

G.2 Company Background

REQUIREMENT: RFP Section 60.7.G.2

2. Company Background

a. Corporate Experience

- i. Describe the Contractor's experience in the provision of managed care services similar to those specified in the Contract for the Kentucky SKY populations specified in this Contract. In addition, include the following information in the response:
 - a. Experience in coordinating and providing Trauma-informed services, and educating Providers on Trauma-informed Care, adverse childhood experiences, and evidenced based practices applicable to individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance;
 - b. Three (3) examples of initiatives the Contractor has implemented for Medicaid managed care programs for individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance that have supported improved outcomes (e.g., greater awareness of Trauma-Informed Care, clinical outcomes, Discharge Planning between levels of care, etc.). Describe whether such initiatives were cost effective and resulted in sustained change;
 - c. A summary of lessons learned from the Contractor's experience providing similar services to the populations enrolled in Kentucky SKY; and
 - d. How the Contractor will apply such lessons learned to the Kentucky SKY program
- ii. Provide a listing of the Contractor's prior and existing full risk Medicaid managed care contracts serving individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance for the previous five (5) years. Include the following information:
 - a. State name
 - b. Contract start and end dates
 - c. Number of covered lives
 - d. Whether the Contractor provides services regionally or statewide

b. Office in the Commonwealth

For programs similar to Kentucky SKY, has the Contractor co-located staff in an agency regional office? If yes, describe the factors that influenced that decision and summarized the outcome of the co-location in coordinating of services for program participants.

c. Staffing

- i. Describe the Contractor's proposed approach to staffing for the Kentucky SKY program under this Contract, including the following information at a minimum:
 - a. Description of how the organizational structure provides innovative solutions for meeting programmatic goals specific to the Kentucky SKY program and Kentucky SKY Enrollees and supports stakeholder groups (e.g., Kentucky SKY Enrollees, Providers, partners, among others).
 - b. Description of how the organizational structure will support whole-person integrated care, population health and overall improvement in health outcomes in a cost-effective manner for the Kentucky SKY program.
- ii. What prior experience will the Contractor require staff to have had in serving populations similar to Kentucky SKY Enrollees?
- iii. Provide a narrative description of the Contractor's approaches to recruiting staff for the Kentucky SKY program, including:
 - a. Recruitment sources;
 - b. Contingency plans if the Contractor is unable to recruit sufficient numbers of adequately trained staff in a timely basis or if the Contractor's original staffing estimates are too low and for avoiding and minimizing the impact of personnel changes;
 - c. How the Contractor will assure the Department that sufficiently experienced, licensed and trained personnel are available to support implementation and ongoing administration of the Kentucky SKY program; and
 - d. How the Contractor will seamlessly transition staff, if necessary, from implementation to ongoing operations.
- iv. A listing of Full-Time Kentucky SKY Key Personnel identified in RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices," and as otherwise defined by the Contractor, including:
 - a. Individual names, titles, job descriptions, qualifications and full-time equivalents (FTEs) who are dedicated one hundred percent (100%) to the Kentucky SKY program under this Contract with no other responsibilities outside of the Kentucky SKY program, as well as their office locations for this Contract. An FTE is defined as the ratio of the total number of paid hours divided by the total number of working hours in the period. Annually, an FTE is considered to be 2,080 hours.
 - b. Whether each Full-time Kentucky SKY Key Personnel position will be filled by a Contractor's employee or a Subcontractor. Identify the number of FTE Subcontractor staff who will be one hundred percent (100%) dedicated to the Kentucky SKY program.
 - c. Resumes, including information such as degrees, credentials, clinical licensure as applicable, years and type of experience. Include as an Appendix or Attachment to the Proposal.
- v. Overview of the Contractor's proposed training of staff to fulfill all requirements and responsibilities of RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices," for all operational areas. Provide the Contractor's proposed training program and curriculum for all staff specific to areas of responsibility. Include information about the topics for which staff will receive training, how trainings will differ for new staff members versus ongoing trainings and related training schedules.
- vi. Overview of Contractor's approach to monitoring Subcontractors' progress in recruiting and training of staff to meet all requirements of RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices."
- vii. Retention approach for Full-time Kentucky SKY Key Personnel.
- viii. Provide a detailed description of the Contractor's organizational structure for the Kentucky SKY program under this Contract, including an organizational chart that displays the following:
 - a. Management structure, lines of responsibility, and authority for all operational areas of this Contract.
 - b. How the Kentucky SKY fits into the overall organizational structure of the Parent Company.
 - c. Where Subcontractors will be incorporated.
- ix. A summary of how each Subcontractor will be integrated into the Contractor's proposal performance of their obligations under

- the Contract to ensure a streamlined experience for the Kentucky SKY Enrollees, Providers and the Department.
- x. Identification of staff positions that will be based (1) in the Contractor's Kentucky office(s), (2) in the field, and (3) at a corporate office of the Contractor or Subcontractors. Information should include physical locations for all Contractor operational areas to support this Contract.
 - xi. Number of proposed FTEs dedicated to the Kentucky SKY program, by position type and operational area and how the Contractor determined the appropriateness of these ratios.
 - xii. Describe the roles and responsibilities of Care Coordinators and Care Coordination Team. How will the Contractor maintain adequate Kentucky SKY to Kentucky SKY Enrollee ratios and number of Care Coordination personnel and management staff having expertise in Physical Health, Behavioral Health, and the Kentucky SKY Enrollee to build Care Coordination Teams? Provide the Contractor's approach to locating the Care Coordinators areas in which they serve.

Molina has cared for the most vulnerable individuals throughout our 25 years in Medicaid managed care and currently manages the delivery of healthcare services to nearly 3.4 million individuals including 1.8 million children.

Molina Healthcare of Kentucky, Inc. (Molina), will proactively identify and care for children and youth who are in imminent need. We know that the more than 11,000 Kentucky SKY Enrollees involved in Foster Care and juvenile justice systems or receiving Adoption Assistance or Aging Out services have complex healthcare needs that require coordination of care across physical health, behavioral health (BH), and socioeconomic needs.

In this section, we describe our experience in coordinating and providing trauma-informed services, and educating Providers on trauma-informed care, adverse childhood experiences (ACEs), and evidenced-based practices. From the experience of our affiliates providing services to similar populations in nine states, we understand how to serve vulnerable children and youth. For example, we know that children and youth in Foster Care have higher rates of emotional and behavioral problems, chronic physical disabilities, and educational and developmental delays compared with children from the same socioeconomic level who are not in Foster Care.

Young adults transitioning out of the system are especially vulnerable to employment challenges, homelessness, substance abuse, and exploitation by older adults. Poor health outcomes for children and youth in Foster Care are the result of the traumas faced by these children: removal from their homes; frequent placement changes; failed attachments; history and consequences of abuse and neglect; exposure to the opioid crisis; and poorly coordinated healthcare due to the loss of information about their pre-existing healthcare conditions with every new transition. SKY Enrollees often face complex forms of trauma and experiences that impact their focus on planning for their future. We know that by engaging early we can help explore their interests, and connect them to mentors, youth peer supports, and natural supports that will help them achieve their goals.

As part of our process for implementing the SKY program, we will establish a workgroup with the Department for Medicaid Services (Department) and the Department for Community Based Services (DCBS) to coordinate services for Enrollees with the most immediate service needs. We will use available data from the Commonwealth, other MCOs and DCBS, such as service utilization, prior authorizations, placement history, and care and service plans and assessments, to fully understand each Enrollee's needs and identify Enrollees with the most immediate service needs. We will collaborate with DCBS to create a transition plan that facilitates continuity of care. For Enrollees with complex chronic conditions and/or BH needs, a change in Providers can be an overwhelming experience. Our continuity of care approach eliminates potential disruptions for Enrollees receiving Covered Services from non-contracted Providers as we proactively bring as many eligible Providers into our network as possible, ensuring smooth and seamless transitions into our network at the time of contract implementation.

a. CORPORATE EXPERIENCE

Our parent company, Molina Healthcare, Inc. (MHI), was founded in 1980 as a single clinic serving low-income families in Southern California. Today, our parent company is a national managed healthcare leader serving 3.4 million Enrollees. We have experience working with children in Foster Care in eight states, including Kentucky's neighboring state, Ohio. We understand the need for a comprehensive program developed specifically to meet the needs of children and youth in Foster Care and the juvenile justice systems, receiving Adoption Assistance or Aging Out Services; we leveraged our experience and experts in the field and have tailored our System of Care approach to address the needs of Kentucky SKY Enrollees. Our System of Care model is Enrollee- and family-centered, community-based, and culturally and linguistically sensitive. For the SKY program, we will assign a Care Coordination Team to all Enrollees within one business day. In response to feedback from foster families and Providers that having a single point of contact and coordinated care is important, each Care Coordination Team will have a dedicated Care Coordinator. Molina's Population System of Care will offer close coordination, assistance with system navigation, a readily accessible Enrollee record, and a comprehensive set of interventions for each Enrollee based on their individual needs and circumstances.

i. EXPERIENCE PROVIDING MANAGED CARE SERVICES SIMILAR POPULATIONS

Our parent and its affiliated health plans have extensive experience administering programs for special populations with multiple chronic conditions including children and youth in Foster Care, the juvenile justice system, or Adoption Assistance. MHI currently serves similar populations to those in the SKY program in California, Florida, Michigan, Mississippi, New York, Ohio, and Utah, as shown in Exhibit G.2-1.

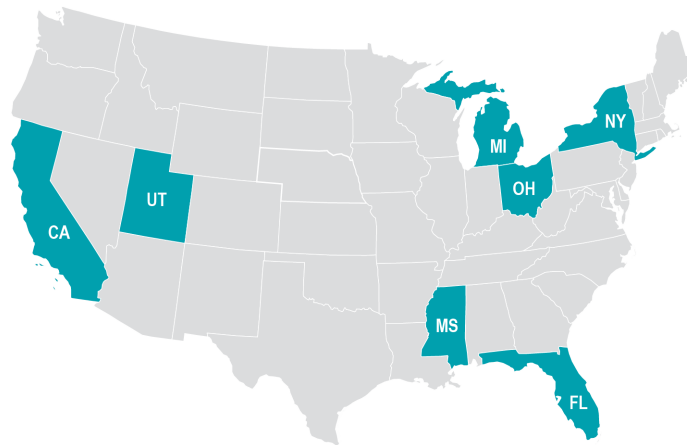


Exhibit G.2-1. Map of MHI Foster Care and Juvenile Justice Contracts

As an example, in our affiliate Ohio program for the Foster Care population, we pulled raw utilization in the categories shown in Table G.2-1 for the time period before and following enrollment in care coordination services to demonstrate the impact of the Molina Healthcare of Ohio (MHO) Care Coordination program. The data is shown for both Enrollees receiving services for any period as well as Enrollees in the program for at least six months.

Table G.2-1. Our Ohio Affiliate’s Care Coordination Program has Proven Results for Enrollee in Foster Care

Topic	Inpatient Admission	30 Day Readmissions	ED Visits	PCP Visits
Foster Care Enrollees in Care Coordination	▼ 87%	▼ 89%	▼ 67%	▲ 14%
Foster Care Enrollees in Care Coordination for more than 6 months	▼ 83%	▼ 83%	▼ 60%	▲ 15%

a. Experience with Trauma-informed Care and Services

MHI has supported individuals in Foster Care, juvenile justice, and receiving Adoption Services throughout nine states. We describe our experience-based approach to coordinating and providing trauma-informed care and educating Providers on trauma-informed care, and evidence-based practices in the following section.

Coordinating and Providing Trauma-Informed Services. In our experience, Enrollees need to be supported by Providers and caregivers who are trauma-informed and know how to address ACEs. Our System of Care approach bolsters resilience and makes sure that services are designed to address trauma first. Our experience promoting a trauma-informed System of Care includes several strategies, such as:

- Creating Foster and Adoptive Family Advisory Groups that provides a forum to gain insight and input from SKY Enrollees and their families about plan policies and procedures, access and availability of care and services, and challenges to accessing care, and to provide education to help them navigate the system.
- Participating in State Interagency Councils for Services and Supports to Children and Transition-age Youth to enhance care coordination and cross agency/organization collaboration.
- Developing a Trauma Informed Care toolkit that gives Providers practical strategies for adopting policies that support trauma-informed care and an organizational assessment that helps Providers to identify opportunities to enhance their processes.

Educating Providers on Trauma-Informed Care. We will offer all Providers access to our *Fostering Success Academy*. This convenient and comprehensive Provider training program delivers education and resources on evidence-based practices, including trauma-informed care, using multiple modalities including in-person classes, personalized coaching, webinars, peer consultation, and online resources. Our dedicated SKY Training Manager will coordinate initial and on-going training for providers on the many topics specific to this population, including but not limited to The Family First Prevention Services Act, appropriate utilization of psychotropic medications, the impact of ACEs, the High-Fidelity Wrap Around approach, and many more.


Through the *Fostering Success Academy* Molina will bring Providers and staff together to promote widespread adoption of evidence-based practices across our System of Care.

- We will seek **Provider Champions** willing to share best practice strategies and offer apprenticeship opportunities to Providers in the training phase, allowing trainees to observe team meetings, engagement with youth and caregivers, and interactions with other team members. In our experience,

Molina’s Fostering Success Academy offers:

Evidence-based practice toolkits

CEUs/CMEs Webinars 

 Learning Collaboratives
Personalized coaching

Dedicated Training Manager

In-person classes 

 Peer Consultations
Online resources

creating Provider connections to support evidence-based practices is an excellent tool for facilitating consistency in practices across Providers.

- We will participate in the ***Train the Trainer*** workshop on ACEs. This will enable us to offer monthly and on-demand trainings related to ACE for PCPs and Providers.
- During regular interactions with Providers as part of ongoing care coordination, our ***Care Coordinators***, who will be trained in ACE, ***will educate Providers*** on trauma-informed care strategies for serving SKY Enrollees and incorporate trauma-informed care interventions in the Enrollee’s Care Plan.
- Providers can access self-service tools, such as a ***trauma-informed care toolkit*** that gives Providers practical strategies for adopting policies that support trauma-informed care.
- Through ***Learning Collaboratives***, facilitated by Molina’s SKY Training Manager, we will bring together Providers and Molina staff to share strategies and best practices for adopting trauma-informed practices.

We will encourage Providers to conduct an organizational assessment to determine their readiness to implement trauma-informed approaches. Our SKY Training Manager will connect Providers to resources, such as webinars available through the National Child Traumatic Stress Network, that can assist them in developing and adopting plans to modify their policies to adhere to trauma-informed practices. Our goal is to assure that SKY Enrollees who have experienced trauma can actively participate in treatment delivered in a non-threatening manner by Providers who respect their needs and preferences.

Educating Providers on ACE. Molina conducts education campaigns on trauma-informed care and ACE, as shown in Exhibit G.2-2 below, to inform Providers and families on strategies to mitigate the effects of trauma. We have experience training foster and adoptive families, PCPs, and specialists on anticipatory guidance. Anticipatory guidance offers practical strategies for caregivers to address the behaviors and challenges of the traumatized child, promoting a strong social-emotional bond and providing learned social emotional skills.





Child's Behavior	How a Family or Provider Can Respond
 <p>Traumatized children will respond to anything they think is a threat more quickly and more forcefully than other children. Traumatized children are more likely to misread facial and nonverbal cues and think there is a threat where none is intended.</p>	<p>Do not take these behaviors personally. Helping the child understand your facial expression or the tone of your voice will help lessen the chance of the child's behavior escalating in situations that otherwise do not seem threatening</p> 
 <p>Traumatized children do not have the skills for self-regulation or for calming down once upset.</p>	<p>Develop breathing techniques, relaxation skills, or exercises that the child can do when getting upset. Praise the child for expressing feelings or calming down. Guide the child at first, then just remind the child to use his skills when you start to see the child getting upset.</p> 

Exhibit G.2-2. Anticipatory Guidance Providers Specific Tools to Help Children with ACE

Experience Educating Providers on Evidence-Based Best Practices

Molina’s Population Health Management program uses evidence-based assessment tools and interventions that have proven effective in supporting children and families in achieving improved health, building resilience and promoting permanency. Our Care Coordinators will use appropriate assessment

tools to evaluate Enrollees' needs. Additionally, we will include evidence-based assessments in our Provider Toolkits and connect Enrollees to evidence-based interventions.

Molina promotes evidence-based practices, including: Ages and Stages Questionnaire, applied behavior analysis, American Society of Addiction Medicine, Chafee Independence Program, Child and Adolescent Needs and Strengths, child-parent psychotherapy, Columbia Suicide Severity Rating Scale, High Fidelity Wraparound Approach, motivational interviewing, functional family therapy, multi-systemic therapy, parent-child interaction therapy, Safe Environment for Every Kid (SEEK), Transition to Independence Program, trauma-focused cognitive behavior therapy, trauma-informed care, and Trauma Symptom Checklists.

b. Examples of Initiatives that have Improved Outcomes

We use a data driven approach to population health, using innovative solutions to address health issues that affect Kentuckians. We always remember that Enrollees are individuals, and we treat the whole person by developing Care Plans that address Enrollee's whole health needs and transform lives.

Below we provide three examples of initiatives MHI has implemented for Medicaid managed care programs for individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance that have supported improved outcomes, including greater awareness of trauma-informed care, clinical outcomes, and discharge planning between levels of care.

Example 1: Molina Community Health Workers

Molina's Community Health Worker program improves health outcomes and reduces costs among a high-risk Medicaid population. Molina Community Health Workers are part of Molina's Interdisciplinary Care Team and act as the "eyes and ears" of Care Coordinators. They improve health outcomes through social support, linking Enrollees with resources, visiting Enrollees in their homes, and accompanying Enrollees to medical appointments. Molina Community Health Workers can impact inpatient and emergency department (ED) utilization, use of preventive services, care transitions, and Enrollee satisfaction.

Results. Enrollees who had a Molina Community Health Worker intervention were 25% less likely to have an ED or inpatient visit post-intervention. Among these Enrollees, there was a significant decrease of \$218 PMPM in the total cost of care. There was a cost avoidance of \$432,000 for the first year of the program and a total cost savings, net of program operation, of \$194,000, or an 80% return on investment.

Example 2: Molina Virtual Urgent Care

To increase access to care and Enrollee satisfaction, our Washington affiliate developed the Molina Virtual Urgent Care (MVUC), offering 24/7 access to a physician or advanced practice registered nurse for common urgent medical conditions via phone or mobile device. Enrollees may receive triage, diagnosis, and treatment for common conditions when transportation or primary care provider (PCP) availability are barriers to in-person care. Promoting holistic care and Population Health Management, MVUC refers Enrollees with mental health, substance use disorder, or chronic health conditions to health plan care managers for linkage back to their PCP and other supportive services, if needed. To reinforce the importance of a medical home, MVUC shares medical records with the PCP.

Results. Our affiliate experienced a 21% increase in monthly utilization between year one and year two of the program, demonstrating Enrollee satisfaction.

Example 3: Partnerships with Local Detention Centers to begin Care Coordination Before Release

Medicaid health plans have an opportunity to partner with local detention centers and begin care coordination for Enrollees who are incarcerated before their release back into the community. In one market, our affiliate was the only plan to launch a program specifically designed for justice-involved Enrollees. Our affiliate worked with the Department of Corrections to identify and connect with Enrollees in the justice system before release and engage them in care coordination. Connecting these individuals to

proper physical, BH, and social services immediately upon release holds great potential for reducing recidivism, improving health and quality of life, and decreasing overall costs to both the healthcare and justice systems.

Our affiliate health plan piloted a program where they partnered with local detention centers to help those in jails return to the community. Their care managers went through special trainings to be able to move freely and safely throughout the detention center, with access similar to that of detention centers guards. The care managers initiated contact with Enrollees while incarcerated, performed an assessment, and identified key factors needed to support the Enrollee upon release. They coordinated both physical health and BH needs, identified and addressed social determinants of health, and promoted medication adherence.

Results. Participants in this program saw:

- 14% recidivism rate compared to the average rate of 57%
- 64% lower ED use than peers who did not participate in the program

c. Lessons Learned from Molina Affiliated Contracts

We analyze lessons learned from implementations, ongoing operations, and other initiatives as part of our Quality Management process. Leveraging the experience of our affiliates serving children and youth in Foster Care in other states, we have learned the following lessons shown in Table G.2-2 that we will apply when serving SKY Enrollees.

Table G.2-2. Lessons Learned from Molina's Affiliated Health Plans

Topic	Solutions
Building Strong Relationships and Collaborations	<ul style="list-style-type: none"> • Building strong relationships with county agencies is important and fosters communication, prompt access to care, and care coordination. • Ensuring coordination with subcontractors and formal communication protocols helps facilitate responsiveness and adherence to schedules, and makes sure subcontractors are included in all appropriate staff training. Collaboration with external community and Provider-based organizations is key to developing a strong System of Care. For example, our network development approach begins with developing relationships with “anchor” Providers and community organizations that serve large numbers of individuals and offer a full array of services.
Providing High-Touch Support to Enrollees	<ul style="list-style-type: none"> • Assigning each Enrollee a dedicated, involved and responsive Care Coordinator and building strong relationships with Foster Parents promotes continuity of care across placement changes and reunification. • Following up with Enrollees after ED visits and reminding them to seek preventing care and keep appointments reduces readmission rates.
Reducing Administrative Burden	Streamlining contracting and credentialing expedites access to care.
Following Proven Implementation Processes	<ul style="list-style-type: none"> • Building an implementation team that is agile and can adapt quickly to timeline and requirement changes. • Establishing regular project meetings and frequent communication with the project team throughout the implementation to facilitate timely, complete, and accurate information sharing

d. Applying Lessons Learned to the Kentucky Sky Program

Molina will leverage the expertise and experience from our affiliate programs to effectively implement and administer the SKY program. Specifically, Molina will:

- Create a Responsible, Accountable, Support, Consulted, Informed (RASCI) matrix so that all project participants understand their level of responsibility. The RASCI brings structure and clarity to assigning team roles and prevents confusion downstream.
- Develop end-to-end process flows to capture whole processes in a visual manner, helping project team members understand the entire process.
- Develop reference guides and cheat sheets for end users to consult when receiving new Enrollee information.
- Provide advanced notice of project manager and business analyst transitions and make sure onboarding briefings are provided to get operations up to speed during transition.

ii. FIVE YEAR HISTORY OF CONTRACTS SERVING SIMILAR POPULATIONS

In Table G.2-3, we list MHI’s prior and existing full risk Medicaid managed care contracts serving Enrollees in the Foster Care and juvenile justice systems or receiving Adoption Assistance for the previous five years.

Table G.2-3. MHI’s Experience Serving Similar Enrollees in Other States

Program	State	Contract Start Date	Contract End Date	Covered Lives	Regional or Statewide
Medicaid; includes Foster Care	Ohio	07/01/2018	Renews annually on June 30 each year	4,957 Enrollees in Foster Care 278,168 total Enrollees	Statewide
Medicaid; includes Foster Care	California	10/01/2010	10/31/2023	1,349 Enrollees in Foster Care 507,803 total Enrollees	Regional
Medicaid; includes Foster Care	Utah	07/01/2014	12/31/2022	1,259 Enrollees in Foster Care 60,134 total Enrollees	Statewide
Medicaid; includes Foster Care	Florida	01/31/2014	12/31/2023	519 Enrollees in Foster Care 95,802 total Enrollees	Regional
Medicaid; includes Foster Care	New York	12/01/2013	12/31/2020	110 Enrollees in Foster Care 29,772 total Enrollees	Regional
Medicaid/CHIP; includes Foster Care	Michigan	01/01/2016	12/31/2020	92 Enrollees in Foster Care 335,191 total Enrollees	Regional
Medicaid; includes Foster Care	Mississippi	07/01/2017	06/30/2020	16 in Enrollees in Foster Care 86,962 total Enrollees	Statewide
Medicaid; includes Foster Care	New Mexico	02/01/2013	12/31/2018	814 Enrollees in Foster Care 213,070 total Enrollees	Statewide

b. OFFICE IN THE COMMONWEALTH

Our health plan will be headquartered in Louisville and will house one of our six Molina One-Stop Help Centers in Louisville, Covington, Bowling Green, Hazard, Lexington, and Owensboro. These One-Stop Help Centers will offer our Enrollees one-on-one education and engagement and an array of valuable services as depicted in Exhibit G.2-3.

Services and Supports Available at Molina One-Stop Help Center

Molina will offer an array of key services to transitional age youth in the SKY program. SKY Enrollees age 12 and older can:

Access WiFi

Use computers

Apply for jobs

Be connected to social determinant of health resources

Participate in health education classes

Use the offices for family reunification meetings

Apply for benefits

Meet with Care Coordinators

Obtain independent living services

Meet with Youth Peer Support Specialists, etc.

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Exhibit G.2-3. Molina One-Stop Help Centers

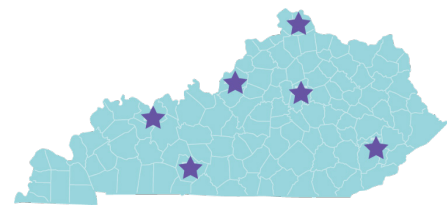
Offices will serve both Enrollees and Providers through walk-in or telephone access. Our toll-free Enrollee Services Call Center will be located in Louisville and will be staffed and available by telephone Monday through Friday, 7:00am to 7:00pm, Eastern Time.

Shared Office Space to Promote Collaboration, Coordination, and Face-to-Face Communication.

Molina understands we may opt to locate certain Kentucky SKY staff, such as a Care Coordination Team, within Service Regions or co-located within a Service Region office. Not only does co-locating staff make it easier to collaborate, coordinate, and have face-to-face communication, it fosters strong partnership-oriented relationships. We will submit a written request to co-locate some staff to the Department and DCBS with an implementation plan and summary of key considerations related to the co-location (for example, required office space, use of office technology, protection of Enrollee privacy, etc.). Molina understands we will be responsible for costs associated with co-location as determined by the Department and DCBS.

Additionally, we will collaborate in person daily with our state partners so that we can quickly address issues and seize upon opportunities for improvement. In support of this requirement, we will offer the Department staff dedicated space within our administrative office, as needed, including, at a minimum:

- A private office with a door that locks.
- A computer with Internet access and a telephone, printer, and fax machine.
- A desk, chair, book case, file cabinet that locks, and standard office supplies.



As specified by Attachment C, Draft Medicaid Managed Care Contract, Section 42.6.1, Office in the Commonwealth, we will require subcontractors to meet the location requirements specified in this section. All Molina subcontractors will meet appropriate licensing and contract requirements specified in applicable state and federal laws and regulations.

c. STAFFING

To build the Kentucky SKY program on the strongest foundation possible, we need staff with specialized knowledge about, experience with, and training in serving children and youth in Foster Care and the juvenile justice system or receiving Adoption Assistance. For example, our staff need experience and training in trauma-informed care, the delivery of BH services, understanding the effects of ACE, crisis intervention services applicable to the Kentucky SKY populations, evidence-based practices, and care coordination, and who are certified and trained in the delivery of the High-Fidelity Wraparound approach. ***Molina recognizes that the Commonwealth has developed a sophisticated program to meet the complex needs of SKY Enrollees. In developing our staffing model, we have determined that meeting all requirements outlined in the Draft Contract will have a material fiscal impact to the Commonwealth. We anticipate that significant Contract negotiations will be required with a new SKY MCO to ensure that SKY rates support the enhanced programmatic requirements.***

As described in our organization charts and detailed staffing plan below, we anticipate staffing the Kentucky SKY program with approximately 80 employees.

Our comprehensive approach to staffing assures we will meet Draft Contract requirements and facilitate access to care that leads to improved health outcomes for our Enrollees. We will comply with requirements as shown in Attachment C, Draft Medicaid Managed Care Contract, Section 42.6.2, Kentucky SKY Administration and Staffing. Kentucky will benefit from an organization that is experienced and can scale Medicaid operations and brings the operational excellence that Kentucky deserves.

We approach resource management with the same precision and attention to detail used to make sure Enrollees receive the care and support needed. We allocate and deploy the right type and number of staff to support our organizational structure and a staffing plan, outlining the roles, responsibilities, and reporting relationships. Although initial allocation begins during the Initiation, Planning, Design, and Development phases, we will monitor, track, and supplement resources, as necessary, throughout the life of the Contract.

i. PROPOSED APPROACH TO STAFFING FOR THE KENTUCKY SKY PROGRAM

Molina's staffing plan and organizational structure ensures the health plan runs smoothly and efficiently while placing the most qualified employees in the right roles to provide an excellent Enrollee and Provider experience.

Molina's Board of Directors is comprised of our interim chief executive officer (CEO), Dwayne Sansone, as well as two other board members who are senior leaders appointed from within the Molina Healthcare, Inc. (MHI) family of companies. All individuals selected for the Board are seasoned professionals who have demonstrated excellence in Medicaid managed care.

Description of the Board and Role Specific to Molina's Support of the Kentucky SKY Program

The Board of Directors acts in accordance with the Bylaws of Molina Healthcare of Kentucky, Inc., which were drafted in accordance with the laws and regulations of the Commonwealth, including its corporation laws. The Board will exercise direction over the affairs of Molina through the appointment of qualified officers to manage day-to-day operations. Based on MHI's decades of experience in managed care, we know that individuals closest to the Enrollees we serve are in the best position to make decisions about health plan operations, which is why a primary role of the Board is to facilitate the selection process of our local health plan leadership and provide support to the plan during start-up and operations. The Board will ensure the health plan has the resources and support needed to meet Kentucky SKY program goals and requirements. The composition of our Board reflects our philosophy that healthcare is local.

Molina's SKY program Executive Director reports to Board member Dwayne Sansone, who is an expert at health plan implementation and will spearhead efforts to identify experienced and qualified local candidates during the Implementation phase. Board member Dora Wilson served as Chief Operating Officer for a major Medicaid MCO in Louisville, gaining first-hand experience and understanding of the needs of both Kentucky Medicaid and Foster Care Enrollees. Our third board member, Amy Conn, has direct experience leading Provider network department at our Ohio affiliate health plan and has experience contracting with Kentucky hospitals and Providers. All three of our Board members hold senior leadership positions within our parent company organization, whose focus is and has always been on serving the needs of Enrollees in government-sponsored programs, not commercial plans.

Our staffing approach for the Kentucky SKY program takes advantage of the time we have before implementation to make sure we employ the right balance of staff in all the right places to provide optimal service to SKY Enrollees. To that end, our proposed executive team and key staff will lead the initial development while we continually look for local talent to permanently fill each role. These proposed individuals are leaders in their respective functional areas and bring a wealth of experience to the critical planning and implementation phases of the program. In addition to the executive and key personnel, we are also proposing additional staff for our operations phase. We believe these roles are critical to the success of the SKY program and meet the needs of plan operations based on our experience enterprise wide as well as the specific needs of the Kentucky population.

Our Kentucky SKY program team will work across functional areas to meet milestones and respond to the Department's concerns within required timeframes. We also hone our staffing model by finding locally based and appropriately licensed candidates who meet or exceed Kentucky's high standards and our own stringent experience requirements. Part of the success of our affiliated Medicaid health plans comes from employing individuals who reside in, understand, and reflect the communities they support. Molina will have clinical leaders with experience serving the Kentucky SKY population. In addition, Molina will preferentially hire staff at all levels who have experience working with children and youth involved in Foster Care, juvenile justice, and Adoption Assistance.

Molina requires that all candidates for which we make a job offer, including Care Coordination Team staff, pass a criminal background check, including verification with sexual offender registries, as a condition of hiring and every two years thereafter. We will rescind job offers to any candidates who fail the background check.

Our staffing model reflects the required expertise and intensity of services and demonstrates our commitment to the Kentucky SKY population. As part of our staffing approach, we will hire employees who have experience in serving populations similar to Kentucky SKY Enrollees and strive to hire those with five or more years' experience in their communities. Our personnel involved in clinical or medical decision-making activities will have a valid, active, and unrestricted license to practice in the Commonwealth of Kentucky.

a. Our Organizational Structure Fosters Innovative Solutions to Meet Program Goals

Molina will offer innovative staffing solutions to support children and youth enrolled in Kentucky SKY. Not only will we hire the staff required per the Draft Contract, we will develop positions and hire staff with specific experience that addresses needs of children and youth in Foster Care and the juvenile justice system. For example, based on input from foster families, we know that caregivers are looking for care coordination support and assistance with navigating the various systems involved with SKY Enrollees - healthcare, social services, and juvenile justice. Molina's Care Coordinators will have experience with these systems or will become experts through internally developed career growth and training. We will provide specialized career tracks with opportunities for Care Coordinators to receive additional training and become experts in specific topics related to children and youth as shown in Exhibit G.2-4.

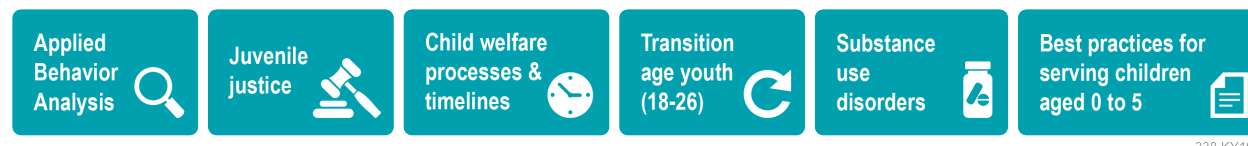


Exhibit G.2-4. Care Coordinators can Enhance their Skills in Specific Areas

These Care Coordinators will provide advanced internal support (e.g., assistance with navigating the court system or school system, connecting with community-based organizations), which will ultimately improve service delivery, promote evidence-based practices and enhance care coordination.

Our regionally based Care Coordination Team members, including Care Coordinators, Nurse Case Managers, and Family Peer Support Specialists, and Youth Peer Support Specialists will provide an integrated approach to integrating and coordinating physical and behavioral healthcare, providing linkages and coordinating with community-based organizations, provide transition support, and more. We describe the roles and responsibilities of our Care Coordination Team below in *Section XII Care Coordination Team Roles and Responsibilities*.

b. Supporting Whole-Person Integrated Care, Population Health and Improvement in Health Outcomes in a Cost-Effective Manner

Our organizational structure will support whole-person integrated care, population health, and overall improvement in health outcomes in a cost-effective manner for the Kentucky SKY program by providing staff who:

- Assure availability and access to a broad, flexible array of effective, whole-person community-based services and supports for Enrollees and their caregivers that address their emotional, social, educational, and physical needs, including traditional and nontraditional services as well as natural and informal supports
- Provide individualized services in accordance with the individual potential and needs of each Enrollee and family, guided by a strengths-based, wraparound service planning process and an individualized service plan developed in true partnership with the Enrollee and their caregivers
- Build a circle of support that includes Enrollees, the people most important to them, their Providers, and the clinical experts needed to support their physical health, behavioral health, and help solve for their social determinants of health
- Deliver services and supports within the least restrictive, most normative environments that are clinically appropriate and cost-effective
- Make sure that caregivers, and Enrollees are full partners in the planning and delivery of their own services and in the policies and procedures that govern care for children and youth in their community
- Deliver accessibility, portability, and sustainability of care

ii. HIRING STAFF WITH EXPERIENCE SERVING POPULATIONS SIMILAR TO KENTUCKY SKY

Our staffing model reflects the required expertise and intensity of services and demonstrates our commitment to the Foster Care population. As part of our staffing approach, we will hire employees who have experience in serving populations similar to Kentucky SKY Enrollees and strive to hire those with five or more years' relevant experience. We will follow a System of Care approach to staffing. Not only will we hire the staff required per the Draft Contract, we will develop positions and hire staff with specific experience that addresses needs of children in Foster Care. For example, we will hire four System of Care liaisons who will collaborate with each agency to identify, address, and resolve issues related to access to care, care coordination, and Provider network. A System of Care liaison will lead our System of

Care Collaboration Group that will meet monthly during the first year of implementation and will attempt to include representation from all entities involved in the Kentucky SKY program. Additionally, we will hire a SKY Training Manager to develop and maintain our *Fostering Success Academy* that offers training specific to the needs of SKY Enrollees and the SKY program. The SKY Training Manager will have experience in training Providers and staff that serve populations similar to Kentucky SKY and a deep understanding of trauma-informed practices and System of Care models.

iii. STAFF RECRUITMENT

At Molina, we approach our staffing plans with the same precision and attention to detail used to ensure Enrollees receive the care and support that works best for them. We propose a dedicated locally-based Implementation Team tasked with getting the operation, systems, and staffing in place and ready for successful Operations. Where local resources are not available, we will actively recruit candidates to fill out our staffing model. We believe in recruiting from within the communities we serve, and we are committed to hiring locally and providing positive economic impact in the Commonwealth. Our full-time, Kentucky-based team will be comprised of leaders in their respective areas who bring a deep understanding of what it takes to successfully serve Kentucky SKY Enrollees. Molina believes that one of our strongest pillars for success is our human capital. Our corporate culture and our enterprise wide commitment to a careful talent attraction process are the keys to workforce longevity.

We seek employees who not only have the proper qualifications and experience working in the healthcare industry but are also a “cultural fit” for our health plan and share with the Commonwealth and our company a deep and demonstrated passion for improving outcomes among underserved Enrollees. This helps ensure a workforce that understands the Commonwealth’s vision and goals for Kentucky SKY Enrollees. The result of these efforts is a committed, highly professional workforce that will provide the highest level of service and person-centered care.

Resource allocation and deployment begins with human resource planning and continues with acquiring, developing, deploying, and managing the project team. Resource planning activities include determining the resources necessary to support the project organizational structure and a staffing plan, outlining the roles, responsibilities, and reporting relationships. Although initial allocation begins during the Initiation and Planning and Design and Development phases, we monitor, track, and supplement resources, as necessary, over the life of the contract. Our Program Control Approach tools, including Oracle Primavera, help determine initial allocation during Implementation, and then help us monitor, track, and supplement resources, as necessary, throughout the Operations and Turnover phases. We will assure that all personnel recruited for positions involving activities that involve clinical or medical decision making have a valid, active, and unrestricted license to practice in Kentucky.

Further, we’re not just recruiting staff that meet technical qualifications but are also a “cultural fit” with our health plan and have the desire to serve Kentucky Medicaid Enrollees. Our corporate culture and our commitment to a careful hiring process are the keys to workforce longevity. Our parent company has grown from one clinic in Southern California to a Fortune 200 company. One of our corporate guiding principles has been to hire the right people, then empower them to work with confidence and authority. Our organization offers competitive compensation and health benefit plans and a host of enhancements to help employees maintain a healthy and well-rounded lifestyle.

a. Recruitment Sources

We employ resources to find the best people in the industry, including the Employee Referral program, qualified healthcare recruiters, external staffing agencies, job fairs, and job sites. For example, we recognize that one of the best ways to attract talent is to tap into the extensive network of talent already at our disposal: employee referrals. Through our Employee Referral program, an employee can receive up to \$3,000 if a referred candidate is hired. It is a testament to our faith in our employees, and likewise to our employees’ understanding of our culture. Our organization also uses qualified internal healthcare recruiters and external staffing agencies. We attend job fairs with hundreds of employers, which enables

us to meet professionals we have not found through other avenues to find the right candidates for any open positions.

We will recruit individuals who are already engaged with this population and obtain recommendations and referrals from the Department, DCBS, the DJJ, community-based organizations that support the Kentucky SKY population, Providers and Provider associations, and other stakeholder groups. We will also use social media such as iHireSocialServices (a Kentucky Website dedicated to recruiting staff in social services), CareerBuilder, Indeed.com, Facebook, Twitter, and LinkedIn to seek qualified candidates. We will host regional employment fairs and coordinate with employment and workforce agencies and organizations such as the Kentucky Education and Workforce Development Cabinet Office, Kentucky Career Centers, and others to seek referrals.

b. Contingency Plans

We will be structured so that Enrollee and Provider services are housed in the Commonwealth. Other services that benefit from economies of scale are provided through a corporate services agreement with our parent company. We leverage the administrative experience and scalable systems of Molina Healthcare, Inc. (MHI) to administer a cost-effective combination of local plan operations and shared corporate resources. Additionally, the size and breadth of our corporate operations means we are prepared to provide additional staff as required to perform the functions of the Kentucky SKY program contract.

We will work diligently during the Implementation Phase to recruit qualified, local talent. If any key role remains open, we will ensure coverage of those positions by using an existing staff member from either MHI or an affiliated health plan who currently perform or have performed a similar role until a permanent hire is identified. For other positions, such as claims and contact center roles, we may draw from existing staff or use a local contingent workforce until those roles are permanently filled. To staff these contingent roles, we would enlist the support of our managed services vendor to work with temporary staffing vendors across the country to ensure vacant positions are filled with candidates who have the right experience and skills for the job until permanent, local hires are recruited.

c. Experienced, Licensed, and Trained Personnel

Molina supports the growth potential of each contributor within the organization and takes a comprehensive view toward employee training and development. Our training, education, and supervision of staff enables us to engage every employee in a proactive way. As we build our plan and our staff in Kentucky, we will pay special attention to creating a culture of collaboration and accountability. Table G.2-4 outlines a general training program for all staff similar to what we require of our staff when entering a new state. In addition to our formal training sessions, we also conduct a robust online offering of required and optional courses through our iLearn system. Training schedules and modules are tailored to each position.

Table G.2-4. General Staff Training Program

Description
New Hire Orientation and Molina Philosophy
Self-Paced HIPAA and Compliance Courses
Kentucky Medicaid and SKY Program Overview
Customer Service Skills and Cultural Competency
Core Systems, Applications, and Processes
Covered Benefits and Services
Prevalent Health Conditions in the Kentucky Medicaid Population
Non-Medicaid Services Available to Enrollees

Description
Grievances and Appeals
Fraud, Waste and Abuse / Program Integrity
Functional on The Job Training*

*Functional on-the-job training is ongoing and depends on the level of employee. Each employee receives training that is tailored to their needs.

d. Seamlessly Transitioning Staff from Implementation to Ongoing Operations

The Implementation Team is tasked with getting the operation, systems, and staffing in place and ready for successful Operations. Because our health plan will not go live until January of 2021, our Implementation Team will use that time to fine-tune our staffing model by finding locally based and appropriately licensed candidates who not only meet, but also exceed, the Commonwealth’s high standards as well as our own stringent experience requirements. Part of our success comes from having employees who reflect and are truly a part of the very communities they support. Our team of executive and key staff are leaders in their respective areas, and they each bring a deep understanding of what it takes to successfully serve Kentucky’s SKY Enrollees. Throughout the transition timeframe, the proposed individuals are committed to ensuring the health plan is appropriately staffed with local, qualified hires and will serve on an advisory basis thereafter. They are also available to the Department throughout the Implementation phase to answer any questions and provide support during health plan start-up.

iv. FULL-TIME KEY PERSONNEL

Molina’s staffing model demonstrates our commitment to meeting the needs of the Foster Care population and ensuring coordination among systems by hiring knowledgeable leaders and a workforce sizeable enough to address the care coordination needs of these Enrollees in a timely manner. Molina will have clinicians with experience serving the Kentucky SKY population. In addition, Molina will preferentially hire staff at all levels that have experience working with populations similar to SKY membership.

We will hire full-time personnel, including those required in Attachment C, Draft Medicaid Managed Care Contract, Section 42.6.2, Kentucky SKY Administration and Staffing. Molina will notify the Department in writing of any change in the full-time key personnel or department managers within three business days of learning of a personnel change, including a change in duties or time commitments, resignation, or of notifying a staff member of planned changes for the key position (e.g., promotion, termination). We understand the Department reserves the right to approve or disapprove all key personnel (initial or replacement) before their assignment to the Kentucky SKY Contract.

Table G.2-5 – Table G.2-16 lists all key personnel who will be dedicated full time to the Kentucky Sky population, located in our Kentucky office, and be available to meet with the Department, DCBS, and the DJJ within 24-hour’s notice from the Department. All job descriptions in the tables below will be employees of Molina.

We have included the following job descriptions in lieu of resumes for the key SKY personnel.

Please refer to Attachments to B.3, Resumes, for resumes of our Kentucky Medicaid Implementation Team for all Commonwealth-required executive staff.

Table G.2-5. Project Manager (1 FTE)

Anticipated Role
<ul style="list-style-type: none">• Employed by Molina in a dedicated, full-time role located in Kentucky, with clear authority over the general administration and implementation of requirements detailed in the contract, and authorized and empowered to make contractual, operational, and financial decisions, including rate negotiations for Kentucky Medicaid business, claims payment, Provider relations/contracting, and Medicaid activities• An experienced project manager who will lead the Kentucky SKY program planning and implementation, and facilitate ongoing operations until such time the Department and Molina mutually agree to discontinue the project management services• The project manager has experience with implementation of new programs or products for a population of a similar size and complexity as Kentucky SKY• Located at the Kentucky SKY MCO's Kentucky office and be onsite at the Department and DCBS offices in Frankfort, Kentucky at times specified by the Department and DCBS during the planning, implementation and deployment phases of the Contract
Qualifications
<p>Required Education: Bachelor's Degree in Business, Health Services Administration or related field.</p> <p>Required Experience: Project Management Experience</p> <p>Required Licensure/Certification: Project Management Professional certification</p>
Office Location
Kentucky-based

Table G.2-6. Executive Director/Chief Executive Officer (1 FTE)

Anticipated Role
<ul style="list-style-type: none">• Located in Kentucky, with clear authority over the general administration and implementation of requirements detailed in the contract, and authorized and empowered to make contractual, operational, and financial decisions, including rate negotiations for Kentucky Medicaid business, claims payment, Provider relations/contracting, and Medicaid activities• Oversees day-to-day business activities pursuant to the Kentucky Medicaid contract located in Kentucky• Makes rapid-cycle, timely, and responsive decisions regarding health plan operations while ensuring high-quality care delivery to Enrollees• Formulates and implements business plans and strategies to ensure profitable operations, meet short-term objectives, and ensure long-term growth and success• Directs the growth of the health plan, including overseeing business development activities. Identifies, analyzes, and recommends strategic alliances and/or acquisitions to provide better products and services to Enrollees• Develops and implements adequate measures to meet company fiscal needs, conserve its assets, and maintain an effective system of budgetary control• Reviews forecasts and proposed capital expenditures. Recommends programs and policies by analyzing the changing needs of the membership and industry. Identifies and analyzes trends, and evaluates options• Employed by Molina in a dedicated, full-time role• Amends existing policies to improve operations, and creates new policies as needed. Presents reports and recommendations on the operations and finances of the Kentucky health plan, and proposes changes to major policies• Ensures the overall level of quality for delivery of medical services meet or exceed appropriate standards• Provides personal leadership that encourages employee productivity and responsiveness to the needs of current and prospective Enrollees• Ensures programs are established to comply with all relevant federal, State, and local regulations• Effectively represents Molina with State regulators, legislators, advocates, and other constituents• Fosters and builds a collaborative working environment with internal and external colleagues and constituents• Attends all required meetings with the Department
Qualifications
<p>Required Education: Bachelor's Degree in Business, Health Services Administration or related field. 15-plus years of progressive experience in the managed healthcare industry, including 10 years of management experience.</p> <p>Preferred Experience: Master's Degree in Business, Health Administration, or related field. Direct experience with Medicaid and Medicare managed Care Plans.</p>
Office Location
Kentucky-based

Table G.2-7. Medical Director or Associate Medical Director (1 FTE)

Anticipated Role
<ul style="list-style-type: none">• Responsible for day-to-day oversight and management of the medical affairs department and staff, including the medical directors, quality, behavioral health, and pharmacy. Also responsible for clinical directors employed by subcontractors. Supports each department's strategic planning and operational improvement process with emphasis on improved healthcare cost and quality• Licensed to practice in Kentucky• Oversees the health plan's clinical functions and the Medically Frail portion of Kentucky HEALTH. Actively involved in all major health programs developed by Molina.• Responsible for treatment policies, protocols, quality improvement activities, population health management activities, and utilization management decisions, devoting sufficient time to ensure timely medical decisions• Ultimately responsible for all of Molina's clinical decisions, and oversees and is responsible for the proper provision of covered services to Enrollees• Available to Molina staff for consultation on referrals, denials, complaints, grievances, and appeals; reviews potential quality of care problems, and participates in the development and implementation of corrective action plans; also available for after-hours consultation, if necessary• Attends meetings when requested by the Department• Works collaboratively with the to develop and implement clinical policies and provide clinical oversight• Directs the medical affairs team to work with the healthcare services team to develop and implement effective and efficient standards, protocols, decision-support systems, reports, and benchmarks that meet annual cost and quality targets• Supports credentialing processes and manages credentialing policies; oversees the Molina Credentialing Committee as Chair• Serves as the "clinical face" of Molina to the community• Responsible for meeting annual healthcare cost and quality targets for the plan and achieving/retaining NCQA rating• Provides oversight, support, and direction for health plan's quality programs in the areas of healthcare services, delegation oversight, credentialing, and NCQA (HEDIS & CAHPS)• Provides oversight, support, and direction to the quality, and drives the HEDIS and NCQA processes to achieve and maintain an excellent rating• Provides oversight, support, and direction to pharmacy to develop cost-effective clinical protocols. Participates on the P&T Committee, and assists in the formulary management process• Supports Provider network management activities that improve unit cost, access, and quality. Assists with contracting and solidifying relationships with key Providers• Supports and supervises the medical directors for daily utilization management decision-making using evidence-based medicine guidelines, and monitors and improves productivity, healthcare cost, and quality. Provides clinical oversight, including inter-rater review annually• Oversees regularly scheduled claims review sessions (DCRR – denied claims review requests) between the medical directors and the internal Provider network management staff• Supports and supervises behavioral health, and drives integration of behavioral and physical health components in all aspects of service to Enrollees• Influences changes that benefit Molina and our Enrollees by participating in community committees and task forces with the State, network Providers, and community organizations. Develops advocates among the State's clinical community that can be called upon to speak on behalf of issues that are important to Molina before legislators, regulators, and other key influencers• Chairs the Executive Quality Improvement Committee and participates in all quality committees, such as the Clinical Quality Improvement Committee, the Satisfaction Committee, and other internal task forces and work groups required by NCQA• Accountable for ensuring compliance with contractual, accreditation, and regulatory requirements for all medical affairs teams

Qualifications

Required Education: Doctorate Degree in Medicine

Required Experience: Two years of previous Medical Director experience; three years of Utilization/Quality program management; minimum five years of clinical practice experience; minimum two years of HMO/managed care experience; must possess expertise with Behavioral Health Services decisions for Enrollees, including after regular business hours

Preferred Experience: Peer review; medical policy/procedure development; Provider contracting

Residency Requirements: Must reside in the Commonwealth of Kentucky

Required Licensure/Certification: Currently licensed in Kentucky under the Kentucky Board of Medical Licensure as an M.D. or D.O. with no restrictions or other licensure limitations

Office Location

Kentucky-based

Table G.2-8. Quality Improvement (QI) Director (1 FTE)

Anticipated Role
<ul style="list-style-type: none"> • Responsible for the operation of the Molina’s Quality Improvement Program, including leading program development, implementation, and management of quality management and quality initiatives within the health plan • Collaborates with the chief medical officer in overseeing medical service delivery and quality of care for health plan Enrollees • Supports provision of high-quality clinical care by building strategic relationships with healthcare Providers • Supports maintenance of marketable, high-quality, cost-effective Provider networks • Coordinates, directs, and manages the activities of the department and the quality management program • Analyzes the quality of Enrollee care received—both individual and systematic—and the development of plans and programs to support continuous quality improvement • Develops strategic plans, policies, and procedures at all levels and with all critical operation departments to ensure quality programs are consistent with overall Molina Healthcare quality strategies • Investigates and resolves all quality-of-care grievances • Manages the collection and monitoring of multiple population data sources to ensure the needs of program Enrollees are assessed and met through the health plan
Qualifications
<p>Required Education: BA/BS/BSN or equivalent work experience</p> <p>Preferred Education: Advanced clinical degree or advanced public health or healthcare administration degree</p> <p>Required Experience: Minimum of 5 years of experience in health plan quality improvement</p> <p>Preferred Experience: HEDIS reporting or collection, CAHPS improvement, State QI experience, NCQA Accreditation, Medicaid and/or Medicare QI</p>
Office Location
Kentucky-based

Table G.2-9. Behavioral Health Director (1 FTE)

Anticipated Role

- A behavioral health practitioner licensed in Kentucky who is actively involved in all programs or initiatives relating to Behavioral Health
- Responsible for serving as the primary liaison between administration and medical staff regarding Behavioral Health policies
- Oversees and is responsible for all Behavioral Health activities at the health plan, taking an active, decision-making role in our medical management team and clinical and policy decisions
- Maintains a working knowledge of applicable national, State, and local laws and regulatory requirements affecting Behavioral Health and allied health staff
- Ensures and participates in the ongoing planning, development, review, and implementation of policies and procedures that guide and support the provision of Behavioral Health staff services, including criteria for medical necessity reviews
- Facilitates health plan conformance to Behavioral Health contract and regulatory requirements, and monitors the health plan for adherence to those requirements
- Provides oversight for Behavioral Health staff and activities at the health plan, ensuring that Enrollees receive appropriate Behavioral Healthcare and services
- Reviews quality referred issues and focused reviews, and recommends corrective actions
- Monitors appropriate care and services through continuum among hospitals, skilled nursing facilities, and home care to ensure quality, cost-efficiency, and continuity of care
- Conducts retrospective reviews of claims and appeals, and resolves grievances related to Behavioral Health quality of care
- Emphasizes a team-based approach to care, and supports staff training to meet the highest level of function allowed by State law; provides training for Behavioral Health staff, including score card expectations
- Attends meetings when requested by the Department; also participates in meetings that include the health plan, the Department, county alcohol and drug abuse Providers, county-based Behavioral Health Providers, and other related stakeholder agencies to ensure program integrity, and identify areas for development. Completes follow-up activities related to these meetings, and provides regular updates to senior leadership team at the health plan
- Provides Behavioral Health oversight and consultation for health plan utilization and care coordination staff as needed. Consults with staff in the coordination of Enrollee care needs with Behavioral Health Providers
- Identifies, develops, and facilitates Behavioral Health best practices within the primary care setting, and works with the Provider engagement team to educate Providers and external stakeholders on Behavioral Health integration
- Acts as primary liaison for Behavioral Health Provider partnerships and initiatives
- Coordinates Behavioral Healthcare with medically necessary services to ensure Enrollee progress toward recovery
- Provides oversight and assists in decision making on utilization management requests for Behavioral Health services
- Works with the quality improvement (QI) department to evaluate, assess, initiate, and implement QI activities to improve the delivery of Behavioral Healthcare to Enrollees
- Participates in Molina quality committees, as assigned

Qualifications

Required Education: Doctorate degree in Medicine (MD or DO) with Board Certification in Psychiatry

Required Experience: 2 years of previous experience as a Medical Director. 3 years of experience in Utilization/Quality Program Management. 5+ years in clinical practice. 5+ years of HMO/Managed Care experience. Current clinical knowledge. Experience demonstrating strong management and communication skills, consensus building and collaborative ability, and financial acumen. Knowledge of applicable state, federal, and third-party regulations

Preferred Experience: Peer Review, medical policy/procedure development, provider contracting experience. Experience with NCQA, HEDIS, Medicaid, Medicare, and Pharmacy benefit management, Group/IPA practice, capitation, HMO regulations, managed healthcare systems, quality improvement, medical utilization management, risk management, risk adjustment, disease management, and evidence-based guidelines

Required License Credentials: Active and unrestricted Commonwealth of Kentucky Medical License, free of sanctions from Medicaid or Medicare

Office Location

Kentucky-based

Table G.2-10. Utilization Management Manager (1 FTE)

Anticipated Role
<ul style="list-style-type: none"> • Responsible for the operation of the SKY UM program, including supervision and coordination of daily UM operations, such as concurrent review and discharge planning, in accordance with systems, processes, policies, and procedures • Responsible for overseeing the work of subcontractors performing services relevant to UM • Responsible for hiring, orienting, and training staff to ensure maximum efficiency and productivity • Responsible for development and implementation of projects, policies, and procedures as assigned to ensure UM program meets NCQA standards and all contractual requirements • Responsible for staff performance appraisals, ongoing monitoring of MIS data entry, and application of medical necessity review criteria and guidelines • Collaborates with and keeps apprised of operational issues, staffing, resources, system, and program needs • Uses clinical assessment skills and knowledge of Enrollee care to assist staff with decisions regarding appropriateness or medical necessity of services, and determines which cases should be referred to the medical director for evaluation • Responsible for coordination and reporting of UM statistics, including health plan utilization, staff productivity data, cost-effective utilization of services, and triage activities • Identifies and reports under- and overutilization management issues, delays in service or treatment, and quality of service issues per policies and procedures • Acts as liaison to internal and external customers on behalf of the UM department to ensure open communication, effective interface, and prompt resolution of identified issues • Responsible for coordination of staff schedules to ensure adequate coverage during business hours, Monday–Friday (excluding after-hours triage nurses)
Qualifications
<p>The Utilization Management Manager will have experience with Behavioral Health Services, Foster Care and juvenile justice systems, Crisis Intervention Services, and Trauma-informed Care.</p> <p>Required Education: BA/BS in business or related field</p> <p>Preferred Education: Master’s degree in business or healthcare management (i.e., MBA, MHA, MPH) or other related field such as MSW, MSG</p> <p>Required Experience: 7 years of managed care experience with line management responsibility, including clinical operations. Has worked within applicable state, federal, and third party regulations. Has operational and process improvement experience</p> <p>Preferred Experience: Familiarity and experience in the local market desirable</p>
Office Location
Kentucky-based

Table G.2-11. Care Coordinator

Anticipated Role
<ul style="list-style-type: none">• Experienced professional staff responsible for participating in Care Coordination Teams serving all Service Regions and Community Districts.• The Care Coordinator will involve and include the preferences of the Kentucky SKY Enrollee, Adoptive Parent(s), Foster Care Parent(s), Caregivers, and Fictive Kin in Care Coordination processes, Care Planning, and Care Plan implementation.• Completes clinical assessments of Enrollees per regulated timelines and determines who may qualify for care management based on clinical judgment, changes in Enrollee's health or psychosocial wellness, and triggers from the assessment• Develops and implements a care management plan in collaboration with the Enrollee, caregiver, physician, and/or other appropriate healthcare professionals and Enrollee's support network to address Enrollee needs and goals• Conducts telephonic, face-to-face, or home visits as required• Performs ongoing monitoring of the Care Plan to evaluate effectiveness, document interventions and goal achievement, and suggest changes accordingly• Maintains ongoing Enrollee case load for regular outreach and management• Promotes integration of services for Enrollees including Behavioral Healthcare and LTSS to enhance the continuity of care for Molina Enrollees• May implement specific Molina wellness programs, i.e., asthma and depression disease management• Facilitates multidisciplinary care team meetings and informal Care Coordination Team collaboration• Uses motivational interviewing and Molina clinical guideposts to educate, support, and motivate change during Enrollee contacts• Assesses for barriers to care, provides care coordination and assistance to Enrollee to address concerns• Collaborates with care managers/supervisors, and multidisciplinary care team as needed or required• Care managers in Behavioral Health and Social Science fields may provide consultation, resources, and recommendations to peers as needed• RNs provide consultation, recommendations, and education as appropriate to non-RN care managers• RNs are assigned cases with Enrollees who have complex medical conditions and medication regimens• RNs conduct medication reconciliation when needed• Local travel of up to 40% may be required, depending on the complexity level of the assigned Enrollees, particular state-specific regulations, or whether the Care manager position is located within Molina's Central Programs unit
Qualifications
<p>Required Education: Any of the following: Completion of an accredited Licensed Vocational Nurse (LVN), Licensed Practical Nurse (LPN) Program, or RN program OR Bachelor's or Master's degree in a social science, psychology, gerontology, public health, or social work or related field</p> <p>Required Experience: 1-3 years in case management, disease management, managed care, or medical or Behavioral Health settings</p> <p>Preferred Experience: 3-5 years in case management, disease management, managed care, or medical or Behavioral Health settings</p> <p>Required Licensure/Certification: If licensed, license must be active, unrestricted, and in good standing. Must have valid driver's license with good driving record and be able to drive within applicable state or locality with reliable transportation</p> <p>Preferred Licensure/Certification: Any of the following: Licensed Clinical Social Worker (LCSW), Advanced Practice Social Worker (APSW), Certified Case Manager (CCM), Certified in Health Education and Promotion (CHEP), Licensed Professional Counselor (LPC/LPCC), Respiratory Therapist, or Licensed Marriage and Family Therapist (LMFT)</p>
Office Location
Statewide within all Kentucky regions.

Table G.2-12. Nurse Case Manager

Anticipated Role
<ul style="list-style-type: none">• Provide nursing consultation services to Social Service Workers, and caregivers for children and youth in out of home placement, both in-state and out-of-state• Team with the Social Service Worker to obtain the child's medical records and to conduct the initial home visit of the Medically Complex Child to identify medical and behavioral health issues and needs• Coordinate the Individual Health Plan with the Care Plan to ensure consistency in goals and interventions• Document the Individual Health Plan in Clinical Care Advance, making it available to the System of Care team through Health Backpack, our web-based, portable medical record• Convene a meeting every three months with the Medically Complex Service Team to review the Individual Health Plan, the Enrollee's current needs, and to re-evaluate the Enrollee's continued Medically Complex determination• Every six months, update the Individual Health Plan and disseminate signed copies to the Medically Complex Service Team• Recommend a change in the Enrollee's Medically Complex designation based on the Enrollee's current and projected needs, as appropriate• Collaborate with the DCBS Social Services Worker, Care Coordinator, and Medically Complex Liaison to review changes in the Enrollee's needs or services• Assist with discharge planning from the Neonatal Intensive Care Unit and provide ongoing support and conduct in-home visits with the child and his/her caregiver
Qualifications
<ul style="list-style-type: none">• Nurse Case Managers must be licensed the Kentucky as licensed practical nurse, registered nurse or, advanced practical nurse• Experience serving children in the Kentucky SKY program.
Office Location
Statewide within all Kentucky regions.

Table G.2-13. Prior Authorization/Pre-Certification Coordinator

Anticipated Role
<ul style="list-style-type: none">Responsible for coordinating Prior Authorizations and Pre-certifications and convening meetings with DCBS and DJJ professionals at the Service Region and Community District level, as needed, to assure appropriate and timely care for Kentucky SKY Enrollees
Qualifications
<ul style="list-style-type: none">Health professional licensed in the Commonwealth of KentuckyExperienced in the delivery of behavioral health services.
Office Location
Kentucky-based

Table G.2-14. Provider Relations Liaison (Provider Services Representative)

Anticipated Role
<ul style="list-style-type: none">• Responsible for supporting the resolution of Provider access and availability issues.• Serve as the primary point of contact between Molina and our Providers.• Work with SKY network Providers to provide effective training and onboarding, which includes new Provider orientation and Molina Provider portal training, and assures that Providers have the tools and knowledge to participate in the program and meet the needs of its SKY Enrollees.
Qualifications
<ul style="list-style-type: none">• Knowledge of Kentucky Providers, including behavior health Providers, and patterns of care/referral in Kentucky.• PSRs must have experience servicing Providers in the Commonwealth of Kentucky and be familiar with issues Providers experience in serving the Kentucky SKY population.
Office Location
Kentucky-based

Table G.2-15. System of Care Liaison

Anticipated Role
<ul style="list-style-type: none">• Staff member dedicated to coordinating with DJJ, DCBS, schools and other systems to provide training• Identify and address opportunities to improve care coordination between system partners• Serve as a single point of contact as issues arise• Educate internal staff• Facilitate regular System of Care meetings• Develop Collaborative Agreements with each entity.
Qualifications
Experience with Kentucky Medicaid, Kentucky SKY, and established relationships with key stakeholders in the overall Kentucky healthcare system.
Office Location
Kentucky-based

Table G.2-16. Family Peer Support Specialist and/or Youth Peer Support Specialist

Anticipated Role
<ul style="list-style-type: none">• Provide education and support to families with SKY Enrollees to negotiate their way through the social, legal, educational and healthcare systems.• Facilitate a process for families to develop a plan to: clarify the problem(s); provide emotional support; identify needs and strengths; and identify resources including appropriate levels of services, entitlements, community resources and other natural supports.• Assist families and youth to build their own community-based support network and ensure that their goals are integrated into one unified plan as necessary.• Facilitate the development of a Family Plan using strength-based approaches, along with the coordination of services and supports.• Ensure the Family plan is accomplished using a family-driven process for families to choose and access supports, intervention and services by: sharing information about resources and supports; making phone calls to connect families with resources; providing guidance in completing forms and applications; reviewing documents such as IEPs or reports with families to ensure they fully understand documents; empowering families to effectively articulate their concerns and needs for coordination of their care; accompanying families to meetings; and educating families on laws, policies and procedures so they understand their rights.• Build and maintain strong partnerships with agencies and Providers of services related to behavioral health, physical health, social services, basic need Providers and other child-serving systems.• Ensure that families are equal partners in planning, implementing, monitoring and evaluating their own plans.
Qualifications
<ul style="list-style-type: none">• Personal, lived experience as a primary caregiver of a youth, adolescent or young adult who has behavioral health or developmental challenges is required.• Prior experience successfully navigating various resources and services for their child or youth.• Prior experience assisting other families to obtain appropriate services and supports for their child and family members is desirable.• Familiarity with Kentucky resources and knowledge of how to access them.• Willingness and strong ability to build and maintain partnerships with agencies and Providers.• Active listening skills for providing non-judgmental peer support and engagement to families.• Strong written and oral communication skills.
Office Location
Statewide within all Kentucky regions.

Shared Kentucky SKY Personnel

In addition to the fully dedicated staff listed in the Tables above, Molina will also provide the following personnel listed in Table G.2-17 – Table G.2-28 who may be shared across the Kentucky SKY and Medicaid managed care MCO functions. Per Attachment, Draft Medicaid Managed Care Contract, Section 42.6.2.B.2, Shared Kentucky SKY Personnel, these personnel will be sufficiently available to meet the needs of our Kentucky SKY Enrollees.

Table G.2-17. Psychiatrist (Child Psychiatrist)

Anticipated Role
<ul style="list-style-type: none"> • Reporting to the Medical Director/Chief Medical Officer of the health plan, provides Psychiatric leadership for utilization management and care management programs for child and adolescent mental health and chemical dependency services • Works closely with the MHI VP of Behavioral Health and National Medical Directors to develop standardized utilization management policies and procedures to be implemented enterprise-wide that will improve quality outcomes and decrease costs • Responds to BH-related RFP sections, and reviews BH portions of state contracts • Works with trainers to develop and provide enterprise-wide teaching on psychiatric diagnoses and treatment • Provides second level BH clinical reviews, BH peer reviews, and appeals • Facilitates BH committees for quality compliance • Implements clinical practice guidelines and medical necessity review criteria • Tracks all clinical programs for BH quality compliance with NCQA and CMS • Participates in the recruitment, placement, and orientation of new health plan Psychiatric MDs • Ensures all BH programs and policies are in line with industry standards and best practices • Assists with new program implementation and supports
Qualifications
<p>Required Education: Doctorate degree in Medicine (MD or DO)</p> <p>Required Experience: 10 years of clinical experience or any combination, which would provide an equivalent background. Minimum of 5 years of children’s BH clinical experience.</p> <p>Preferred Experience: Experience working with Medicaid, vulnerable populations, children’s system of care, community services and/or Kentucky systems of care. Foster care program knowledge or experience</p> <p>Required License Credentials: Active, unrestricted license to practice in the state of Kentucky. Current Board Certification by the American Board of Psychiatry and Neurology in Child and Adolescent Psychiatry</p>

Table G.2-18. Pharmacy Director

Anticipated Role
<ul style="list-style-type: none">• Coordinates, manages, and oversees the provision of pharmacy services to Enrollees• Licensed in Kentucky• Oversees pharmacy management, and coordinates and serves on the health plan's P&T Committee• Reviews Enrollee, physician, pharmacy, and drug utilization reports. Identifies trends affecting the pharmacy budget. Requests, reviews, and summarizes ad hoc reports as required. Provides regular summaries of activities to the medical director• Responsible for formulary development and maintenance. Participates in the evaluation of new drug products• Develops criteria for reviewing prior authorization requests. Assists in the review of prior authorization requests, and summarizes the approval and denial of such requests• Selects and maintains appropriate pharmacy reference resources. Researches and references drug-therapy-related questions• Recommends and implements appropriate actions and educational programs to influence prescribers. Ensures systems are in place to monitor results• Participates in quality improvement and health education programs related to pharmacy, including healthcare management and OHCA-required programs. In conjunction with health plan management, participates in management committee meetings• Participates in Provider meetings as required• Performs audits of patient charts, Provider sites, and pharmacies as required
Qualifications
<p>Required Education: Bachelor's degree in pharmacy</p> <p>Preferred Education: Doctorate in Pharmacy (PharmD) is preferred. Completion of ASHP-approved residency program</p> <p>Required Experience: Minimum of 2 years in the healthcare industry or equivalent experience in managed care and/or retail pharmacy is preferred. Prior experience in the oversight of projects and managing people is desired. Must have prior work experience with vendors, outside contacts and other healthcare professionals to accomplish responsibilities. Knowledge of computer data extracting methods. Strong knowledge of pharmacological management of chronic disease states</p> <p>License Credentials: Licensed to practice pharmacy in the Commonwealth. Must be free of sanctions from Medicaid or any other government program and without restrictions that would affect job performance</p>

Table G.2-19. Dental Director

Anticipated Role
<ul style="list-style-type: none">• Licensed to practice dentistry in Kentucky• Actively involved in all of Molina's oral health programs, devoting sufficient time to ensuring timely oral health decisions; available for after-hours consultation, if needed• Provides dental oversight in appropriateness and medical necessity of dental care services provided to health plan Enrollees, targeting improvements in efficiency and satisfaction for Enrollees and Providers, as well as meeting or exceeding productivity standards• Serves as a resource for all clinical interpretation and analysis and oversees all aspects of the health plan's utilization review and management activities related to dental care; provides oversight of dental quality programs (HEDIS and P4P).• Develops and implements clinical utilization processes and algorithms utilized in the authorization process; statistical methodology for use in utilization management and Provider profiling analytics; dental policies and procedure; and Quality Improvement activities• Partners with Provider Network department to secure and maintain a network of dental consultants• Educates and interacts with network and group Providers regarding utilization practices, guideline usage, and effective Enrollee management; provides clinical representation for company presentations in partnership with Provider relations• Provides guidance to staff regarding appeals, grievances, and Enrollee/Provider complaints• Provides analytics and interpretation of dental benefit plan structures• Maintains accountability for Enrollee-related decisions for self and network of dental consultants• Ensures that the dental care provided meets the standards for acceptable dental care and that dental protocols and rules of conduct for plan personnel are followed• Participates in professional and community activities to provide input and become knowledgeable regarding regulatory, professional, and community standards and issues
Qualifications
<p>Required Education: DDS or DMD degree</p> <p>Required Experience: 7-plus years in clinical dental practice. 3–5 years in a health plan, insurance, or benefits administration setting. Minimum of 2 years of experience with HMO/managed care</p> <p>Preferred Experience: Peer Review, medical policy/procedure development, Provider contracting experience. Knowledge of NCQA, HEDIS, Medicare, Group/IPA practice, capitation, HMO regulations, managed healthcare systems, quality improvement, and medical utilization management</p> <p>License Credentials: Current, active, and unrestricted Dental License in the Commonwealth with the authority to complete job responsibilities in applicable location to meet scope of work.</p>

Table G.2-20. Hospital-based Care Manager

Anticipated Role
<ul style="list-style-type: none">• Visiting with Kentucky SKY Enrollees and interacting with hospital staff at general, acute, and Behavioral Health hospitals to ensure proper utilization and Discharge Planning.• Provides hospital care management, utilization review and discharge planning to assure that the Enrollee progresses through the continuum of care and is discharged to the least restrictive environment.• Monitor the care plan to ensure the effectiveness and appropriateness of inpatient services; ensure that services are being delivered and meet the needs of the client upon discharge.• Assess the physical, functional, social, psychological, environmental, and financial needs of Enrollees; identify a cost-effective comprehensive plan to meet the families' service needs, and implement the plan.• Provide referrals to appropriate community resources; facilitate access and communication when multiple services are involved; monitor activities to ensure that services are actually being delivered and meet the needs of the client; coordinate services to avoid duplication.
Qualifications
<p>Required Education: Undergraduate and/or graduate degree in social work or a related field; or licensed as a licensed practical nurse (LPN) or licensed masters-level Behavioral Health professional</p> <p>Required Experience: Minimum of three years in case management</p> <p>Preferred Experience: Knowledge of applicable state, federal, and third party regulations and standards; pediatric and family care management</p> <p>License/Credentials Required: Registered nurse (RN)/licensed practical nurse (LPN), licensed master social worker (LMSW), licensed clinical social worker (LCSW), licensed professional counselor (LPC), or licensed marriage and family therapist (LMFT)</p> <p>License/Credentials Preferred: Certification in Case Management</p>

Table G.2-21. Provider Network Director

Anticipated Role
<ul style="list-style-type: none">• Responsible for oversight of Provider Services and Provider Network Development, providing oversight of required coordination with the Department's contracted Credentialing Verification Organization(s) (CVOs)• Coordinates workforce development initiatives conducted by Molina and collaboratively with the Department and other contracted MCOs• Coordinates all communications and contractual relationships between Molina and our subcontractors and Providers• Ensures Providers are appropriately educated about Medicaid program participation• Ensures and maintains a sufficient Provider network, developing and implementing Provider and contract strategies, and identifying specialties and geographic locations on which to focus resources• Develops a market-specific Provider reimbursement strategy consistent with reimbursement tolerance parameters across multiple specialties/geographies• Oversees the development of new reimbursement models• Tracks contract negotiation activity on an ongoing basis throughout the year• Prepares and negotiates Provider contracts, and oversees contract negotiation in concert with established company templates and guidelines with physicians, hospitals, and other Providers• Maintains all Provider contract information and Provider contract templates, and ensures that all contracts negotiated are configured in the QNXT system• Ensures contract templates comply with all contractual and/or regulatory requirements• Provides plan-specific fee schedule management• Implements strategies to improve EDI/MASS rates• Oversees Provider services, including all Provider services representatives, and coordinates activities with Provider association(s) and joint operating committee management• Provides accountability for the health plan's delegation oversight function• Oversees the Provider network administration area, including Provider information management and business analyses of contracts and benefits to support accurate configuration for claims payment• Oversees all Provider/Enrollee problem prevention, research, and resolution, as well as the Provider/Enrollee appeals and grievance processes• Formulates and implements business plans, tactics, and strategies to provide for efficient, effective, and compliant operations to meet short-term objectives/obligations and ensure long-term growth and success• Develops and implements adequate measures to meet operational needs, efficiently use resources, and maintain an effective system of operational processes and outcome measurement• Creates new policies and amends existing policies to improve operations• Ensures the overall level of quality for operational and contractual obligations meet or exceed appropriate standards
Qualifications
<p>Required Education: Bachelor's degree in Business, Health Services Administration, or related field, or equivalent experience</p> <p>Preferred Education: Master's degree</p> <p>Required Experience: 7 – 10 years' experience in healthcare administration, managed care, and/or provider services</p>

Table G.2-22. Provider Services Manager

Anticipated Role
<ul style="list-style-type: none">• Responsible for the oversight of Provider services and network development functions• Coordinates network development and all communications with Molina Providers, out of network Providers (as applicable), and subcontractors involved in clinical services• Ensures sufficient Provider services staffing ratios to support network development, communications, and education and to respond in a timely manner to Providers seeking prompt resolution of problems or inquiries• Oversees staff that coordinates communications between Molina and its Providers• Performs strategic planning for Call Center operations and inter-departmental processes• Ensures staff is adequately trained to understand cultural, linguistic, and disability competencies• Focuses on effective and efficient Provider education and outreach, expedient resolution of Provider questions, and coordination with Community Outreach team members• Acts as a resource and ensures plan meets initiatives, regulatory requirements, and strategic goals• Designs and implements programs to build and nurture positive relationships between contracted Providers, ancillary Providers, hospital facilities, and Molina• Develops and implements strategies to reduce Enrollee access grievances with contracted network Providers• Responsible for compliance with Provider service procedures
Qualifications
<p>Required Education: Bachelor's degree or equivalent work experience</p> <p>Required Experience: Minimum of 7 years of experience in Provider services or similar background. 3 years of experience in Management, Supervisory, or Lead/Sr. role with demonstrated leadership ability or program management experience required. Extensive knowledge of managed healthcare environment</p>

Table G.2-23. Population Health Management Director

Anticipated Role
<ul style="list-style-type: none">• Responsible for planning, consultation, strategic design, implementation, coordination, oversight, and evaluation of population health management program, services, and initiatives• Continuously updates health initiatives to ensure that all initiatives continue to meet State and federal regulatory guidelines• Participates with senior managers, managers, supervisors, and team leaders across the organization to facilitate operational management of the service, including integrated service delivery, planning, quality assurance, risk management, and occupational health and safety• Provides leadership, motivation, and direction across Molina Healthcare of Kentucky to ensure that the organization supports population health best practices• Ensures programs and projects are evidence-based and tailored to local communities• Recruits, trains, and supports the professional development of population health staff in collaboration with the care management department• Represents Molina at relevant network meetings and other workgroups• Works in collaboration with senior managers, managers, the Board of Directors, staff, Providers, and the community for improvement of Kentucky Medicaid population health outcomes• Forecasts and reviews trends and developments, both internally and externally, that affect current and future service for continued improvement of programs• Oversees all reporting and accountability requirements for programs in collaboration with care management department• Develops strategies for Molina staff and the local community to have input into the development of evidence-based health promotion planning and delivery tailored to local requirements• Works collaboratively with managers and team leaders to promote the pursuit of quality improvement and innovation• Works in collaboration with population health analytics, IT, and quality to ensure alignment of care management• Leads strategic effort in translating organizational goals into executable projects• Demonstrates a willingness to collaborate with others, and maintains a positive attitude• Analyzes reports and develops a strategy to improve outcomes and close gaps
Qualifications
<p>Required Education: Bachelor's degree in related field (i.e., nursing, public health, healthcare administration)</p> <p>Preferred Education: Master's degree in related field</p> <p>Required Experience: Minimum of 2 years of healthcare leadership experience.</p> <p>Preferred Experience: Participation in successful population health programs, including data management, performance management, and training</p>

Table G.2-24. Enrollee Services Manager

Anticipated Role
<ul style="list-style-type: none">• Oversees Enrollee services functions• Coordinates all communications with Enrollees, and advocates for Enrollees• Ensures the provision of sufficient Enrollee services staff and oversees that staff to ensure response in a timely manner to Enrollees seeking prompt resolution of problems or inquiries• Performs strategic planning for Call Center operations and inter-departmental processes• Develops and drives a culture that is passionate about quality and delivering exemplary customer experience• Provides leadership oversight of multi-site Call Center operations and support functions• Establishes, reviews, and modifies standard performance metrics and benchmarks• Develops infrastructure related to staffing and process gaps to drive optimal Call Center operations• Travels to local sites to support oversight, conduct assessments, and audits/readiness reviews as needed• Ensures operational excellence through process improvements/promotes change management processes• Ensures and monitors compliance with implementation of standardized processes and best practices• Serves as a subject matter expert (SME) in support of customer experience strategy projects• Collaborates, reviews, and proposes recommendations to enhance training curriculum. Drives a culture that is passionate about coaching. Pursues continuous enhancements of the coaching experience• Tracks and trends data, identifying areas for improvement in support of improved customer experience and administrative efficiency
Qualifications
<p>Required Education: Bachelor's degree and/or 5–7 years of equivalent work experience</p> <p>Required Experience: Minimum 5 years of supervisory experience. Minimum 3 years of hands-on experience in Medicaid, Medicare, or CHIP programs. Extensive knowledge of managed healthcare. Ability to coordinate activities of and interact with multiple constituencies. Excellent interpersonal and communication skills (verbal and written). Excellent leadership and managerial skills</p>

Table G.2-25. Inquiry Coordinator

Anticipated Role
<ul style="list-style-type: none">• Responsible for the processing and resolution of all Enrollee grievances and appeals and provider complaints, grievances, and appeals• Assists Enrollees throughout the complaint, grievance, and Department fair hearing processes• Plans, directs, and coordinates staff functions, including development and training of staff• Oversees research and documentation for each Provider (/Enrollee) Inquiry and/or Dispute (and/or Appeals)• Ensures resolution is compliant• Coordinates workflows between departments, and interfaces with internal and external resources• Manages Provider (/Enrollee) Disputes (and/or Appeals) database• Oversees preparation of the narratives, graphs, flowcharts, etc., to be utilized for committee presentations, audits, and any internal/external reports• Oversees necessary correspondence in accordance with regulatory requirements• Maintains call tracking system of correspondence and outcomes for Provider (/Enrollee) Disputes (and/or Appeals)• Oversees monitoring of each Provider (/Enrollee) Dispute (Appeal) to ensure all internal and regulatory timelines are met• Maintains well-organized, accurate, and complete files for all Provider (/Enrollee) Disputes (Appeals)• Interfaces with providers, and performs duties pertaining to participating network satisfaction (e.g., credentialing, education, communication)• Oversees claims policies and procedures specific to benefits, contracts, and State requirements• Ombudsman-like responsibilities for Kentucky SKY Enrollees, Foster Parents, Adoptive Parents, relatives, Fictive Kin, Caregivers, and Providers, as needed• Has authority to make independent decisions in a timely manner and provide reporting to the Department, DCBS, and DJJ on inquiries and complaints made by or on behalf of Kentucky SKY Enrollees and Providers
Qualifications
<p>Required Education: High school diploma and 2-year degree or 6-plus years of work experience in field</p> <p>Preferred Education: Bachelor's degree</p> <p>Required Experience: Minimum 3 to 4 years of experience in claims review, and provider and/or Enrollee dispute and/or appeal resolution</p>

Table G.2-26. Chief Financial Officer

Anticipated Role
<ul style="list-style-type: none"> • Oversees budget and accounting system, and Molina’s other financial-related functions • Delivers accurate and timely financial reports • Reviews and analyzes premium rates received from the State for appropriateness. Develops analysis and arguments to support rate negotiations with the State. Monitors risk adjustment factors applied to rates (as applicable), and evaluates the financial impact of periodic adjustments • Reviews and analyzes medical cost performance, including Provider contract and medical management efficiency, identifying and implementing opportunities for improved profitability. Monitors and compares across regions, populations, Provider panels, and external and internal benchmarks • Reviews and analyzes monthly claims reserves for accuracy. Assists corporate actuarial department in setting monthly claims reserves • Reviews and analyzes administrative costs, identifying and implementing opportunities for improved profitability • Reviews and interprets health plan financial performance with plan staff and corporate accounting staff. Monitors actual to budget performance. Identifies and implements appropriate responses to budget variances • Develops and prepares management reports • Manages health plan functional departments, including Reporting and Analysis, Project Management Office, Facilities Services, and Enrollment • Manages relationship with State department of insurance and other regulators for all financial matters • Develops annual budget • Reconciles premium receipts to eligibility in QNXT claims system • Supports health plan strategic analysis and planning • Reviews and analyzes financial terms of Provider contracts and recommends changes. Develops scenario modeling, and identifies cost savings • Responds to all UM data needs, facilitating care coordination • Works with and supports MHI Healthcare Data Analysis department to support reporting, financial performance, common metrics, and formatting and increase quality in all healthcare data analytical activities. Coordinates activities with corporate personnel to avoid duplication of work. Ensures full data support with regard to data needs for quality improvement activities (HEDIS and CAHPS). Provides local plan support for Provider report card/performance monitoring activities with regard to quality, pay for performance (P4P), and medical costs • Represents the finance function by participating on committees, task forces, work groups, and multidisciplinary teams as necessary • Acts as a liaison to both internal and external customers on behalf of Molina and data management areas • Manages the encounter process for the health plan, ensuring that all encounters are successfully submitted and that errors are resolved. Ensures the encounter process fully supports rate-setting exercises, collection of case rate payments, and maximization of risk scores while complying with all applicable State guidelines
Qualifications
<p>Required Education: BA, BS, in finance, accounting, or related field</p> <p>Preferred Education: CPA. MBA preferred in absence of CPA</p> <p>Required Experience: 10-plus years of accounting/finance experience, and 3-plus years of previous supervisory/management experience</p> <p>Preferred Experience: 5-plus years of managed care experience, preferably working with the Medicaid product</p>

Table G.2-27. Chief Compliance Officer

Anticipated Role
<ul style="list-style-type: none">• Maintains current knowledge of federal and State legislation, legislative initiatives, and regulations relating to Contractors, and oversees Molina’s compliance with the laws and requirements of the Department• Serves as the primary contact for and facilitates communications between Molina leadership and the Department relating to Contract compliance issues• Monitors compliance with all the requirements of the Agreement; oversees Molina’s implementation of and evaluates any actions required to correct a deficiency or address noncompliance with Contract requirements as identified by the Department• Establishes audit controls and measurements to ensure correct processes are established. Develops and performs internal audits/risk assessments, monitoring program for Molina departments. Provides post-audit findings and recommendations to ensure State and federal compliance• Coordinates development of written policies and procedures regarding compliance with local, State, and federal guidelines• Selects and directs the Compliance Committee• Facilitates delivery of specialized education and training concerning compliance responsibilities• Develops and implements Anti-Fraud program• Establishes active relationships with third parties who have specific experience conducting fraud investigations• Responds to inquiries and reports concerning compliance or non-compliance• Assists management with enforcement and discipline in appropriate instances of non-compliance• Regularly informs Board of Directors of the status of and activities pertaining to compliance• Reports upon discovery incidents and issues of non-compliance related to HIPAA to the Privacy Official within 24 hours• Submits all PHI requests to privacy official for approval/processing• Works with all business segments to increase awareness of the importance of Compliance and Anti-Fraud plans• As a representative of key management, enforces in day-to-day responsibilities the Compliance Plan, Code of Conduct, and Anti-Fraud Plan• Provides leadership for the compliance function and serves as a resource to departments and health plans on compliance issues, including budgeting for activities related to implementation of the Compliance Plan
Qualifications
<p>Required Education: Bachelor’s degree required, Master’s degree preferred. Five-plus years of previous compliance program and contract experience with Medicaid/Medicare programs, including conduct of internal and state audits</p> <p>Required Experience: 5-plus years of experience with healthcare regulatory agencies in development or implementation of compliance and fraud programs</p> <p>5-plus years of experience with overseeing implementation of contract requirements</p> <p>Experience providing representation to the Board and senior management on health plan issues relating to compliance and fraud program management</p>

Table G.2-28. Management Information System Director

Anticipated Role
<ul style="list-style-type: none"> • Oversees, manages, and maintains Molina’s IT and systems to support operations, including submission of accurate and timely encounter data • Provides technical and process knowledge within IT across silos and business partners to support consulting, problem resolution/facilitation, and effective intake and solutioning • Coaches and brings resources to bear on project deliverables including BRD, RRD, PR, and CR • Participates in IT service development and reporting of service SLAs to Business stakeholders. Champions ITSM processes; provides training and support for process rollout, monitoring of processes and Business feedback to IT, and effective rollout of revised processes • Identifies and documents changes to IT services and supporting processes and/or opportunities for service delivery improvement. Facilitates groups for problem solving and service improvement, including definition/documentation and business workflow analysis • Develops effective processes, forums, and tracking mechanisms to continuously improve process through Business feedback, proactive handling of Business complaints, and facilitation of resolution • Conducts semi-yearly service reviews of IT projects status/metrics and major milestones. Conducts bi-weekly Operations and Issues meeting • Works with SDM team to develop and enhance the ITIL Business Relationship Management (BRM) Model • Develops and maintains a Service Delivery Plan for individual health plans or corporate functions to include Business strategies/needs with corresponding IT strategies/plans, IT projects, IT performance measurements, customer satisfaction improvement plans, and other items as determined by the CIO or AVP • Communicates and facilitates issue resolution with third-party vendors • Presents to SDM team the Semi-Annual IT Report to include: IT Accomplishments, Performance Metrics, Project Intake, and Release Plan/Roadmap Status • Uses standard communication protocols and forums to consistently provide updates and promotion of IT services/projects, which includes support and maintenance of marketing plan to promote within IT organization, IT wins/major projects, and improvements in IT value perception both with IT employees and with our business community • Effectively manages business escalations within the IT organization by ensuring appropriate accountability, sense of urgency, communication, and follow-through to closure • Demonstrates SME knowledge of MCO contract compliance requirements that impact IT services or processes • Facilitates and leads processes and activities to complete deliverables on behalf of the State including, but not limited to, RFQ/RFP responses, audit response/coordination, and evaluation of new contract requirements • Consolidates IT responses, and leads the walkthrough of IT responses with IT management • Participates in government meetings as well as coordinates additional MIT SME participation as necessary
Qualifications
<p>Required Education: Bachelor’s degree in Business, Healthcare, Computer Science, Information Systems or 10 years of related field or equivalent experience</p> <p>Preferred Education: Master’s degree in Computer Science, Information Systems or Healthcare-related field</p> <p>Required Experience: 5-12 years business function or relations management experience and/or 5–7 years IT or system delivery or related experience. 3 years strategic planning experience with a project management background</p> <p>Preferred Education: 3-plus years of management experience and 3-5 years of managed care experience</p>

Meeting Staffing Requirements and Providing Rosters to the Department

Molina will comply with all staffing and personnel obligations, including those pertaining to security, health, and safety issues. We will provide the Department, DCBS, and DJJ with a staff roster every 90 days during the Term of the Contract unless otherwise specified by the Department. This roster will include the names, titles, and physical location of the Kentucky SKY Contractor’s staff (including subcontractors), their areas of responsibility and the number of hours they are required to dedicate to the Kentucky SKY program.

v. TRAINING STAFF TO FULFILL REQUIREMENTS AND RESPONSIBILITIES

Molina will train staff to fulfill requirements and responsibilities of Attachment C, Draft Medicaid Managed Care Contract and Appendices. Molina supports the growth potential of each staff within the organization and takes a comprehensive view toward employee training and development. Our approach includes self-paced web-based learning using our iLearn platform, live webinars delivered by Molina content experts using web-based video and audio technology, and in-person trainings conducted by dedicated clinical and nonclinical trainers as well as trainings conducted by subject matter experts on specific topics. Dedicated clinical and non-clinical trainers conduct routine trainings throughout the year.

Proposed Staff Training Program and Curriculum Specific to Areas of Responsibility

Our trainings have been refined over the 25 years as a managed care company, and we evaluate our trainings regularly to maximize their impact. Table G.2-29 outlines a general training program for all Kentucky SKY staff. In addition to our formal training sessions, we also conduct a robust online offering of required and optional courses through our iLearn system. Training schedules and modules are tailored to each position. Most training modules include a comprehension test at the end of the module to gauge the employee’s understanding of the materials. There are also ongoing training sessions for updates related to the healthcare industry and specific contractual requirements. These trainings are facilitated by the learning and development team, the local management staff, and the local compliance department. In addition to required courses, each employee can take advantage of other online training courses through the iLearn system. The topics available vary from computer skills to more advanced healthcare topics. Employees can schedule these courses at their convenience.

Table G.2-29. Staff Training for all Operational Areas

Description	Duration
New Hire Orientation and Molina Philosophy	2 hours
Self-Paced HIPAA and Compliance Courses	2 hours
Kentucky SKY Overview	1 day
Customer Service Skills, Behavioral Health, and Cultural Competency	1 day
Core Systems, Applications, and Processes	6 days
Covered Benefits and Services	6 days
Grievances and Appeals	1 day
Fraud, Waste and Abuse	2 hours
Functional On The Job Training*	3 days*

*Functional on-the-job training is ongoing and depends on the level of employee. All employees receive training that is tailored to their needs.

Operational Area Training

Table G.2-30 shows operational area training for staff identified in Attachment C, Draft Medicaid Managed Care Contract, Section 42.6.2, Kentucky KY Administration and Staffing, B.1 Full-time SKY Key Personnel, and B.2 Shared Kentucky SKY Personnel.

Table G.2-30. Kentucky SKY Personnel Operational Area Training

Operational Area	Curriculum specific to area of responsibility and topic areas
Administrative / Finance	<ul style="list-style-type: none"> • New Hire Orientation and Molina Philosophy • Self-Paced HIPAA and Compliance Courses • Kentucky Medicaid and SKY Program Overview • Customer Service Skills and Cultural Competency • Core Systems, Applications, and Processes • Covered Benefits and Services • Non-Medicaid Services Available to Enrollees • Grievances and Appeals • Fraud, Waste and Abuse/Program Integrity • Functional on The Job Training*
Medical and Clinical Management	<ul style="list-style-type: none"> • General Staff Training • General Clinical Training • Clinical Process Training • Utilization Management* • Care Management* • Behavioral Health UM/CM* • Functional on the Job Training
Care Coordination	<ul style="list-style-type: none"> • General Staff Training • Molina Clinical Operations and Philosophy • Care Coordination Operations Deep Dive • IT Systems: Clinical CareAdvance, QNXT, Member 360 • Care management: Specifics related to CMS, NCQA, and Kentucky Commonwealth regulatory requirements following the care management process for screening, assessing, stratifying risks, planning, and implementation of a person-centered Care Plan as well as follow up and evaluation: <ul style="list-style-type: none"> - Assessments - Comprehensive assessments - Condition-specific assessments - Closing the loop of identified conditions/concerns based on Enrollee assessment and motivational interviewing skills - Person-centered Care Plan development - Elements of an care plan - Enrollee-prioritized goals - Identification of individualized barriers to adherence and treatment goals - Person-centered Care Plan interventions designed to assist Enrollees in overcoming identified barriers to adherence or treatment goals - Measurable outcomes - Enrollee consent - Assessment Team, Care Coordination Team and System of Care team - Enrollee Care Plan updates based on outcomes of Care Coordination/System of Care

Operational Area	Curriculum specific to area of responsibility and topic areas
	<p>team meeting</p> <ul style="list-style-type: none"> • Letters: Enrollee and Provider communication and collaboration regarding the Care Plan • Practice scenarios with live feedback based on audit findings used to identify any additional training needs • Behavioral Health 101 – An Overview • Helping Enrollees With Challenging Behavioral Health Diagnoses and Behaviors • Understanding Behavioral Health: Defining the Diagnosis and Treatment Options • Confidentiality with Substance Abuse and 42 CFR Part 2 • Attention Deficit Hyperactivity Disorder (ADHD) • Depression/Anxiety Disorders • Autism Spectrum Disorders (ASD) • Perinatal Depression
Utilization Management	<p>UM Operations Deep Dive</p> <ul style="list-style-type: none"> • Designated mentor/preceptor/subject matter expert provides adjunctive specific job training that highlights Kentucky Medicaid resources, regulatory requirements, and the contract. Training includes the following areas and are reinforced through assignment of a mentor/SME partner: <ul style="list-style-type: none"> – Demonstration and Parallel Practice. Demonstration of system use and accessing materials (i.e., policies, resources). Parallel practice is when the mentor/preceptor/SME demonstrates the function/concept in the system while the new staff follows step-by-step in the training environment – Knowledge checks are conducted during the training concepts and system training to ensure transfer of knowledge – Feedback will be provided to validate understanding and application of UM concepts • Ongoing training to ensure specific Kentucky Medicaid population needs are addressed, including cultural competency development, cultural sensitivity, and unconscious bias
Enrollee Services	<ul style="list-style-type: none"> • Compliance: HIPAA Law, HIPAA Criteria, HIPAA Privacy Incidents, PHI, Minor Consent, Fraud, Waste and Abuse, Quality Assurance Call Monitoring • Systems, Applications, Websites: QNXT/CRM System Training, Call Code, Call Routing, Call Documentation, FAD/CISCO Phones, CVS Health, Molina Public Website and Web portals, Kentucky State Medicaid, DCBS, DJJ Website • Customer Service: Service—The Molina Way, Phone Presence: Call Handling, Irate Calls, Crisis Calls, Probing for Understanding: The Art of Questioning, Heart of Communication: Building Rapport through Empathy, Special Needs Sensitivity Training: Visual, Auditory, and Kinesthetic Simulation • Product Training: Medicaid Introduction, Appeals & Grievances/Critical Events and Incidents, Training Resource Library, Eligibility Verification, Pharmacy, Benefits/Value-added and Incentives, SKY PCP Changes, Authorizations and Referrals, Medicaid Care Management, Crisis Calls, Demographic Changes, Material Requests • Role Play: Call scenario simulation, problem solving, demonstration of skills, accessing resources, call handling, documentation, peer review • Nesting/Live Call Listening - Transition to floor nesting area with Supervisor and Subject Matter Expert support

Operational Area	Curriculum specific to area of responsibility and topic areas
Provider Services	<ul style="list-style-type: none"> • iLearn - For new Provider Services staff, training includes: Compliance, HIPAA in the Hi Tech Era, HIPAA Security, HIPAA Privacy, Provider Services the Molina Way • Web-based video and audio technology and Face-to-Face - For new Provider Services staff, training includes: Website (MHI and health plan site), Web portals, QNXT: Three sessions— Overview, Claims, and Provider Modules, Call Tracking • Documentation and Face-to-Face - For new Provider Services staff, training includes: Provider Manual, Forms, FAQs, Communications, Kentucky-specific benefits and programs • Shadowing Onsite at Molina or Affiliated Health Plan - For new Provider Services staff, training includes: Enrollee and Provider Call Center, Claims, Enrollee Inquiry Research & Resolution/Provider Inquiry Research and Resolution, Utilization Management, Care Coordination • For Provider Services directors, managers, and external representatives: Field shadowing
Quality Management	<ul style="list-style-type: none"> • General Staff Training • Governance • QI Program • Committees • Accreditation • PDSA, Triple Aim • Internal Tools and Technology • Data sources • Reporting • PIP and HEDIS, QAPI • Data Analytics • Outcomes • Complaints, Grievances and Appeals
Claims Processing*	<ul style="list-style-type: none"> • General Staff Training • Claims Processing System • Claims Adjudication Process • Claims Timelines • Quality and Monitoring
Program Integrity*	<ul style="list-style-type: none"> • General Staff Training • Special Investigation Unit • Detection /Prevention Processes • Systems • Post-payment • Reporting/Communication
Compliance	<ul style="list-style-type: none"> • General Staff Training • Governance • Compliance • Fraud, Waste and Abuse • Compliance/Fraud, Waste and Abuse Training

Operational Area	Curriculum specific to area of responsibility and topic areas
Management Information Systems	<ul style="list-style-type: none"> • General Staff Training • Systems • Reporting • Data Analytics • Tools • Data Exchange • Kentucky Health Information Exchange • Management Information Systems Platform

Supervisory Training

Molina SKY employees in supervisory roles will be able to participate in the New Leader Orientation, which provides leaders with essential skills, knowledge, and resources to effectively engage and develop their team. The six-hour program consists of 90-minute modules focused on Molina’s core competencies for performance management, employee engagement, and transactional skills. The orientation helps participants to apply leadership skills, knowledge, and resources in their daily activities and to recognize, understand, manage, and mitigate leadership challenges. We follow this training with coaching and quarterly development sessions, each taking place on a one-on-one basis between the manager and his/her supervisor.

We will encourage managers to use standardized tools and documents when discussing their employees’ performance and career goals. Our Intranet site provides quick access to a career development worksheet and an expectations and deliverables agreement, among other valuable communication tools. We will supplement these practical guides with regular emails to all employees, titled “Who We Are,” that reinforce our beliefs and best practices.

How Training Differs for New Staff Versus Ongoing Trainings and Related Training Schedules

New Staff

Upon hire, all staff participates in Kentucky SKY Program overview training. In addition, we maintain new employee orientation requirements to ensure compliance obligation awareness and provide education on the Code of Conduct and business practice expectations. In addition to general new employee orientation training, we provide mandatory annual employee compliance training including, but not limited to, the topics of the Code of Conduct, Privacy and Security, Whistle Blowers, Information Security, Organizational Conflicts of Interest; Anti-Bribery, Harassment Prevention and Fraud, Waste and Abuse. Because of the unique training needs of each department, frequency of training is determined by role and function area within each department.

Ongoing Training

In addition to the annual, HIPAA Compliance training, Molina will provide ongoing training when there are program updates, or as needed to perform within each organization area. Enrollee-facing staff will have ongoing training on trauma-informed care, and other evidence-based practices. On-the-job functional area training may occur to address program updates.

vi. MONITORING SUBCONTRACTORS’ STAFF RECRUITING AND TRAINING

Ensuring subcontractor compliance and high-quality performance starts on the ground in Kentucky and will be supported throughout Molina. Program subcontractors will be governed under a vendor management oversight committee that ensures compliance with all state approved key performance indicators. Subcontractors are audited based on an established timeline approved by the State and are

required to maintain all required licenses and insurances in good standing and provide evidence upon request.

Our delegation oversight staff oversees the auditing and performance monitoring plan for each subcontractor, which includes performance requirements for all delegated functions; proof of insurance, licensing and credentials; required reporting and interfaces; a review of the financial operation and amounts paid for covered services, if applicable; and a review of contract compliance, logged complaints, and functional performance measurements. Just as we do with our own employees, we also require Subcontractor staff to meet appropriate credentials and licensing requirements in the Commonwealth of Kentucky.

Our approach to monitoring subcontractor's progress in recruiting and training of staff complies with Attachment C Draft Medicaid Managed Care Contract and Appendices. Our approach, part of our overall subcontractor monitoring program, includes assigning subcontractors training using our learning management system, and requiring the subcontractor to provide us weekly training status reports during implementation and then monthly thereafter. As we do with our own employees, we use a multimedia approach to train subcontractor staff on a wide array of topics from HIPAA Compliance to preventing Fraud, Waste and Abuse, to specific clinical topics serving special populations such as the Kentucky SKY population. We also train subcontractors about how to serve our Kentucky SKY Enrollees in compliance with contract requirements. Our approach includes self-paced web-based learning, live webinars delivered by Molina content experts using web-based video and audio technology, and in-person trainings conducted by dedicated clinical and nonclinical trainers as well as trainings conducted by subject matter experts on specific topics.

Subcontractor Resource Allocation and Monitoring

Subcontractor selection and management are important elements of program management. We are responsible for subcontractor performance and have selected those with proven records of high-quality service. In addition to the pre-implementation site visit, we conduct annual site visits to our subcontractors to assure compliance with the performance of all delegated functions. During the site visit, we review the policies, procedures, and applicable files and also interview staff. We maintain a monitoring plan for each subcontractor, including performance requirements for all delegated functions; required reporting and interfaces; a review of the financial operation and amounts paid for covered services, if applicable; and a review of contract compliance, logged complaints, and functional performance measurements.

Our organizational structure focuses on the more than thirty core process areas or work streams that compose the health plan, including corporate support. This ensures we manage the complexities of the program and make sure the health plan collaborates with shared service areas.

vii. APPROACH TO RETAINING FULL-TIME KEY PERSONNEL

At Molina, we focus on employee retention as a key factor of our business model, ensuring that we retain the expertise and business acumen of our valued employees. We offer competitive compensation and a package of health benefits that are among the best in the industry. Committed to modernizing our workforce, Molina also offers other nontraditional perks such as flexible work schedules, casual dress code, sponsored community events, leadership participation on various boards and councils, participation in pilots and studies to advance system and program improvements, and tuition reimbursement. We promote career development through customized programs and education reimbursement programs and strongly support and promote continued education programs for our clinical staff employees.

We are especially proud of our *Volunteer Time Off program*, which allows employees to use company time to participate in events that bring them closer to their communities. We believe in being an active part of every community where we work. Community service is a focal point for our Molina staff. Over the past three years, we have presented more 250 volunteer opportunities to our employees to serve our most vulnerable populations. As part of our philosophy, we partner with grassroots organizations in the

communities we serve, making contributions that have lasting impacts. From corporate giving and partnerships to community champions to volunteerism, our Molina family sets out each day to have an impact. Examples include:

- ***The Molina HOPE corporate giving program***, which provides micro-grants directly to community partners and has invested more than \$2 million in local communities. Our state health plans also donate money and supplies to a variety of community-based organizations.
- Our ***Community Champions*** award program also helps us build community partnerships, honoring unsung heroes (e.g., volunteers, health professionals, advocates) in our neighborhoods. Each honoree receives a \$1,000 grant to pass on to an organization of choice. Since the 2006 inception of the Community Champions Awards program, 140 events have taken place in states where Molina operates. During this time, 797 Community Champions have been recognized for their efforts to go above and beyond in their local communities. As part of the Champions' opportunity to "pay it forward" with their \$1,000 grant, \$797,000 has been awarded to more than 797 deserving nonprofit organizations throughout the United States.
- ***Helping Hands*** provides employees with opportunities to invest time and energy in local charitable activities. Molina encourages employees to participate in Helping Hands activities by providing paid time off from work for their volunteer efforts.

States recognize our contributions. In Illinois, our affiliate plan recently received the Salvation Army of Alton's Social Service Partner Award, the first one granted in the organization's 128-year history. Many of our plans win awards for the Best Places to Work in local publications, including those in Florida, Michigan, Ohio, and South Carolina.

Advanced Career Tracks for Care Coordinators Support Retention

Based on input from foster families, we know that caregivers are looking for care coordination support and assistance with navigating the various systems involved with SKY Enrollees – healthcare, social services, and juvenile justice. Therefore, ***we will provide specialized career tracks with opportunities for Care Coordinators to receive additional training and become experts in specific topics related to Foster Care such as applied behavior analysis, juvenile justice, child welfare processes and timelines, transition age youth (18-26), substance use, and the needs of children aged 0 to 5.*** Care coordinators who participate in these "expert tracks" will provide additional internal support and training to the Care Coordination Team. These Care Coordinators will provide advanced internal support (e.g. assistance with navigating the court system or school system, connecting with community-based organizations), that will ultimately improve service delivery, promote evidence-based practices and enhance care coordination. Not only will this approach improve Enrollee satisfaction and health outcomes, it will foster greater job satisfaction for those Care Coordinators who participate and likely promote staff retention.

viii. ORGANIZATIONAL STRUCTURE

Our comprehensive approach to staffing assures we will meet Draft Contract requirements and facilitate access to care that leads to improved health outcomes for our SKY Enrollees. Kentucky will benefit from experienced organization that can scale SKY program operations and brings the operational excellence that Kentucky deserves. ***We will staff the SKY Program with approximately 80 dedicated employees.***

Redacted as proprietary, confidential, and/or trade secret per RFP Section 40.29, Vendor Response and Proprietary Information, and the Kentucky Open Records Act, KRS 61.878.
This material can be found in the sealed Proprietary Information and Data proposal.

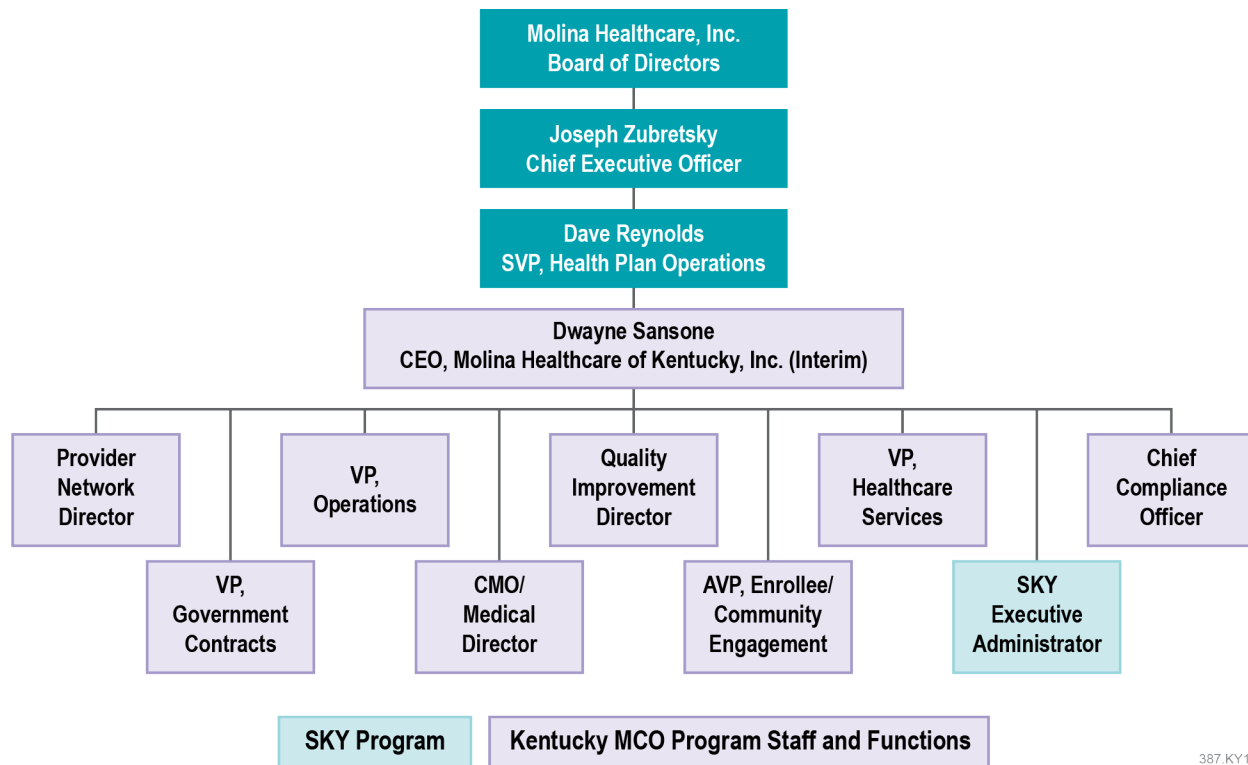
In addition to the fully dedicated staff shown above, Molina will also provide the following personnel listed shown in Exhibit G.2-6 below, who may be shared across the Kentucky SKY and Medicaid managed care MCO functions. Per Attachment, Draft Medicaid Managed Care Contract, Section 42.6.2.B.2, Shared Kentucky SKY Personnel, these personnel will be sufficiently available to meet the needs of our Kentucky SKY Enrollees.

Redacted as proprietary, confidential, and/or trade secret per RFP Section 40.29, Vendor Response and Proprietary Information, and the Kentucky Open Records Act, KRS 61.878. This material can be found in the sealed Proprietary Information and Data proposal.

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b. How Molina’s Kentucky SKY Team Fits into Overall Structure of Parent Company

Please see Exhibit G.2-7 below which describes how the Kentucky SKY team will fit into the overall structure of MHI. Our SKY program Executive Administrator will report into Dwayne Sansone, CEO of Molina, ensuring direct communication with Molina Senior leadership.



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Exhibit G.2-7. The Sky Executive Administrator has Direct Communication with MHI Senior Leadership

c. Where Subcontractors are Incorporated into the Organization

Our chief compliance officer, in conjunction with our health plan chief executive officer, oversees our subcontractors. In addition, as shown in the organizational charts above, each of our subcontractors will be integrated in our organization as follows:

- **Molina Healthcare, Inc.** Our Plan President has direct communication with MHI regarding shared services including management information systems, claims, government advocacy, marketing/public relations, IT support, legal/ regulatory, corporate finance, human resources, Nurse Advice Line, credentialing and facilities.
- **Avesis.** Our dental services subcontractor, Avesis has direct communication with our provider network director.
- **CVS Health.** Our pharmacy services subcontractor, CVS has direct communication with our pharmacy director.
- **March Vision Care.** Our vision services subcontractor, March Vision has direct communication with our provider network director.
- **Lucina Analytics.** Lucina who provides maternal and natal health services has direct communication with the AVP of care management.

ix. INTEGRATING SUBCONTRACTORS INTO OVERALL PERFORMANCE

To best support our subcontractor partners in effectively serving our Enrollees, we emphasize open communication and proactive problem-solving. Our Subcontractor Oversight program for Kentucky Medicaid is guided by a proven framework of policies and procedures (P&Ps) developed and customized by our affiliate health plans across all lines of business. Our established processes support effective monitoring and continuous evaluation of subcontractor performance to ensure compliance with all requirements while delivering high-quality products and services.

Subcontractor selection, oversight, and management are important elements to ensuring Medicaid managed care success. Delivering the full scope of covered Kentucky Medicaid services, including dental, vision, pharmacy benefit management, and others requires subcontractor partners with a deep understanding and experience working with the Commonwealth's Medicaid population and/or similar populations in other markets.

Molina is responsible for subcontractor performance and has selected long-time partners with proven records of delivering high-quality service to Medicaid populations in Kentucky and other states. They further have the proven ability to meet all requirements set forth in Attachment C., Draft Medicaid Managed Care Contract and Appendices, Section 6, Subcontracts.

Ultimately, we partner with the Commonwealth to maximize physical and financial resources for the benefit of Medicaid Enrollees. This partnership means we hold ourselves and our delegates accountable for Enrollee outcomes, overall performance, and every dollar spent.

Through our comprehensive contract vetting process, we select subcontractors with experience not only with Molina Healthcare, Inc. (MHI) and our affiliate health plans, but also with the needs of the SKY population. Our subcontractors for the Kentucky SKY program are all partners with affiliate health plans in multiple other Medicaid markets, and include:

- **Molina Healthcare, Inc.** Our parent company provides administrative functions including, but not limited to, claims and encounters processing, credentialing, and Enrollee and provider call centers
- **Avesis.** As our dental services subcontractor, Avesis is currently contracted with four of the five Kentucky Medicaid MCOs and has more than twice the number of contracted dental providers in the Commonwealth than any other dental vendor
- **CVS Health.** As our pharmacy benefits manager (PBM), CVS operates more than 68,000 retail pharmacies, while also supporting 29 Medicaid health plans and more than 12 million Enrollees nationwide
- **March Vision Care.** Our vision benefit subcontractor March Vision has partnered with our affiliate health plans since 2001 and currently administers vision services for D-SNP plans in the Commonwealth, which include Medicare and Medicaid-eligible Enrollees.
- **Lucina Analytics.** Headquartered locally in Louisville, Lucina provides maternal and natal health services and brings experience working with other Kentucky Medicaid MCOs.

Subcontractor Performance

Molina accepts full responsibility for the performance of our subcontractors. We hold our subcontractors to the same performance standards that we hold ourselves and that are Contractually required per the Kentucky SKY RFP. As part of our subcontractor monitoring, we have internal monitoring procedures and policies in place to assure contract compliance. We set clear expectations and reporting requirements with each subcontractor through our formal subcontractor agreements. Molina remains responsible and accountable for ensuring all contract requirements are met. We only use subcontractors based in the United States; we do not use offshore resources. We will seek approval from the Department for our proposed subcontractors.

Our Chief Compliance Officer oversees the Contractor's compliance with the laws and requirements of the Department. The Compliance Director will also serve as the primary contact for and facilitate communications between Molina leadership and the Department relating to Contract compliance issues. We will work with our subcontractors to ensure that data received is accurate and complete by regularly verifying through edits, audits, and other monitoring mechanisms the accuracy and timeliness of subcontractor reported data. We will integrate subcontractor activities into our Quality Assurance and Performance Improvement Program.

Organizational Infrastructure Supporting Subcontractor Oversight

Our chief compliance officer, in conjunction with our health plan chief executive officer, oversees our subcontractor oversight program and is supported by our Delegation Oversight department, DOC, and Quality Improvement Committee (QIC). The functions and structure of these entities are detailed in the following paragraphs. The organizational charts above show how our subcontractors are incorporated into the organization.

Delegation Oversight Department. Oversees day-to-day subcontractor oversight and subcontractor auditing and performance monitoring of each subcontractor, including performance requirements for all delegated functions; required reporting and interfaces; and a review of contract compliance, logged complaints, and functional performance measurements. Our dedicated Delegation Oversight Specialists monitor subcontractor performance and contract compliance in their assigned functional areas of expertise. Reporting measures detail data for internal and external performance metrics and flag out of compliance delegates for follow-up and intervention.

Delegation Oversight Committee. The DOC is the governing committee responsible for evaluating subcontractor performance. DOC leadership includes our Medical Director and managers and directors across key functional areas such as Quality, Compliance, Member Services, Credentialing, and Provider Services. The DOC reviews the evaluation of subcontractor performance and is ultimately responsible for analyzing the information reported through regular dashboard reports, ad-hoc reports, subcontractor audits, performance checks, and in-person, on-site monitoring. The DOC conducts a monthly review of subcontractor oversight activities and makes delegation decisions. The DOC can recommend actions to take against non-compliant or under-performing subcontractors from CAPs up to contract termination.

Quality Improvement Committee. The QIC reviews regular monthly reporting on subcontractor performance, including any corrective actions implemented. The QIC reviews auditing and monitoring activities in place and where necessary, providing quality improvement recommendations to the DOC.

Chief Compliance Officer. As a voting member of the DOC, our chief compliance officer also works closely with subcontractors to ensure they implement, maintain, and monitor a compliance program based on Kentucky Medicaid contract requirements. Subcontractors also must report program integrity issues to the chief compliance officer.

x. STAFF POSITIONS BASED IN KENTUCKY, THE FIELD, AND CORPORATE OFFICES

Molina anticipates having six office locations in the Commonwealth of Kentucky, in addition to our Molina Kentucky Regional Operations Center in Louisville. We will strategically place these six locations, called Molina One-Stop Help Centers, across the Commonwealth based on our research/knowledge for the greatest widespread accessibility, addressing rural needs and underserved communities. We will ensure that these locations are placed in easy to access areas, including those accessible public transportation. These locations include: Louisville, Covington, Bowling Green, Hazard, Lexington, and Owensboro.

A majority of staff supporting Molina's contract to support the Kentucky SKY program will be located in our Kentucky Offices. Table G.2-31 below identifies staff positions that will be based in our main

Kentucky office in Louisville, regional and field-based staff, at our corporate offices, and our subcontractors' offices.

Table G.2-31. Locally Based Molina and Subcontractor Staff model

Office Location	Description of Staff at Location
Molina Kentucky Office Louisville, KY	As required, the following staff positions will be based in Kentucky: <ul style="list-style-type: none"> • Executive Administrator or Executive Director • Executive team personnel • Provider Network Director • Enrollment • Medical Director or Associate Medical Director, • Quality Improvement Director • Behavioral Health Director • UM Director • Prior Authorization/Pre-Certification Coordinator • Provider Relations Liaison • Chief Financial Officer • Chief Compliance Officer • Pharmacy Director • Dental Director • Population Health Management Director • Management Information Systems Director
Kentucky Regional and Field-Based Staff throughout Kentucky.	<ul style="list-style-type: none"> • Care Coordination Teams • Enrollee services • Provider Relations Liaison • System of Care Liaisons
Molina Corporate Office 200 Oceangate, Long Beach, CA	MHI provides shared services including management information systems, claims, government advocacy, marketing/public relations, IT support, legal/regulatory, corporate finance, human resources, Nurse Advice Line, credentialing, and facilities.

xi. PROPOSED FULL TIME EQUIVALENTS DEDICATED TO KENTUCKY SKY

Redacted as proprietary, confidential, and/or trade secret per RFP Section 40.29, Vendor Response and Proprietary Information, and the Kentucky Open Records Act, KRS 61.878. This material can be found in the sealed Proprietary Information and Data proposal.

How We Determine Appropriateness of Staffing Ratios

Molina bases our staffing assumptions using our 25 years of experience staffing projects of similar size and based on enrollment, claims, and prior authorization data provided by the Department, as well as industry standards and Molina's experience in other markets. To assure that the Care Coordination Teams can meet the needs of the Enrollees, Molina will also use low ratios of staff to Enrollees.

We estimate our staff hours and timeline based on comparable health plan projects and programs, based on membership, lines of business, and complexity of requirements. Our Oracle Primavera houses all historical project actuals by resource type and process area, that we adjust to forecast the specific staff hours and timeline needed in each phase. Although initial allocation begins during implementation, we monitor, track, and supplement resources, as necessary, over the life of the contract.

We will provide the Department, DCBS, and DJJ with a staff roster every 90 days during the term of the Contract unless otherwise specified by the Department.

xii. CARE COORDINATION TEAM ROLES AND RESPONSIBILITIES

The Care Coordinator, who leads the Enrollee's Care Coordination Team, reports to a regional Care Coordination Team manager. The Care Coordinator serves as the primary contact for Enrollees, their caregivers, Providers, the DJJ Social Worker and family and youth peer support specialists. Molina's Care Coordinator will be responsible to:

- Conduct the Enrollee Needs Assessment and reassessment annually, or when the Enrollee's status changes.
- Collaborate with the System of Care team to develop an **integrated Care Plan** that includes the care management plan, Service Plan and any other care or treatment plan.
- Coordinate services between Providers and systems.
- Review utilization data and **conduct outreach to fill gaps in care** or when an Enrollee experiences an emergency department (ED) visit or inpatient admission.
- **Address social determinants of health.** We link Enrollees and caregivers to support groups, social supports and respite care, as well as education and vocational community-based resources. As a value-add, we will provide SKY Enrollees with duffle bags so they have something of their own and don't have to carry their belongings in garbage bags, promoting a sense of belonging.
- **Provide education and materials on how to stay healthy.** We provide education on and reminders for Early and Periodic Screening Diagnosis Treatment (EPSDT) visits. For example, through our System Navigation Guide we provide Enrollees and caregivers with a resource that outlines key milestones (such as wellchild visits) and important contact information for the Enrollee's PCP, dental Provider, Care Coordinator, Nurse Advice Line, Behavioral Health Crisis Hotline and others. Our System Navigation Guide helps take the guesswork out of caring for a SKY Enrollee.
- Provide services and supports to **encourage Enrollees in becoming proactive participants** in their health and wellbeing and that promote healthy lifestyles. Using a High Fidelity Wraparound Approach, we place the Enrollee at the center of their care to develop an integrated Care Plan based on their identified goals, strengths and priorities.
- Provide a **transition to adulthood plan** and transition support for Enrollees aging out of Foster Care. Through our Transition to Adulthood assessment, we will understand the Enrollee's short- and long-term goals as they move toward adulthood and create a plan to support them in working toward independence.
- **Support Enrollees during times of transition**, such as a change in placement. Our Care Coordinators will serve as the hub of communication and information-sharing for the Enrollee's System of Care. They will walk alongside Enrollee's throughout their journey, promoting consistency and continuity of care.

These Care Coordinators will provide advanced internal support (e.g., assistance with navigating the court system or school system, connecting with community-based organizations), that will ultimately improve service delivery, promote evidence-based practices, and enhance care coordination.

The Care Coordination team will also include a Family Peer Support Specialist and/or Youth Peer Support Specialist who has successfully completed the initial and ongoing training approved by DBHDID under Kentucky statute. A Family and/or Youth Peer Support Specialist is a former Foster Care caregiver or youth with specialized training in peer support functions who may be added to an Enrollee's Care Coordination Team, working under the supervision of the Care Coordinator.

Locating Care Coordinators in the Areas They Serve

We hire locally based and appropriately licensed candidates who exceed Kentucky's high standards and our own stringent experience requirements. Part of the success of our health plans enterprise wide comes from employing individuals who reside in, understand, and reflect the communities they support. Molina will have clinicians with experience serving the Kentucky SKY population. In addition, Molina will preferentially hire staff at all levels who have experience working with children and youth involved in Foster Care, juvenile justice and Adoption Assistance.

Our Care Coordinators will live and work in the areas they serve, so we can meet Enrollees where they are and make it easier for them to access they care and services they need.

We will work with child welfare to identify offices to embed Care Coordinators where feasible. Additional Care Coordinators will be field-based, working with high-volume Providers and conducting in-home, community-based services. We will have Care Coordinators based regionally so that we have appropriate coverage for the rural and urban areas where our Enrollees live.