C.23 Behavioral Health Services

REQUIREMENT: RFP Section 60.7.C.23
23. Behavioral Health Services (Section 33.0 Behavioral Health Services)
a. Provide a comprehensive description of the Contractor's proposed Behavioral Health Services, including the following:
   i. Current or planned delegation to delegate all or part of the provision of Behavioral Health Services to another entity.
   ii. Process for monitoring and evaluating compliance with access and care standards.
   iii. Proposed innovations to develop and maintain network adequacy and access.
   iv. Process for follow-up after hospitalization for Behavioral Health Services within the required timeframes.
   v. Process for ensuring continuity of care upon discharge from a Psychiatric Hospital.
b. Describe the Contractor's approach to meeting the Department's requirements for operating seven (7) days a week, twenty-four (24) hours a day emergency and crisis hotline as defined in RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices."
c. Describe the Contractor's approach to coordination and collaboration between the Contractor, Behavioral Health Providers and the PCP as defined in RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices."

Molina's holistic approach to service delivery fully integrates care for behavioral health, physical health, and social determinants of health. *We directly manage behavioral health services and do not use a subcontractor or affiliated company.* Our model is complemented by recovery-oriented, person-centered principles resulting in data-driven outcomes.

a. PROPOSED BEHAVIORAL HEALTH SERVICES

Molina currently manages over 1.2 million Enrollees diagnosed with behavioral health (BH) conditions—and over the past year, has served nearly 200,000 individuals with a substance use disorder (SUD) diagnosis. We are well-positioned to positively impact the health and well-being of Kentucky individuals and families. Compared to the national average, Kentucky faces a higher risk for BH issues. Molina's history of managing populations with a high prevalence of complex BH provides the experience, lessons learned, and expertise with a multitude of complexities needed to address Enrollees' needs in Kentucky. ***Our model of care fully integrates physical health, behavioral health, and social determinants of health in conjunction with a recovery-oriented system of care to coordinate high-quality benefits and services to drive positive health outcomes for enrollees in Kentucky.***

Our ability to provide fully integrated BH services and ***manage those services directly, not through a subcontractor or affiliated company, is a proven success***. For example, in 2018 our affiliate health plan in Washington implemented a transition to Integrated Managed Care—an integrated care approach that includes a single point of contact who coordinates the exchange of information across the continuum and a "No Wrong Door" referral structure. Please refer to Exhibit C.23-1 for a sample of the positive outcomes our integrated program produced in Washington.

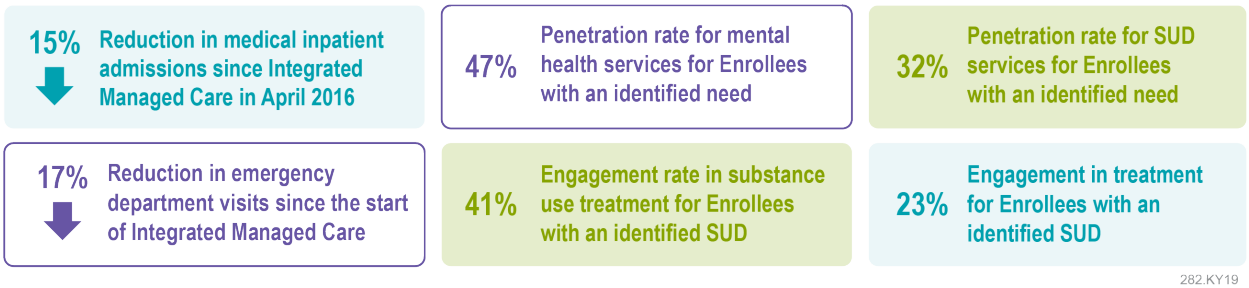


Exhibit C.23-1. Molina's Integrated Model Shows Positive Early Results in our Washington Affiliate

In conjunction with ***a recovery-oriented system of care***, as we so in all our Medicaid markets, Molina will coordinate robust, high-quality covered benefits across all levels of care to drive positive health outcomes for our Kentucky Enrollees. Molina's recovery-oriented system of care considers the Substance Abuse and Mental Health Services Administration's (SAMHSA) four major dimensions (e.g., health, housing, community, and purpose) that support recovery.

- **Health.** We focus on the health of the Enrollee, ensuring their care is self-directed and that our interventions are tailored to the Enrollee's desires and motivations.
- **Housing.** Understanding that safe and stable housing is one of the biggest social determinants of health for Medicaid beneficiaries, we will staff local housing resource experts, including 4 housing specialists, 7 peer support specialists, and 17 Molina Community Health Workers with strong backgrounds and expertise in local housing. These resources will assist Enrollees in navigating very challenging and cumbersome housing programs to obtain housing and to prevent homelessness.
- **Community.** Recovery does not happen in silos. A key component of Molina's individualized holistic approach is to ensure Enrollees have supports outside of their providers and Molina care team and within their community. Molina care managers work to identify what is important to the Enrollee (for example, faith-based supports, supports for managing their conditions, or developing sober support systems).
- **Purpose.** We work closely with Enrollees to ensure they have a sense of purpose and feel supported to make better healthcare decisions. By helping Enrollees identify what's meaningful to them through referrals and by connecting them with vocational training, education, and/or job skills training, we ensure a holistic approach to care within their individualized care plans.

Molina uses evidence-based practices that meet the standards of national models in all BH services and will adhere to standards identified in the "Interoperability Standards Advisory—Best Available Standards and Implementation Specifications" and 45 CFR 170 Subpart B in complying with the Commonwealth's BH policies. We will provide all BH services in conformance with the access standards established by the Department. When assessing Enrollees for BH services, Molina providers will use the most current version of DSM classification, in addition to other nationally recognized diagnostic and assessment instrument/outcome measures. We will document and store all diagnoses, care coordination, prevention, and treatment information in our care management system.

Within the remainder of this section, we provide a comprehensive description of the BH services, including our integrated BH model, how we monitor and evaluate compliance with access and care standards, and our BH innovations, which we propose to meet and exceed the requirements of Attachment C, Draft Medicaid Managed Care Contract and Appendices, Section 33, Behavioral Health Services.

INTEGRATED BH ACROSS THE CONTINUUM OF CARE

Our BH Integrated Service model integrates BH across our continuum of care, including a ***single point of contact*** that coordinates services and the exchange of information across the continuum and a ***No Wrong Door*** structure. We offer a practiced and proven approach to the Commonwealth of Kentucky to ensure individuals are connected to the right services and supports regardless of where they enter the system of care. Molina's goal is more than superficial integration—it's ***full care integration***.

Benefits of Molina's Integrated Internally Managed Behavioral Health Model

- Use of data analytic tools capturing physical health and behavioral health utilization
- Improved care coordination
- Improved member and provider communication
- True integration by having all coordination teams, medical management teams and support teams in one place
- Specialty Models of Care are developed in house with input from stakeholders, internal staff, Enrollees, and Providers
- Flexible process that adjusts to the Enrollee's unique situation

Molina utilizes a standardized Health Risk Assessment (HRA) tool, which allows for a comprehensive assessment of an Enrollee's individualized health and psychosocial needs. The HRA includes PH/BH conditions, substance use, medication use, cognitive concerns, psycho-social issues, cultural and linguistic needs, Enrollee's self-reported main health concern, and a social determinants of health assessment.

Enrollees with a primary physical health concern receive BH assessments, evaluations, and interventions (PHQ9, American Society of Addiction Medicine [ASAM], etc.). However, Enrollees identified as having mental health and/or SUD condition are assigned a BH care manager (licensed BH clinician or registered nurse [RN]) to facilitate additional screening (PHQ2, PHQ9, CAGE-AID, ASAM Screener, GAD, etc.), including our trauma informed care assessments (ACE-Q Teen, ACE-Q Child and the PTSD-5 Screening Tool for our adult population); to determine acuity levels and service needs; and to coordinate all aspects of their health care, whether it be behavioral health- or physical health-related. This single point of contact with BH specialization ensures that the Enrollee is treated holistically with their primary health need as the driving factor.

BH care managers collaborate with a multi-disciplinary team comprising ***behavioral and physical health medical directors, pharmacy technicians, dietitians, RNs, maternal health specialists, housing specialists, SUD navigators (specialized care managers), and paraprofessionals (for example, peer support specialists and Molina Community Health Workers)***. An integrated staffing model has proven to ease the facilitation of weekly formal clinical consultations and ad-hoc case consultations with physical and BH experts on the care management team. Further, Molina's integrated documentation system allows for BH and PH care managers to electronically consult with each other and review other documentation pertaining to the Enrollee.

Led by the BH care manager, and as detailed in Exhibit C.23-2, Molina builds on a circle of support that includes our Enrollee, family and social supports, providers, and clinical experts needed to fully integrate their physical health, BH, and help solve any social determinants of health barriers.

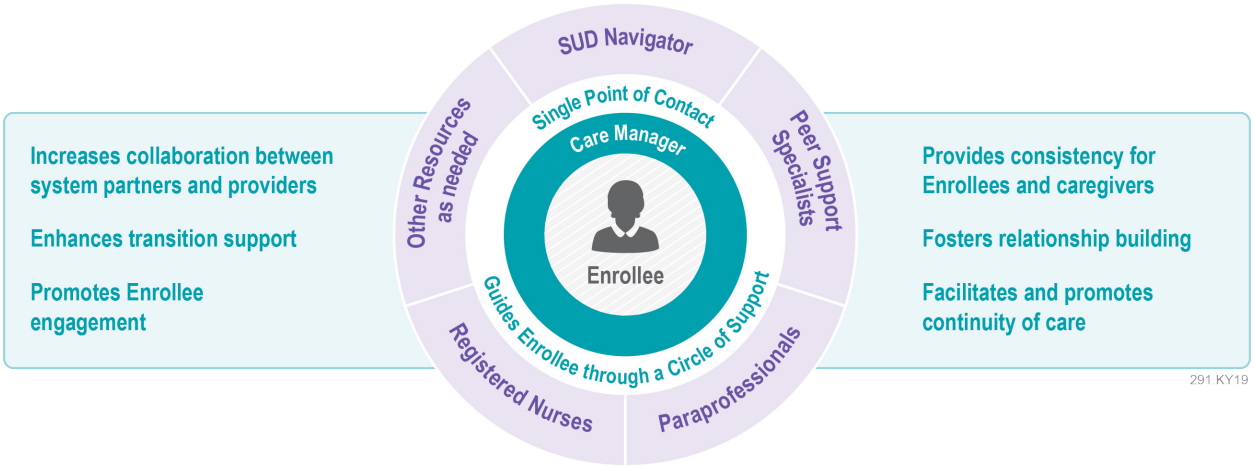


Exhibit C.23-2. Comprehensive Circle of Support for Each Enrollee

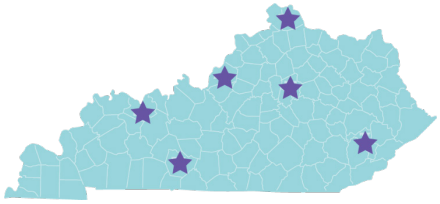
Understanding that one person dies by suicide every 12 hours in Kentucky and that teen suicide has increased by 25% since 2016[1], it is imperative to identify Enrollees at risk for acute emotional distress. ***All Enrollees are assessed for current thoughts of self-harm***. If identified, a PHQ9 is administered and immediate attention to the Enrollee's safety is assessed. If the BH care manager determines a confirmed or suspected BH diagnosis, they complete the appropriate BH-specific assessment. Our care management system provides multiple BH assessments that BH care managers can use to assess an Enrollee's current mental health status, including:

- BH HRA Adult
- BH HRA Child
- PHQ9 (depression assessment for adults)
- Edinburgh Postnatal Depression Scale
- PSC 17 (depression assessment for children)
- CAGE AID (substance abuse)
- Substance Use Assessment based on the 6 ASAM dimensions

Building Brighter Days. While Molina offers Enrollee-centric care management programs to address the acuity of needs and conditions, we also offer BH disease management programs to identify, educate, guide, and support our Enrollee's ability to self-advocate to enhance healthcare empowerment. Each of our BH programs are designed to improve health literacy and self-care and to support clinical outcomes by closely aligning with the Enrollee's individual need. Molina's Building Brighter Days Program improves overall care and clinical outcomes for Enrollees with a primary psychiatric diagnosis of major depressive disorder and Enrollees with undiagnosed symptoms of depression. Through a collaborative team approach that combines Enrollee education, clinical care management, and provider resources, we work closely with Enrollees and their multi-disciplinary care team to identify, assess, and implement appropriate interventions. ***Key elements of this program include early identification, coordination of care, identification of integrated gaps in care, measurable goals, and tailored interventions focused on Enrollee self-advocacy and empowerment.***

1 America's Health Rankings. United Health Foundation. 2018 Health of Women and Children Report.

LOCAL COMMITMENT TO COMPREHENSIVELY ADDRESS ENROLLEE BH NEEDS



Our experience nationwide supporting Enrollees across rural and urban environments has demonstrated the critical need for local, tailored solutions and investments to meet the unique needs of our Enrollees—especially those with BH conditions. We know that limited access to providers, specialists, and transportation can plague rural areas, such as Eastern Kentucky. We also understand the unique issues that impact urban areas, such as Louisville, where, although there may be greater access to resources, underlying issues such as food deserts continue to persist. We realize each Kentucky community is unique and that recovery happens with the collaboration of support and services for both BH and physical health.

To best support our Enrollees across Kentucky in their local communities, ***we will build six Molina One-Stop Help Centers*** across Kentucky to promote Enrollee and provider walk-ins and to serve as a community resource center focused on assisting with any Enrollee and provider healthcare-related need. The One-Stop Help Centers will be located in cities throughout the Commonwealth—Louisville, Lexington, Bowling Green, Hazard, Owensboro, and Covington. Each One-Stop Help Center will offer new Enrollee orientation sessions, face-to-face healthcare assistance, linkage to BH services and community-based organizations (CBOs), demonstration of the Enrollee portal and mobile app and how to register, question and answer sessions, private Health Risk Assessment/Enrollee Needs Assessment sessions, information about access to other programs, community events, job and education support, and more. Further, Molina can provide opportunities for Enrollees to better understand their health and healthcare options better through in-person support, health videos, and accessibility to technology. We will focus on locations with easy access to reduce transportation-related barriers to care. ***Based on what we learned from our Enrollee focus groups, these facilities will offer free wi-fi, meeting room(s), computer access, translation services, will be fully ADA compliant, and will have full telehealth capabilities.***

Molina Reinvests in Local Communities to Better Address BH Conditions

In our affiliate health plan in Washington, Molina invested more than $500,000 to Southwest Washington to expand the full continuum of behavioral health services, targeting vulnerable populations. Molina supported initiatives to:

- Open a local youth psychiatric evaluation and treatment unit. The new service will improve access for teens in crisis and provide a care-appropriate setting that is more cost-effective than traditional inpatient facilities
- Expand opiate treatment and mental health stabilization programs by increasing access to Medication Assisted Treatment (MAT) services
- Improve access to psychiatric prescribing services
- Develop supportive behavioral health services to increase housing retention for high-risk homeless populations
- Create SUD treatment services for pregnant and parenting women

SPECIALIZED, DEDICATED STAFF TO ENSURE ROBUST ENROLLEE SUPPORT

Dr. LaTonia Rice Sweet, a lifelong Kentuckian, will be the interim behavioral health director of Molina's Kentucky Medicaid program. Dr. Sweet is Board Certified in Psychiatry and Addiction Medicine and will oversee and retain responsibility for all initial BH activities. She was named the 2016 Physician of the Year by Kentucky Medical News, and she received the 2016 Kentucky Medical Association Community Connector Award and the 2017 Kentucky Medical Association Leadership Institute Award. In addition, she holds positions on the board of directors for several Kentucky organizations, including Molina Healthcare of Kentucky, and the Kentucky Foundation for Medicare Care, a charitable organization committed to improving the health of Kentuckians though medical education and public health initiatives.

She will assist with building relationships with our external partners such as Community Mental Health Centers (CMHCs) and other vital partners across the care continuum.

> As a physician who lives and works in Kentucky, I see first-hand the importance of having an integrated and involved approach to healthcare. It is vital for me to be a voice for my friends, neighbors, and community to ensure the real needs of my fellow Kentuckians are addressed for Behavioral Health and across the continuum of care.
>
> Dr. LaTonia Rice Sweet | Behavioral Health Director

Due to the potential complexity of BH conditions, it is imperative to staff the Kentucky Medicaid program with specialized, highly trained mental health and SUD experts who understand the Kentucky landscape, are empathetic to the Enrollee struggles, and recognize how social determinants of health impact Enrollees' ability to manage their own health. Molina's care management team will consist of local staff focused on the BH needs of Kentucky Medicaid Enrollees, including clinical care managers, Transition of Care (ToC) coaches, and those in specialized roles, such as BH care managers, SUD navigators, peer support specialists, and Molina Community Health Workers, each described below.

BH Care Managers. Molina's BH-specific care managers are clinically licensed healthcare professionals (RNs, LCSW, LPCC) with five or more years of experience (and expertise) with children/adolescents, adults, and older adults diagnosed with Serious Emotional Disturbance (SED) and Serious Mental Illness (SMI). Our BH care managers work within the Molina integrated care management team and provide consultation to their medically focused peers on BH conditions. The BH care manager is responsible for including mental health and SUD goals/milestones as a part of the care plan when issues are identified. They also assist with identifying and addressing barriers to care, such as transportation, housing, and food insecurity, by providing resources to resolve those barriers.

ToC Coaches. Molina's ToC coaches are clinically licensed healthcare professionals (RNs, LCSW, LPCC) who assist Enrollees with SMI and/or addiction in an acute care setting transition from the inpatient setting to a less restrictive environment. The ToC coach will coordinate with the Enrollees' multi-disciplinary care team, field-based support, and external community resources to address social determinants of health or immediate needs before, during and after the transition.

Peer Support Specialists. Our affiliate plans in Washington and Ohio lead the way in employing certified peer support specialists to help our Enrollees with BH diagnoses. These specialized paraprofessionals have real life experiences in providing support services for Enrollees with mental health issues, drug and/or alcohol dependence, and physical illnesses. These specialists have formal training to deliver services that promote self-care, increased motivation, and improved overall health. Peer support specialists will participate in the Enrollees' care teams and assist Enrollees with setting and pursuing recovery goals. Their focus will be on engaging those in need, including high utilizers to assist in dealing with current crises and preventing them from reoccurring by relying on the principles of recovery-based intervention. In Kentucky, our peer support specialists will travel hundreds of miles each month to meet with Enrollees, many of whom are in remote areas. They will communicate with foster youths and with Enrollees who are not currently in treatment for BH but might benefit from it.

Molina Healthcare of Ohio's Peer Support Program:

Our Peer Support Program for members with mental illness and/or addiction offers critical emotional support as they navigate the healthcare system, knowing that type of help is more meaningful coming from others who have been through the same journey.

Initial positive program outcomes includes:

60
referred members in 2019

$328,900
Inpatient cost savings, due to a **66% reduction** in inpatient visits

$15,480
Increased pharmacy cost, indicating improvement in treatment/medication adherence

431.KY19

Molina Community Health Workers. Molina Community Health Workers are hired from the local community to engage high-risk Enrollees in their homes and help coordinate and improve access to healthcare services by addressing social, environmental, and socioeconomic factors that may contribute to healthcare access challenges. They will be Kentucky-based individuals familiar with the demographics, resources, culture of each Kentucky region, and effective venues to engage Enrollees.

Molina Community Health Workers serve as liaisons between the Enrollee and Enrollee's clinical team at Molina assisting with social determinant of health issues, navigating complex medical and behavioral health systems, and connecting Enrollees to valuable community resources to close gaps in care. Further, they are often hired for their experience engaging members with SMI or emotional disturbance. Molina Community Health Workers are vital to the care coordination team because of their extensive knowledge of how to navigate local community resources and their close connection to the community. This makes them a trusted member of the community and someone that Enrollees can rely on for support and ongoing assistance. ***As the continuity of these relationships is important for the Enrollee, Molina makes every effort to maintain a single BH care manager and Molina Community Health Worker for each Enrollee in care management.***

It is important to note that this staff also work with our physical health team to address the Enrollee's needs with an integrated care model.

Staff Clinical Competency and Training

Leveraging Molina's national BH expertise and experience, we integrate a robust BH training program for our enterprise-wide staff to enhance the services they provide to Enrollees. ***In 2019, more than 13,500 BH-related trainings (both live and self-paced) were completed by various staff members.*** Training opportunities include topics relating to the management of Enrollees with BH conditions and best practices for quality management; trauma-related trainings, such as Trauma Informed Care and Neurobiological Effects of Trauma; crisis management and suicide prevention trainings; training on SMI such as schizophrenia, bipolar disorder and depression; and SUD trainings ranging from special population topics (for example, perinatal addiction, including neonatal abstinence syndrome [NAS], youth addiction, geriatrics addiction) in addition to our core SUD competencies. We will continuously analyze and work to improve our BH training program to ensure our staff have the tools to meet and exceed the needs of Kentucky Enrollees.

ADVANCED TOOLS: IN-DEPTH ANALYSIS AND EFFECTIVE COLLABORATION

Since ***BH is fully managed in-house***, sharing information occurs quickly and is accessible in real time by Molina. Our process prevents delays in the analysis and measurement of data. As a result, we work collaboratively with providers to improve outcomes. Further, BH data is monitored within our proprietary infrastructure that includes distinct BH dashboards to monitor utilization for BH Enrollees.

Executive BH Dashboard provides an aggregate summary of BH inpatient, outpatient, and professional service performance indicators. The local BH team examines BH trends and patterns that would not be observable when done in isolation. Psychiatric inpatient bed days, admissions per 1,000 Enrollees, and average length of stays can be compared against other Molina-affiliated health plans. The dashboard can be filtered based on the type of facility, line of business, or level of care. The results can be narrowed to the top 10 providers with the highest utilization and cost. In Exhibit C.23-3, we provide an example of the BH executive dashboard, which is commonly used for comparative analysis.

Exhibit C.23-3. Sample Executive Dashboard View

BH Integrated Dashboard allows users to see into the entire medical experience (behavioral and physical health) for Enrollees with a primary, secondary, or tertiary BH diagnosis. It provides insight into high-level drivers of cost and utilization to assist Molina leadership with making sound programmatic decisions to improve the care of Enrollees with BH needs. It allows a deeper dive into BH utilization of our Enrollees with BH conditions. The dashboard is commonly used to triage Enrollees with co-morbid conditions and complements the Executive BH dashboard and SUD dashboard. The SUD dashboard is described in more detail within our SUD Model of Care description below.

In Exhibit C.23-4, we provide an example of the kind of comprehensive BH integration in inpatient utilization reporting we will leverage for the Kentucky Medicaid Program.

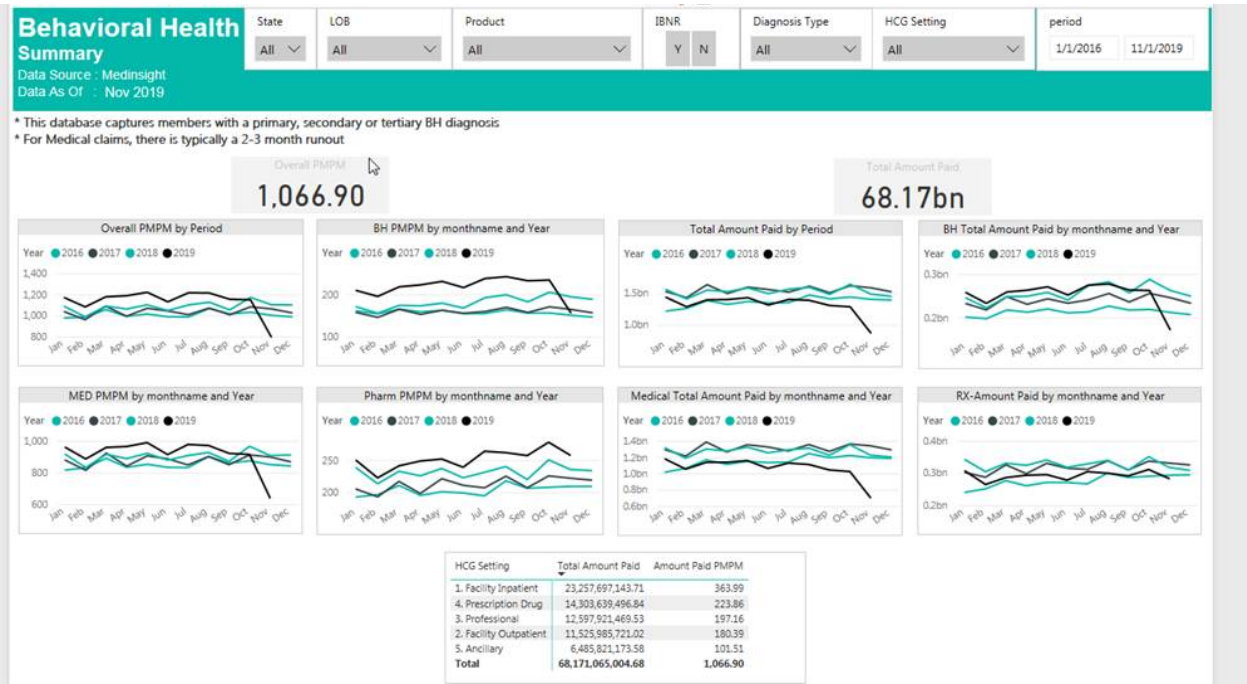
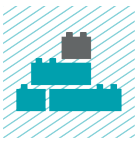


Exhibit C.23-4. Sample Inpatient Utilization Report Integrating BH

SUD MODEL OF CARE WITH AN OPIOID USE DISORDER FOCUS

As the opioid crisis continues to claim lives across the nation, the Commonwealth must know that any new MCO entrant will deliver a holistic, innovative approach and will be able to work collaboratively across Kentucky to address the devastation. Molina has developed an innovative substance use disorder (SUD) model of care that addresses the very backbone of care along a chronic disease continuum through the strategic application of an SUD navigator. The SUD navigator is a specialized care manager (or team) with advanced expertise in addiction, pain management, and mental health who assists in the management of complex Enrollees with SUDs and the varied co-morbid conditions affecting this vulnerable population. The SUD Navigator will be responsible for high-level assessments and screens associated with SUDs. When appropriate, the SUD navigator will direct and connect Enrollees to available services in their community to address their needs, including syringe exchange programs, with an eye toward prevention, mutual support, harm reduction, medication-assisted treatment, and in support of societal public health efforts to reduce the transmission of communicable diseases.

Identifying Enrollees who are in the midst of or at risk for an SUD crisis can be challenging. Molina takes a ***No Wrong Door*** approach, as illustrated in Exhibit C.23-5, for these types of referrals. Enrollees will be identified to work with a SUD navigator through various entry points to promote rapid access to services. Referrals can come from either internal or external entities. Internally, the care management, utilization management, or pharmacy departments may send referrals to our Navigation Team via direct or warm handoff referrals from one BH care manager to another. External referrals can come from providers, caregivers, guardians, or self-referral. SUD navigators act on all referrals and offer Enrollees assistance to address their immediate and long-term needs.



Disease Management: Building Blocks to Recovery SUD Program. Molina's Building Blocks to Recovery Program will improve overall care and clinical outcomes for Enrollees with SUDs. The Molina BH case manager will provide guidance and support to the Enrollee as well as their key supports and providers to ensure that both physical and BH needs are integrated into the Enrollee's care plan. The program will empower Enrollees

through education and identification of resources necessary to manage and reduce their use. Measurable goals with a psychosocial focus will be developed with these Enrollees and/or their support systems. The Molina care management team will work closely with the Enrollee's providers to identify and implement appropriate clinical interventions for these Enrollees.

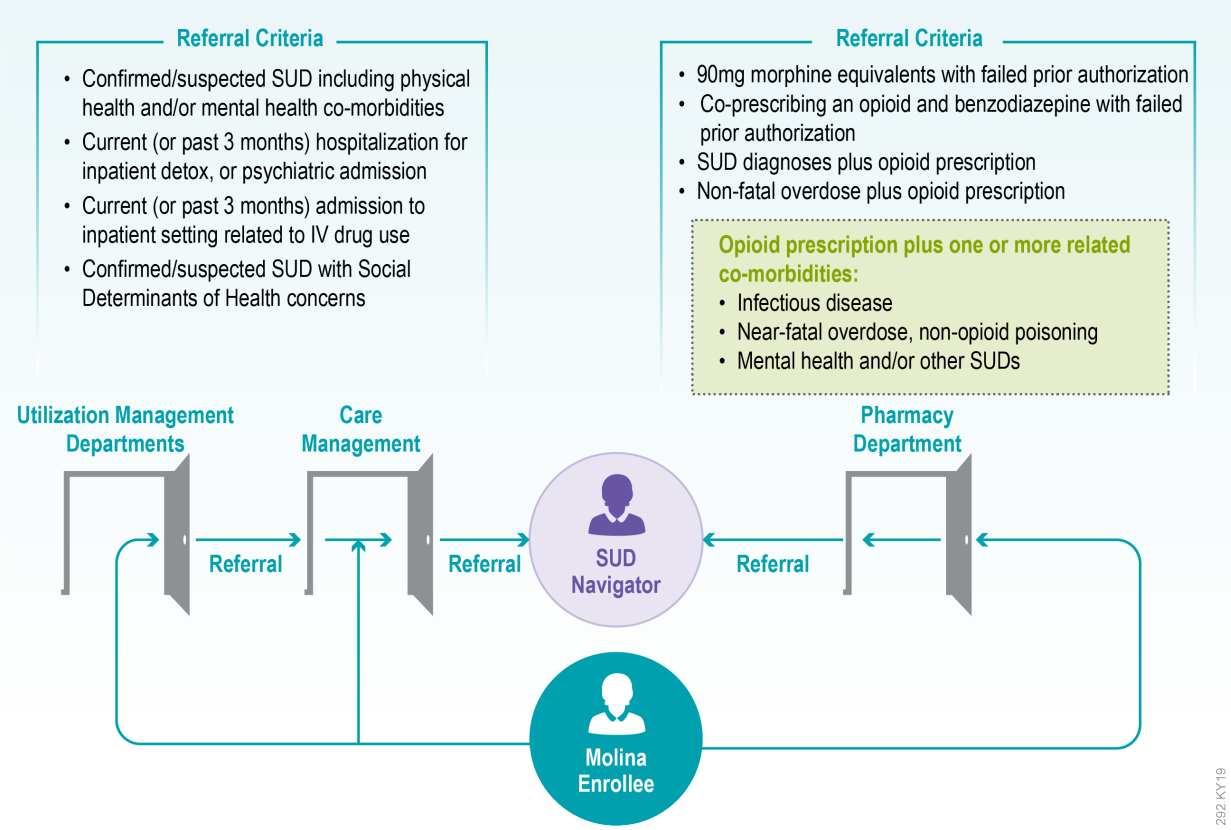


Exhibit C.23-5. No Wrong Door Approach to Early Identification of Enrollees

SUD Wraparound Services

The goal of SUD wraparound services is to provide Enrollees with essential services to support and guide them through their recovery. These services will focus on the following areas:

- **Healthcare literacy education and skills training**, including the impact of SUD on physical health, providing education related to managing SUD, communication, and coping skills
- **Supportive employment**, assisting in obtaining and maintaining employment. Activities might include resume writing, job search, preparation for job interviews, and conflict resolution techniques on the job
- **Education Assistance with GED.** We will promote the Governor's initiative by encouraging Enrollees to take the GED test and reward them with a $50 gift card once they pass.
- **Supportive Housing Assistance.** We will hire four housing specialists who will work with Enrollees who are homeless or at risk of losing shelter. Our housing specialists will have expertise in working with individuals with SUD diagnoses to find specialized housing and financial assistance.
- **Peer support specialists** allow for non-stigmatizing peer support to help navigate systems and access community resources (e.g., housing, food, etc.) Because of a shared experience in SUD recovery, peer support specialists relate and develop trust with Enrollees and overcome communication barriers.

Specialists are skilled in motivational interviewing and serve as role models and inspirations for long-term recovery.

- **Prenatal care and enhanced post-partum care** value-added benefits will assist to determine additional healthcare and emotional needs or concerns that would place the mother and baby at risk for adverse outcomes. These benefits include receiving a car or booster seat after completion of a prenatal visit during their first trimester or within 42 days of enrollment and a $25 gift card for attending one postpartum visit 7-84 days after the birth of the baby.
- **Telehealth Support.** Telehealth services will help improve access to SUD services for Enrollees across Kentucky. Further, web-based interventions may be an effective treatment alternative for programs with large volume of patients and limited space and staff resources. Telehealth will be offered through our One-Stop Help Centers and through our contracts with CMHCs across Kentucky.

Molina affiliates have effectively provided evidence-based wraparound services in other states. An example of this is through the Wraparound Intensive team (WIse) program in Washington. Not only does this program provide wraparound services, but it also assists Enrollees in crisis by providing evaluation, by working to identify diversion alternatives, and by arranging for admission to inpatient or alternative higher levels of care. An important part of the WISe program is "parent partners" and "youth partners," trained peer specialists who have graduated from the WISe program. Peer support is integral in the success of this evidence-based model.

Innovative, Proprietary Screening Tools

Molina has developed proprietary screening tools using nationally accepted clinical elements from ASAM (ASAM Screener and ASAM HRA), the National Institute for Drug and Alcohol Quick Screen, and the CAGE-AID. Our care management staff utilize these tools to capture as much information as possible about our Enrollees at risk for substance use and/or overuse. The ASAM Screener and ASAM HRA use the ASAM six dimensions to identify immediate needs and potential barriers to treatment and recovery. From experience, Molina has realized how vital the first contact with Enrollee is when predicting the course of successful contacts in future care management. Due to the nature of this complex population, Molina has learned to capitalize on the initial contact and ensure the most important needs are identified and addressed. The ASAM Screener allows care managers to quickly identify immediate needs that would require intervention within a few hours to a few days, as well as reduce assessment fatigue.

After implementation, our parent company and its affiliates saw an 8-fold increase of screeners being utilized and a 19% increase in member identification. This positive impact allows us to more closely work with underlying SUD issues in relation to physical health and medication concerns.

These screening tools allow for Enrollee-driven interventions and rapid coordination with providers and community resources. Through the collaborative engagement process between the navigator and Enrollee, the Enrollee will become better engaged in their care and more confident in the care management services they receive.

Specialized SUD Staff and Enhanced SUD Training

To best address the needs of Enrollees with SUD, we propose dedicated, specialized SUD staff and our comprehensive SUD training curriculum, which involves multiple learning paths for BH clinicians/specialized SUD staff, RNs, housing specialists, peer support specialists, and Molina Community Health Workers. We will begin operations in Kentucky with six full-time staff positions for care managers who have received highly specialized training in SUD treatment. When an Enrollee is identified with SUD, the Enrollee will be assigned to an SUD navigator, who contacts the Enrollee within one day.

SUD Navigators. Enrollees identified as having confirmed or suspected SUD or opioid use disorder—or Enrollees whose primary health concern is related to SUD—are referred to the SUD navigator team consisting of experienced full-time staff, including BH clinicians (LCSW, LPCC), RNs with core competencies in pain, addiction and mental health, as well as paraprofessionals. This team is dedicated to BH cases and have received 24 hours of in the SUD training curriculum. SUD navigators use motivational interviewing techniques to determine the Enrollee's perception of their health and assess their readiness for change. Based on the results of these assessments, the care manager works with the Enrollee to develop targeted Enrollee-centric goals and interventions.

If necessary, our SUD navigators receive assistance in contacting the Enrollee from Molina Community Health Workers, who are hired for their local knowledge and connections. Our navigators are well-versed in coordinating the most appropriate care for Enrollees, including traditional treatments for SUD or pain management, as well as non-pharmacological treatments for pain (for example, acupuncture, mindfulness/meditation, and massage).

One of the challenges for all groups in treating SUDs is the unfamiliarity on the part of many healthcare workers. To address this knowledge gap, our new Model of Care emphasizes training in general and specialized fields. Our SUD navigators will be Kentucky clinically licensed staff with experience in addiction, mental health, and/or chronic pain. Molina supplements their experiences with additional training on narrow topics each year. In addition, we require 7.5 hours of training for our general care management and utilization management staff. Training is conducted live, online, and through self-paced videos. Topics include but are not limited to: Understanding BH, Perinatal Depression, Crisis Calls, Verbal De-escalation, Assessment and Intervention, Pediatrics and SUD, Social Determinants of Health, Neonatal Abstinence Syndrome, Medication Assisted Treatment, Pain and Addiction, and Trauma Informed Care. In Table C.23-1, we detail our 2019 training on the core competencies of the SUD curriculum across the entire enterprise.

Table C.23-1. SUD Core Competency Training

OUD MOC Training	Attendees
OUD MOC Pharmacy	105
OUD MOC Utilization Management	764
OUD MOC Case Management	951
SUD 101	1,570
SUD Navigator Training	97
Skill Building Sessions 1	55
Skill Building Sessions 2	48
TOTAL	**3,590**

SUD-specific Technology and Success Metrics

The ***SUD Dashboard*** monitors internal SUD utilization, non-fatal overdoses, and external parameters, such as the Bree collaborative and STOP methodology. Our new SUD Dashboard allows us to track treatments and costs in real time. Molina is constantly re-evaluating reporting and metrics to provide up-to-date and most useful information. We will measure program success using the following metrics:

Process Metrics	Outcome Metrics
• Number of UM Referrals • Number of Pharmacy Referrals • Percent of Enrollees with successful care closure who were assigned for Navigation • Percent of Enrollees with decreased substance/opioid use assigned to Navigation • SUD monthly TAT (referral vs. completion of first contact) • Number of Enrollees in Navigation for at least one month	• Reduction in 30/60/90-day readmission for identified Enrollees with high acuity utilization (IP, ED, and ICU) • Costs for identified Enrollees with high acuity utilization • Costs for identified Enrollees with low to intermediate utilization (IOP, PHP, RTC: non-hospital-based care) • All medical costs of identified Enrollees (actual and PMPM)

The information we receive from tracking the above metrics will inform our program and initiative design and approach as we work to refine methods to ensure greater outcomes while achieving cost-effectiveness. In Exhibit C.23-6, we provide an example of our SUD Dashboard.

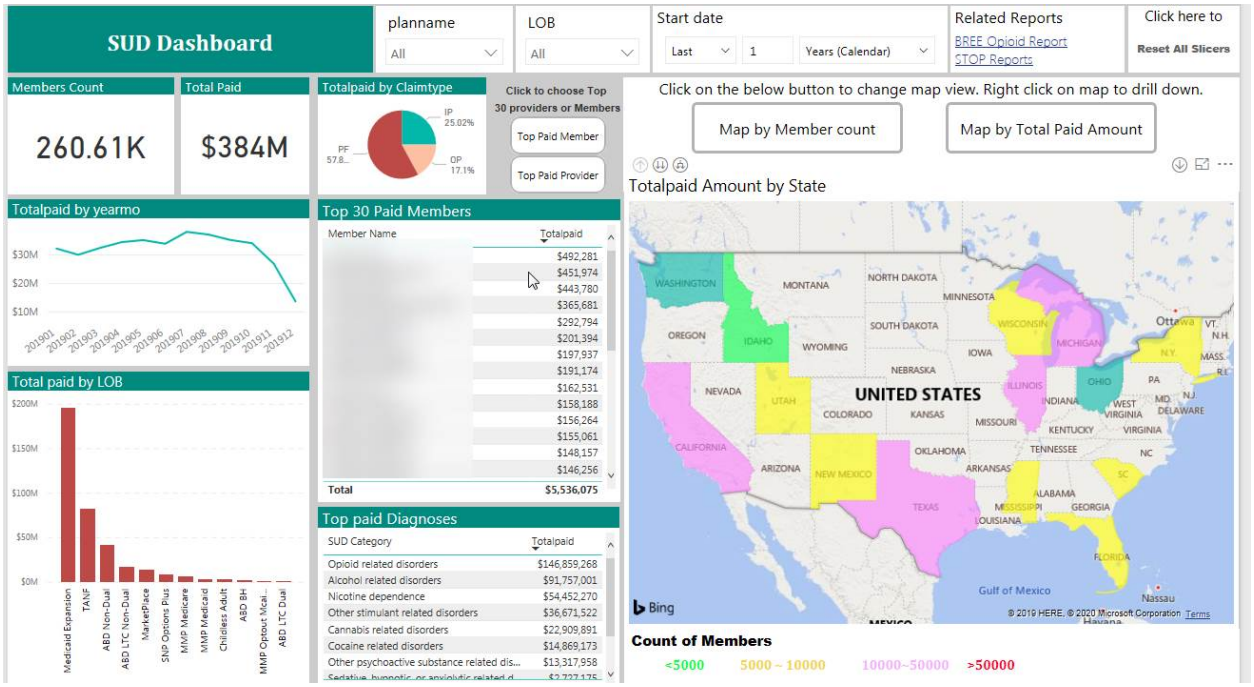


Exhibit C.23-6. Sample SUD Dashboard

SUD Dashboard Enrollee Example. The Enrollee Profile analysis within the SUD Dashboard allows the user the ability to see individual (high-cost) medical claims (physical and BH) detail for any date range of interest to identify setting and diagnoses resulting in the overall costs. For example, the user will have the ability to know which clinical team/staff members would be better suited to provide individual intervention. For example, an Enrollee with nearly $4 million in combined medical/behavioral health costs with opioid dependence and alcohol dependence appeared initially to be better suited for an SUD

navigator. However, upon closer look we discovered that while the Enrollee has a severe alcohol use disorder, he is also a heart transplant patient. Having a team approach—where a clinician with the clinical knowledge and expertise of transplants as primary and with a secondary co-management by a SUD navigator—proved to be a better approach.

Addressing SUD through Pharmacy Services

Molina's policies addressing substance use are designed to improve the safety of Enrollees receiving pain management, mental health, and other services while striving to eliminate all barriers that inappropriately impede an Enrollee's access to care for an SUD. Molina's national medical director for SUD, a triple board-certified Addiction Medicine and Family Medicine practitioner, and our pharmacy team collaborate to tailor approaches to the unique needs of Enrollees and our state customers. Using a multi-faceted approach, we employ a wide range of initiatives to enhance medical and pharmacy benefits, increase Enrollee and provider education, and improve network performance to combat the epidemic. They include a Lock-In Program, Pain Safety Initiative, and Oversight of Psychotropic Prescribing.

Proven Lock-in Model. Following our affiliate models in Ohio and other states, we will design a lock-in program to prevent inappropriate utilization of prescriptions and Emergency Departments, and to guide those Enrollees through recovery and into better health. We set system alerts and locks for restricted providers and pharmacies, and point-of-sale claim edits through a pharmacy claims processing system set locks to prevent other providers and/or pharmacies from billing for unauthorized prescriptions for the Enrollee. The Multidisciplinary Care Team, consisting of medical and pharmacy directors and care management staff, determines whether the Enrollee should be placed in the program. Their review includes all available information (including pharmacy, claims, encounter data) and may include phone consultation with the PCP and other providers. ***Since 2015, our Ohio plan realized an estimated $7.6 million in cost savings through a physician and pharmacy lock-in program.*** Molina's lock-in program in Ohio has served a total of 2,570 Enrollees. The lock-in program is part of our quarterly review process through our Quality Improvement Committee. All changes will be approved by Molina leadership and submitted to the Commonwealth.

Pain Safety Initiative Program. Molina's Pain Safety Initiative has four high-yield areas of focus:

- Decrease the number of new opioid users or those transitioning from an episode of use to chronic use
- Identify Enrollees on risky regimens and address them
- Streamline access to buprenorphine and methadone to treat opioid addiction
- Streamline access to naloxone for overdose reversal

Opioid utilization among Molina's Medicaid Enrollees **decreased by 37%** and the number of opioid prescriptions per 1,000 Enrollees **decreased by 39%** from January 2016 to April 2019.

Another important aspect of the Pain Safety Initiative is a hard stop at the POS for prescription requests for a drug dosage exceeding 90mg morphine equivalents. The dispensing pharmacist can contact Molina for an override if they deem appropriate. We want to ensure the medication is being used appropriately. Further, we include aggressive quantity and dosing limits, including a seven-day supply limit for new prescriptions with a 90-day look-back period. Enrollees who are receiving hospice or palliative care services and who are taking oncology drugs are exempt with a 365-day look-back period. We also require the use of short-acting opioids before long-acting or extended-release opioids are authorized. An extended-release therapy requires short-acting agents to be utilized before an Enrollee can get access to a long-acting opioid.

In collaborative efforts with Molina's in-house BH program, where regulations allow, Drug Utilization Review (DUR) actions are taken to improve access to care for Enrollees with SUDs, including removing Prior Authorization requirements for buprenorphine/naloxone and buprenorphine; removing Soma (Carisoprodol) from the PDL; and expanding the substance use disorder provider network.

We will leverage a best practice implemented by our affiliated Medicaid health plans and form a Controlled Substance Review Committee in Kentucky. This inter-disciplinary team will meet monthly and include our pharmacy director, medical directors for physical health and BH such as our addictionologist, BH director, and other key leaders from Molina. The Controlled Substance Review Committee will assist in resolving issues that involve complex Enrollees on high-risk drug regimens who are not improving after standard interventions have been implemented. It will focus on four primary indicators of health: pharmacological, physical, cognitive/behavioral, and complementary/alternative medicine.

Molina's DUR Committee is charged with enhancing and improving the quality of pharmaceutical care and Enrollee outcomes by encouraging optimal drug use. The committee reviews many data elements to assess safety, efficacy, and value.

Oversight of Psychotropic Prescribing in Children. Molina recognizes the challenges that Kentucky faces in managing psychotropic use in children. Children with bipolar disorder in Kentucky Medicaid had the highest Psychotropic Polypharmacy (PP) rate (73.1%) of any BH diagnosis followed by Developmentally Delayed Disorders (68.9%) and Schizophrenia (68.8%). Stimulants and alpha agonists were the most common 2-class PP combinations and, along with antipsychotics, the most common 3-class PP combinations.

We monitor concomitant prescribing practices of psychotropic medications (alpha agonists, stimulants, mood stabilizers, and antipsychotics) and have flagged excessive doses and prescriptions for very young children. In most cases, a peer-to-peer review by Molina's pharmacy reviewer is initiated. Molina's BH director is consulted for complex cases. This strategy allows enhanced identification of children who are being prescribed medications with worrisome patterns and off label use.

One quarter of the Kentucky Medicaid children treated with interclass PP ***received no psychotherapy (27.5%)***. These findings are contrary to professional guidelines that suggest the use of evidence-based psychosocial therapy as first-line approach to treating these conditions. In addition to careful monitoring of prescribing practices, Molina supports the use of non-pharmaceutical treatment options.

In Kentucky, the proportion of Medicaid children exposed to Psychotropic Polypharmacy (PP) is:

- **62.6%** for Medicaid children in foster care
- **42.2%** for Medicaid children aged 6-11 years old
- **39.5%** for all Medicaid children

Each of these figures is higher than the national average.

Sources:
Psychotropic Polypharmacy Among Children and Youth Receiving Medicaid, 2012 – 2015; Journal of Managed Care & Specialty Pharmacy August 2018 Vol 24, No.8

Scotto et al. Treatment of maladaptive aggression in youth: CERT Guidelines II. Treatments and ongoing management. Pediatrics. 2012;129(6):e1577-86.

Molina will offer Kentucky Medicaid Enrollees benefits for high-quality evidence-based psychotherapy treatments including trauma-focused cognitive behavioral therapy and monitoring for psychosocial issues such as family poverty, education, and parent and childhood SUDs.

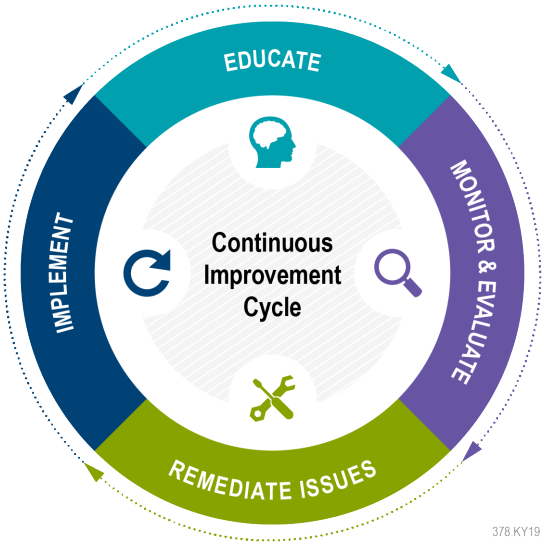
a.i. CURRENT OR PLANNED DELEGATION OF ALL OR ANY PART OF THE PROVISION OF BH SERVICES TO ANOTHER ENTITY

Molina has no current or future plan to delegate any part of the provision of BH services to another entity. ***Molina internally manages a fully integrated, comprehensive BH service delivery model. Our non-delegated model is one of our key differentiators and is at the core of our ability to deliver positive outcomes and data-driven results for the Commonwealth.***

Molina will leverage years of extensive public sector expertise with BH services. Our enterprise-wide knowledge allows us to implement one model that addresses and integrates the BH, physical health, and psychosocial needs of the Enrollee.

a.ii. PROCESS FOR MONITORING AND EVALUATING COMPLIANCE WITH ACCESS AND CARE STANDARDS

Molina will monitor and evaluate compliance with access and care standards to meet all requirements as described in the Draft Contract. As a fully integrated MCO, we do not outsource management of BH services. We monitor and evaluate compliance with BH access and care standards in the same way we do for physical health services. As such, for a more in-depth understanding of our process for monitoring and evaluating compliance with access and care standards, please see Proposal Section C.18, Provider Network.



In accordance with the Draft Contract Section 33.5, Enrollee Access to Behavioral Health Services, Molina will ensure accessibility and availability of qualified providers to all Enrollees. We will maintain an adequate network that provides continuum of care to ensure the Enrollee has access to care at the appropriate level. We will also make sure that upon decertifying an Enrollee at a certain level of care, there is access to providers for continued care at a lower level, if such care is determined Medically Necessary. We will also coordinate and collaborate with providers on discharge plans and criteria.

Our Enrollee informational materials provide Enrollees guidance on where and how to obtain BH services. Our Enrollee Handbook, website, Welcome Kit, Molina Mobile app, and enrollee services representatives and care management staff all provide information to Enrollees on how to direct their BH care, as appropriate. This information also includes Enrollee information on how to participate in the selection of appropriate BH providers and offers the Enrollee with information on accessible in-network providers with relevant experience.

Provider Network Adequacy

In accordance with the Draft Contract Section 33.4, Behavioral Health Provider Network, Molina will provide access to psychiatrists, psychologists, and other BH service providers. We will contract with CMHCs, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and other eligible providers of BH services, including LPCCs, Licensed Marriage and Family Therapists (LMFT), Licensed Psychological Practitioners, BH Multi-Specialty Groups, BH Services Organizations, LCSWs, and other independently licensed BH professionals. Providers at FQHCs and RHCs can continue to provide the same services they currently provide under their licenses. We partner with BH providers that have experience dealing not only with acute and chronic mental illness but with the special populations of Enrollees with SMI, SUD, intellectual or developmental disabilities (IDD), medical complexity, and Enrollees who are children, elderly, homeless, and/or pregnant.

As part of our strategy to address provider shortages in the Commonwealth, we will partner with major health systems, including the University of Kentucky Healthcare, St. Elizabeth Healthcare, LifePoint Health, and the University of Louisville. We have a technology-enabled, value-based partnership with the Kentucky Primary Care Association (KPCA) and its network providers. We also have partnerships with providers in adjacent states such as Ohio and Illinois that will serve Kentucky Medicaid Enrollees that live in communities that border these states.

Behavioral Health Professionals. To help address and mitigate the significant workforce shortage challenge of behavioral health professionals, we will be pursuing several strategies with key partners, including using licensed associates, bachelors-level trained behavioral health staff, peers, and Molina Community Health Workers. Our agency-level credentialing will allow providers to use a range of

behavioral health-trained staff beyond licensed professionals to include community-based staff who are local and able to outreach to Enrollees who are not able to travel to clinics.

Because low reimbursement rates for behavioral health professionals continues to be a major driver of workforce shortages for professionals working in community-based settings, we will partner with our safety-net providers to optimize revenue to support paying competitive wages. This will include use of VBP models to improve cost-effective care delivery, reduce provider administrative burden, and ensure full encounter capture to account for total cost of care that supports actuarially sound rates.

Mitigating Workforce Shortages in Mississippi

In Mississippi, workforce shortages have proven to be a challenge—especially in rural areas like the Delta region, which, like rural parts of the Commonwealth, is challenged by significant provider shortages across multiple provider types. One of our Mississippi affiliate's strategies has been to engage nurse practitioners. Their network development team is constantly contacting new nurse practitioners entering the state.

Other innovative solutions include contracting with Fast Pace Urgent Care. Fast Pace operates a network of urgent care clinics. **One goal of this partnership is to reduce the number of preventable ED visits for behavioral health-related issues.**

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Continuous Network Monitoring and Improvement

We will improve our network and Enrollee access to quality services through ongoing monitoring and evaluation of provider availability, appointment access, and performance standards. Our approach to ongoing network improvement is consistent with our physical health network strategy given that we are a fully integrated MCO but has a key focus on BH services. Our strategy includes review of Enrollee Grievances about accessibility, scheduling, wait times, and delays; an annual access study that examines our BH network's appointment availability and after-hours access standards and related performance; and quarterly reviews of Grievance and Appeal summaries, updated GeoAccess and time/distance reports, Nurse Advice Line reports, BH Behavioral Services Hotline reports, and Enrollee and provider satisfaction surveys.

Throughout initial network development in Kentucky (which began in the first quarter of 2019) our leadership team, including network development, has met weekly to review and measure our network against documented Kentucky Medicaid program access standards, and to discuss network development activities and progress. This team will continue to meet on a weekly basis until the program goes live to ensure a smooth implementation and transition for our network providers.

Once we achieve BH network adequacy, the network development team will begin analyzing a variety of data each quarter to ensure compliance with contractual requirements, access to care that meets our Enrollees' needs, and quality of services. They continually monitor our network to ensure consistent compliance with program standards and report on a quarterly basis to our Quality Improvement Committee.

These quarterly reports measure the BH network against access standards, identify any areas for improvement, and identify progress made to remedy any deficiencies identified in the previous quarter. This multidisciplinary approach ensures we communicate inter-related issues effectively throughout the organization and analyze data from multiple perspectives to support the development and execution of effective integrated solutions.

Our focus ensures that Enrollees have access to the broadest range of providers in the most accessible locations possible. We place a premium on continuous network improvement and Enrollee access to quality BH services through education and ongoing monitoring and evaluation of provider availability, appointment, and performance standards.

Monitoring Network Accessibility

We will employ GeoAccess and Quest Analytics report mapping solutions, customized to reflect Kentucky Medicaid requirements, to monitor BH network accessibility, identify gaps and deficiencies, and verify compliance with time and distance standards. We will also consider Enrollee-to-provider ratios and identify and attempt to contract with all hospital-based provider groups (such as Emergency Department, radiology, pathology, and anesthesia groups) to ensure participation of all service providers an Enrollee may encounter during an episode of care.

We will also continue to recruit additional community providers to strengthen our network as enrollment grows and/or BH service needs indicate. As additional information becomes available, such as Kentucky Medicaid utilization data, we will augment our work plan to assure continued network standards compliance.

We also employ GeoAccess or similar analysis to ensure our Enrollees with co-morbid behavioral, physical, developmental, and other disabilities have access to BH provider sites sufficiently equipped to serve them. Additionally, we analyze Enrollee Grievance data related to network access. With this information, we will recruit additional targeted providers as indicated. We will continuously evaluate provider sites throughout Kentucky, considering the required time and distance standards.

Monitoring Compliance with Appointment Availability and Wait Time Standards

Annually, we will conduct an appointment and after-hour accessibility audit on a defined sample of PCPs, high-volume specialists, high-impact specialists, and BH providers. Monitoring and evaluation includes a review of Enrollee Grievances related to accessibility, scheduling process, wait times, and delays, which we conduct on an ongoing basis. We will measure performance against standards routinely by reviewing:

On average, **87% of Molina Enrollees who responded to the ECHO BH survey in 2018 gave responses of "always" or "usually"** when responding to the questions of How Well Clinicians Communicate

- **Access.** We will compare access questions within the CAHPS Enrollee Satisfaction Survey to assess Enrollee perception with access to health care. We compare scores for the questions to national benchmarks. Our goal is to score at or above the 75th percentile of Medicaid health plans.
- **After Hours.** A representative from Quality Improvement will call PCP offices and BH offices after-hours and assess the after-hours phone message. The sample will be random and will be statistically significant. We review a provider's after-hours phone message to see if the message allows Enrollees to talk to a provider for an after-hours need. A referral to an after-hours nurse hotline for triage will meet the requirement. We will generate a report listing those providers that did not meet the after-hours requirements and send it to our Provider Services team.
- **Grievances.** A quality improvement specialist will gather the Grievance data from call tracking module in our claims processing system for the Enrollee Grievance category access/ availability and present the report to the Quality and Member Access Committee and Provider Advisory Workgroup.

Our provider services staff use town hall meetings, the Web portal, the Provider Manual, and periodic newsletters to educate BH providers about mandated appointment and access standards. Provider Services will monitor provider to access standards and work with providers to improve identified deficiencies. If a provider does not meet basic access standards, we address the matter immediately with education and corrective measures, ranging from a phone call or visit to a formal Corrective Action Plan. If the provider does not meet the access and availability requirements, the provider will subject to disciplinary action, including termination.

ENSURING COMPLIANCE WITH CARE STANDARDS

Molina ensures compliance with care standards through the gathering and analysis of Enrollee feedback, monitoring BH quality indicators, and through our Quality and Member Access Committee.

Gathering and Analyzing Enrollee Feedback

Enrollee input and feedback are essential to consistently providing quality services and ensuring compliance with care standards. It provides a means to assess and improve Enrollee satisfaction, accessibility of services, and provider network availability. Emphasizing this point, our quality improvement specialists, data analytics team and provider survey vendors, collect, analyze, and report on Enrollee experience.

Surveys include questions about Enrollee satisfaction regarding access to services, quality of life, person-centeredness, care managers, and service providers. We collect Enrollee satisfaction surveys covering care management and BH services (using the CAHPS Experience of Care and Health Outcomes [ECHO] survey). We review aggregated survey results and incorporate this data into the annual program evaluation. We compare performance to goals to identify gaps and opportunities for improvement for incorporation into the strategic plan. If analysis reveals a trend indicating opportunities for improvement, our proactive quality improvement specialists work to design interventions to direct change that would benefit the Enrollee. We report this analysis annually, but analysis can be initiated continually through rapid cycle testing. Other sources of feedback Molina uses to monitor compliance with care standards is detailed in Exhibit C.23-7.

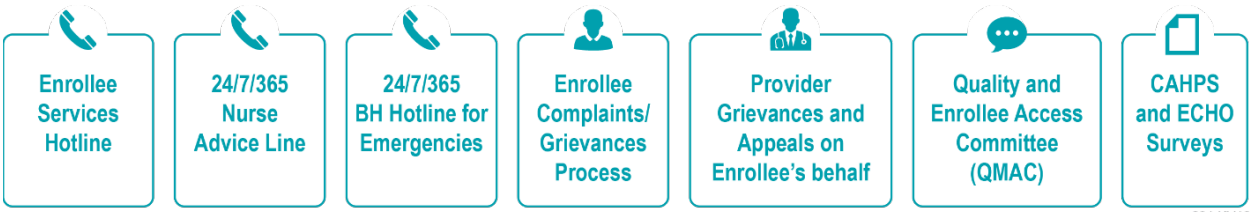

Exhibit C.23-7. Molina uses Enrollee Feedback to Monitor Quality of Care

BH Quality Indicators

Our Quality Improvement department implements a comprehensive data driven Quality Assessment and Performance Improvement Program (QAPI). Our BH quality data is housed internally and easily accessible—***we do not rely on or gather BH data from an outsourced vendor***. The QAPI will define performance targets for BH quality measures, including BH HEDIS indicators and physical health outcomes from BH integration. Example of these indicators include cardiovascular, diabetes, and antipsychotic monitoring of Enrollees with schizophrenia. Molina integrates data from multiple sources, including physical health and BH claims and encounters and advanced data sources such as BH and SUD dashboards. We provide the data to the BH management team and community provider services and representatives. The goal is to develop interventions to reach quality targets, maintain or exceed care standards, and develop best practices.

Quality and Member Access Committee

Providing a local forum where Enrollees can share feedback, Quality and Member Access Committees (QMACs) will help our Kentucky leadership teams make ongoing improvements to person-centered care plans and services. The QMAC can help improve CAHPS results by specifically asking Enrollees about the survey questions and how they perceive them.

Molina will establish regional QMACs in Kentucky to address local diversity and to capture Enrollee feedback specific to the area. We will hold regional QMAC meetings at our local Kentucky offices where community engagement teams and quality improvement specialists will engage with our Enrollees.

To illustrate our success, Enrollee participation in our Medicaid affiliate in Ohio's QMAC is ***64% higher in 2019 than the year prior***. The community engagement teams worked closely with community organizations, care managers, and community health workers and added meals, beverages, and transportation to the quarterly meetings. We will bring these best practices to Kentucky to incentivize Enrollee attendance.

Our six regional ***Molina One-Stop Help Centers*** will also provide Enrollees with a wide range of supports and resources, including the opportunity to voice concerns or compliments, directly to a Molina employee about access to or quality of care.

a.iii. PROPOSED INNOVATIONS TO DEVELOP AND MAINTAIN NETWORK ADEQUACY AND ACCESS

To supplement and further enhance network adequacy, we have embraced innovative solutions that expand access to those in need of BH care, particularly in remote and historically underserved areas of the Commonwealth. We take a multifaceted approach to enhancing this network by engaging in partnerships with providers and community-based organizations and by implementing telehealth initiatives and incentive-based agreements with BH providers that extend access to care and strengthen our network of BH services.

Regional differences and underserved mental health designated areas pose a challenge in delivering care, especially in rural areas. Not only do we partner with local CMHCs, but Enrollees will have access to advance practice nurses through pop-up and mobile health clinics through our Care Connections program. Additionally, Molina has extended contracts to providers in adjacent states like Southern Ohio Medical Center. This expands our network while offering Enrollees provider choice, even in rural areas.

We actively seek to contract and expand relationships with Opioid Treatment Programs (OTPs) of existing providers for the purposes of Outpatient Based Opioid Treatment (OBOT), withdrawal management, and peer support. We will continue to work with the Behavioral Health Associations and will seek partnerships with peer recovery centers. Molina understands the important role peer support specialists bring to Enrollees' lives and the organizations that employ them. Molina will seek the following partnerships to ensure support of such a vital service:

- Provide support to Kentucky-approved Peer Support Specialist Training Programs to increase the number of adult peer support specialists certified in Kentucky by offering training space at any of our Molina One-Stop Help Centers
- Offer training space to assist in recertification of certified peer support specialists as we understand they require six continuing education hours per year
- Provide support and technical assistance at these trainings where needed (i.e. assist with registration, provide handouts)

Expanding Telehealth Services

Molina will offer telehealth services to improve access to BH services for Enrollees across Kentucky. We will leverage our parent company's national vendor, Teladoc, to provide telehealth services to Kentucky Medicaid program Enrollees. Teladoc offers both general medicine telehealth services and BH services. Enrollees with BH conditions, who frequently access telehealth services, will have access to board-certified psychiatrists, psychologists and Licensed Clinical Social Workers. We support Enrollees with anxiety, depression, and tobacco cessation needs through appropriately prescribed medications as well as talk therapy and nurse coaching and support.

Through our contracts with CMHCs across Kentucky, we will offer Enrollees access to a full array of psychiatric and BH services offered in person and via telehealth. We will partner with CMHCs to increase their telehealth offerings by linking to other providers that offer specialty and preventive care, expanding our network and increasing access to an integrated approach to care.

As we do in other markets, we will encourage the use of telehealth by incentivizing providers to establish a telehealth platform and/or designate clinic space for Enrollee consultation. ***We will offer a quarterly bonus to providers serving four or more Enrollees via telehealth.***

BH Providers – Alternative Payment Models

Molina is prepared to work with the Department and other MCOs to develop and implement innovative BH alternative payment models (APMs) to support development and maintenance of an innovative provider network. APMs in Kentucky will initially focus on efforts to reduce Kentucky opioid-related deaths, overdose-related ED visits, and the social and economic impacts of this public health crisis. APMs reward providers for innovative, quality work and incents them to stay in-network. These models could include:

- **Pay for Performance.** Through initial engagement with fee-for-service providers, we tie financial incentives to key access, quality, and outcomes indicators. Moreover, this model identifies providers with at-risk Enrollees and opportunities to improve HEDIS measures.
- **Pay for Quality.** Enhanced reimbursement opportunities are tied to relevant HEDIS measures through this model which focuses on providers who invest in processes to drive better outcomes and lower costs. Additional financial incentives are available for improved performance on utilization metrics with assigned Enrollees.

Molina Healthcare of Ohio – Innovative Behavioral Health-focused VBP

With the state of Ohio facing many of the same behavioral health challenges as Kentucky, including alarming rates of opioid abuse, overdoses and related ED visits, and drug-related deaths, our affiliated health plan in Ohio has taken a lead role in developing behavioral health-focused VPB models that we will leverage for the Kentucky Medicaid program, including:

- **Pay-for-Performance (P4P).** In partnership with its key community mental health providers, ***Molina Healthcare of Ohio offers a P4P program rewarding these providers for completing needed 7- and 30-day HEDIS follow-up visits following hospital discharge.*** This program has been successful in incentivizing mental health community providers to focus on connecting with Enrollees quickly after discharge to ensure needed visits are completed promptly.
- **Behavioral Health Home.** Collaborating with, and under the leadership of, the Ohio Department of Medicaid, Molina and other Medicaid MCOs are launching a Behavioral Healthcare Coordination program focused on Enrollees with significant mental health and/or substance abuse issues. Currently slated for go-live July 2020, ***the program creates a behavioral health-focused PCMH*** in which community behavioral health providers can voluntarily participate and receive funding to perform a variety of activities (including care coordination) to help Enrollees access resources and manage their behavioral health and medical needs in their community. The goal is to increase care coordination and provider collaboration to reduce behavioral health-related ED visits and inpatient stays and improve health outcomes.

Behavioral Health Excellence Program

Molina will start a BH Excellence Program in Kentucky that is quality driven and rewards high-performing providers for improved outcomes. To further promote the delivery of high-quality care, this program will preferentially identify providers that meet performance measures for quality, efficiency, and improved health outcomes. This will have an emphasis on experience in integrating physical and behavioral health services.

This enterprise-wide program measures BH inpatient facility performance and allows Molina and the BH inpatient provider to work collaboratively in analyzing data and devising solutions to improve the quality of care of our BH members. Our affiliate health plan in Illinois deployed their BH Excellence Program in May 2019 in order to improve quality of care and increase provider and Enrollee satisfaction within

inpatient psychiatric facilities. To promote collaboration and enhance monitoring, providers are emailed their scorecards monthly and meet quarterly with Molina staff to discuss further their performance. In providing the data behind the scorecard, Molina also works with these facilities to identify working partnerships with outpatient providers, as well as those opportunities to improve those relationships.

This BH provider collaboration is beneficial as it promotes open communication in order to resolve day-to-day issues; explores areas of growth in an open and nonjudgmental manner; reinforces the importance of the metrics in to ensure good quality care and follow up is provided; and strengthens provider trust that Molina has the same goal of ensuring excellent quality of care.

Success in Illinois: BH Excellence Program Provider Examples

Increased 7-day follow-up after hospitalization compliance from **15.52% to 35.60%** over the last 18 months

Increased 30-day follow-up after hospitalization rate from **39.66% to 55.93%** over the last 18 months

Increased 7-day follow up after hospitalization compliance from **16.67% to 27.60%** over the last 18 months

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Reducing Administrative Burden for BH Providers

Our goal is to reduce administrative burden for BH providers to ensure network maintenance and expansion. Our network will include psychiatrists, psychologists, peer support specialists, LPCCs, LCSWs, and licensed marriage and family therapists (LMFTs) for outpatient services. Our BH specialty network will include providers with experience serving special populations, including professionals with experience in co-morbidities, SUD, chronic pain, IDD, and cultural needs. Our innovative approach to minimize administrative burden for our BH providers is multifaceted as detailed below.

Removing BH Referrals as a Barrier. To make sure Enrollees have immediate access to needed services, Molina does not require PCP referral for Enrollees to access BH services. Additionally, we do not require prior authorization for BH assessments, outpatient visits (with no caps on office visits), medication assisted treatment, and opioid treatment programs. We offer no prior authorization for long-acting injectable antipsychotic medications, buprenorphine-naloxone, naltrexone, naloxone (Narcan), and acamprosate. Further, providers can directly refer for Enrollees for care coordination and SUD specialized case management.

Extending Provider Access to Support and Education through Molina One-Stop Help Centers. We will strategically locate six Molina One-Stop Help Centers across the Commonwealth to increase Enrollee access to care and provider access to support. Space will be available for training and meetings, as well as computer access, and complimentary Wi-Fi service. BH providers can receive face-to-face assistance for any needs. For example, these Help Centers could host Molina-sponsored clinical continuing education (CEUs/CMEs) and clinical roundtable/forums with community peers and Molina medical directors.

A BH provider may also need to come in to our One-Stop Help Centers for managed care education and provider issue resolution. BH providers may have operated in the past primarily with grant funding or Medicaid FFS payments—for a limited set of BH services. As we will be a new MCO for Kentucky, the provider might want familiarity with our customer service agents onsite. A face-to-face appointment could include assistance in becoming proficient with managed care Molina-specific prior authorizations, billing requirements, innovative platforms, provider toolkits, and capitated payment systems.

Providing Innovative Tools, Technology, and Support Staff to BH Providers. Providers are embedded within our multi-disciplinary team with access to Molina specialty staff, including ***peer***

support specialists, Molina Community Health Workers, SUD navigators, and housing specialists. We reduce administrative burden for providers by actively and proactively supporting their needs by providing online access to education and tools to support clinical decision making for mental health and SUD treatment (e.g., BH Toolkit, Opioid Safety Resources, etc.).

To further support providers, we offer a cost affordable mechanism to simplify access to Electronic Health Records (EHR), provide better visibility into patient care, and allow for clinical data to be integrated into a single secure database that allows physicians to access and share clinical information across care settings. Further, ***to increase participation, especially among rural providers, Molina will incentivize providers not currently on an EHR to connect to the Epic Community Connect EHR platform by paying 80% of their ongoing maintenance fees, if they agree to meet quality performance metrics***. We also offer a robust provider portal solution that enables providers to take advantage of our technology to use and share data electronically. Providers can submit utilization management requests and claims via provider portal.

a.iv. PROCESS FOR FOLLOW-UP AFTER HOSPITALIZATION WITHIN REQUIRED TIMEFRAMES

The number of days between a Kentucky Medicaid Enrollee's inpatient hospital discharge and their follow-up appointment is a significant predictor of whether they will adhere to their BH treatment plan. Missing aftercare appointments may result in negative outcomes that include readmissions and decreased overall wellness. To increase aftercare appointment adherence and Enrollee outcomes, we start the discharge planning process upon admission.

Our affiliate in Ohio improved their associated HEDIS 2018 scores beyond the 75th percentile after implementing Enrollee incentives for Follow-Up After Hospitalization for Mental Illness.

In compliance with Draft Contract Section 33.8, Follow Up After Hospitalization for Behavioral Health Services, Molina will require, through provider contracts, that all Enrollees receiving inpatient BH services have an outpatient follow-up and/or continuing treatment visit scheduled prior to discharge. The outpatient treatment must occur within seven days from the date of discharge. Molina will further ensure that BH service providers contact Enrollees who have missed an appointment within 24 hours to reschedule appointments.

Molina will build on solutions that have proven effective for our affiliates with follow-up after hospitalization compliance in other states. These solutions include:

- Tailored Transition of Care programs that promote improved aftercare planning for Enrollees with BH conditions and Enrollees who are in recovery
- Telehealth services to expand access in underserved and/or rural communities
- Person-centered recovery plans and encouraging transitional meetings with family and social supports
- High-touch Enrollee interactions to promote healthy behaviors and improve self-management skills, including engagement by our highly skilled Molina peer support specialists and Molina Community Health Workers who help identify and resolve barriers, including social determinants of health, that impede follow-up care
- Integrated BH care management that centers on appropriate engagement in treatment and recovery, especially important for Enrollees with co-occurring mental health and SUDs who may be ambivalent about treatment, as well as promoting psychotropic medication adherence
- Collaboration with community-based organizations that serve individuals experiencing homelessness to locate and engage Enrollees

- Provider incentives for completing seven-day follow-up visits and contacting Enrollees within 24 hours of a missed appointment
- Enrollee incentives for completing seven-day follow up visits

To improve compliance, we align Enrollee incentives with the Department's priorities and encourage Enrollees to take responsibility for obtaining timely follow-up visits. Our Healthy Rewards program gives gift cards to Enrollees that complete incentives for follow-up after hospitalization within seven days of a BH inpatient stay and completion of annual preventive exams and antidepressant monitoring.

Transition of Care (ToC) Program

Molina will coordinate with BH providers and state-operated or state-contracted psychiatric hospitals and nursing facilities regarding admission and discharge planning, treatment objectives, and projected length of stay for Enrollees committed by a court of law and/or voluntarily admitted to the state psychiatric hospital. We provide this transition of care support across seven "pillars"— four from the Four Pillars® model created by Dr. Eric Coleman, plus three additional ones to address social determinants and individualized needs. These pillars are represented in Exhibit C.23-8, below.

Exhibit C.23-8. Molina's Transition of Care Pillars

Molina's ToC program assigns ToC coaches to Enrollees who are experiencing a change in healthcare setting. Targeted interventions include educating and empowering Enrollees and promoting self-management of their health. ToC coaches will ensure that all Enrollees receiving inpatient BH services receive outpatient follow-up and continuing treatment prior to discharge, this includes assisting Enrollees with scheduling outpatient treatment within seven days from their identified date of discharge and confirming with the Enrollee that he or she has arranged for transportation.

The Enrollee and their multidisciplinary care team meet their ToC coach during multidisciplinary meetings while still inpatient, ideally with the first face-to-face contact in the hospital. The ToC coaches makes their first acuity-based, post-discharge contact by phone or face-to-face within two business days. The Transition of Care coach performs follow-up face-to-face visits with Enrollees within ***7 days and 14 days post-discharge***. In the situation where an outpatient treatment visit was missed, the Transition of Care Coach will verify with the Enrollee if their BH provider attempted to reschedule the missed appointment within the 24-hour timeframe. If the missed appointment is not rescheduled, the ToC coach will then work with the Enrollee and BH provider to reschedule the visit.

a.v. PROCESS FOR ENSURING CONTINUITY OF CARE UPON DISCHARGE FROM A PSYCHIATRIC HOSPITAL

Molina puts the Enrollee in the center of all we do and works to engage both Enrollees and their families as active participants in their healthcare when possible. We know from our national experience the value that system partners bring to the discharge planning process. Enrollees are at risk of poor outcomes if the managed care plan, system partners, and providers do not work together to provide holistic, wraparound supports to the Enrollee as they transition levels of care. Informed by the experience of our affiliates

serving children and adults in other Medicaid managed care programs, Molina will apply a collaborative discharge planning process to the Kentucky Medicaid program. Through our integrated care approach, we will bring together the Enrollee, systems, providers, and stakeholders create a coordinated plan for supporting the Enrollee during times of transition.

Central to our approach is Molina's care manager, who will serve as the Enrollee's single point of contact. As the Enrollee's needs changes, our care manager will consult with the ToC coach, internal experts, and the multidisciplinary team to assure Enrollee's needs are met while continuing to coordinate care. Maintaining a consistent point of contact for the Enrollee and system partners will facilitate continuity of care, promote consistency, and reduce the trauma Enrollees experience. It also enables relationship-building and continued collaboration between Molina and system partners, including psychiatric hospitals.

Molina understands that coordination with system partners is as crucial to ensuring continuity of care as coordination with the Enrollee. As such, Molina will adhere to all requirements outlined in Draft Contract Section 33.10, Continuity of Care Upon Discharge from a Psychiatric Hospital. We will enter into a collaborative agreement with the state-operated or state-contracted psychiatric hospital in accordance with 908 KAR 3:040 and in accordance with the federal Olmstead law. At a minimum, the agreement will include responsibilities of the BH provider to ensure continuity of care for successful transition back into community-based supports. In addition, Molina and the BH providers will participate in quarterly Continuity of Care meetings hosted by the psychiatric hospital.

Molina will leverage the significant experience our Medicaid health plan affiliates have working with provider associations, hospitals, and state agencies to improve continuity of care. For example, in Illinois, our affiliate partnered with a Behavioral Health Home Coalition (IBHHC) on a pilot program to help their most vulnerable Enrollees receive support and services in their communities. This integrated, high-touch model combines home visits and follow-up visits (post-discharge) to provide frequent communication and support. The pilot enabled Enrollees to be successfully stabilized within their respected communities, reducing BH and ED visits (readmissions) and lowering medical costs while maintaining a high standard of care. ***IBHHC results at the onset of the pilot in 2017 included a 51% decrease in IP admits, a 25% decrease in ED visits, a 30 decrease in total PMPM, and a 53% increase in Rx PMPM***.

Coordination with the BH Provider Case Manager

Molina will require BH providers to assign a case manager prior to or on the date of discharge and provide basic, targeted, or intensive case management services as medically necessary to Enrollees with SMI and co-occurring conditions who are discharged from a state operated or state contracted psychiatric facility or state operated nursing facility. Together with the BH provider case manager, ToC coach, and other identified BH service providers, the Molina care manager will lead discharge planning meetings to ensure compliance with the federal Olmstead and other applicable laws.

Molina's discharge planning process includes our ToC coaches, the Enrollee's multidisciplinary team, and the BH provider case manager and will focus on ensuring needed supports and services are available in the least restrictive environment. The discharge plan will include all needed BH, physical health, and social determinants of health services and will also include psychosocial rehabilitation, health promotion, and linkage to community supports. A detailed overview of Molina's discharge planning activities follows.

Discharge Planning to Ensure Continuity of Care

Molina oversees transition planning and continued care coordination activities for Enrollees transitioning from psychiatric hospitals or other institutional settings to integrated, community-based housing. To support a successful transition, we will perform a comprehensive physical health and BH assessment within 24 to 72 hours before the transition. To ensure continuity of care for Enrollees who were already in care management prior to their admission, the existing care manager will follow up and coordinate with

the Enrollee to resume (or coordinate new) services and ensure connection to their BH provider case manager. In addition, Molina will:

- Assist in scheduling a follow-up appointment with a BH provider. For Enrollees referred to CMHCs, we will leverage our relationship with the CMHCs to build an Intercept Program. Our utilization management clinical staff and ToC coaches will work with the CMHCs to develop a centralized Intercept process for scheduling appointments within seven days of BH inpatient discharge.
- Check the location of the Enrollee's preferred pharmacy and offer mail order, if indicated, or find independent pharmacies if the Enrollee lives in a rural area to make sure the Enrollee has access to any needed prescriptions. Molina's care manager and the BH care manager will connect the Enrollee to the Kentucky Prescription Assistance Program, if needed.
- Verify the Enrollee's preferred pharmacy and prior authorization requirements for specialty BH medications. The Enrollee will have access to Molina's network of pharmacies and optional mail order program, as appropriate, as described in Section C. 21, Pharmacy.
- Check prior authorization requirements and expedite requests for medical and psychiatric prescription fills, outpatient labs/testing, medical procedures, and other BH-specific levels of care (for example, Residential Treatment)
- Provide the Enrollee with contact information for their Molina BH Transition of Care coach, BH care manager or SUD navigator teams, BH Services Hotline number, and telepsychiatry options.
- Provide Clinical Consultations

Molina's multidisciplinary teams facilitate clinical consultations on routine and ad-hoc bases to provide opportunities for care managers to receive clinical support and feedback regarding Enrollees with complex needs. The Molina multidisciplinary team comprises internal staff, including care managers, RNs, licensed or master's level BH clinicians, medical directors, pharmacy technicians, and housing and resource specialists. Although the multidisciplinary team facilitates these clinical consultations primarily internally, Molina staff may request Enrollee consent for other members of the Enrollees' treatment team to participate in these discussions, including the BH provider case manager and discharge planning staff from the psychiatric hospital.

Clinical consultations discuss the Enrollee's clinical needs, social determinants of health, or any identified barriers and determine a course of action or interventions to help improve Enrollees' health outcomes. Once we establish a plan of interventions or next steps, Molina's primary care manager will provide follow-up to the Enrollees' providers to confirm the feedback loop is completed.

Coordinating with Psychiatric Hospitals

Molina proposes partnering with the Department and psychiatric hospitals to establish, monitor, and have continuous communication. The effort will ensure effective coordination occurs as well as spearhead educational and training opportunities for Molina and Department staff. We will engage in collaborative contracting discussions to promote agreements that support value- and evidence-based approaches to contracting, which will ensure Molina and the facilities operated by or contracted with the Commonwealth are providing adequate access to timely, most appropriate, and least restrictive care. Through the use of provider education, frequent and recurrent collaboration with facilities, and strong relationships with contracted partners, Molina will provide various avenues for open communication at all times.

b. APPROACH TO MEETING THE DEPARTMENT'S REQUIREMENTS FOR OPERATING 24-7 EMERGENCY AND CRISIS HOTLINE ACCESS

As part of our integrated approach, Molina will triage and resolve BH crisis situations through our parent company's BH Hotline vendor. Staffed by trained and licensed clinicians (LCSWs, LPCCs, LMFTs), our 24/7 BH Hotline will meet or exceed all minimum performance standards per Draft Contract Section 33.6, Behavioral Health Services Hotline. Through our BH Hotline, ***we will immediately assess and assist youth and families in crisis.***

Managing Emergency and Crisis Hotline Calls

- Staffed 24/7 by trained and licensed BH clinicians
- Evidence-based screening and assessment tools
- Solution-focused therapy to stabilize the crisis
- Warm transfers to connect callers to resources, as indicated
- Follow-up calls within 48 hours of the emergency or crisis call

Clinical specialists refer Enrollees to the appropriate level of care or service, including hospital Emergency Department, collaborating with ED staff; local Suicide Hotline; mobile crisis services; other crisis response systems; and 911 when appropriate. We will link Enrollees and caregivers to community resources and connect Enrollees to follow-up care, including local CMHCs and BH providers. BH staff will:

- Screen and assess danger to self and danger to others using evidence-based assessment tools
- Provide brief, solutions-focused therapy to stabilize the crisis over the phone, when caller safety can be safeguarded
- Warm transfer Enrollees to CMHCs for mobile crisis services
- Alert the Enrollee's care manager of the crisis to prompt follow-up and coordination with the Enrollee's BH provider
- Provide outbound crisis follow-up within 48 hours of the crisis call to connect the caller to ongoing services and community supports

BH clinicians are available 24 hours per day and 7 days per week to assess and respond to crisis situations. They will assess the acuity and lethality of the situation and provide brief interventions and care coordination to help meet the Enrollee's immediate needs and dispatch appropriate resources to the Enrollee, as indicated. BH hotline specialists will connect the Enrollee to outpatient and community-based resources to address their immediate needs, including social determinants of health. Further, the BH Hotline staff receive complete fraud, waste, and abuse (FWA) training and background check requirements.

Molina's Behavioral Health Hotline meets all URAC accreditation standards and is HITRUST CSF certified, MARS-E Compliant, American Association of Suicidology accredited, and Crisis and Information Call Centers: Integrated: AOD/MH (Adults) Accredited (CARF International).

URAC ACCREDITED HEALTH CALL CENTER · HITRUST CSF Certified · carf ACCREDITED · AMERICAN ASSOCIATION OF SUICIDOLOGY

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c. COORDINATION AND COLLABORATION BETWEEN MOLINA, BEHAVIORAL HEALTH PROVIDERS AND THE PCP

Molina provides the necessary training, education, and opportunities for collaboration to PCPs and BH providers to support a fully integrated system of care. To that end, Molina contractually requires PCPs to have screening and evaluation procedures for detection and treatment of, or referral for, any known or suspected BH problems and disorders. We allow PCPs to provide any clinically appropriate BH services within the scope of their practice.

Molina will develop Kentucky-specific policies and procedures on clinical coordination between BH providers and PCPs and provide them to the Department for approval. We will require BH service providers to refer Enrollees with known or suspected and untreated physical health problems or disorders to their PCP for examination and treatment, with the Enrollee's or the Enrollee's legal guardian's consent. BH providers may only provide physical healthcare services if appropriately licensed. These requirements will be outlined in the Molina Provider Manual. Molina understands we are to submit such contract provisions and screening and evaluation procedures to the Department for approval.

We detail Molina's PCP and BH provider training strategies and our information sharing processes in the following section.

TRAINING PROVIDERS ON PH/BH COLLABORATION AND SYSTEMS

Our training programs and toolkits emphasize effective collaboration between PCPs and BH providers to enhance communication and management of treatment. We offer provider training on our integrated model of care and the role of care managers, the Enrollee and their family, PCPs, BH providers, and social workers. We also emphasize the importance of information sharing and data exchange:

- Providers will exchange information to facilitate care management for the Enrollee and ensure continuity of care
- BH providers will send initial and quarterly (or more frequently if clinically indicated) summary reports of an Enrollees' BH status to the PCP, with the Enrollee's or the Enrollee's legal guardian's consent
- Providers will document referrals made in the Enrollee's medical record. Documentation includes the specialty, services requested, and diagnosis for which the referral is being made
- Providers will preferably refer Enrollees to BH providers that are contracted and credentialed with us, except in the case of emergency services

Supporting PCP Education on BH Screening, Assessment, and Referral

Molina's BH Toolkit assists providers in their efforts to assess and treat BH conditions in the primary care setting, as well as provide guidance regarding when to refer an Enrollee to a BH provider. This web-based toolkit includes screening tools (for example, PHQ9 and CAGE AID), diagnostic criteria, clinical guidelines and interventions, and links to additional clinical resources. For example, the toolkit's clinical guidelines for Enrollees with moderate risk of clinical depression promote medication review, evaluation of social supports, referral to our care management team, referral to a BH provider, assistance with locating a provider and scheduling, and coordination with the provider. PCPs can also discuss Enrollees with complex conditions with a Molina psychiatrist or SUD specialist.

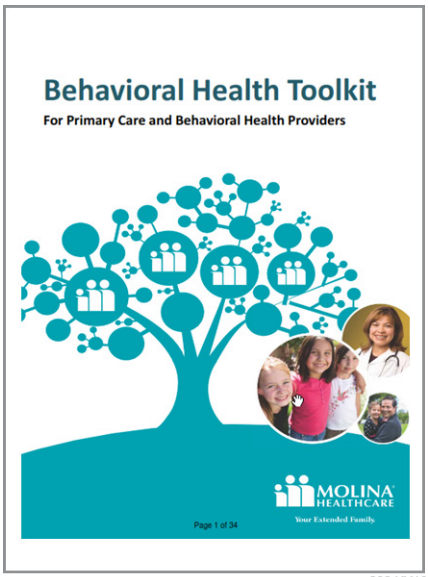
Our care managers are on call for our contracted PCPs, and PCPs can contact them if they have any questions on how or when to refer an Enrollee. For higher-acuity Enrollees enrolled in our care management program, our staff often collaborates with an Enrollee's provider(s) in the community to assess and secure resources needed to meet the Enrollee's specific needs.

Mental Health First Aid

Molina will incentivize PCPs to complete the Mental Health First Aid Certification training. Mental Health First Aid is a training program which has been adapted by the National Council for Behavioral Health to improve mental health knowledge and skills among the public in responding to early stages of mental illness and mental health crises. The course will not substitute physical or BH treatment or peer support services, but aims to enhance awareness of early signs and symptoms to create more mental health allies, increase opportunities to provide support or intervention, and reduce stigma associated with mental health. Providers without experience or expertise with mental health benefit from this training by developing a foundation and understanding of mental health conditions, warning signs, communication skills, and resources specific to this population. By incentivizing PCPs to complete Mental Health First Aid training, both Molina and the provider network will enhance the Enrollee experience when it comes to receiving support and appropriate intervention related to mental health.

INTERACTION BETWEEN CARE MANAGERS AND ENROLLEES, PCP/BH PROVIDER, FAMILY AND OTHER PHYSICIANS

Molina creates opportunities for PCPs and outpatient BH providers to share clinical information to improve care management. When the Enrollee or Enrollee's legal guardian provides consent (in accordance with federal regulations), our care managers work with the inpatient and/or outpatient provider as well as the Enrollee's natural supports to ensure relevant information is communicated.



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For Enrollees with complex BH needs, our BH medical director participates in the Enrollee's multidisciplinary meetings. Our care managers set a collaborative tone as facilitators of the multidisciplinary team to promote greater service delivery efficiency, effectiveness, and improved health outcomes. Team meetings bring together the Enrollee, Molina care managers, Molina pharmacists, Molina physicians (medical and psychiatrist), paraprofessionals (peer support specialist and Molina Community Health Worker), the Enrollee's relevant providers (physical health and BH), and the Enrollee's family/caregivers. During multidisciplinary meetings, the Enrollee remains our focal point in interactions with their providers, other case managers, Enrollee-approved family/caregivers, and others, as requested by the Enrollee. Further, BH staff visit with individual providers to ensure proper collaboration and for provider training.

FACILITATING THE EXCHANGE OF INFORMATION TO ENSURE HIGH-QUALITY COLLABORATION

Since ***Molina fully manages BH services in-house***, sharing of information occurs quickly and is accessible in real time. Our process prevents delays in the analysis and measurement of data. As a result, Molina can work collaboratively with PCPs and BH providers using one source of data to improve outcomes. Molina uses multiple approaches to facilitate the exchange of information including:

- **Web-based and Local Support.** As mentioned previously, our web-based Behavioral Health Toolkit shares critical resources, tools, and information, including clinical guidelines for referrals, scheduling, and coordination of care, with our BH providers, ensuring they have the support they need to better serve our BH Enrollees. We also facilitate the exchange of information with our providers through our Provider Portal, email/fax blasts, webinars, and through face-to-face training by our BH staff.

- **Facilitating Data-sharing through Collaborative Agreements.** Molina will develop Collaborative Agreements with state systems that include regular processes for electronically sharing data and Enrollee-specific information. We will incorporate this information into our care management system that also houses the HRA, Enrollee Needs Assessment, and integrated care plan.
- **Encouraging Provider Participation in the Health Information Exchange.** We will encourage Providers to participate in the Kentucky Health Information Exchange (KHIE) so they can electronically provide us with updates on the Enrollee's status and services. Molina's HIE platform enables us to share health-related information with external entities, such as pharmacies, hospitals, and other MCOs. We will also interface with required operational systems, such as KHIE, to access, inquire, and bi-directionally share information such as Enrollee eligibility and enrollment, claims and encounter data, and provider profiles.
- **Integrating Enrollee Information from System Partners**. We will load Enrollee records from state system partners, providers, and our care managers into our Enrollee, provider, and stakeholder portals, making it readily accessible to the Enrollee, PCP, and BH providers. Providers involved in the Enrollee's care can view the information, promoting care coordination and a collective focus on a single set of goals. The Molina care manager acts as the hub for this information making sure providers have the information they need to effectively serve Enrollees and avoid duplication of services.

Molina's BH Integrated Service model offers the Commonwealth of Kentucky a holistic approach based on proven experience managing populations with a high prevalence of complex BH conditions. We will work to improve the health outcomes for all Kentuckians through our ***internally managed and fully integrated*** physical health, mental health, SUD, and social determinants of health system of care.