Enrollee becomes ineligible for Kentucky SKY, or upon the termination of enrollment in Kentucky Medicaid, Humana will first do the legwork with DMS and appropriate agencies to ensure the disenrollment is appropriate and intentional. Next, if the disenrollment was appropriate, the CCT provide all necessary assistance to ensure a proper transition that will address continuity of care and eliminate duplicative or inappropriate services. If the Enrollee is eligible for Medicaid managed care, we will assist them in the following continuation of care procedures:

- Continue to provide all Termination Assistance Services at the rates set forth in the Draft Medicaid Contract or applicable Schedule, for a maximum period of six months or for such longer periods as agreed in writing
- If the Enrollee needs specialty care not offered in-network or is receiving ongoing specialized care with a non-participating provider, Humana will contract with out-of-network (OON) providers through a single case agreement
- Humana will work with the previous PCP, caregivers, family, specialty providers, and DCBS/DJJ case worker to ensure medical records are transferred to new PCP or specialty providers

Throughout any transition, the CCT will facilitate communication regarding the Enrollee's medical needs across all partners and providers involved in the Enrollee's care. Providers may call our Provider Services Call Center if there is a question regarding Enrollee eligibility, and we will verify their eligibility status using our data-sharing capacity with the state and Medicaid Management Information System (MMIS). Our role is to make the Enrollee's transition as seamless as possible, and to assist the caretaker and DCBS SSW in addressing the Enrollee's immediate needs.

## **STRATEGIES TO REMEDIATE NON-MEDICAL DRIVERS OF INAPPROPRIATE UTILIZATION**

### **Monitoring Over- and Underutilization for Kentucky SKY Enrollees**

Ensuring that our Enrollees receive the right care, at the right place, at the right time will be critical for our Kentucky SKY population. While we will monitor utilization patters for our Kentucky SKY population, we will also monitor **changes in utilization patterns** that may indicate disruptions in an Enrollee's living situation and/or placement. We have established robust data analytics systems and logic-driven processes to monitor, identify, and respond to both underutilization and overutilization patterns. Our data systems provide a platform to proactively monitor for and identify outliers in the data that may indicate a utilization, quality of care issue, or a non-medical driver of utilization such as a new placement. This process identifies potential inconsistencies in service utilization by comparing the approved services with identified Enrollee needs documented in the care plan, with utilization parameters. **Since Humana's Kentucky operations will include integration of physical health, BH, and pharmacy benefit management (PBM)** data, we can analyze the full array of utilization across our Enrollee populations. Humana reviews frequency of selected procedures, BH services, ED visits, pharmacy and inpatient measures, and Healthcare Effectiveness Data and Information Set (HEDIS) gaps in care as relevant

monitors for over- and underutilization management trends. We select and monitor utilization indicators to detect inappropriate utilization trends, including but not limited to the following:

- Acute admits per 1,000 Enrollees
- Inpatient days per 1,000 Enrollees
- BH inpatient admissions per 1,000 Enrollees
- Rehabilitation admits per 1,000 Enrollees
- Skilled Nursing Facility (SNF) average length of stay
- Readmission rates within 30 days
- ED visits per 1,000 Enrollees
- Observation rate
- Post-Discharge care coordination referral calls
- 3M potentially preventable events (PPE) metrics
- Use of opioids at high dosage
- Use of opioids from multiple providers

We produce operational dashboard reports that aggregate data in an actionable format to help identify Enrollees who are at high risk for preventable high-cost utilizations or overutilization of services. Our utilization reporting is also a key component in our care coordination processes to identify specific Enrollee needs, identify gaps in care, and identify possible drivers in utilization patterns. With this data, our CCs can direct Enrollees to the most appropriate care setting. We also leverage the following platforms to support our efforts to aggregate and analyze data that monitors for outliers and changes in utilization patterns:

- **CareHub**, our internal and proprietary integrated set of tools and rules engines, monitors and tracks health outcomes and utilization at the Enrollee and population level.
- **The CGX platform** supports the efficient delivery and coordination of Enrollees' services and supports. CGX's functionality enables direct and fully integrated management of BH, social, pharmacological, and physical health services, enhancing our ability to document gaps in care, create integrated plans of care that cover all aspects of an Enrollee's services and supports (including community resources), monitor progress toward goals, and proactively address co-occurring needs and changes in condition.
- **Availity** supports providers in understanding their overall performance, supplying up to 12 months of aggregate information across multiple dimensions. We use reports from Availity to evaluate transaction volumes; identify high utilizers; analyze error and denial trends; recognize patterns that may indicate fraud, waste, or abuse (FWA); and generate reports based on specific criteria (such as belonging to a disease registry). Availity Insights takes the analysis a step further by providing up to 36 months of cost, utilization, and quality data and enabling customized reports to address specific issues.
- **Population Insights Compass (Compass)** assists providers in monitoring practice-level encounter and utilization data. The tool compiles utilization, financial, and clinical data that can be filtered to enable providers to identify Enrollees or groups requiring additional support.

### Promoting Appropriate Utilization through Care Coordination

Humana's care coordination model engages the Enrollee and/or guardian from initial enrollment to identify the social barriers and familial context nuances that may prevent the Enrollee from accessing appropriate services. Our initial assessment identifies resource constraints applicable to the Enrollee and their family or foster family, which can lead to multiple placement changes or interruption in needed services. Early identification of those issues allows our CCs to intervene and provide needed supports reducing the need for placement changes.

### Creating a Data-Informed System of Care

We recognize that many of our Enrollees often have strong, established relationships with their care providers. We have designed our care coordination structure to incorporate and support existing care coordination services through robust data-sharing via:

- Availity provider portal
- EHR connectivity
- CCT meetings

For the Kentucky SKY Contract, we will work with DCBS and DJJ to connect with DCBS TWIST and DJJ JORI systems. Today, we have solutions for chart retrieval with **all eight of the top EHR vendors** (Epic, eClinical Works, athenahealth, Inc., Allscripts, GE, Cerner, Practice Fusion, and Nextgen).

## **STRATEGIES TO LEVERAGE NON-MEDICAID RESOURCES TO PROVIDE SERVICES TO KENTUCKY SKY ENROLLEES**

### **Coordinating Resource Delivery through State Programs**

One aspect of Humana’s approach to address unnecessary utilization is leveraging existing local and state programs. We anticipate continuing our success in Kentucky by coordinating efforts with the following programs:

- **Supplemental Nutrition Assistance Program (SNAP):** Through our CCT structure, the Enrollee’s assigned CC will collaborate to ensure that the Enrollee has the nutritional support they need when moving back to the community.
- **Sobriety Treatment and Recovery Teams (START):** Four of the five START sites in Kentucky are now included in the Title IV-E Waiver: Jefferson, Kenton, Fayette, and Boyd
- **Kentucky Strengthening Ties and Empowering Parents (KSTEP):** The Kentucky DCBS implemented Kentucky’s Title IV-E waiver program
- **Special Supplemental Nutrition Program for Women, Infants, and Children (WIC):** Humana will coordinate with WIC on our secured partnerships with Cooking Matters and Share our Strength, programs that teach families basic cooking skills and how to budget
- **Kentucky’s Health Access Nurturing Development Services (HANDS):** HANDS is a home visiting program for pregnant moms and new parents to support the baby’s development. The program assists from pregnancy to 2 years of age.

### **Community-Based Organizations (CBO)**

Our strong partnerships with CBOs in Kentucky will assist us in connecting our Kentucky SKY Enrollees to community resources that may help address non-medical drivers of inappropriate utilization. Humana’s deep roots in the Commonwealth have allowed us to forge working relationships with providers, non-profit organizations, and leaders in the community. Collaborations with the CBOs that are most closely invested in the Kentucky SKY population throughout Kentucky will be critical to leveraging all resources available to improve the health and wellbeing of this population. Organizations like Adoption Support Kentucky (ASK), Kentucky Partnership for Families and Children, and Young People in Recovery have mission statements and goals that closely align with the shared goals of Humana, DMS, and DCBS regarding the Kentucky SKY population.

Our goal is to identify the risk factors that facilitate the under- or overuse of services, as well as the possible use of services not relevant to each Kentucky SKY Enrollee. Humana believes that the development of innovative management and non-medical treatment alternatives is multidisciplinary. Intervention activities should include input from state and community-based programs in Kentucky as well as partnerships with local CBOs. Examples of our partnerships that will benefit Kentucky SKY Enrollees include:

- **School-based Telehealth with Norton Healthcare:** School-based telehealth programs can be an impactful way to improve health outcomes for children. With new telehealth technology, special computer-connected otoscopes and stethoscopes allow doctors to check ears, noses, throats, and heartbeats from remote locations. Students referred to the nurse can receive a virtual doctor’s visit to diagnose common illnesses, such as inner ear infections, allergies, pinkeye, and upper respiratory infections, among other conditions. These innovative programs improve access to care and more importantly, offer convenient access to care. Without school-based telehealth programs, children often need their parents to take time off of work for doctor visits. For low-income families, skipping a shift at work to visit a provider can have serious consequences, but delaying treatment leads to preventable ED visits and hospitalizations.

In an effort to improve access to care for Kentucky children, **Humana supports the advancement of Norton Healthcare’s school-based telemedicine program in Jefferson County Public Schools.** Humana will sponsor the telemedicine technology Norton Healthcare uses to remotely examine the student with the assistance of the school nurse. **This support allows expansion of telemedicine technology in public schools located in underserved areas, reducing disparities in access to care while improving the overall health of the**

**community.** Humana and Norton Healthcare view this as an opportunity to keep children in school, healthy and learning.

- **The Bounce Coalition:** Humana has entered into a partnership with the Bounce Coalition, working with schools to address the root causes of poor health in the most vulnerable children. We will implement a trauma-informed model for using a "Whole School, Whole Community, Whole Child Coordinated School Health." We will collaborate with teachers, parents, and others who interact with children and families to recognize the impact of ACEs and **equip children to develop resiliency and coping mechanisms for dealing with trauma.** Through this collaboration, Bounce trains our Kentucky SKY MSRs, CCs and CHWs on ACEs and TIC. Please see **Attachment I.G.8-11** for the Letter of Support that outlines our partnership with Bounce Coalition.
- **Collaboration with Community Mental Health Centers:** We are in active discussions with KARP, Inc. regarding a proposal to **pay a care coordination per member per month (PMPM) fee to its member community mental health centers (CMHC).** If successful, we will look to expand this model to our other network BH providers. This agreement, based on a similar existing agreement between Humana and the Kentucky Primary Care Association (KPCA) to pay care coordination fees to member Federally Qualified Health Centers (FQHC), will give our BH providers the additional resources needed to support administration and care coordination tasks, including discharge planning for Enrollees with severe mental illness.

We will also explore the opportunity to **provide a bundled payment to CMHCs to support the provision of High Fidelity Wraparound services.** In our communication with BH providers, we have learned that funding presents a hurdle to the provision of this important, evidence-based service to Medicaid Enrollees. We intend this bundled payment to lessen this burden and promote delivery of high-fidelity wraparound supports to our child and adolescent Enrollees with BH needs. These wraparound services will be critical to the Commonwealth's adoption of the Family First Prevention Services Act, which will support families and promote permanency.

- **Food pilots:** We are pursuing a series of partnerships to strengthen our ability to address food insecurity within our population, including:
  - **Cooking Matters Program:** In partnership with Share our Strength and Feeding Kentucky, we will work with community partners to **teach families basic cooking skills, how to budget, as well as how to use SNAPWIC benefits.**
  - **Feeding Kentucky:** Among partnerships being considered is a pilot to **distribute medically tailored food boxes via Federally Qualified Health Centers (FQHC),** working through the Kentucky Health Center Network. Providers would receive training on screening for food insecurity as part of their broader screening efforts. Eligible patients would then receive prescriptions for a food box filled with healthy food items.

### **Community Resource Directory (CRD)**

Humana has developed a CRD, a list of community-based programs, services, and activities through our partnership with the Regional Advisory Board. The CRD provides an up-to-date listing of **more than 50,000 national, state, and local community-based referral resources** for Humana associates to assist Enrollees. As detailed below, Humana has established a number of innovative, evidence-based partnerships with CBOs to address Kentucky SKY's priority areas. Examples of service solutions include youth activity groups, life skills training, support for independent living, financial assistance, career guidance, and extensive BH services.

### **COMMUNITY PARTNERSHIPS**

#### **United Way of Kentucky**

Humana is committed to working with **United Way of Kentucky** to broaden coverage of 2-1-1 across the Commonwealth. The Kentucky 2-1-1 community resource directory (CRD) is powered by United Way across the

Commonwealth, but does not have contact centers and coverage in all counties. 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, with an expectation of addressing efficiency and standardization of user experience as we move forward.

### **United Community Louisville**

A community-wide, community-driven, and agency-linkage technology platform system in which individuals are matched with appropriate community services based on their unique needs across the health, education, and social service sectors and managed to closure. CBOs are connected via the platform, facilitating referrals and information sharing, including “closing the loop” on referrals by sharing information when Enrollees access a community agency service. **Unite Us** (the vendor selected by Metro United Way, Louisville Health Advisory Board, and other community partners for the **United Community Louisville pilot**) has a proven cross-sector health and social care coordination platform in 40 communities nationwide and is currently hiring locally-based staff to support the program.

The goals of Humana’s investment in the United Community Louisville pilot include:

- **Development of a connected, collaborative, community-wide system to coordinate care and services** across multiple sectors to address SDOH needs, promote education, and offer real-time tracking and reporting
- **Measurably improve health, education, and well-being outcomes** by coordinating the delivery of health and social services among children, individuals, and families with complex needs
- **Creating a “no wrong door” system** whereby individuals are channeled to appropriate services based on their unique needs and preferences across the health, education, and social service sectors, and tracking outcomes after service referrals

Our investment includes licenses that will allow our CHWs and CMs to access the referral platform fed by the Metro United Way 2-1-1 CRD, make community-based referrals, and ensure Enrollee access to state-based services.

### **Quality and Member Access Committees (QMAC)**

Humana will also organize regional QMACs to serve as the ears and eyes of the community, identifying gaps in services as well as areas of opportunity. Local non-profits, CBOs, providers, Enrollees, and Enrollee advocates will attend. Their feedback will be incorporated into Humana’s Quality Improvement Committee (QIC) to inform quality initiatives and opportunities for internal operational improvements. Humana employs 8 Community Engagement Coordinators who will work hand in hand with CHWs, SDOH coordinators, and the CCT in that region to recruit Enrollees, organizations, and providers to the QMAC.

Our Kentucky QMACs will build upon the success of a similar model in our Florida Medicaid plan. Our Medicaid Advisory Panel, as it is known in Florida, informed the design of an ED utilization initiative to improve PCP notification of Enrollee ED visits and encourage appropriate follow-up care. In addition, our Florida Medicaid Advisory Panel helped us establish a partnership with a community organization to bring nutritional education to our Enrollee events and identified a gap in our Creole interpretation services that led to a review of our approach to language testing.

### **ESTABLISHED AND ANTICIPATED PARTNERSHIPS TO SUPPORT KENTUCKY SKY ENROLLEES**

To further enhance our ability to proactively address the needs and goals of Kentucky SKY Enrollees, Humana has established and is continuing to explore additional partnerships with organizations that have expertise with this population and that promote safety, permanency, and overall well-being of our Kentucky SKY Enrollees. We outline examples of our intended partnerships in **Table I.G.8-3**.



**Improving the Health of the Communities We Serve**

Humana is committed to improving the health of the communities we serve. We will donate 10 percent of Kentucky SKY cumulative pretax profits back to CBOs that support foster care children in the Commonwealth. Should our annual financial performance qualify for a disbursement, Humana will quantify the total disbursement and develop a suggested distribution of payments along with our rationale. We will meet informally with DMS to obtain input on our suggested disbursement, then finalize the amount and notify the recipient organizations. We propose to focus our donations on creating local, sustainable solutions to population health problems impacting Kentucky’s foster care children, youth, and caregivers, with an emphasis on rural and underserved areas. Potential examples include promoting trauma awareness and knowledge in schools and providing support to our Kentucky SKY Enrollees for a successful transition into adult life through tuition support, job training, and internships.

**Table I.G.8-3: Humana’s Kentucky SKY Community-Based Partnership**

Organization	Primary Services	Location
The Nest	Child care assistance, counseling, education, DV Assistance	Lexington
Arbor Youth Services	Youth Homeless Shelter, 24 hour crisis intervention, counseling, independent living skills development, safe places services	Lexington
Community Action Council	Child and youth programs; housing, food, and utility assistance; foster grandparents’ program (FGP)	Lexington
FRYSKY	State-based school resource workers in each school dedicated to at-risk children and families in public school system, helping them with school supplies, school attendance, and health issues	Statewide
Bridgehaven	Outpatient mental health services providing therapy and recovery	Louisville
Centerstone	Treatment for mental illness, addictions, and developmental disabilities by focusing on acceptance, recovery, and access to services for everyone in need	Louisville
Home of the Innocents	Providing a range of residential services and treatment for children who are unable to remain in the care of their families. Includes emergency shelter with treatment for children, pediatric convalescent center, and community services for children and families. Open Arms Children’s Health is a service of Home of the Innocents; open to the public, the clinic provides care for all of the community’s children	Louisville

**Table I.G.8-3: Humana’s Kentucky SKY Community-Based Partnership**

Organization	Primary Services	Location
Americana World Community Center	Comprehensive programs to immigrants, refugees, and low-income individuals in Louisville. These programs include an after-school program, summer youth program, family education program, family coaching, and adult learning center. These programs enable people to overcome the challenges of integrating into a new community.	Louisville
Neighborhood Places- Ujima, Bridges of Hope, First Neighborhood	Provides support in low income neighborhoods with programs such as DCBS (SNAP, Medicaid enrollment, housing assistance, etc.). Rental assistance, counseling, WIC, truancy prevention	Louisville
Northern KY Community Action	Food assistance, Li Heap help with electric bills, signing up for insurance with assisters, Head Start, Lincoln Grant Scholar House, Senior programs	Covington
Brighton Center	Food, shelter, homeless shelters for teens, Brighton Recovery center for women, clothing, resume help, and financial help.	Newport
Life Learning Center	Life classes and a life coach for former prisoners or people down on their luck to learn how to live and make better choices	Covington
Big Sandy Community Action	Services including heating assistance, educational resources, GED readiness classes, seasonal resources that help combat food insecurity, state services navigation during open enrollment, job search assistance to low-income populations in many different areas	Pikeville
Gateway Community Action	Services that include heating assistance, educational resources, GED readiness classes, seasonal resources that help combat food insecurity, state services navigation during open enrollment, job search assistance to low-income populations in many different areas	West Liberty
The Neighborhood Center, Ashland KY	One-stop organization that covers a food bank, clothing bank, and a soup kitchen in Boyd County. They also house an office that offers community resource referral for housing, healthcare, stipends, and other state-based help	Ashland
Merryman House of Domestic Crisis	Open housing and shelter for women and children experiencing domestic violence. They are committed to saving, building and changing the lives affected by domestic violence	Paducah

**Table I.G.8-3: Humana’s Kentucky SKY Community-Based Partnership**

Organization	Primary Services	Location
Lotus - Purchase Area Sexual Assault and Child Advocacy Center	Rape crisis and advocacy center. They provide shelter, counseling, 24-hour crisis line, and help to women and children for sexual abuse. Comprehensive support center devoted to the needs of survivors	Murray
New Pathways for Children	Christian Ministry dedicated to caring for children during times of crisis. They provide residential care and support services by staff case managers, social workers, and family therapy.	Paducah
International Center of Kentucky	A refugee resettlement agency for victims of human trafficking, asylum, parolees, and others with similar issues. They address the needs of refugees and immigrants in their integration into the community by providing education, employment, housing, and other social services	Bowling Green
Family Enrichment Center of Bowling Green	Preventing child abuse with an adoption resource program, parenting classes, in-home parent education, and child care services	Bowling Green
Mentor Kids Kentucky	Provides youth with adult Christian mentors	Owensboro
Family Service Society	Food, dental, medical, clothing support	McCracken County