

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 **Draft Medicaid Managed Care Contract and Appendices** Section 70.2 for more information.)

Section references herein are made to RFP Attachment C **“Draft Medicaid Managed Care Contract and Appendices.”**

11.

Utilization Management

Humana’s Utilization Management (UM) program incorporates innovative processes that support access to high quality care. We continually evaluate the quality and cost of services providers deliver to promote appropriate, efficient utilization of services and apply objective, evidence-based criteria that consider Enrollee circumstances in determining the medical necessity of healthcare services. Our UM program includes:

- Integrated data analytics systems that allow our Care Coordination Teams (CCT), including UM associates, to view Enrollee utilization across physical health, behavioral health (BH), and pharmacy services, including inpatient and residential admissions and outpatient services
- A robust drug utilization review (DUR) program that includes areas such as targeted for psychotropic medications
- Hospital-Based Care Managers who provide face-to-face discharge planning support to Humana Enrollees and providers for medical and BH admissions
- Provider partnerships that strengthen the continuum of BH care through investments in intensive outpatient program (IOP) services and wraparound services

Humana will continue to be a committed partner to the providers that serve Enrollees in the proposed Kentucky SKY population and responsive to the needs of the Department for Community Based Services (DCBS) via our UM program. We will work with DCBS to provide comprehensive discharge planning supports to foster care Enrollees in the Kentucky SKY program and produce reports that enhance the ability of DCBS to offer oversight and monitoring of psychotropic medication use and other utilization trends. The emphasis our UM program places on the tenets of the High Fidelity Wraparound model, such as family voice and choice, collaboration, and outcomes driven will benefit all Kentucky SKY Enrollees, including Former Foster Youth and Adoption Assistance Enrollees.

a.

Describe how the Vendor will collaborate with Network Providers, the Department, DCBS, and DJJ to provide coordinated care for those Kentucky SKY Enrollees accessing psychotropic medications.

Humana is committed to working with our network providers, the Department for Medicaid Services (DMS), DCBS, and the Department of Juvenile Justice (DJJ) to advance evidence-based practices (EBP), including those concerning the use of psychotropic medications. Here is our approach to coordinating care for Kentucky SKY Enrollees accessing psychotropic medications:

1. Our Care Coordinators (CC) will perform medication reconciliation at each interaction point throughout the management of the enrollee’s case. Opportunities to provide medication reconciliation may include upon initial enrollment outreach from a CC, during each assessment, as a part of discharge planning process and following discharge, when concerns over multiple medications or dosage questions exist, or when notified by our internal Pharmacy Benefits Manager (PBM), Humana Pharmacy Solutions, Inc. (HPS), of

Between June 2018 and June 2019, we achieved reductions in psychotropic medications as the share of all prescriptions issued to our Kentucky Medicaid Foster Care Enrollees.

- potentially unsafe psychotropic use. We will share this information with DCBS, DJJ, and the Enrollee's CCT along with review and update the Enrollee's care plan and/or treatment plan to ensure appropriate use.
2. Humana will provide resources to ensure our network providers prescribe and properly administer medications according to EBP. Our Pharmacy Solutions and Provider Services teams will collaborate to promote patient monitoring and appropriate prescribing practices for psychotropic medications through provider education, access to a psychiatrist for peer consultation support, and retrospective DUR.
 3. Our in-house pharmacy team will monitor Enrollees' use of psychotropic medications for appropriateness, including detection of polypharmacy, non-adherence, and/or other inappropriate prescribing patterns. If they identify potentially problematic medication use, they inform the Enrollee, responsible prescriber, and assigned CC to prompt appropriate intervention and follow-up.

Under the Kentucky SKY program, we will continue to engage with DCBS to provide information on Enrollee psychotropic medication use and determine appropriate interventions at an individual Enrollee, provider, or population level. Today, Humana regularly engages with DCBS on this topic, providing detailed information regarding Enrollee utilization of services, diagnoses, and psychotropic use upon request. Moving forward, we will extend this regular engagement to provide **monthly reports** to DMS, DCBS, and DJJ on Kentucky SKY Enrollee psychotropic use at both a regional and statewide level. Similar consultations can occur directly with the Enrollee with their family or caregivers for Enrollees not involved with DCBS and DJJ.

STRATEGIES FOR COLLABORATING WITH NETWORK PROVIDERS

Role of the Care Coordination Team (CCT)

We recognize that Kentucky SKY Enrollees are at particular risk of polypharmacy, extended inpatient stays, and gaps in care due to the complex nature of the population and their interaction with various systems of care. Compounding those identified risks, Kentucky SKY Enrollees have most likely been seen by numerous providers. Our care coordination approach is designed to prevent these issues (to the extent possible) through the following mechanisms:



Regular medication reconciliations: We will perform medication reconciliation for our Enrollees **upon enrollment, during each reassessment, after a change in condition or living situation, and after assignment of a new provider** (depending on acuity level). Our CCs will share the results of the medication reconciliation with the Enrollee's CCT, including the Enrollee's providers, DCBS Social Service Worker (SSW) or DJJ social worker, foster parents or out-of-home placement provider, and other representatives, to determine appropriateness of use, adjust treatment as needed, and prevent possible duplication or drug-drug interactions through better provider awareness. If there are concerns about the number of Enrollee medications or possible drug-drug interactions, our CC will collaborate with a Humana pharmacist to conduct a full medication review.

The initial medication reconciliation we perform upon enrollment will also ensure continuity of care of prescribed medications, as our CC will manage the handoff of current prescriptions to the Enrollee's Primary Care Provider (PCP). We will continue to cover existing medications for 90 days after enrollment, regardless of formulary variations or prior authorization (PA) requirements. Similarly, we grandfather in completed step therapy for drugs on the formulary, allowing an Enrollee who began or completed step therapy prior to plan entry to continue use of the formulary drug without restarting step therapy.

Humana has real-time data-sharing relationships with all **eight top national Electronic Health Records (EHR) vendors**, such as Epic, Allscripts and Athena Health. We continuously work with these vendors to build data sharing capabilities that improve provider workflow and reduce administrative burden.

This data, when used in combination with the Enrollee's care plan, data shared by DCBS (including Form DPP-106B), and other information available through The Worker Information SysTem (TWIST), will help us get a complete picture of the Enrollee's medication use, including psychotropic drugs. We will share this information with the Enrollee's providers through our provider portal, Availity, to support coordinated care. We will also

work with DCBS SSW to provide regular updates to the Medical Passport, including current medication information and other relevant clinical history.

Transition planning: During our discharge planning process (further described under Section I.G.11.b, below), our UM Coordinators work with the Enrollee’s hospital discharge planner, outpatient providers, and prescribing provider to record the Enrollee’s medications and to ensure that any PA requests are submitted in a timely fashion to avoid delays in dispensing. If the Enrollee is using multiple psychotropic medications concurrently, or the psychotropic prescription is of a higher than recommended or subtherapeutic dosage, the UM Coordinator will consult with the clinician to resolve. We document all information concerning medications, including psychotropic medications, on the Enrollee’s discharge plan and communicate it to the Enrollee’s providers and CC. Our UM Coordinators attempt to have any medications needing PA reviewed prior to discharge to avoid any delays in receipt of medication, particularly during evenings and weekends.

When a Kentucky SKY Enrollee moves and previous providers are no longer accessible, the CC works with the DCBS Region to identify the Enrollee’s new PCP, dentist, and BH provider (if applicable); support transfer of the medical record to the Enrollee’s new providers; and coordinate the transfer of pharmacy and other authorizations to the receiving provider. Even if the DCBS SSW does not make the CC aware of these changes, our Kentucky SKY Intake and Support (SIS) team will prompt outreach if changes are indicated on the 834 file. Our CC will arrange a CCT meeting as soon as possible, inviting both the Enrollee’s providers from the originating service region and the new providers. In addition, our CC will auto fax Enrollee information to the receiving provider, including the Enrollee’s care plan.

Promoting Coordinated Care at the Prescriber Level

Promoting awareness of Enrollee medication use: Kentucky SKY Enrollees may live formally with a relative or fictive caregiver, in group homes or residential placements, or in more traditional nonrelative, foster parent homes. The various settings of foster care and multiple transitions between settings put the Enrollee at risk of medication errors, duplication of prescription refills, and misuse/abuse of medications. To prevent possible polypharmacy, drug-drug interactions, drug-disease interaction, or medication misuse, we equip our providers with tools to view our Enrollees’ medication use and ensure appropriate prescribing or medication reconciliation. These tools include:

- Availity: Our web-based provider portal, Availity, makes our Enrollees’ most up-to-date care plans available to our providers 24 hours a day, seven days a week.
- One Medication List (OML): Providers connected to Availity can also access Enrollee profiles populated by our OML tool. These Enrollee profiles will compile information from pharmacy claims and data logged by our CCs and Enrollees about **over-the-counter drug and supplement use** to capture a complete view of an Enrollee’s medication use, drug allergies, and immunizations.
- IntelligentRx: Humana’s proprietary IntelligentRx platform integrates with provider EHR systems to give prescribers immediate access to Enrollee-specific cost and coverage information. When a provider with access to IntelligentRx enters a prescription or PA request, the system automatically reviews the Enrollee’s pharmacy claims to assess possible adverse drug events and other safety concerns severe enough to deny a claim at point of sale. If an adverse event is identified, an alert goes to the provider prior to writing the prescription, allowing the provider to select a safe formulary alternative. In addition, the IntelligentRx service may provide Enrollee-specific out-of-pocket cost and coverage information and in some cases, alternative medications with pricing to consider.

We will offer our Kentucky Medicaid providers access to a psychiatrist **consultation with a licensed psychiatrist** who can provide to our Kentucky Medicaid providers to offer BH prescribing support and guidance from a licensed psychiatrist. We anticipate that this service will promote appropriate prescribing among our non-BH providers, including those prescribing psychotropic medications for children.

Provider and Enrollee education on appropriate psychotropic use and monitoring practices: To promote proper monitoring and use of psychotropic medications, Humana has put in place the following provider and Enrollee education interventions:

- Educating providers on Clinical Practice Guidelines (CPG) related to psychotropic medication use for children and adolescents
- Notifying a provider when an Enrollee with schizophrenia is not adherent to their antipsychotic medication regimen
- Sending the Enrollee a letter after the first fill of an antipsychotic medication to educate on appropriate follow-up with their provider
- Sending the Enrollee and provider letters if a claim has not been received for appropriate monitoring, including:
 - Metabolic monitoring for children and adolescents on antipsychotic medications
 - Use of first-line psychosocial care for children and adolescents on antipsychotic medications
 - Follow-up care for children prescribed attention deficit/hyperactivity disorder (ADHD) medications
 - Diabetes and cardiovascular disease screening and monitoring for people with schizophrenia or bipolar disorder

In addition, to direct Enrollee and provider outreach, our CCs will receive a gap in care alert in our integrated clinical platform, Clinical Guidance eXchange (CGX) notifying them of the missed monitoring visit. We will then work with the Enrollee's foster parents (with DCBS permission) or through DCBS to help schedule a provider visit for follow-up.

Humana's **Quality Improvement Advisors (QIA)** will meet with our PCPs and high-volume specialists at least quarterly to deliver actionable population health reports, highlighting the provider's performance on metrics, including proper antipsychotic monitoring and use of first-line psychosocial care. Our reports will offer Enrollee-level data on gaps in care, along with contact information, enabling prompt follow-up and outreach by the responsible provider to schedule an appointment. In addition, our QIAs will deliver education and monitoring of the implementation of evidence-based practices and CPGs, including those related to psychotropic medication use for children and adolescents.

Point-of-Sale Edits: Our pharmacy processes apply a point-of-sale hard edit to prevent dispensing of an antipsychotic medication without PA to a pediatric Enrollee with two or more antipsychotic medications. This edit is designed to ensure safety in the use of multiple concurrent antipsychotic medications. To ensure prompt dispensing when use of multiple concurrent antipsychotics is medically necessary, we process all PA requests within 24 hours. If the PA request cannot be resolved within 24 hours, we will dispense a 72-hour fill while gathering additional information.

Retrospective DUR for Psychotropic Medications: Our prospective methods to ensure compliance with peer-reviewed clinical guidelines for psychotropic medication use, including our Preferred Drug List (PDL) and pharmacy UM processes, complement our retrospective DUR program for BH medications. Recognizing the particular risk for inappropriate prescribing of these medications, particularly among children under the age of six, Humana has instituted specific processes to monitor psychotropic drug use among our Medicaid Enrollees. Through our DUR program, we apply advanced analytics and clinical review to identify claims-based, medication-related issues for Enrollees receiving psychotropic medications, focusing on the following challenges:

- Medication adherence for Enrollees taking medications that require consistent, ongoing use
- Subtherapeutic dosing of psychotropic medications that require therapeutic dosing
- Polypharmacy of psychotropic medications

An analysis of psychotropic prescribing data for our Kentucky Medicaid Enrollees revealed that the top 10 prescribers of psychotropic medications accounted for 32.7% of total psychotropic prescription volume. Our pharmacy initiatives will consider how we can target these providers to improve their prescribing practices.

- Potential cases of uncoordinated prescribing when multiple clinicians are involved in treatment
- Possible fraudulent or abusive prescription patterns
- Outlier Enrollee cases that may indicate potential medication utilization safety concerns
- Inappropriate use of psychotropic medications in the presence of underlying medical conditions

In addition to direct outreach to the Enrollee and provider by our HPS partners, our BH DUR program will also issue an alert to CGX when we identify an Enrollee as having potentially unsafe psychotropic use. **This will prompt follow-up by the Enrollee's assigned CC to discuss next steps with the Enrollee and provider.**

Addressing Psychotropic Use in Humana's Florida Medicaid Plan

Among our Florida Medicaid network providers, we have achieved the following results through our BH DUR program:

- Interventions targeting prescribers whose Enrollees had a detected refill gap of more than 10 days led to an **8-10% improvement** in the average proportion of days covered
- **54-75%** of providers (with variations by region) who received an intervention after prescribing suboptimal doses either increased the prescribed drug's dose or stopped the medication
- Of providers who prescribed two or more concurrent prescriptions in the same therapeutic class to an Enrollee, **60-73%** stopped or replaced one or more of the medications belonging to that class

STRATEGIES FOR COLLABORATING WITH DMS, DCBS, AND DJJ

Humana will continue to partner with DMS, DCBS, and DJJ to support coordinated care for our Kentucky SKY Enrollees who receive psychotropic medications. Our current Clinical Leadership associates serving our foster care Enrollees have met with the DCBS Medical Director, Dr. David Lohr, to collaborate on this topic. In accordance with the Draft Medicaid Contract, our Kentucky SKY Medical Director, Dr. Ian Nathanson, and Kentucky SKY BH Director, Liz Stearman, will attend meetings with State agencies on this topic upon request. In addition to providing detailed information about our Enrollees' psychotropic use, including medication-level claims and diagnoses, we will detail steps that Humana has taken to coordinate psychotropic use, including provider and Enrollee initiatives and interventions. At a regional level, our CCs will work with their DCBS counterparts to coordinate psychotropic medication use for individual Enrollees via the CCT, sharing of each Enrollee's most up-to-date care plan, and participate in quarterly meetings with DCBS to discuss the Enrollee's specific needs.




To further enhance our collaborative approach with DMS, DCBS, and DJJ, we commit to providing a **monthly report** that summarizes psychotropic use at a statewide, regional, and jurisdictional level to DMS and each DCBS and DJJ office. During Contract implementation, we will engage with these agencies to determine their preferred format for the report, as well as parameters for data inclusion (e.g., Enrollees with claims for two or more different psychotropic medications or Enrollees with claims for metabolic monitoring).



Spotlight: Improving psychotropic prescribing patterns among children and adolescents

Between 2014 and 2016, Humana CareSource deployed a performance improvement project (PIP) targeting safe and judicious antipsychotic medication use in children and adolescents in our Kentucky Medicaid plan. For Enrollees aged zero to 17 receiving antipsychotic medications and their attributed providers, we implemented several interventions, including pharmacy point-of-sale edits, provider monitoring, and Enrollee and provider education.

Over the three-year period, we achieved the following results among our Kentucky Medicaid children and adolescent Enrollees:

| Dosing | Multiple Antipsychotics | Metabolic Screening |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  30% reduction in the rate of use of higher-than-recommended doses of antipsychotics |  31% reduction in the rate of use of multiple concurrent antipsychotics |  24% increase in the rate of metabolic screening for children and adolescents on antipsychotics |

We have incorporated interventions first implemented with this PIP into our standard processes, including:

- Pharmacy edits to require PA for prescription of two or more concurrent psychotropic medications
- Provider education and intervention targeting inappropriate prescribing practices and follow-up monitoring
- Identifying and intervening with Enrollees without a claim for first-line psychosocial use prior to prescription of an antipsychotic

b. Describe how the Vendor will collaborate with the Department, DCBS, DJJ, hospitals, psychiatric residential treatment facilities (PRTFs), residential providers, physical and Behavioral Health Providers and others on Discharge Planning needs of Kentucky SKY Enrollees across all levels of care.

From our experience serving potential Kentucky SKY Enrollees (more than 2,000 and other Kentucky Medicaid Enrollees with Special Health Care Needs today, including more than 39,000 Enrollees with BH needs), we recognize that Kentucky SKY Enrollees have a unique set of circumstances that require a distinctive approach to discharge planning. This includes implementing procedures that are inclusive of all entities involved in the Enrollee’s care, such as DMS, DCBS, DJJ, hospitals, Psychiatric Residential Treatment Facilities (PRTF), residential providers, therapeutic foster care programs, and physical health and BH providers. Our discharge planning processes, facilitated by a Humana UM Coordinator, are designed to coordinate and engage with these entities to improve health and move the Enrollee to the least restrictive level of care possible. These UM Coordinators will be highly trained and well-versed in the unique challenges of working with the Kentucky SKY Population, including privacy and understanding DCBS protocol related to placement.

Inpatient admissions among our KY Medicaid Foster Care Enrollees decreased by **50%** between 2017 and 2018, including a **39.1%** decrease in BH admissions.

The following response describes our approach to collaborating with our partners on discharge planning across each level of care – from the time of admission to post-discharge follow-up.

DISCHARGE PLANNING

We begin discharge planning upon admission. Early initiation of discharge planning is key to ensuring each of our Enrollees appropriately accesses inpatient or residential services and that they receive the appropriate level of care.

Our UM Coordinator will be alerted of the Enrollee’s admission to an inpatient facility or PRTF through one of several means including, but not limited to: an admission, discharge, and transfer (ADT) data feed from a participating hospital; submission of an authorization to move the Enrollee to another level of care; or direct notification by the facility. **Upon notification of an admission to an inpatient or residential facility, a UM Coordinator will contact the facility to review the authorization for medical necessity and ensure the Enrollee is at the appropriate level of care; begin discharge planning; and notify the Enrollee’s family, caregiver, DCBS SSW or DJJ social worker, PCP, BH provider, and specialty providers via the Enrollee’s assigned CC.** The role of the UM Coordinator is to ensure maintenance of an appropriate level of care and timely and safe discharge with a discharge plan in place. Our

Humana will provide DCBS with a **daily census** of Kentucky SKY Enrollee inpatient admissions and discharges to facilitate transition planning.

UM coordinators will work with the Enrollee’s CC, the Enrollee’s family or caregivers, and the Enrollee, as applicable; the Enrollee’s DCBS SSW and/or DJJ social worker; the Enrollee’s inpatient, residential, and community providers (including care managers employed by our network providers); and Humana Community Health Workers (CHW) to facilitate a smooth discharge and transition back into the community or a lower level of care.

Table I.G.11-1: Humana Discharge Planning Processes

Our UM Coordinator leads the following discharge planning processes:

Facilitates timely communication between providers and stakeholders (including family, caregivers, DCBS, and DJJ) about the discharge process and the Enrollee transition to another level of care

Creates a discharge plan and works with the Enrollee’s CC to ensure services are in place upon discharge, including referrals to community resources through Humana’s Community Resource Directory (CRD) and, in the Louisville area, UniteUs, a community-wide platform that enables electronic, closed-loop referrals for needed social services

Ensures timely and appropriate primary and specialty care follow-up after the transition

Initiates medication management and request for submission of medication requiring PA (as needed)

Communicates Enrollee’s needs to the Enrollee’s CC, family or caregivers, PCPs, other providers, DCBS, and DJJ to better assist with discharge decisions and coordination of care

Coordinates discharge services, including utilization review, for appropriate discharge to next level of care, including sub-acute facilities, PRTFs, and other residential facilities

Communicates and provides updates to the CCT for transition of care to the outpatient setting

With facility approval, Humana will place Hospital-Based Care Managers onsite in inpatient facilities to provide face-to-face discharge planning for physical health and BH admissions. By supporting direct, in-person interaction, our Hospital-Based Care Managers will facilitate real-time Enrollee intervention and promote

collaboration with discharging providers to understand the Enrollee’s post-discharge needs and how best to collaborate with family, caregivers, and DCBS or DJJ if applicable.

Information Sharing with DMS, DCBS, and DJJ

We will notify the Enrollee’s assigned DCBS SSW and/or DJJ social worker once we learn of an Enrollee’s admission to an inpatient or residential facility and will maintain regular communication with DCBS and DJJ throughout the discharge planning process to ensure coordinated care. In compliance with Section 411.10.55.B of the Draft Medicaid Contract, Humana will notify DCBS and DMS no later than three business days prior to the decertification of a foster care child for services at a hospital or other residential facility located in Kentucky and no later than seven business days prior to the decertification of a Kentucky SKY Enrollee for services at a hospital or other residential facility located out of state. The decertification notification will include the Enrollee name, Enrollee ID number, and facility name, level of care, discharge plan, and date of next follow-up appointment. During our engagement with DMS and DCBS at the beginning of this Contract, we will collaboratively develop a standard



ASSOCIATE SPOTLIGHT:
J. Eric Davis, LCSW, CCM

With nearly 20 years of behavioral health and care management experience, Eric is well-suited to serve Kentucky Foster Care Enrollees. Since 2017, he has been responsible for care management of Foster Care Enrollees in Jefferson County and the Southern Bluegrass Region. Eric is honored to serve Kentucky Foster Care Enrollees, with a special interest in assisting the transition of young adults aging out of Foster Care. For more than a decade, Eric served Kentucky Medicaid and Foster Care Enrollees while employed by Passport Health Plan. While there, he represented Passport Health Plan on a three year Robert Wood Johnson Grant – the Sharing a Team Approach to Resource Utilization Project. Before joining Passport Health Plan, Eric began his career as a psychotherapist.

documentation review and notification process that complies with the applicable Contract requirements.

Facilitating Transfer to the Right Level of Care

During concurrent reviews, our UM Coordinator will apply MCG and/or American Society of Addiction Medicine (ASAM) criteria and work collaboratively with the provider to ensure the Enrollee is in the appropriate lower level of care. Through twice weekly or more frequent clinical rounds, we will bring together our UM associates, CCs, Kentucky SKY Medical Director, Kentucky SKY Psychiatrist, and Kentucky SKY BH Director to discuss the care of Enrollees with complex medical and BH needs. During these rounds, our associates align on each Enrollee's response to treatment, any requested treatment adjustments, and discharge plans, including transitions to step-down care (as appropriate). We also determine how to resolve any barriers to a successful discharge, including concerns related to placement, safety, the living environment, or Social Determinants of Health (SDOH). Our **integrated clinical platform**, CGX, helps us communicate information among our UM associates, CCTs, and other associates interacting with the Enrollee throughout the admission and upon discharge to prevent care gaps and ensure continuity of care upon discharge.



Promoting a BH Continuum of Care: While we have met all network adequacy standards for our Kentucky SKY Medicaid plan, we recognize that it is sometimes difficult to locate a provider who can accommodate a child or adolescent Enrollee, particularly for BH services. If an in-network bed is not available, our UM Coordinators will work with DCBS SSWs, Child Placing Agencies (CPA) Agency and out-of-network (OON) providers to find another solution, including arranging single-case agreements with nonparticipating facilities or looking to out-of-state options as a last resort.

We are committed to establishing a robust network and continuum of care in Kentucky that can accommodate individuals with BH or complex medical needs without relying on out-of-state options. We routinely review single case agreements to recruit these providers into our network, and our UM associates notify our Network Contracting team when they experience difficulty finding step-down care. In addition, Humana will employ provider partnerships to improve access to care for Kentucky SKY Enrollees and all Kentuckians. For example, **we are partnering with Springstone to expand access to IOPs and partial hospitalization programs in Kentucky**. Springstone is a national provider of high-quality BH solutions with a reputation for bringing new services to populations in need of mental health and substance use disorder (SUD) support.



Discharge Planning for BH Inpatient and Residential Admissions

In 2018, we managed more than 700 Kentucky Medicaid foster care Enrollees with BH needs. From this experience, we recognize that children and adolescents discharged from BH inpatient and residential facilities (including residential crisis stabilization units) benefit from tailored support during the pre- and post-discharge planning period. This helps us ensure completion of follow-up appointments and implementation of support services to avoid unplanned readmissions. We look forward to collaborating with the Medical Directors at DMS, DCBS, and the Department for Behavioral Health, Development and Intellectual Disabilities (DBHDID) to hone criteria sets to ensure medical necessity for this population is applied properly based on the exposure to persistent trauma that many Kentucky SKY Enrollees have experienced.

We apply a **High Fidelity Wraparound model** to BH discharge planning, using a team-based approach to UM. Our UM Coordinator and CC work with the Enrollee, the DCBS SSW, foster parents, families, caregivers, and providers to elicit their involvement in the discharge planning process. We use child-centric language to help the pediatric Kentucky SKY Enrollees understand how they can manage their needs and learn what supports they can access. For transition-aged youth or former foster care Enrollees, we

Notification of a crisis situation, whether or not that crisis situation resulted in an inpatient or residential admission, prompts follow-up by the Enrollee's CC to review the situation, determine needs (including a follow-up appointment and review of the Enrollee's care plan), and notify the Enrollee's CCT.

can tailor the discharge planning approach to empower Enrollees and build self-resiliency using transparent communication and by providing options for evaluation by the Enrollee where possible.

In addition, we will work with community-based BH providers to supply **bridge visits** to Enrollees while they are still inpatient or in the residential facility. These transitional visits can help Kentucky SKY Enrollees establish a strong relationship with their providers and increase caregiver comfort with a new provider or service, setting a foundation for successful engagement in post-discharge care.

Upon discharge to the community, our CC will work with the Enrollee, their outpatient BH provider, and the outpatient provider's care manager to schedule a follow-up visit within seven days. Our UM Coordinator also informs the Enrollee's PCP of the Enrollee's discharge and needed follow-up. After the scheduled appointment time for a follow-up, the Humana CC overseeing the Enrollee's case will contact the provider to ensure the Enrollee kept the appointment. If the Enrollee did not keep their appointment, our BH provider contracts mandate that our BH network providers follow up with the Enrollee within 24 hours of the missed appointment. Our CC will also reach out to the Enrollee and their foster parent, with the agreement of DCBS, to confirm appointment attendance, ensure they rescheduled any missed appointments, and take any necessary actions to ensure the Enrollee keeps subsequent appointments. We will also ensure that if a DCBS Kentucky SKY Enrollee is released to a residential or group home setting that they are aware of the requirements to complete such follow-up visits and plan for prevention of readmission.

Humana will work with BH inpatient facilities to allow our Hospital-Based Care Managers to provide face-to-face discharge planning support, with the Enrollee's permission. This relationship will help us coordinate care with the discharging providers and promote a full understanding of the Enrollee's needs prior to discharge. This builds upon the existing presence of Humana onsite nurse liaisons in high-volume medical-surgical facilities in Kentucky and complements our plan to place Medicaid liaisons in these facilities to support non-Kentucky SKY Enrollees.

SUPPORT FOLLOWING DISCHARGE TO THE COMMUNITY

Upon discharge, each Kentucky SKY Enrollee's CC will work with the UM Coordinator, DCBS, DJJ, and the discharging facility to coordinate the transition to a new care setting. When the Enrollee is discharged to the community, our CC will conduct post-discharge follow-up with the Enrollee within three business days. During this follow-up, our CC will:

- Review discharge instructions with the Enrollee and their caregivers and confirm adherence
- Perform medication reconciliation
- Educate the Enrollee and their caregivers about readmission prevention
- Confirm the date and time of the follow-up appointment
- Ensure the Enrollee has filled their medications
- Resolve any barriers to care, including connection to community resources for identified unmet social needs

To align post-discharge activities with the Enrollee's PCP or BH provider, we use Availity, our provider portal, to deliver assessment results, the Enrollee's care plan, and authorization information for the Kentucky SKY Enrollees for whom they care. If the Enrollee's care plan requires significant changes following discharge, we will convene the Enrollee's CCT to align on appropriate services, obtain needed orders, and otherwise ensure the Enrollee's needs are met.