G.13	Technical Approach <u>USE CASE 5: ENRICO</u>

Our approach to Enrico's care engages him in regular physical health and behavioral health (BH) care and includes resuming his relationships with his Primary Care Provider (PCP) and Behavioral Health (BH) provider, applying evidence-based practices (EBP) to address his BH needs, preparing him to live independently (whether he transitions from foster care in the next two years or five years), helping him get back on track in school, and repairing his relationship with his family in the interest of reunification. To help Enrico achieve these goals, we leverage our integrated clinical model that encompasses physical health and BH addressing Social Determinant of Health (SDOH) needs. Enrico's Humana Care Coordinator (CC) leads his High Fidelity wraparound care planning and collaborates with his Family and Youth Peer Support Specialist, Care Coordination Team (CCT), group home, school, and community-based organizations (CBO).

a.	Care Management, including coordinated management of his physical health and BH conditions

Enrico is assigned to Rob, a licensed BH professional and Humana CC with experience working with adolescent boys. Under **our integrated CCT model, Rob is responsible for managing both Enrico's BH and physical health conditions**, with the support of a Humana registered nurse for any questions or needed guidance. In addition, Rob engages Mark, a **Humana Family and Youth Peer Support Specialist** to leverage his own lived experiences to support Enrico's care.

Rob takes the following steps to support Enrico:

1. <u>Acquires Enrico's Health History and Other Information</u>: To gain a full picture of Enrico's history and needs, Rob works with the Humana Co-located Complex CC in Enrico's Department for Community Based Services (DCBS) Service Region of origin and Enrico's DCBS Social Service Worker (SSW) to obtain information about his history, including Form DPP-106b. Rob also reviews historical claims information provided by the Department for Medicaid Services (DMS), including pharmacy claims if available. To help close any gaps that may exist in Enrico's historical records, Rob directly contacts Enrico's providers to understand his past and current services. Rob develops list of needed assessments after reviewing this historical information.

2. <u>Conducts an Assessment</u>: Rob works with Enrico's DCBS SSW to schedule a face-to-face assessment and care planning session with Enrico. The assessment also includes the CAGE-AID (for substance use disorder (SUD)), the Patient Health Questionnaire (PHQ)-2 and PHQ-9 (for depression screening), and the Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT) screening (for alcohol and drug use). **We will share the results of the CRAFFT screening with Enrico's PCP with the written or recorded permission of DCBS to promote integrated management of Enrico's conditions**. Through the assessment, Rob learns of Enrico's physical and BH history, which includes asthma, bullying, and physical aggression. Following the tenets of person-centered planning, Rob and Enrico discuss his goals and needs. Enrico expresses a strong desire to return to his family home and regrets how he treated his parents. During his review of Enrico's historical records, Rob identifies Enrico's history of emergency department (ED) visits and an admission related to his asthma control. Through conversation with Enrico's providers, he also confirms Enrico's current prescriptions for asthma control and talks with Enrico concerning his compliance with any prescribed medications.

3. <u>Assigns a Care Coordination Level</u>: Taking into account the results of the Enrollee Needs, Enrico's Medicaid Severity Score, and his history of ED visits and hospitalizations related to his asthma diagnosis, Rob assigns Enrico to Intensive Care Coordination. For the duration of Enrico's engagement in this risk level, Rob provides, at a minimum, the following monthly services: one face-to-face visit, one weekly contact, one meeting with Enrico and his group home caregivers, and one care plan update. Mark also engages in these regular contacts to provide additional support to Enrico.

4. <u>Convenes the CCT</u>: Rob collaborates with Enrico's DCBS SSW to determine the makeup of Enrico's CCT. Enrico's CCT includes Enrico, Rob, Mark, his DCBS SSW, his Department of Juvenile Justice (DJJ) social worker, the individual conducting the trauma assessment, his PCP, BH provider, group home caregiver, other identified providers, school counselor, and any other key individuals identified by his DCBS SSW. **In addition, under the Foster Child Bill of Rights, Rob invites Enrico to identify additional individuals to join**

his CCT. Rob also works with the DCBS SSW to explore the possibility of Enrico's parents joining the CCT. Rob schedules a CCT meeting to review Enrico's assessment, determine appropriate services, and create his care plan. The CCT promotes **a High Fidelity Wraparound model of care planning for Enrico's physical health and BH services** by creating a forum for discussing all of Enrico's needs and by giving his PCP, BH provider, and other specialists insight into one another's work. Rob records the services provided by Enrico's different providers in his care plan. **Enrico's care plan (along with his physical health, BH, and pharmacy claims) is made available to all of his providers via our secure provider portal, Availity, and our dedicated Kentucky SKY care portal, Voice & Choice Information Exchange, is updated with pertinent updates to promote comprehensive and integrated care delivery**. Information shared is in compliance with HIPPA and 42 CFR "Part 2" Substance Use Disorder Confidentiality Regulations.

5. <u>Confirms PCP and Dental Provider Assignment</u>: Rob reviews Enrico's PCP and dental provider assignments to confirm they are still accessible to Enrico in his new location. If Enrico's PCP and dental provider are not available in his new location, Rob will work with the CCT and Humana's online directory to identify Secondary Traumatic Stress (STS) providers rated as good or excellent to ensure access to trauma-informed care (TIC).

6. <u>Creates Enrico's Care Plan</u>: Rob works with the CCT to create a person-centered care plan describing the services required to meet Enrico's needs and goals, including regular primary care and BH care, addressing his disruptive behaviors, managing his asthma, improving school performance, determining next steps in the transition to independence, and repairing his family relationship. In accordance with a High Fidelity Wraparound model of care planning, Enrico's voice and choice are primary drivers in developing his goals. Enrico's care team can access and update this care plan with proper consents through the Voice & Choice Information Exchange care portal. The care plan includes:

    o **GOAL: Enrico and his CCT will close preventive care gaps by scheduling and attending all Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) appointments**. Rob ensures that Enrico has an appointment to see his PCP and dental provider within two weeks of his entering the custody of the Cabinet for a medical, dental, and vision screening, per DCBS requirements, and to schedule any missed EPSDT services after his year-long break in care. Upon request, Mark attends Enrico's PCP visit to answer questions, reinforce messaging, and support Enrico in navigating the healthcare system. If Enrico has a subsequent gap in care, Rob and his PCP are alerted via our integrated clinical platform, Clinical Guidance eXchange (CGX), and our provider portal, Availity, respectively. Rob then follows up with Enrico's DCBS SSW and group home caregivers directly to help them schedule an appointment.

    o **GOAL: Enrico and his CCT will improve his overall health through intervention and education around weight management and asthma**. In addition to monitoring Enrico's EPSDT services, Rob provides education and support in the management of Enrico's weight and asthma. Enrico's current body mass index (BMI) is 25, putting him at the cut-off point between normal weight and overweight. In addition, Enrico has a history of ED visits and inpatient admissions related to asthma. This may result from non-compliance with a medication regimen by Enrico, or it may indicate the need for a different management plan. In addition to coordinating with his PCP to provide weight and asthma management services, Rob uses motivational interviewing to educate Enrico on maintaining a healthy weight, including eating a varied diet and engaging in regular physical activity. Rob also leverages our Healthwise library of condition-specific content to educate Enrico on asthma care. Mark helps Enrico find a local sports league that he can join, with permission of his provider and DCBS SSW, to be more physically active and engage with others his age in a healthy manner. In addition, our KidsHealth library of video and written health education information provides Enrico with age-appropriate content on weight and asthma management, allowing him to navigate educational materials at his own pace.

    o **GOAL: Enrico will reestablish a relationship with his therapist and participate in assessments to develop coping and self-management skills**. As with his PCP, Enrico has not seen his BH provider in more than a year. Rob confirms that Enrico's BH provider is still accessible in his new location,

supporting a transfer to a new provider if not. Once Enrico is connected with his BH provider, Rob ensures that he receives a comprehensive BH evaluation to gain a complete picture of Enrico's needs, to determine if psychotropic use is clinically appropriate, and receive the Child and Adolescent Needs and Strengths (CANS) tool. Rob then works with the CCT to arrange any needed services to respond to Enrico's identified BH needs, including potential SUD treatment, ongoing psychosocial care, or anger management services. In addition, Mark supports Enrico in self-management of his BH needs through face-to-face support and through our digital BH self-management platform, myStrength. Through myStrength, Enrico can access interactive, self-paced programs that can help him better understand his BH conditions and how to manage them, including in-the-moment coping when Enrico feels upset or angry.

- o **GOAL: Enrico and CCT will develop a crisis plan**. Enrico has a history of aggression and destructive behavior toward people and animals and is struggling with feelings of sadness, loneliness, and hopelessness. A crisis plan can help Enrico and his group home caregivers understand what to do when he begins to feel angry, violent, or uncontrollably sad, including triggers leading to anger or violence, how to mitigate these triggers, and actions he can take to exercise self-control. A strong individualized plan can help prevent ED and inpatient utilization.
- o **GOAL: Enrico and his CCT will increase resiliency and develop a positive sense of self**. Enrico's recent life events (including his incarceration, separation from his family, and placement in a group home) have contributed to a poor sense of self, manifesting in intense feelings of failure and poor performance in school. Rob helps him find activities that can build his confidence and create a more positive sense of self. Rob and Enrico identify community engagement activities to explore Enrico's interests (e.g., joining a sports league or learning how to fix cars).
- o **GOAL: Enrico will work with his CCT around permanency planning and building the skills necessary to be successful upon exiting DCBS care**.

7. <u>Transition to Independence</u>: Enrico has begun to think ahead to his potential transition from foster care in two years. As Enrico recently entered foster care, Rob initiates the aging out planning process that we typically begin at age 12. As described further under Section I.G.13.h of this case, Rob works with Enrico, his DCBS SSW, and Mark to identify the supports that can help Enrico prepare for adulthood.

8. <u>Family Reunification</u>: Recognizing its importance to Enrico, Rob works with his DCBS SSW to evaluate his readiness to have a meeting with his family. Once the DCBS SSW determines that it is safe and appropriate for Enrico and his family to resume contact, Rob and Mark help prepare Enrico for the meeting and assist in coordinating with DCBS. If the family is amenable to it, Rob arranges family therapy to help all parties move toward reunification.

b.	Discharge planning for all levels of care;

Discharge planning for Enrico's current level of care will include participation in regular treatment team meetings with the current group home provider in addition to the members of Enrico's care team. If the plan is for Enrico to step down to a lower level of care, such as therapeutic foster care, Rob can assist the DCBS worker in updating the 886a referral packet for Enrico to improve the chances of a referral acceptance. If the proposed family work is progressing and it is feasible for Enrico to return home, his CCT will work toward supporting this transition by locating ongoing service providers and as connecting with Enrico's family through culturally appropriate planning meetings with interpreters present to outline support services upon Enrico's return home.

If Enrico is unable to stay in his residential group home and Psychiatric Residential Treatment Facility (PRTF) or inpatient admission for a BH need or a medical need (e.g., asthma) is required, Rob collaborates with our Hospital-Based Care Managers and/or Utilization Management (UM) associates and his CCT to plan for discharge.

- Upon notification of Enrico's admission to a BH or medical inpatient or residential facility, a Humana Hospital-Based Care Manager or a telephonic UM Coordinator contacts the facility to begin discharge

planning, and notifies Rob. Rob contacts Enrico's DCBS SSW, PCP, BH provider and other members of the care team, including Enrico's family, to update them on the admission and discuss discharge planning.

- Throughout Enrico's stay our UM Coordinator applies MCG or American Society of Addiction Medicine (ASAM) criteria to ensure Enrico is in the appropriate level of care, and will work to escalate discharge planning if not.

- Our UM Coordinator (present at the facility to which Enrico is admitted) works with Rob, as needed, to communicate with the CCT and create a discharge plan outlining the outlines needed post-discharge services and appointments with the intent to avoid readmission while keeping compliant and with Enrico's stated permanency plan with DCBS.

- Enrico's case, depending on its complexity, may be reviewed during twice weekly or more frequent UM clinical rounds with Rob, our UM associates, our Kentucky SKY Medicaid Medical Director, Ian Nathanson, our Kentucky SKY Psychiatrist, Taft Parsons, and our Kentucky SKY Medicaid BH Director, Liz Stearman. During these rounds, we will discuss appropriate next steps for Enrico's care, including moving him to a higher or lower level of care and availability of placement depending on his needs, progress, and concurrent review findings.

- If placement becomes the barrier to discharge, our UM Coordinator notifies Enrico's DCBS SSW at least three business days prior to decertification for a BH admission (seven days if Enrico is at a facility out of state).

c.	Language accessibility;

Enrico grew up in a primarily Spanish-speaking home, but has attended school and translated for his parents with various parties. Before assigning our CCs, our Kentucky SKY Intake and Support (SIS) Team or Co-located Complex CCs in key DCBS locations will discuss the Enrollee's case with the responsible DCBS SSW to determine the Enrollee's needs and preferences, including any language considerations. This allows us to assign a bilingual CC to the Enrollee's care where possible. During their initial interactions, Rob notes Enrico's comfort in using English versus Spanish. He records this in our integrated clinical platform, Clinical Guidance eXchange (CGX) for easy access by other clinical associates and our Member Services Representatives (MSR). Enrico's needs and preferences are documented in **Humana's Voice & Choice Information Exchange care portal**. This portal will promote innovative methods of coordination for the Enrollee and their CCT to be equal partners in care planning. If Rob believes, that Enrico may benefit from a Spanish-speaking member of his CCT, Rob enlists the help of a bilingual Humana Family and Youth Peer Support Specialist (like Mark) and helps find Enrico Spanish-speaking providers (particularly for BH and family support services). We require all of our Enrollee-facing associates to pass a language test before they provide bilingual services and indicate provider languages in our Provider Directory.

Any issues with language comprehension may also have negative ramifications for Enrico's performance in school and his comfort in the group home. Rob discusses any identified accessibility needs with Enrico's DCBS SSW to identify an appropriate solution for both Enrico's school and his group home.

While Enrico may be comfortable speaking English, his parents need interpretation support. Rob works to find a bilingual provider for their family therapy sessions; if one is not available, Rob enlists the support of an interpretation service to ensure accessibility for both Enrico and his parents. **Our network family therapist and Rob have both been trained in cultural competency; it is mandatory for all Humana associates and providers**.

d.	Psychotropic medications and documentation in medical records (e.g., rationale, follow up assessments and monitoring);

Medication reconciliation: Rob conducts medication reconciliation upon Enrico's enrollment in Humana, during each reassessment, and after a change in condition, placement, or addition of a new provider. During this reconciliation, Rob follows up with Enrico, his group home caregivers, and his providers to determine if Enrico is still using the psychotropic medications previously prescribed to him, if he is taking them consistently, how the

mediations affect his behavior, and any side effects he is experiencing. If there are any problematic issues with Enrico's medication list (e.g., multiple concurrent antipsychotics), Rob enlists the assistance of a Humana pharmacist to conduct a full medication review leveraging the Psychotropic Medication Utilization Parameters for Children and Youth in Foster Care to ensure the review takes into account the needs of this specialized population.

> Our Clinical Practice Guideline (CPG) Committee will review and **establish a CPG for psychotropic medication use among children and adolescents** to advise our providers on appropriate prescribing practices. We will use our enterprise-wide CPG Adherence report to evaluate provider adherence to this CPG once in place.

As a Humana Enrollee, **Enrico's medication history will be made available to his providers and his DCBS SSW through our provider portal, Availity**. Using our **One Medication List** tool, Availity captures both those medications covered by Humana and any over-the-counter or herbal medications used by Enrico and reported to Rob. Rob will bring to the team if there are concerns to review and solution.

Monitoring: Our in-house Pharmacy Benefits Manager (PBM), Humana Pharmacy Solutions, Inc. (HPS) monitors Enrico's pharmacy claims to ensure refill adherence. Evidence of non-adherence (e.g., missed refill) triggers a notification to his prescriber informing them of Enrico's irregular use of his medication. If Enrico is prescribed psychotropic medications, including antipsychotics or stimulants, we will monitor his claims for use of multiple, concurrent antipsychotics; appropriate metabolic monitoring; use of first line psychosocial care; and other appropriate follow-up. Any missed care similarly triggers notification to Rob and the responsible prescriber to prompt engagement.

Case audits: Humana will periodically review the medical records of providers with evidence of potentially inappropriate psychotropic prescribing practices (as identified through pharmacy claims and medication reconciliations) **to ensure documentation of the rationale for psychotropic use**. We will measure against the corresponding CPG and Psychotropic Medication Utilization Parameters for Children and Youth in Foster Care for appropriateness. Identification of providers with a pattern of missing rationales or possibly inappropriate prescribing will prompt intervention by our Kentucky SKY Medical Director or a Humana pharmacist, as appropriate.

e.	Evidence based psychotherapeutic interventions;

Evidence Based psychotherapeutic intervention applicable to Enrico's case include, but are not limited to:

- Treatment to Address Anger Management: Cognitive behavior therapy is a well-accepted and widely accessible evidence based practice (EBP) to meet Enrico's BH needs. Based on assessments and collaboration through the High Fidelity Wraparound care planning sessions with the CCT, Enrico's therapist will employ CBT techniques to address Enrico's unsafe behaviors by changing the way he thinks, acts, and feels when under stress.
- Treatment to Address SUD: Successful treatment for Enrico's SUD (if an ongoing issue) includes cognitive behavioral individual and group therapy, The Seven Challenges, peer recovery support services, motivational enhancement therapy, and medication-assisted therapy (MAT) (if indicated). Rob coordinates with Enrico's BH provider, as needed, to determine those EBPs that are best suited to Enrico's care.
- Management of Asthma in Adolescents 12 Years of Age and Older: Our approved CPG for management of asthma, published by the National Institutes of Health (NIH), contains specialized recommendations for the screening and management of asthma in persons aged 12 and older. Through our Quality Improvement Advisors (QIA), we encourage Enrico's PCP to adhere to these guidelines, including regular contact with Enrico until his asthma is well-managed, and followed by a transition to step down therapy (emphasizing minimal pharmacological intervention) once Enrico demonstrates control over his condition.

Rob uses resources available to him including clinical consultation, Humana's Healthwise library of condition-specific resources and EBPs to inform management of Enrico's case. In addition, we educate Enrico's providers

on these practices through interventions from our QIAs, who perform quarterly visits to our PCPs and high-volume specialists to provide interventions related to our CPGs, EBPs, and gaps in care.

f.	Social determinants of health;

Mark, as Enrico's assigned Family and Youth Peer Support Specialist, lends his knowledge of community resources and SDOH to manage Enrico's care. Rob and Mark collect information on Enrico's SDOH needs through the Enrollee Needs Assessment and ongoing interactions with Enrico and the CCT. These needs are captured in his care plan, and Mark works with the group home caregivers and Enrico's DCBS SSW to refer Enrico for appropriate community resources that can address his identified needs. These include:

- <u>Education</u>: Enrico has struggled in school and has a history of violence, bullying, and destruction of school property. Rob, Mark, and Enrico discuss the importance of education in preparing him to turn 18 and transition to independence (if he so chooses); Rob also identifies solutions to help Enrico control his behaviors at school and catch up in his classes. Rob and the DCBS SSW discuss solutions with Enrico's current school, including testing Enrico for a learning disability, having him evaluated for an Individualized Education Plan (IEP), and identifying services at the school that can help Enrico when he starts to feel upset or angry (e.g., a safe space where Enrico can apply his coping skills).
- <u>Social Isolation</u>: Enrico has expressed feelings of loneliness and a desire to reconnect with his family, particularly his siblings. While Rob helps him move toward family reunification (as described above), he also helps Enrico connect with community resources that can help him tackle these feelings of loneliness, such as the Boys and Girls Club of Kentuckiana. These resources are further described in Section I.G.13.g of the RFP, below.
- <u>Independent Living</u>: Whether Enrico chooses to exit foster care in two years or five years or reunites with his family before he turns 18, he can benefit from independent living support to prepare him for adulthood. Rob and Mark help Enrico access services through his local DCBS regional office and the Chafee Independence Program that match the skills captured on the Ansel-Casey Life Skills (CLS) Assessment. Our approach to preparing Enrico to age out of foster care is further described in Section I.G.13.h of the RFP below.

g.	Community resources;

As an integral part of our High Fidelity Wraparound care planning process, Mark leverages the resources of the Humana Community Resource Directory (CRD) as well as his own knowledge of Enrico's region (as a resident of that region himself) to identify community supports that can help Enrico achieve his goals and address his SDOH needs. If Enrico lives in the Louisville area, Mark also draws upon the Unite Us platform. **Unite Us is a digital care coordination platform that facilitates and tracks referrals between CCs, providers, and the staff of Community-Based Organizations (CBO)**. Through this closed-loop referral system, Mark ensures that any services for which Enrico has been referred have been delivered. Mark and the CCT identify the following resources:

- <u>Transition Age Youth Launching Realized Dreams (TAYLRD)</u>: Rob helps Enrico locate a nearby TAYLRD drop-in center to socialize with people his age, engage in activities, and receive peer and employment supports.
- <u>Adelante Kentucky</u>: Rob refers Enrico to Adelante Kentucky, a Louisville-based organization supporting Hispanic youth with activities designed to support personal, educational, cultural, and social development.
- <u>Vocational Support</u>: To prepare Enrico for his transition to independence, Rob refers him to The Boys and Girls Haven, which provides vocational and life skills training for foster care youth in the Louisville area.
- <u>Boys and Girls Club of Kentuckiana</u>: Through the Boys and Girls Club in his area, Enrico can engage in safe physical activity, learn proper nutrition to support weight management, and work on building healthy relationships with his peers.

h.	Aging out of foster care;

Enrico tells Rob he is not sure he wants to stay in foster care when he turns 18 if he's not back with his family. Rob works with his DCBS SSW, Mark, and Enrico's private childcare placing agency (if applicable) to advise Enrico on his options and to establish appropriate goals and actions regarding Enrico's exit from foster care, whether that occurs in two years or five years. As part of preparations for Enrico's transition to independence, Rob assesses possible risks Enrico may face. Rob works with the CCT to identify those services that can both help Enrico prepare for independent living and provide additional support once he transitions out of foster care. These include:

- Independent living planning, including soft and hard skills training: Rob uses Enrico's results from the CLS Assessment to identify and facilitate appropriate life skills education and services.
- Graduation plan: Enrico has had poor performance at school and may not be eligible to graduate. Rob works with Enrico's school counselor and his DCBS SSW to identify tutoring special education services (as described above) that can help Enrico catch-up in school and prepare him for college.
- Mentoring: Rob suggests that Enrico access the mentorship program offered by Murray State University, in conjunction with the Chafee Independence Program. Enrico's mentor can help him build daily living skills, including home management, and arrange career exploration opportunities in line with his interests.
- Vocational plan: Rob leverages the results of Enrico's Career and Interest Survey, completed in his high school, to help Enrico identify and connect with vocational opportunities that speak to his interests. Rob also refers Enrico to the services available under the Workforce Innovation and Opportunity Act youth program, and, if interested, helps him find an after-school job.
- Driving: As Enrico demonstrates more control over his behavior, Rob and his DCBS SSW explore the opportunity for driving courses. Once DCBS SSW determines he is ready to earn his driver's permit, Rob helps him find a driver's education course and arrange reimbursement by DMS.

By providing Enrico with important independent living skills, these resources will benefit Enrico, even if he is reunified with his family prior to his 18th birthday (and therefore is no longer in the custody of the Cabinet).

i.	Access to and sharing of medical records; and

Humana is committed to furthering interoperability of data systems within the healthcare industry. 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 Enrico'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
- Clinical inferences and gap in care information delivered via bi-directional data feed connections with **all eight of the top Electronic Health Record (EHR) systems** in the country
- Proposed delivery of the care plan and assessment information via a bi-directional feed with The Worker Information SysTem (TWIST) and the Juvenile Offender Records Index (JORI), with agency agreement

Additionally, 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 consent would be sought by the assigned State worker in addition to family of origin where appropriate. Adoptive parents will be consulted 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 can be approved for varying levels of access on the portal.

j.	Maintenance of the care plan.

As Enrico is enrolled in Intensive Care Coordination, Rob updates his care plan at least monthly. In addition, Rob updates the care plan, as needed, following a change in Enrico's condition (e.g., a surgery or hospitalization) or

upon request of Enrico's DCBS SSW. These care plan edits are shared through the dedicated Kentucky SKY care portal, Voice & Choice Information Exchange, with Enrico's CCT for their input and guidance, and to ensure all necessary orders and prescriptions are obtained. The most up-to-date care plan is available on Availity for ready access by Enrico's providers and DCBS SSW. Rob also provides a printed copy of the care plan upon request and ensures Enrico's Medical Passport is kept up to date with any services needed. Additionally, Rob will ensure Enrico'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.