

G.13. Technical Approach USE CASE 4: KIRK

Humana is committed to working with Kirk, his foster family, providers, and his Department for Community Based Services (DCBS) Social Service Worker (SSW) to improve access to medically-necessary care near his Webster County home, to facilitate the provision of developmentally-appropriate services, while also linking Kirk's foster family with respite care and other supports that can help them feel more confident in their goal of adopting him.

In our Kentucky Medicaid plan, Humana currently serves more than 200 pediatric Enrollees with disabilities, like Kirk. Nationwide, Humana serves more than **40,000 Medicaid Enrollees with special healthcare needs**. The process we use in managing these Enrollees follows many of the same steps that we will use in the case of Kirk; for example, we provide care coordination, a care team, and care planning services to all of our 7,993 Illinois Dual Demonstration Enrollees. Our experience and best practices gained through serving these populations will inform our management of Kirk's case, including **our fully-integrated care model**, encompassing Kirk's physical health, behavioral health (BH), and social needs.

a. Care management, including coordination to address fragmented care and timeliness of care

We assign Kirk to Greg, a registered nurse and Humana Care Coordinator (CC) with experience serving medically complex foster youth. Greg takes the following steps to support Kirk:

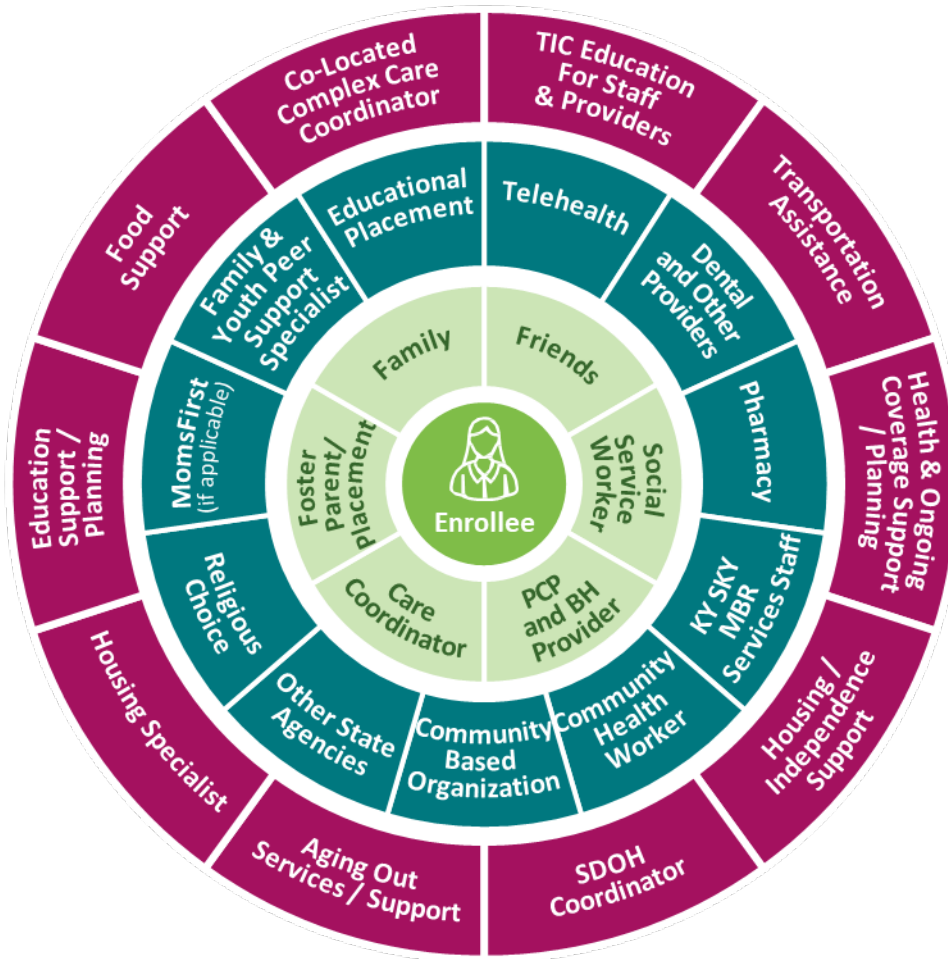
1. Acquire Kirk's Health History and Other Information: To understand Kirk's history and needs, Greg contacts his DCBS SSW to obtain information about his history, including form DPP-106B, and reviews historical claims information provided by the Department for Medicaid Services (DMS) including pharmacy claims, if available. As Kirk has been in care since he was two months old, we expect full access to his records. To help close any gaps that may exist in Kirk's historical records, Greg directly contacts Kirk's providers to understand his past and current services. As Kirk has been placed in four different Service Regions to date, Greg reviews Kirk's historical records to determine if there are any issues with continuity of care resulting from Kirk's moving between providers. Greg works with the Humana Co-located Complex CC in Kirk's DCBS Service Region of origin to obtain this information.
2. Assessment: Greg works with Kirk's DCBS SSW to schedule a face-to-face assessment and care planning session with Kirk and his foster family. Following the tenets of High Fidelity Wraparound care planning, Greg seeks input from the foster family and Kirk's DCBS SSW to clearly outline Kirk's goals and needs. An important aspect of this discussion is also determining the needs of Kirk's foster family as it relates to his care. Kirk's foster parents express their interest in adopting Kirk but are concerned about continued access to care, particularly given the long drive to Kirk's current providers at Cincinnati Children's Hospital Medical Center (CCHMC). Greg notes this both as a need – to reduce the burden on his foster family – and as a goal as it relates to Kirk's potential adoption.
3. Care Coordination Level: Taking into account the results of Kirk's Pediatric Enrollee Needs Assessment, Medicaid Severity Score, need for specialist care, and historic complications with his ventriculoperitoneal (VP) shunt, Greg assigns Kirk to Complex Care Coordination. For the duration of Kirk's engagement in this risk level, Greg provides the following services monthly (at a minimum): Two face-to-face visits, one weekly contact, two hours per week of care coordination, one meeting with Kirk and his foster parents, and one care plan update. If Kirk is designated as a Medically Complex foster child by DCBS, we will comply with all pertinent requirements.
4. Primary Care Provider (PCP) Assignment and Addressing Timeliness of Care: Greg reviews Kirk's assigned PCP and dental provider with his foster parents. Prior to assigning Kirk to these providers, **Greg works with the Humana Network Management team to confirm both providers have open panels and available appointments, which Humana contractually requires**. Greg also seeks to identify if there is a provider in the area who has previously served children in foster care or children with disabilities. As the foster parents have voiced concerns about access to PCPs and dentists in their area, Greg confirms that they are comfortable with these assignments and affirms that these providers have the capacity to schedule appointments for Kirk

within all required timeframes. If Kirk's DCBS SSW or foster parents wish to change Kirk's assigned PCP and dental provider, Greg helps them identify an appropriate provider in a surrounding county. Greg takes into consideration the providers with whom the foster parents are familiar, their geographic accessibility, and the level of experience each provider has with foster care children and individuals with cerebral palsy.

5. **Care Coordination Team (CCT) and Addressing Fragmented Care:** Greg collaborates with Kirk's DCBS SSW to determine the makeup of Kirk's CCT. Kirk's CCT includes his foster parents, Greg, his DCBS SSW, the individual conducting the trauma assessment, his PCP, his specialty providers, his BH provider, his physical therapist, his Head Start provider, and any other key individuals his DCBS SSW identifies. As Greg helps Kirk's foster family locate specialty providers closer to his home, he adds these providers to Kirk's CCT. Greg schedules a CCT meeting to review Kirk's assessment, determine appropriate services, and review his care plan. By convening all of Kirk's providers, the CCT serves an important role in addressing fragmented care and timeliness of care for Kirk. The CCT provides a forum for discussion of Kirk's complex needs and gives his PCP, BH provider, and other local specialists' insight into the specialty care that Kirk receives at CCHMC. Greg records the services provided by Kirk's different providers on his care plan and makes it as well as Kirk's medical, BH, and pharmacy claims available to all of his providers through our secure provider portal, Availity, to promote comprehensive and integrated care delivery.
6. **Medication Reconciliation:** Upon Kirk's enrollment in Humana, Greg conducts medication reconciliation encompassing all of Kirk's current prescriptions. To date, medication management has been a problem for Kirk's DCBS SSW and foster parents. To resolve this issue, Greg contacts Kirk's providers directly to identify all issued prescriptions and shares the results of the medication reconciliation with his providers for appropriate follow-up, including the discontinuation of medications or addition of new prescriptions. If there are any problematic issues with Kirk's medication list, Greg enlists the assistance of a Humana pharmacist to conduct a full medication review. **On an ongoing basis, Greg conducts medication reconciliation during each reassessment or after a change in condition, placement, or addition of a new provider.** This provides Kirk's foster parents, his DCBS SSW, and his providers with a direct line of sight into Kirk's medication use. In addition, as a Kentucky SKY Enrollee, Kirk's medication history will be made available to his providers and his DCBS SSW through our provider portal, Availity, and to his foster family through our Enrollee portal (with DCBS permission). Powered by our **One Medication List tool**, this list will include both the medications covered by Humana and any over-the-counter or herbal medications provided to Kirk and reported to Greg by his foster parents.
7. **Care Plan:** Greg works with the CCT to create a High Fidelity Wraparound care plan that contains the services and supports required to meet Kirk's needs and goals, including avoidance of future complications with his shunt, developmental and BH services, and supports for his foster family to allow them to continue caring for (and potentially one day adopting) Kirk. These supports include the following services:
 - **GOAL: Kirk's foster family will ensure Kirk attends all scheduled Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) appointments.** Greg monitors Kirk's claims to ensure receipt of EPSDT services in compliance with the periodicity schedule. If Kirk has a gap in care, Greg and Kirk's PCP receive alerts via our integrated clinical platform, Clinical Guidance eXchange (CGX), and provider portal, respectively. Greg then follows up with Kirk's DCBS SSW and foster parents to help them schedule an appointment to close the gap.
 - **GOAL: Kirk's foster family will secure all needed Physical Therapy Services and Durable Medical Equipment (DME).** Greg works with the CCT to obtain orders for any needed physical therapy and DME services as identified by the assessment and Kirk's providers. Greg instructs the foster families on steps to take if there are any barriers on accessing this care for Kirk.
 - **GOAL: Kirk's foster family will be familiar with his crisis plan.** Kirk has a history of problems with his VP shunt that required repeated follow-up visits with his pediatrician and pediatric neurosurgeon. Problems with Kirk's VP shunt, including infections and blood clots, can be potentially life-threatening if left untreated. Greg, Kirk's pediatrician, and his pediatric neurosurgeon educate Kirk's foster parents on signs of a potential shunt problem. In addition, Greg collaborates with them to develop a crisis plan for

Kirk’s foster parents to use that includes information regarding when and whom to contact if there is a suspected issue and when to seek emergency treatment.

Figure I.G.13-1: Kentucky SKY Care Model



b. Availability of services and network access, including out-of-state providers

Ensuring and facilitating access to needed care is integral to our care coordination model. Greg assists Kirk and his foster parents in navigating our network, arranging for needed care, and integrating services and information across Kirk’s different providers.

Network Breadth and Availability: Across Webster and its six adjacent counties (Caldwell, Crittendon, Henderson, Hopkins, McLean and Union), Humana’s contracted Medicaid network includes 11 network pediatricians, 12 physical therapists, and 14 neurologists. Our network development process includes contracting with out-of-state providers that routinely serve Kentucky Medicaid Enrollees, including providers near Webster County in Illinois and Indiana. These out-of-state contracts include CCHMC.

To date, Kirk’s foster parents have been unable to get him into a specialist at the nearby children’s hospital because of appointment availability issues. Greg notifies our Network Contracting team of the issues Kirk’s foster parents have encountered with appointment availability for further follow-up and confirms that the network children’s hospital meets appointment availability standards (30 days for pediatric specialists). The Network Contracting representative assigned to the local children’s hospital will perform outreach to attempt to resolve scheduling issues to get Kirk the much needed care that he needs in that facility. If it is not possible for Kirk to receive services in this location, Humana will seek to establish a single case agreement with Vanderbilt

Children’s Hospital, a center in excellence for children in State’s custody and much closer to Kirk’s foster home. As this trip is still a two-hour drive, Greg recognizes this is still a hardship and works to identify any supports for transportation in care.

Most Appropriate Hospital and Specialist(s): We strive to preserve continuity of care with prior providers where feasible. Because, this situation was so burdensome for the foster family, it might potentially jeopardize his adoptive placement.

If Kirk’s foster parents and DCBS SSW prefer to keep Kirk at CCHMC, Greg works with them to ease the travel burden through the transportation options detailed below in section I.G.13.f of the RFP. Greg also helps Kirk’s providers establish remote consultations with his CCHMC specialists for maintenance visits, potentially allowing Kirk to reduce the number of visits to CCHMC while still receiving the same quality and level of care. This approach is further described below under section I.G.13.f of the RFP.

c. Availability of services, such as skilled nursing services

Greg works closely with Kirk’s providers and our Utilization Management (UM) associates to ensure Kirk receives all medically necessary services, including coordination of provider orders and prior authorization (PA) requests. If we determine that Kirk can benefit from home-based clinical support, including skilled nursing services, Greg helps find and arrange care through one of our network home health agencies, such as. We have contracted with 14 home health agencies serving Webster County. Greg reviews this list of agencies to determine if any agencies specifically provide services for pediatric Enrollees with disabilities. For example, Kirk may benefit from home health services to assess for any signs or symptoms of a problem with his shunt, to offer medication management, or to provide physical therapy, occupational therapy, or speech therapy.

In addition, Greg works with Kirk’s DCBS SSW to coordinate an application for the Michelle P. Waiver if Kirk meets eligibility criteria. Through this waiver, Kirk can receive behavioral supports, day training, environmental and minor home adaptation, personal care, and respite services. While this does not replace delivery of any medically necessary home-based clinical support in the near term given the waiver’s wait list, it does prepare Kirk and his foster parents (who may become his adoptive parents) for the future.

d. Access to school based services

Through the CCT, Greg suggests that Kirk receive an evaluation for Head Start services. Engagement in a school-based setting can help Kirk’s development, including socialization. If eligible, Greg works with Kirk, his foster parents, and his DCBS SSW to sign up for services through **Audubon Area Head Start**. Once enrolled, Greg coordinates a comprehensive developmental evaluation by Head Start to determine Kirk’s eligibility for an individualized education plan (IEP). If Kirk receives additional support services through an IEP, Greg notes the covered services in Kirk’s care plan to ensure continuity during breaks from school and avoid duplication of services.

e. Applicable evidence based practices

Evidence-based practices applicable to Kirk’s case include, but are not limited to, those published by the Journal of Neurosurgery: Pediatrics, Child’s Nervous System, and American Psychological Association (APA).

- Management of Kirk’s Shunt: Kirk has experienced problems with his shunt, which may include infections. Greg and our Quality Improvement associates draw upon evidence-based guidelines published for shunt management, including use of antibiotic-impregnated shunts, a no-shave policy, and double gloving with glove change prior to shunt handling. In addition to providing treatment guidelines for providers, Greg also uses these guidelines to inform Kirk’s foster parents of potential side effects to be aware of, as well as effects on Kirk’s school performance that may need to be accommodated by an IEP or similar intervention.
- Reactive Attachment Disorder Practice Parameters: The American Academy of Child and Adolescent Psychology (AACAP) recommends that young children with a history of Foster Care are assessed for attachment behaviors; the frequent placement changes in Kirk’s early life put him at risk for development

of reactive attachment disorder (RAD). Kirk's clinicians will be trained through their scope of practice on appropriate screening practices for RAD, as outlined by AACAP, as well as evidence-based interventions, the most important of which is the presence of an emotionally available attachment figure. Kirk's clinicians, with the assistance of Greg, educate Kirk's foster parents on actions they can take to build a positive relationship with Kirk.

Greg uses resources available to him including clinical consultation, and Humana's **Healthwise library** of condition-specific resources to inform management of Kirk's case and provide education to Kirk and his foster parents on self-management. In addition, he encourages Kirk's foster parents to use the **KidsHealth library** to promote compliance with his treatment plan and self-management of his conditions. We also educate Kirk's providers on these practices through interventions from our provider-facing **Quality Improvement Advisors (QIA)**, who visit our network PCPs and high-volume specialists quarterly.

f. Coordination of transportation, as needed

Greg evaluates Kirk's transportation needs during the Pediatric Enrollee Needs Assessment. Kirk's foster parents express frustration with the long travel distance between their home in Webster County and CCHMC. In addition to bringing services closer to Kirk's home, Greg also helps Kirk's foster parents identify and use transportation solutions that can reduce their burden when taking Kirk to appointments in their home county, in surrounding counties, or out of state. Recognizing the importance of transportation to Kirk's ongoing care, Greg regularly checks in with Kirk's foster parents to get updates on their use of transportation services and assess their satisfaction. Transportation solutions include the following options:

- Receiving reimbursement from DCBS for transporting Kirk to appointments themselves
- Applying for lodging and food coverage through DCBS when overnight stays are necessary at a location more than 120 miles from their home in Webster County

g. Community resources

Community resources can play an important role in supporting Kirk and his foster family, including addressing health-related social needs (as described under section I.G.13.h of the RFP, below). During the care planning process, Greg notes those needs and goals that are best addressed through community resources, including caregiver support for Kirk's foster family and socialization opportunities so Kirk can spend time with other children. Greg uses Humana's Community Resource Directory (CRD) to find available services in Webster County and the surrounding area. Our CRD includes financial and food assistance programs, transportation resources, disability services, and caregiver support programs, among other services. In addition, because Greg lives and works in the region around Webster County, he is aware of local services that can best help Kirk and his family. For example, **Wendell Foster** is a community organization dedicated to serving persons with disabilities in Western Kentucky.

h. Social determinants of health;

Greg collects information on Kirk's social determinants of health (SDOH) needs through the Pediatric Enrollee Needs Assessment and ongoing interactions with Kirk, his foster parents, and the CCT. He captures these needs on his care plan and works with Kirk's foster parents to identify appropriate community resources that can address his identified needs. These include:

- **Socialization:** Greg encourages Kirk's foster parents to become members of Wendell Foster, which offers social activities throughout the year that allow families of individuals with disabilities to connect through similar experiences. With the agreement of Kirk's providers, Greg also locates opportunities for Kirk to engage in safe physical activity that provides opportunity to interact with his peers. For example, Kirk may visit the specialized Sensory Park and Garden at Wendell Foster.
- **Caregiver support:** Greg helps Kirk's foster parents find support groups for caregivers of children with disabilities (such as those held by Wendell Foster) to connect with their peers, reduce stress, and feel better prepared to care for Kirk into the future. In addition, Greg connects them with specialized, free-of-charge

workshops offered by **Kentucky Special Parent Involvement Network** on topics such as the Special Education Process (ages three through 21) and Stress Management.

i. Planned respite care

As a health plan with extensive experience serving children and adults with special healthcare needs through our Medicaid, Dual Eligible Special Needs Plans (D-SNP), dual demonstration, and Medicare plans, we recognize the importance of respite care to both caregiver and Enrollee well-being. During his routine interactions with Kirk's foster parents, Greg assesses how they may benefit from planned respite care. He coordinates with Kirk's DCBS SSW to arrange access to an approved respite care provider. As Greg support all the Medically Complex-certified foster homes in this area of Kentucky, he can leverage relationships between properly-trained foster homes to potentially provide respite for one another.

j. Provider education and support

Greg notifies the Provider Relations team about the opportunity to support Kirk's providers in managing his special needs. The assigned Provider Relations representatives reach out to Kirk's PCP and other specialists to determine how they can best support them, including via the following:

- Delivery of Maintenance Care: Educating and supporting Kirk's PCP to facilitate maintenance visits can reduce the number of times that he has to travel a distance from his home to receive care. Our Provider Services team will work with his PCP and his specialty providers to leverage telehealth solutions for this purpose, including those offered by CCHMC. These solutions may either increase his PCP's ability to deliver the care himself or may allow the PCP to act as the facilitator for a remote visit from a specialist. Kirk's PCP may be eligible to receive a Humana **Practice Transformation Incentive (PTI)** to invest in the technology that will permit delivery of telehealth services, benefiting Kirk and the rest of the PCP's patient panel.
- Caring for Enrollees with Disabilities: As described above, our Provider Relations team promotes education on evidence-based practices for serving our Enrollees with cognitive and physical disabilities, like Kirk. Through our Relias provider e-learning library, Kirk's providers can take courses including Overview of Children with Disabilities, Pediatric Habilitation, and Nursing Care for Children with Intellectual and Developmental Disabilities. Our providers can earn continuing education (CE) units for most Relias courses. Many providers have been accredited by the Kentucky Division of Child Care.

k. Access to and sharing of medical records

Humana is committing to furthering interoperability of data systems within the healthcare industry. We recognize the particular importance of this data sharing in cases like Kirk's, where records are not well-maintained, and may contribute to gaps in care or duplication of services. We educate subcontractors of data systems about payer needs and pay these systems to build solutions for both inbound and outbound data feeds. Using this robust data infrastructure, we will offer Kirk's providers and his DCBS SSW access to information needed to address his clinical and non-clinical needs, including:

- Access to his care plan and assessment through Availity and Humana's Voice & Choice Information Exchange care portal
- Clinical inferences and gap-in-care information delivered via bi-directional data feed connections **with all top eight Electronic Health Record (EHR) systems** in the country
- Proposed delivery of Kirk's care plan and assessment information via a bi-directional feed with The Worker Information SysTem (TWIST)

l. Maintenance of the care plan

As Kirk is enrolled in Complex Care Coordination, Greg updates his care plan at least monthly. In addition, Greg updates the care plan as needed following a change in Kirk's condition (e.g., a surgery or hospitalization) or upon request of Kirk's DCBS SSW. We share these care plan edits with Kirk's CCT for their input and guidance and to ensure that all necessary orders and prescriptions are obtained. The most up-to-date care plan is available on

Availability for access by Kirk's providers and DCBS SSW, and on the Enrollee portal for use by Kirk's foster family (with DCBS permission). Greg also provides a printed copy of the care plan upon request and ensures that Kirk's Medical Passport is kept up-to-date with any services needed. This information can also be stored in Humana's Voice & Choice Information Exchange care portal.

Recognizing that maintenance of Kirk's records (and particularly his medication history) has posed a problem in the past, Greg maintains Kirk's Medical Passport, ensuring all documentation of all appointments for medical, vision, and dental care, as well as immunizations and relevant clinical history. Additionally, Greg ensures that Kirk's DCBS SSW has access to the scanned electronic version of the Medical Passport. This will allow for safe, protected storage of these important documents, rather than relying solely on paper copies of his records.