G.3   Kentucky SKY Implementation

REQUIREMENT: RFP Section 60.7.G.3

3. Kentucky SKY Implementation

a. Describe the Contractor's approach to project management, including a summary of responsibilities for project governance and how the Contractor will track action items, risks and issues, as well as contingency and mitigation plans. At a minimum, the implementation plan must include elements outlined in the RFP, for example:

    i. Establishing an office location and call centers;

    ii. Provider recruitment activities;

    iii. Staff hiring and a training plan;

    iv. Establishing interfaces to information systems operated by the Department and DCBS; and

    v. Communicating with and educating Network Providers and Kentucky SKY Enrollees through a web site and required materials, and how that interaction will support program participation and program goals.

b. Describe the Contractor's approach for building relationships with DCBS staff at the Service Region and county level, and with Department for Juvenile Justice (DJJ) staff at the Community District level to support enhanced coordination of care, reduced duplication of services, and improved access to the most appropriate services to meet the needs of Kentucky SKY Enrollees. Please address education, training, communications, and process development.

> **Molina brings a proven project management process, honed and refined specifically for populations similar to the Kentucky SKY program and delivered by a highly experienced team who will facilitate an on-time implementation and successful management of the Kentucky SKY program.**

Based on our 25 years of experience operating managed care health plans across the country, we know what it takes to develop a comprehensive and effective Implementation Plan that assures an on-time, on-budget, and compliant implementation. Molina will implement the SKY program as a part of our entire Medicaid implementation, adding and augmenting implementation activities specific to the SKY program, imperative for the unique needs of SKY Enrollees. We have created a cross-functional implementation team composed of experienced subject matter experts responsible for completing tasks and deliverables.

Molina's plan president, an executive leader with more than 20 years of experience across various industries, including healthcare insurance and population health technology, in conjunction with the SKY project manager, will be ultimately responsible for the SKY implementation and will be the main point of contact for the Department. Further, our System of Care liaisons will take a comprehensive approach to building relationships with the DCBS and DJJ so that we can cooperatively and collaboratively partner to provide appropriate and quality healthcare support to Kentucky SKY Enrollees.

Kentucky will benefit from an organization that is not *only large and experienced enough to scale* SKY program operations, but *flexible enough to provide the attention to detail, implementation and operational excellence* that Kentucky deserves. Our local health plan will be market focused, from successful implementation to operational excellence. We will use project management resources and IT team members with direct experience, applying lessons learned and direct, program-specific expertise and best practice knowledge to the SKY program.

At Molina, our only business is enabling the highest quality care for Enrollees covered by government contracts like the Kentucky SKY program. This focus has enabled us to hone our approach over our 25-year history, where we have demonstrated a proven track record of successfully implementing and managing more than 18 unique, complex government healthcare programs.

a. APPROACH TO PROJECT MANAGEMENT

Project management is one of the most critical components for a successful implementation of the Kentucky SKY program that will achieve the Department's goals of improved health outcomes for SKY

Enrollees. Molina's solid, proven project management approach includes pre-implementation activities, development of services and supports, successfully passing readiness review and execution for success. This creates a foundation that results in a strong provider partners, enhanced services for SKY Enrollees and collaborations with the Departments to achieve the program goals. Our effective implementation approach will facilitate smooth transitions for SKY Enrollees without disruption to the critical services they need. At Molina, we understand that a solid foundation paves the way for continued success and growth.

For over 25 years, we have developed and refined program implementation and management processes, tools, and techniques and tailored them to serve the specific and complex needs of our state Medicaid agencies, Providers, and Enrollees. Every Molina program aligns with and adheres to industry standard methodologies, such as the Project Management Institute's (PMI) Project Management Body of Knowledge (PMBOK). We offer a proven model with best practices and lessons learned to ensure Kentucky SKY Program success. Our project Management process groups are mapped to our continuous quality improvement "plan-do-check-act" cycle.

Pre-Implementation Activities

Our pre-implementation activities began well before the Department released its RFP. As early as 2017, Molina was on the ground in Kentucky, meeting with Department staff, attending numerous Medicaid Advisory Committee meetings along with Technical Advisory Committee meetings, and *engaged with more than 110 community-based organizations and provider associations to deepen our knowledge of the Commonwealth and build partnerships with deep ties to Kentucky and Medicaid Enrollees.* These stakeholders included entities such as the Kentucky Primary Care Association, and organizations such as the Home of the Innocents and Boys Home of Northern Kentucky to better understand local needs and strengths. We are continuing to build relationships across the Commonwealth to inform our implementation strategies.

Conducting Focus Groups to Gain Insight for Implementation Planning

We met and listened to the people with first-hand experience—Kentucky Medicaid Enrollees and caregivers. We sought help from a Louisville-based consulting firm to organize focus groups across the Commonwealth to help us become fluent in the healthcare experiences, needs, and challenges of Kentuckians in the Medicaid program. Molina staff attended on-site meetings across the Commonwealth and listened to provider and Enrollee feedback through multiple sessions.

Molina has already conducted numerous focus groups with providers and Enrollees across Kentucky (both in urban and rural communities) to guide quality improvement planning.

To better understand the concerns of Medicaid Enrollees, including those in Foster Care, sessions were facilitated in the urban regions of Louisville and Lexington and the rural areas of Pikeville/Auxier and Owensboro. Enrollees and caregivers identified key areas in which they wanted to see system improvement. They expressed need for high-touch care management, solutions to Provider access issues including use of telemedicine, access to an easy-to-use website or mobile app, and a comprehensive Enrollee medical record. Our approach and System of Care model address these four needs, as described throughout our response.

Flexible and Scalable Program Management Approach

Our project management approach aligns with industry changes while maintaining an element of flexibility and scalability to meet the specific needs of each program. We will incorporate program management aspects, including, but not limited to, a focus on realizing benefits, resource planning, risk management across sub-projects and business process areas, integrated end-to-end testing with iterative test cycles across systems, and a prioritization of resources across all sub-phases to successfully manage the Kentucky SKY program.

Although each phase of the program has its own lifecycle, and therefore certain elements vary between phases, our program management approach does not vary, ensuring the Kentucky SKY program is consistently controlled and managed over the life of the Draft Contract, regardless of the phase. To further ensure this stability, our executive director, in conjunction with the SKY and MCO project managers, all based in Kentucky, will oversee the Kentucky SKY Program throughout the following phases.

We will manage the Implementation with full support from our Enterprise Project Management Office. This office oversees project and program management with a goal to ensure that new health plans and health plan expansions have the infrastructure, operational processes, and business systems needed to fulfill our mission of providing quality health services to those covered by government programs. Our Enterprise Project Management Office collaborates with all relevant stakeholders, including cross-functional teams within the health plan and corporate leadership to plan, manage, and deliver the project.

Working closely with the SKY project manager and other functional leaders locally in Kentucky, our Enterprise Project Management Office (EPMO) will remain engaged during implementation until the health plan achieves full operational readiness and functionality. These leaders collaborate with the EPMO to share best practices within their respective areas of expertise and champion specific Enrollee and Provider needs specific to the region. As illustrated in Exhibit G.3-1, the SKY project manager collaborates with executive management team leaders to implement their considerations within the structured project model.
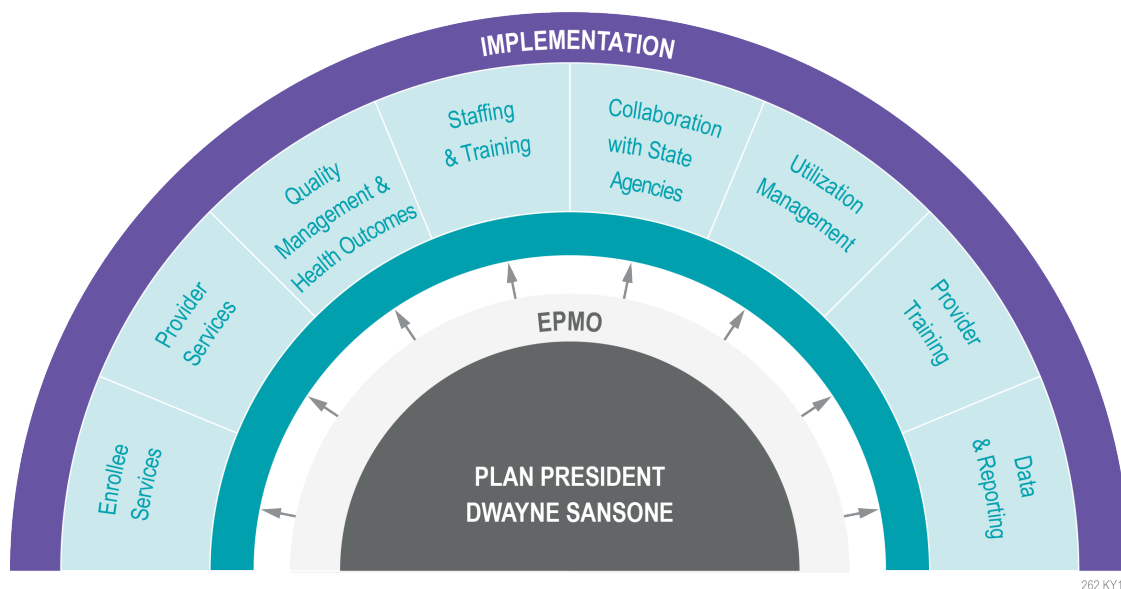

Exhibit G.3-1. Kentucky SKY Program Implementation Model

The executive director and local Kentucky SKY health plan leadership are responsible for and control the operations phase. Our staff will be fully hired, approved by the Department, and trained for a fully functional operational team in place at go-live.

We will deliver an effective Kentucky SKY Program that meets all contractual requirements; build solid, engaged relationships with Providers; and provide continuous, high-quality service to Enrollees. We deploy a proven suite of PMBOK identified tools or other techniques such as Six Sigma or Lean methodologies along with ongoing stakeholder meetings, extensive reporting, and performance monitoring and evaluation to gather critical information, including Provider and Enrollee feedback; new regulations and mandates; and financial, clinical, and operational performance data.

SUMMARY OF RESPONSIBILITIES FOR GOVERNANCE

Molina's SKY Executive Director, in conjunction with the Molina plan president, will be ultimately responsible for the SKY implementation and will be the main point of contact for the Department. Further, our System of Care liaisons will take a comprehensive approach to building relationships with the DCBS and DJJ so that we can cooperatively and collaboratively partner to provide appropriate and quality healthcare support to Kentucky SKY Enrollees. The SKY executive director will work with the SKY project manager through Kentucky SKY program planning and implementation.

APPROACH TO TRACKING ACTION ITEMS, RISKS, AND ISSUES

We understand that potential issues arising during the SKY program implementation will likely be different than those in the Medicaid MCO implementation. We will adhere to the SKY project schedule by tracking action items, identifying and mitigating risks, and identifying, tracking, and resolving issues to assure a seamless and disruption-free implementation. In this section we describe our approach to tracking action items, risks, and issues.

Tracking Action items Through Program Control Tools

We use a variety of tools and reports to track action items including our overall project plan as well as weekly status reports. Program management processes consist of overlapping activities that occur at varying levels of intensity throughout each phase of the program. Driven by rigorous performance standards and guided by a set of comprehensive tools, we can ensure Kentucky SKY Program is successfully controlled throughout the whole lifecycle. These tools enable us to monitor and communicate project status, ensuring continuous control of the program implementation.

Our program control approach not only allows for but encourages flexibility and scalability based upon the needs of the Department and our Enrollees. Our main tools are a series of documents housed in SharePoint that cover project and program development, testing, production, rollout, and post-production support. The key feature of all of these documents is that they are living documents intended to evolve over time.

Our Business Requirements Review Committee meets on a regular basis to review and approve all business required documents, ensuring quality and compliance throughout all phases of the Kentucky SKY Program. The committee relies on the other foundational control tools to provide the inventory and scope of deliverables based on approved work in the contract document. The Business Requirements Review Committee's initial membership includes subject matter experts from all operational areas, as well as program leadership and local health plan staff, ensuring all business requirements are reviewed and approved by the appropriate experts.

The following documentation and tools are examples of key program deliverables that enable us to control and communicate project status and manage progress, providing all stakeholders with the opportunity to monitor operational performance and adjust direction, where needed:

- **Business Document Log.** The Business Development Log typically covers more than 130 documents that manage the IT implementation across more than a dozen core applications. The log provides an inventory of scope deliverables based on approved work in the contract document, typically requiring IT development or system configuration. It tracks assignments for business requirement documents, report requirement documents, and benefit business requirement documents along with status and due dates from inception to post-implementation.

- **Business Requirements Document.** This document specifically focuses on IT requirements. It memorializes requirements needing IT development or system configuration and provides traceability.

- **Change Control Log.** This log tracks changes to scope, schedule, and budget.

- **Decision Document.** This document summarizes options and analyzes the pros and cons of each option for ease of comparison. This is used to facilitate and memorialize the decision-making process.

- **Decision Form.** The form is a key tool used for monitor and control of open decisions.

- **Go-Live Readiness Checklist.** The checklist is specifically designed for use in the 30 days leading up to go-live to monitor and control internal and external milestone and deliverable dates along with an owner and status.

- **Impact Log.** Our log tracks and manages risks, issues, critical actions and opportunities.

- **Oracle Primavera.** The system is our enterprise program management repository that houses all historical project actuals by resource type and process area, that we then adjust to forecast the hours and timeline needed in each phase.

- **Project Charter.** This document is the formal authorization of the Kentucky SKY Program at Molina. It defines project goals, scope, participants, milestones, risks, budget, timeline, and program management approach.

- **Reporting Matrix.** After the design and development of all of the reports, during Operations, we use this matrix to track the subsequent delivery of all reports to completion.

- **SharePoint Site.** We use SharePoint as our online, internal repository tool for program management documentation, ensuring collaboration, version control, and traceability. We will house Kentucky SKY Program documentation on SharePoint and provide appropriate internal management staff access, input, and lines of authority.

- **Staffing Plan(s).** The plan(s) outlines roles, responsibilities, and reporting relationships.

- **Status Reports.** Status reporting is our mechanism to summarize project progress and health. We use a wide range of regular and formalized reporting to track project and program progress against the work plan for each phase. Our status reporting process begins with the contract requirements for each of the three contract phases. In addition to status reporting on the overall program, we also have very specialized and focused types of status reporting that examine one specific business area or operational function.

We use our standard Enterprise Project Management Office Status report, shown in Exhibit G.3-2, to monitor and control project progress and escalate potential issues to stakeholders and sponsors. We track the status of scope, budget, and schedule constraints using "stoplights" to quickly communicate project health. We report status and completion rates by each Business Process Area with detail to convey overall progress, any barriers, and key achievements. Links to the Impact Log allow easy drill-down capability to track individual issues, risks, and decisions. In addition, very specific Process Area status reports detail the status of these functional areas, such as enrollment, accounting, corporate operations, healthcare services, and Enrollee and Provider services. Finally, specific IT status reports detail status of the overall IT applications, systems, and infrastructure development.

Program: MHKY – Kentucky MCO + SKY **Primary Sponsor:** D. Sansone — **Overall Program Status** (G) — **Status As Of:** First Member Eff: 1/1/21 — EPMO Enterprise Project Management Office — *Ensuring Project Success*
Project ID #: 10303800 — **Program Director:** K. Koepnick

Program Status Summary

SCOPE	G
SCHEDULE	G
TEAM	G
BUDGET	G
Overall	G

Budget (source: OPPM)	Actual Spent (as of)	Remaining Budget (as of)
2020 Budget	2020 Actual	2020 Remain
2021 Budget	2021 Actual	2021 Remain
Total Budget	Total Actual Spent	Total Remain

Recent Program Risks & Impacts

#	Risk / issue	Next Step

Key

B	Complete	Y	Off-Track potential impact to schedule, scope or cost
G	On-Track	R	Off-Track (definite impact)

Work Stream Status Summary

MCO

Area	Lead	Status
HealthCare Scvs	<<Name >>	G
<<narrative>>		
Facilities	<<Name >>	G
<<narrative>>		
Configuration	<<Name >>	G
<<narrative>>		
Call Center	<<Name >>	G
<<narrative>>		
Network Contracting	<<Name >>	G
<<narrative>>		
Readiness Review	<<Name >>	G
<<narrative>>		

SKY

Area	Lead	Status
Transition of Care	<<Name >>	G
<<narrative>>		
Agency Coordination	<<Name >>	G
<<narrative>>		

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Exhibit G.3-2. Example of Enterprise Project Management Office Overall Program Status Report

Work Plan. An efficient work plan and schedule provides a road map for a rigorous program management approach and systematic communication among all stakeholders. It identifies the timeframes and key checkpoints along with the project scope, resources, tasks, deliverables, critical paths, and dependencies. Moreover, it contains the dates for performing scheduled activities and planned timelines for meeting scheduled or required milestones. By identifying these features, it demonstrates the interrelationships among all tasks. The Kentucky SKY Program Work Plan and Schedule is developed based on the contents of the approved Project Charter. Please refer to Attachments to D for Molina's Draft Implementation Plan, which includes both Medicaid and SKY activities. In Exhibit G.3-3 below, we provide a high-level overview of the Kentucky SKY Program Work Plan and Schedule by phase.

2019	Q1	2020	Q2	2020	Q3	2020	Q4	2020	Q1	2021	Q2	2021

Initiation and Strategy Phase ◆ Contract Award

- Establish Program Charter
- Secure Specific Budget, Resources, Schedule
- Begin Staff Recruitment Efforts
- Conduct Kick-off Meetings

Network Contracting Phase

- Develop Kentucky Network Adequacy Model
- Contract Key Providers and Provider Groups
- Perform Provider On-boarding / Training
- Secure full Foster Care Support network

Documentation Phase

- Develop Kentucky Policies and Procedures
- Develop Technical Requirements
- Update Corporate Procedures

Facilities Build Phase

- Provision Louisville Headquarters
- Provision Regional Operations Center
- Provision Molina One-Stop Help Centers
- Provision Agency Co-Location arrangements

Technical Build Phase

- Configure Systems
- Build / Test Interfaces (Internal and External)
- Test All Systems
- Establish SKY partner interfaces

Readiness Review

- Create / Approve / Submit All Requested Materials
- Participate in Cooperative Testing with Agency
- Conduct Onsite Review

Staffing Phase

- Hire and Train All Staff

Go-Live Phase ◆ First Enrollee Effective Date 01/01/21

- **Early:** Bring Website Live, Conduct Enrollment
- **On:** Transition / Start Enrollee Care
- **Late:** Start Claims Payment, Reporting

Operations Phase

- Stabilize All Systems
- Complete Reporting Cycles

315.KY19

Exhibit G.3-3. High-level Overview of Kentucky SKY Program Work Plan and Schedule

Assessing and Tracking Program Risks

During a program implementation, there are constant changes and threats to success. Most of these are addressed generically by assigning more resources, adjusting targets, modifying budgets, etc. Many of these do not show up on a program radar as they are addressed quickly and tactically. The larger threats depend on our robust Program Governance Model to detect and diagnose threats, to escalate and mitigate, and to communicate any potential impacts.

Our Program Governance Model leverages existing departmental reporting relationships and responsibilities to keep the best and most powerful resources focused on our success. The Implementation Program charters a Program Sponsor Committee made up of executive stakeholders. This executive leadership participation helps to ensure that the effort maintains the strong sponsorship, organizational alignment, crisp solutions and swift resolution to issues. Exhibit details our risk management resolution and escalation.
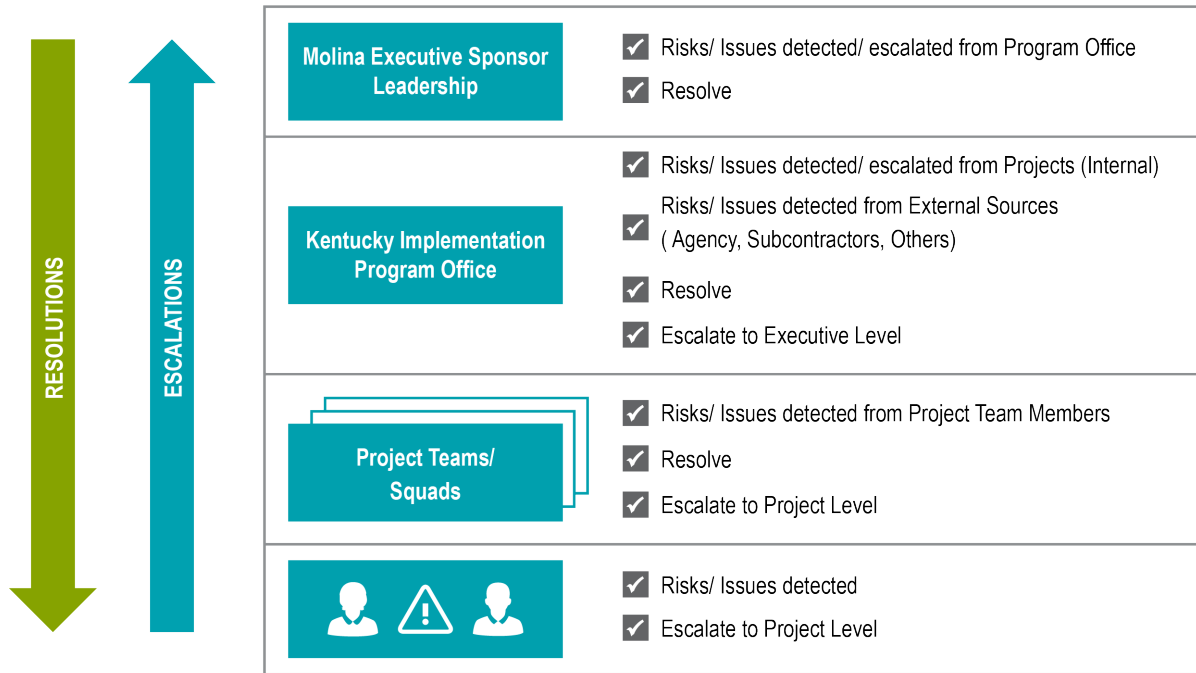
Exhibit G.3-4. Risk Management Resolution and Escalation

Program Sponsor Meetings are formal, and attendance is mandatory. Meetings are initially chartered to be held monthly and are accelerated if a program is experiencing issues. Ad Hoc meetings are rare as direct swift informal issue resolution is favored. All meeting notes, escalations and resolutions are detailed and cataloged in the program's Issues, Risks, Actions, Assumptions and Decisions (IRAAD) Log (shown in Exhibit G.3-5). The IRAAD log is a custom part of our standard implementation toolkit.

Exhibit G.3-5. Molina's IRAAD log tracks

The Log is maintained continuously and any updates to records are automatically emailed to assigned resources. All Open Issues and Risks are reviewed by the Program Team weekly and formally by the Executive Sponsor Leadership monthly.

Contingency and Mitigation

A problem is an already existing factor that, if not appropriately managed, will impact a project or program. After spending a great deal of time in Kentucky meeting with various stakeholders, we have identified some anticipated problem areas, including loss of key and other personnel, and have already actively developed prevention strategies.

Additionally, to plan for the implementation of a program of the scale and complexity of Kentucky SKY, the Molina implementation team carefully reviewed the RFP and Draft Contract. We identified several *key assumptions* based on this review and the implementation team's experience from previous programs of similar scale and complexity. If these assumptions are correct, they will help mitigate the project's inherent risk factors.

**Exhibit G.3-6. Molina Tracks Go-live Readiness and Addresses Any Risks**

- Molina will need enrollment data with sufficient lead time to enable Molina to generate and deliver handbooks, ID cards, and other welcome materials to Enrollees, conduct the necessary outreach, prepare Providers for the transition of care, and ensure uninterrupted care for Enrollees currently receiving services. While Molina recognizes that the specifics of this one-time data exchange will be finalized during the Requirements phase, it would be ideal if Molina received these data at least 15 calendar days before the beginning date of contracted services. To facilitate successful Enrollee transitions, we ask that the Department provide:

- Historical claims and utilization data for Enrollees

- Enrollee clinical information, including a copy of the most recently completed assessments, Service Plans, medications and lab results

- Current prior authorizations

We also request data specifications for claims, case files and authorization data at least 60 days in advance of the first effective Enrollee and to receive test files at minimum of 45 days in advance of the first effective Enrollee.

Teams at the national level and within our affiliate plans are available to provide short-term support if needed for functions including utilization management, Provider contracting, pharmacy, and Call Center support to ensure we meet all Enrollee needs. Similar to the successful implementations in other markets, we plan to replicate daily morning huddles with the Department, other contractors, and other key players until transitions are complete and the program operates smoothly. These daily huddles are well received and effective during other market implementations, will evolve into weekly, bi-monthly, and monthly meetings until deemed unnecessary. Molina is committed to applying best practices learned and developed through our past experience.

Molina is prepared to fully implement the SKY program in accordance with the Draft Contract. Below we describe how we will comply with the implementation elements required in the RFP.

i. ESTABLISHING AN OFFICE LOCATION AND CALL CENTERS
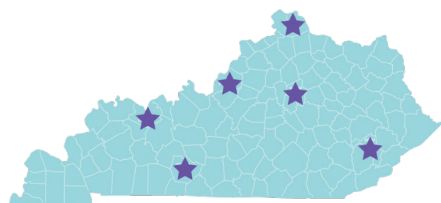
Our local operations office will be located in Louisville and we are incredibly excited for the opportunity to open six regional offices called Molina One-Stop Help Centers.

It was clear through our outreach, that each Medicaid region has unique needs and challenges. To ensure our potential Enrollees benefit from local healthcare, resources and supports Molina will provide to them, *we will build six Molina One-Stop Help Centers* across Kentucky to promote Enrollee and provider walk-ins and will act as a community resource center focused on assisting with any Enrollee and provider healthcare-related need. These One-Stop Help Centers will be located in cities throughout the Commonwealth—Louisville, Lexington, Bowling Green, Hazard, Owensboro, and Covington.

These six regional centers will provide space for training and education and as a meeting place for committees and CBO events. *Based on what we learned from our Enrollee focus groups, these facilities will offer free wi-fi, meeting room(s), computer access, translation services, will be fully ADA compliant, and will have full telehealth capabilities.*

Molina One-Stop Help Centers will aid providers, too. Providers can call or stop by a regional center to ask questions face-to-face; register complaints; receive training, education, and documentation; and attend meetings, as needed.

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.

Our Kentucky Implementation Program Office provides oversight to the build-out of the offices, initially identifying specific target regions and then establishing appropriate delivery milestones. These delivery milestones coincide with key program target dates for readiness, staff hiring models, connectivity tests, Call Center go-live, and others. The regional offices are quick build-outs, but the Louisville headquarters will include significant complexity with a dedicated Call Center and a regionalized claims processing center. These plans and activities are launched immediately upon contract award.

We considered a variety of factors when selecting an appropriate location for the six Molina One-Stop Help Centers, including those that directly impact program operations as well as the economy within the specific county. We strategically chose these locations across the Commonwealth, based on our research and Kentucky knowledge, for the greatest widespread accessibility, addressing rural needs and underserved communities. County demographic assessments and real estate search will ensure we have access to available resources (e.g., appropriate access, staffing, and accommodations), and we spend funds appropriately to best serve the surrounding community.

The Kentucky Implementation Program Office provides oversight to the build-out of the offices, initially identifying specific target regions and then establishing appropriate delivery milestones. These delivery milestones coincide with key program target dates for Readiness, staff hiring models, connectivity tests, Call Center go-live, and others. These plans and activities are launched immediately upon contract award.

Molina also intends to co-locate some care coordination staff within DCBS Service Region offices. We will submit requests to co-locate in writing to the Department and DCBS with an implementation plan and summary of key considerations related to the co-location (e.g., required office space, use of office technology, protection of Enrollee privacy, etc.).

Per Attachment C, Draft Medicaid Managed Care Contract, Section 42.6.2, Kentucky SKY Administration and Staffing, we will locate the following staff in the Kentucky office: executive director, medical director, quality improvement director, behavioral health director, utilization management director, care coordination teams, nurse case managers, prior authorization/pre-certification coordinator, Provider Relations Liaison/Provider Services Representative, psychiatrist, pharmacy director, dental director, hospital-based care managers, provider network director, Enrollee services manager, population health director, inquiry coordinator, chief financial officer, chief compliance officer, management information systems director.

Per 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 Proposal Section. All Subcontractors will meet appropriate licensing and contract requirements specified in applicable State and federal laws and regulations.

ii. PROVIDER RECRUITMENT ACTIVITIES

Below we Provider a summary of our Provider recruitment activities, that we further detail in Proposal Section G.6, Provider Network.

Molina will meet the physical, behavioral, and supports and service needs of SKY Enrollees and requirements of Kentucky SKY Enrollees. Under the direction of Dwayne Sansone, Health Plan Chief Executive Officer, our Kentucky-based network development team will continue to build a statewide network of highly qualified Providers. Dwayne is responsible for oversight of Molina's Provider Recruitment Workplan, which identifies the

Our goal is to attain **Kentucky SKY network adequacy, including contracting, credentialing, provider data configuration, and training and testing, by end of Q4 2020 in support of January 1, 2021 go-live date.**

steps and associated timelines necessary to achieve network adequacy and meet related deliverables in accordance with the draft contract. The Workplan will include key milestones; critical path tasks that must be followed to avoid project delays, and assigned personnel resources. It will include strategies to resolve identified challenges and leverage key Providers in each geographic region. For example, we will address rural access issues in eastern Kentucky by contracting with key statewide health system Providers, such as University of Kentucky, University of Louisville, Norton Children's Healthcare, and KPCA.

Our Provider recruitment is focused on engaging Providers that are currently certified as Patient Centered Medical Homes (PCMHs) or those interested in serving SKY Enrollees as their Medical Home, developing key strategic partnerships and building a network of specialty Providers. When determining where to focus our efforts, we gathered recommendations from key stakeholders, identified normal patterns of care and prioritized outreach to Providers that are most likely to serve SKY Enrollees. For example, foster families in Lexington told use that many of the children they care for go to the University of Kentucky Clinic and we were able to secure them as a network Provider.

Our focused efforts to build a comprehensive SKY network include:

- Kentucky-based Provider contracting staff to engage with Providers
- Processes to continuously assess our network and recruit Providers to fill gaps
- Leveraging a streamlined application process
- Offering Value-Based Payment models

Assessing Network Needs and Identifying Gaps

We continuously analyze available sources of data, including Provider Directories published by other MCOs State agency websites, Kentucky Provider Association rosters, advocacy organization websites and web searches to identify Providers that currently serve children in foster care, juvenile justice and Adoption Assistance. Our contracting staff prioritizes Providers that are needed to fill gaps based on their Provider type and the regions they serve. Contracting staff conducts outreach and track attempts and Provider responses. They follow up, as needed to make sure Providers understand the benefits of working with Molina—high-touch service, Enrollee-focused policies, consistency in care coordination staff, timely claims payment, convenient access to materials and training and streamlined administrative processes.

Developing Recruitment Work Plans

As a leading national Provider of Medicaid healthcare services, we have a wealth of experience in network development and Provider engagement that informs our Provider recruitment work plan. Our work plan to establish a high quality, high-performing network of Providers identifies the steps and associated timelines necessary to complete each task and related deliverables in accordance with the Draft Contract, milestones to achieve, critical path tasks that must be followed to avoid project delays, and personnel resources to be assigned to each task. Our work plan achieves network adequacy including contracting, credentialing, Provider data configuration, training and testing well ahead of our January

2021 go-live date. Our work plan recognizes the challenges and opportunities of each geographic region such as rural access issues, that we will address via key statewide health system Providers.

Molina assures that an Enrollee with a physical disability has barrier-free access to primary, acute, and behavioral health services. Our Provider Services Representatives assess physical accommodations during the contracting phase and new Provider orientation. We will ensure Provider offices meet Kentucky SKY Program requirements for architectural accessibility to include accessible parking and path of travel in and around the building and Provider office. We provide training around American Disabilities Act access standards and make resources available so Providers can take advantage of federal rebate programs for accessibility modifications should they qualify. We continually conduct analysis to ensure Foster Care services are accessible including validating sufficient access to:

- Psychiatrists, Psychologists, and Licensed Clinical Social Workers
- Licensed Professional Clinical Counselors, Licensed Marriage and Family Therapists, Licensed Psychological Practitioners, and Licensed Clinical Alcohol and Drug Counselors
- Targeted Case Managers and Certified Family, Youth and Peer Support Providers
- Behavioral Health Multi-Specialty Groups and Behavioral Health Services Organizations
- Chemical Dependency Treatment Centers
- Psychiatric Residential Treatment Facilities (PRTFs) and Residential Crisis Stabilization Units
- Community Mental Health Centers (CMHCs)
- Multi-Therapy Agencies providing physical, speech and occupational therapies, which include Comprehensive Outpatient Rehabilitation Facilities, Special Health Clinics, Mobile Health Services, Rehabilitation Agencies and Adult Day Health Centers
- Other independently licensed behavioral health professionals
- Teaching Hospitals
- The Office for Children with Special Healthcare Needs
- Community Mental Health Centers
- Pediatric Prescribed Extended Care Providers

We deliver training to Providers around access services for Enrollees with cognitive disabilities. We provide resources from our community partnership organizations as well as assess sites for use of auxiliary aids and services such as audio/visual assistive technologies. Additionally, we educate Providers on available communication access services including how we support them to ensure Enrollees who are blind or who have low vision receive material in alternate formats such as Braille, large font, audio or another electronic format.

iii. STAFF HIRING AND TRAINING PLAN

Healthcare is delivered in the Community. And so are the many other services that shape our health. Our health plan associates will live and work in locally, and we will partner with community organizations to deliver solutions for social determinants of health in Kentucky's high-need areas. Enrollee and Provider-facing jobs are created in the local communities—Enrollees being served by their Kentucky neighbors not outsourced around the country.

We approach resource management with the same precision and attention to detail used to ensure our Enrollees receive the care and support that works best for them. 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, that outlines 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.

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.

Below we describe our staffing and training plan. We comply with the Draft Contract requirements including Attachment F. Our project manager, in collaboration with our executive director will ensure all staff are hired according to project schedule timelines. Our Foster Care training manager will ensure the training plan is developed and all training executed before Go Live.

Our Hiring Approach Means We Have the Optimal Staffing to Meet Requirements

We will submit a staffing plan that details the staffing levels dedicated to the requirements for the Kentucky SKY program. Please refer to Proposal Section G.2, Company Background, for additional detail on our staffing plan.

Executive Team

In the last year, Molina has focused on enhancing our executive management team by recruiting new, experienced leaders of finance, health plan operations, health plan services, strategic planning and corporate development, and human resources. For the Kentucky SKY leadership team, we will recruit leadership with backgrounds and expertise in Foster Care, supporting juveniles in the justice system, and Enrollees in Adoptive Assistance programs. Our executive team will be in place soon after contract signing.

Enrollee and Provider-facing Staff

Our Enrollee-facing staff includes customer service representatives, nurses, Care Coordinators, care managers (for the medically fragile), System of Care liaisons, trauma-informed care expert, court liaison, school liaison, probation/parole liaison, child/welfare expert, and transition to adulthood specialist. We will recruit staff from Kentucky, our care coordination staff will be located in the regions they serve. Our primary liaisons with Providers are our regionally-based Provider Relations Liaison/Provider Services Representatives. These individuals work in communities to train Providers to easily navigate administrative processes and facilitate care for SKY Enrollees, including those in rural regions, and provide support and refresher training as needed. They are responsible for Provider access and availability issues, education, support with technical or claims issues, and additional Provider support such as reviewing performance and Enrollment reports. Our Provider Relations Liaison/Provider Services Representatives will have knowledge of Kentucky Providers and patterns of care and referral.

Approach to Training Plan Ensures We Offer Optimal Customer Service

We will train our clinical and non-clinical staff on the Kentucky SKY System of Care and the services/programs we developed to serve Enrollees who need these services. Our training will include topics customer service focused topics such as trauma-informed care, best practices for crisis assessment and intervention, opioid disorders and signs, the process for coordination and collaboration, and others. Please refer to Proposal Section G.4, Kentucky SKY Contractor Educational and Training Requirements.

Molina will conduct the initial and ongoing staff training to address the individual needs of the Kentucky SKY Enrollees. Our Training Plan will comply with Attachment C, Draft Medicaid Managed Care Contract, Section 42.6.2, Kentucky SKY Administration and Staffing. We will conduct training for all new hires and current staff requiring remedial training. At a minimum, our customer focused, comprehensive training approach for Kentucky SKY will address the following:

- Detailed understanding of the Kentucky SKY Program and the roles and responsibilities of the Department, DCBS, and Department for Juvenile Justice (DJJ)
- The contractual requirements of the Kentucky SKY program
- The organization, staffing, infrastructure we provide to support the Kentucky SKY program
- The Kentucky SKY business processes and workflows
- The individual physical health and behavioral needs of the Kentucky SKY populations

- The Family First Prevention Services Act and any other federally mandated services or programs impacting Kentucky SKY Enrollees
- Trauma-informed care, adverse childhood experiences, neonatal abstinence syndrome, crisis intervention services, and evidence-based practices applicable to the Kentucky SKY populations
- The aging out process and support

Providing Our Staff Routine Training and Access to Educational Materials

We use a multimedia approach to train staff on a wide array of topics from HIPAA Compliance to preventing fraud, waste, and abuse to specific clinical topics (e.g., opioid use disorders and managing end stage renal disease) to serving special populations (e.g., tribes). 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. We employ dedicated clinical and non-clinical trainers to conduct routine trainings throughout the year. Our enterprise-wide behavioral health resource support team, led by Dr. Mario San Bartolome, a board-certified addiction medicine physician, has developed and disseminated multiple behavioral health-related trainings that cover topics such as Behavioral Health Benefits 101, Drug and Alcohol Withdrawal Management, and Medication Assisted Treatment.

We will complete all new hire training before Go-Live. Refer to Proposal Section G.5, Kentucky SKY Contractor Educational and Training Requirements for additional detail on our approach.

iv. ESTABLISHING INTERFACES TO COMMONWEALTH INFORMATION SYSTEMS

When entering a new market one of the first work threads is to establish a reliable secure technical connection to business partners. For existing relationships, our Procurement department leads the effort to confirm that existing contractual agreements are supported in the target geography. If necessary, the update of existing connectivity is performed. For net new business partnerships, particularly with state agencies and agents, comprehensive Business Associate Agreements are executed.

During implementation, we identify a dedicated team and leverage our agile methodology to execute all development and testing with third parties. This method imbeds quality and flexibility into the process to deliver changes and a final product quickly. Data and transaction integration between MHI and partner systems is accomplished through our integration layer, which is comprised of multiple technologies:

- **API Gateway.** Application that governs all web services and acts as the single point of access to all of our integration services and ensures secure, reliable, and high-service availability.
- **Electronic Data Interchange (EDI).** Subcontractors and the Department are configured as trading partners in our EDI platform, which allows exchange of information using standardized formats.
- **SFTP.** Establishes secure FTP connection with subcontractors and the Department, enabling us to send and receive secure encrypted files.

We receive, create, access, store, and transmit all health information data in a manner that is compliant with HIPAA standards and all our systems and processes comply with all federal and state privacy and security provisions. An addition, all systems and processes comply with the Health IT for Economic and Clinical Health Act of 2009 (HITECH Act). During Implementation, we will ensure the same levels of data security and integrity.

All file exchanges are conducted using end-to-end secure FTP channels and "at rest" data is kept secured using the 140-2 FIPS security standard. If any additional security is desired or needed, Molina uses PGP encryption on a file-by-file basis by exchanging public PGP keys. For any partner or vendor connecting to Molina SFTP, a 90-day password reset policy is implemented as enhanced security measure. The process of sending and receiving files is automated. A dedicated Business Automation Services (BAS) team is the only team (outside of security) with access to the configuration of the systems involved in the file transfers.

v. WEBSITE AND REQUIRED MATERIALS FOR ENROLLEES AND PROVIDERS

Molina will communicate with and educate Network Providers and Kentucky SKY Enrollees through a website and required materials in order to engage Providers and Enrollees as described below.

Provider website and communications

Providers will have access to our 24/7 Provider Web portal to view, submit, and execute transactions online via a secure, scalable, and trusted Web portal. Once credentialed and a part of our network, Providers can submit real-time claims data through electronic data interface and the Provider Web portal. Our IT system aggregates critical information from disparate sources and offers a seamless, single-pane view of extensive Enrollee information. Our secure 24/7 portal imports and displays information from our core administration system that supports full coordination of benefits functionality and serves as the authoritative source of Enrollee eligibility and enrollment data. The Molina Provider Web portal also imports and displays information from our care management system.

The Provider Web portal enables authorized Providers and Care Coordination Team participants' access to critical health plan and Enrollee information and facilitates effective cross-communication among Providers 24/7. The portal will offer access to enrollment information, Care Coordinator contact information, SKY Enrollee and family care plan information, and enables direct claims submissions and payment validation status. The Provider Web portal will streamline the billing and claims submission process, allowing Providers to submit corrected claims electronically and, if necessary, to upload required documentation and information with the claim. Using the Provider Web portal, Providers can submit and check status of authorizations or authorization reconsideration. Providers can also check SKY Enrollee missed service alerts to support the Enrollee engagement with actionable data at the point of care. Through the portal, we will also offer electronic funds transfer and remittance advice for faster and safer payment and explanation of payment. Providers will have the convenience of accessing their remittance advice via the portal at any time for any date of payment.

Molina's Provider Web portal home page offers access to the most important and most used features via the "My Favorites" section. Providers can easily navigate to those sections with one click of the mouse, as shown in Exhibit G.3-7, Provider Portal Home Page.
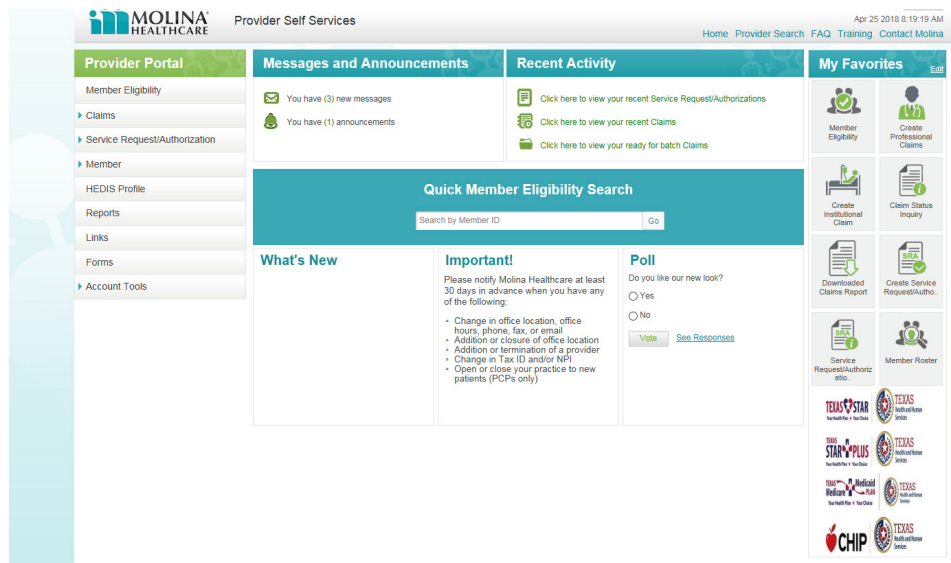
Exhibit G.3-7. Provider Portal Home Page

Provider Website

This self-service Provider Web portal contains a library of practice support tools based on contract requirements, Provider feedback, and identified needs. Examples of the types of information that will be available on our Provider Web portal include:

- Provider resources with overview information on Molina resources and the Kentucky SKY Program

- Contact Information for Molina Enrollee services and Provider services Call Centers and hotlines

- Enrollee educational materials to assist Providers in informing Enrollees, families and caregivers about coverage options and immunizations and Enrollee rights and responsibilities

- An exhaustive resource of clinical tools including screening tools and guidelines, resources and helpful pamphlets, referral and release form—some of these documents are available in English and Spanish

- Current and clearly defined prior authorization requirements and current/archived prior authorization lists

- PDL and pharmacy conditions for coverage and utilization limits

- Educational materials for care coordination, Trauma Informed Care (TIC), Adverse Childhood Experiences (ACEs), Six Seconds Emotional Intelligence (SEI), and more

- Searchable Provider Directory

- Searchable Provider Manual

- Link to a library of health and wellness articles and other websites (CHFS, the Department, and CVO(s))

- Kentucky Health Information Exchange (KHIE). Molina's HIE platform enables us to share health-related information with external entities, such as pharmacies, hospitals, and other MCOs. We also interface with required operational systems to access, inquire, and bi-directionally share information such as Enrollee eligibility and enrollment; claims and encounters data; and Provider profiles and demographic data

Our Provider Services Website will meet or exceed requirements detailed in Attachment C, Draft Medicaid Managed Care Contract, Section 27.3, Provider Services Website.

Additional Materials to Educate Providers

We will use the following ways to community and educate providers on an ongoing basis:

- **Provider Bulletins.** Our quarterly Provider Bulletin will include program updates, claims guidelines, and information regarding policies and procedures; cultural, linguistic, and disability competency best practices; clinical practice guidelines; information on special initiatives; and articles regarding health topics. We send special/targeted bulletins as needed.

- **Email Communications.** We will use periodic, secure email blasts to communicate time-sensitive changes to processes and procedures. This content will also be posted to our Provider Web portal, Provider Bulletins and website.

- **Office Visits.** Our Provider Services Representatives will conduct in-person visits to share data on Performance Measures, reinforce best practices, help Providers understand contract *requirements*, resolve administrative issues (claims payment), and work alongside Providers to develop strategies for improving care. Provider Services Representatives will work with Providers to determine the frequency of visits based on factors such as Provider requests, performance and any identified needs or issues.

- **Educational Workshops.** Our SKY Training Manager, Provider Services Representatives, or other designated SKY trainer, will offer educational workshops as needed at our regional offices or using webinars for Provider convenience.

- **Annual Seminars.** We will hold annual SKY Provider seminars at a regionally-located venue or within one of our six regional office locations to provide an opportunity for open discussion on how to build on the lessons learned, develop regional plans for overcoming the barriers to improve quality of care outcomes, and address customer service experiences for the Kentucky SKY Enrollees. The results of these conversations will inform Molina's efforts to increase active participation of Providers in committees, and strategies to improve performance measures and Enrollee health outcomes.

- **Learning Collaboratives.** Molina's Quality Department will lead regular Provider forums on topics selected through performance measures, Enrollee satisfaction survey findings, and Provider *feedback*. Through these forums we will work with Providers to develop regional solutions and best practices to improve the System of Care delivery. Provider Services staff will participate in these forums to inform future Provider trainings, communications, and town hall meetings.

- **Continuing Education.** Molina will collaborate to create training content that meets CME/CEU criteria and professional development hours whenever possible. Our goal is to enhance the *Provider* experience and increase participation in one or more of the training venues that we will have available. Our approach includes self-paced, web-based learning using our online education platform.

- **Webinars.** Provider Services Representatives will use webinars to educate network Providers on Kentucky SKY program information and inform them of their roles and responsibilities as part of the network. Providers can access a library of resources as self-service training modules when they join the network or can share with staff new to the practice. Webinars provide a convenient way for Provider staff to participate in trainings on their own schedule.

- **Forums.** Molina will conduct regional Provider forums every six months, or more frequently if needed to deliver in-person Provider training. We will invite experts and diverse presenters, experts from the Department, DCBS, DJJ, and Enrollee and family peers who can offer their own perspective, testimonials, innovative best practices and first-hand experience. This may include physical or behavioral health Providers that can offer peer-to-peer training and share their experiences in

adopting new tools or processes. To engage with Providers in a meaningful way through the town halls, we plan to have the town hall travel to DCBS Service Regions and DJJ Community Districts.

- **Joint Operating Meetings.** For large Provider groups and health systems, such as community mental health centers, we will conduct monthly joint operating committee meetings to solicit feedback about training needs and any operational, claims, or utilization management challenges the Provider may be experiencing.

- **It Matters to Molina Provider forums.** Monthly, we will hold "It Matters to Molina Provider Forums". We use WebEx, as it allows Providers to attend the session from their office location *expanding the number of Providers that can participate in each forum*. The "It Matters to Molina Forum" offers another way to connect with Providers and allow them to speak directly with Provider Services and staff from other departments.

- **Provider Manual.** The Provider Manual will serve as a comprehensive tool that addresses administrative, prior authorization, and referral processes; claims and encounter submission processes; SKY covered services; topics such as availability and access standards; care management programs; and Enrollee rights. This information will be readily available on our Website and/or the Provider Web portal. The Kentucky SKY Provider Manual will meet or exceed requirements detailed in the Attachment C, Draft Contract, Section 27.4 Provider Manual and Communications.

Enrollee website and communications

Below we provide a summary the tools and approach to inform our Enrollees about how to access care.

- **Secure Web portal.** We maintain a secure, HIPAA-compliant Enrollee Web portal that, upon registration, provides Enrollees access to the Provider Directory and a community resource guide, and allows them to view and print their Enrollee's Care Plan. Enrollees and caregivers can also review the Provider Directory and make PCP changes via the portal. The Enrollee may also provide feedback to the Care Coordinator, view their profile, including a list of prescriptions, and view a list of care team Enrollees and contact information. The portal also provides information on a range of health topics such as asthma, dental health, diabetes, immunizations, nutrition, and behavioral health. Enrollees can also access the *Health Backpack*, Molina's proprietary cloud-based and portable electronic personal health record, through the Web portal.

- **Molina Mobile Secure Technology.** We offer *Molina Mobile* via mobile devices such as smart phones and tablets that enable Enrollees and their caregivers, to manage their heath anytime, anywhere. Users can sign into the app using their MyMolina user ID and password. The app provides the ability for users to change PCPs, find doctors, request a new ID card, contact Molina, and access the same easy-to-use tools we provide on our Web portal. Molina will also launch a mobile-enabled transition age youth-centric website. The website will provide information about resources, services and supports available to support their transition to adulthood. Enrollees can also access the *Health Backpack*, Molina's proprietary cloud-based and portable electronic personal health record, through *Molina Mobile*.

- **Dedicated Call Center.** Our local Kentucky Call Center staff will assist Enrollees in making the most appropriate PCP selection based on previous or current PCP relationship, Providers of other family Enrollees, medical history, language needs, Provider location, and other factors that are important to the Enrollee.

- **Enrollee Welcome Kit.** Molina will mail Enrollee Information Packet (also called a Welcome Kit) to Enrollees within five calendar days of receipt of the 834 eligibility file. The Welcome Kit provides new Enrollees with easy-to-understand information about covered services and how to efficiently access health services. The kit, including the confirmation letter, Plan ID Card (which includes the Enrollee's PCP and dental assignment), information on how to obtain a hard copy of the Provider Directory and access it online via the Enrollee Web portal, and Enrollee Handbook. The kit also includes: Molina will mail new Enrollees a confirmation letter and Molina Welcome Kit within five business days of Molina's notification of a new Enrollee. This combined mailing will include:

    – Effective date of Enrollment

    – Site and PCP contact information

    – How to obtain referrals

    – Role of Molina

    – Enrollee identification card

    – List of Covered Services

    – Molina Enrollee Handbook (see below for content detail)

- **The Enrollee Handbook.** The handbook informs and educates Enrollees on how to access information about available programs and services. The handbook is also available in alternate formats such as audio, Braille, and large print. The handbook addresses dozens of topics including but not limited to:

    – The roles of DCBS and DJJ in consenting to the Enrollees' healthcare services

    – The role of, and how to select and change, PCPs and Dental Providers

    – The Kentucky SKY ID card

    – How to access the Kentucky SKY Enrollee Services Call Center

    – The role of, and how to access, the Care Coordination Team

    – How to access Molina's Kentucky SKY Enrollee website, Enrollee portal, and mobile application

    – Continuity of Care and transition issues

    – The aging out process

    – The availability of peer support services

    – How to contact the Call Center

    – The role of, and how to contact, the Inquiry Coordinator

- **New Enrollee Welcome Videos.** New for our Kentucky Medicaid program, Molina will introduce "Welcome to Molina" videos. Enrollees will be able to watch these short videos on their mobile devices when and where they want. Enrollees will learn about the Covered Services, benefits, value added benefits, and programs (including Molina's Population Health Management program) available to them. They will also learn about how they can select and change their PCP, access care, and the many ways they can contact Molina for assistance. Links to the video will be on our Kentucky Enrollee website, public Molina website, and our mobile application.

- **Health Education and Written Materials.** We distribute the following materials to *Enrollees* throughout the year using mail, the Enrollee website, and electronic transmission:

  – **Guide to Accessing Quality Healthcare.** Sent annually to all Enrollees, this user-friendly guide provides Enrollees valuable information on Molina's programs and services, including Population Health Management, disease management, interpreter and translation services, how to access after-hours and emergency care, Enrollee rights and responsibilities, quality improvement, and how to file a Grievance and Appeal.

  – **Health and Family Newsletters.** Timely information on public health related issues, such as flu shots, healthy eating, and the importance of wellness and preventive services

  – **Health Education Brochures.** Topics include, to women's health, nutrition, exercise, weight management, diabetes, asthma, and smoking cessation

  – **Family-Friendly Booklets.** We developed a series of booklets to address more than a dozen common health topics, including chronic disease conditions as well as stress and depression. Extensive field-testing demonstrated that the target audience found them useful and easy to read. We mail the booklets to all Enrollees who participate in a disease management program.

b. BUILDING RELATIONSHIPS WITH THE DCBS AND DJJ STAFF

Molina understands that System of Care partners must be on the same page and working together to achieve positive outcomes for SKY Enrollees. Youth in custody are often involved with multiple systems- child welfare, juvenile justice, schools and social service programs (such as intellectual/developmental disabilities). As children and youth suffering from the effects of childhood trauma, they are often underserved as they move from one system to another, experiencing the consequences of too little cross- systems coordination in developing care plans that will best serve them. We will take a comprehensive approach to building relationships with the DCBS and DJJ so we can cooperatively and collaboratively partner to provide appropriate and quality healthcare support to SKY Enrollees. We will develop relationships at the regional and county level, and the DCBS units dedicated to Interstate Compact on Adoption and Medical Assistance and Interstate Compact on the Placement of Children services.

Collaborative Agreements

As documented in our Collaborative Agreements, we will develop processes with system partners to share enrollment data, provide notifications of changes in placement, gaps in care, referrals for services and other pertinent Enrollee health information that promotes coordination of care. These closed-access data feeds will enable us to optimize the System of Care for our Enrollees by offering near-real-time updates on Enrollee's status and needs.

Our System of Care liaisons will further collaborate with each of these agencies to identify, address, and resolve uses related to access to care, care coordination, and Provider network. The System of care liaisons will lead our System of Care Collaboration Group that will meet monthly during the first year of implementation and will include representation from entities involved in the Kentucky SKY program.

Our Executive Director, or other Molina staff designated by the Department and DCBS will attend the monthly State Interagency Council. Our participation in the council will enable us to support the goals of the Council and develop relationships with not only DCBS and DJJ, but also representatives from the Department of Family and Juvenile Services of the Administrative Office of the Courts and other entities on the council.

USING ASSESSMENTS FROM SISTER AGENCIES TO DEVELOP THE CARE PLAN

Molina will use data from assessments and screenings to develop a Care Plan that identifies the child/youth's care coordination needs for newly enrolled Kentucky SKY Enrollees within 30 calendar days of Enrollment. We will document the involvement of child/youth's PCP, dental Provider, behavioral health Providers, specialists, or other Providers in the development of the Care Plan and provide evidence of such documentation to the Department, DCBS, and DJJ. Based on the results of the initial screening and Enrollee Needs Assessment, Care Coordinators and Nurse Case Managers make appropriate referrals, convene Care Coordination meetings, and create care plans that integrate Individual Health Plans (for children with Medical Complexity), Care Management Plans, and the DCBS Service Plan and facilitate services that minimize barriers to care. Care Coordinators monitor, follow up, and evaluate the effectiveness of the services provided on an ongoing basis by phone and/or face-to-face interventions for review and revisions to the Care Plan as identified.

Led by our Care Coordinator, Molina builds a System of Care Team, comprised of the Assessment Team and the Care Coordination Team that includes our Enrollee, the people most important to them, their provider, the clinical experts needed to fully integrate their physical and behavioral health, and help address social determinants of health needs. Through this System of Care Team, Care Coordinators integrate Care Plan activities, goals, and objectives of sister agencies (the Department, DCBS and DJJ) into a comprehensive Care Plan that is easy for the youth and family to read and understand. The Care Coordinator shares Care Plan updates with providers based on individualized needs and preferences and to address any interventions that require more formal or informal communication, such as holding a System of Care Team meeting. Care Coordinators also monitor missed services and/or appointments and coordinate with PCPs, specialists and other providers involved in the Enrollee's Care Plan, along with connecting Enrollees to additional providers or community-based resources as needed. Exhibit G.3-8 shows how Molina integrated information from sister agencies into Care Plan development.
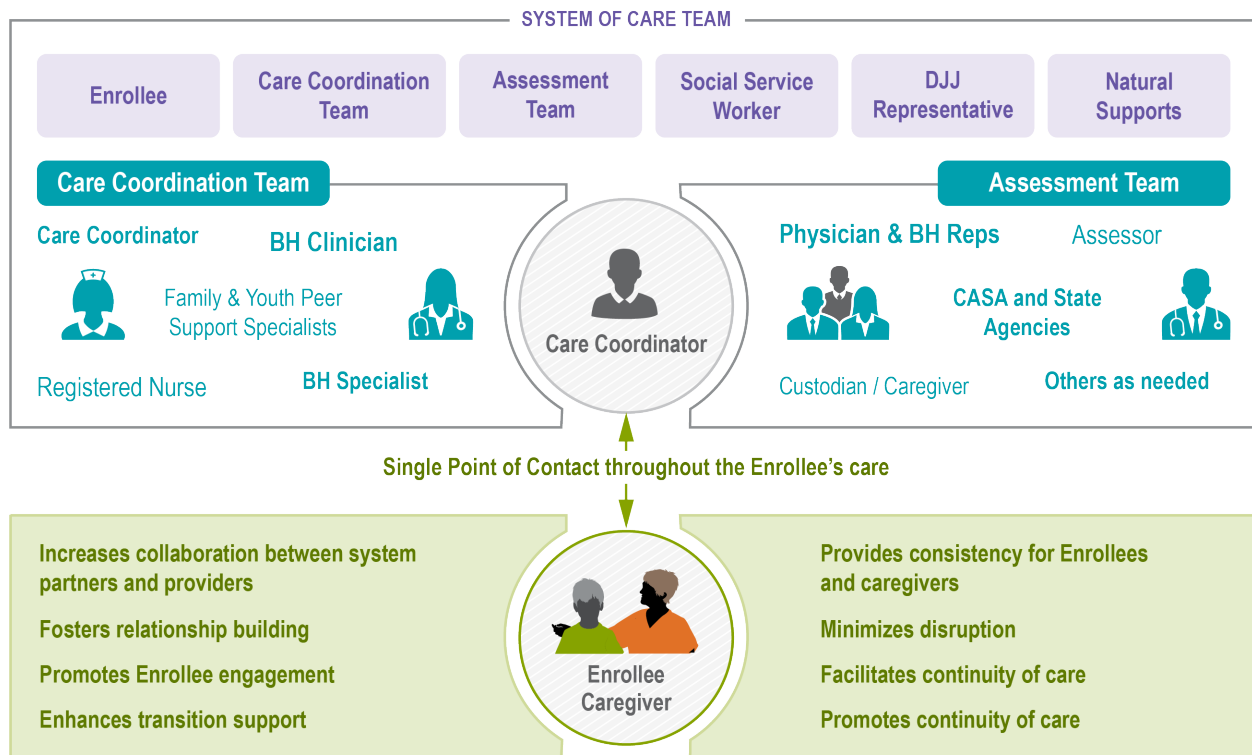
Exhibit G.3-8. Molina Integrated Information from Sister Agencies Support the Enrollee and Caregiver

Community-Based Organizations

Healthcare is most effective when delivered in the community. Our Care Coordinators and care coordination staff will live and work locally, and we will partner with community organizations to deliver solutions for social determinants of health in Kentucky's high-need areas. Enrollee and Provider-facing jobs are created in the local communities—Enrollees will be served by their Kentucky neighbors not by outsourced staff around the country. A community's first responders, community-based organizations, and family support systems are important resources for families involved in child welfare and substance abuse treatment. These entities serve as a front line of child protective services, advocate for child abuse and substance abuse prevention and early intervention, and provide critical support after formal services have ended. Molina will leverage community-based organizations to identify foster youth in need of screening and assessment and use any existing relationships the youth may have with these agencies to engage the youth in services. Examples of organizations we already have relationships with include: Life Learning Center, ARC of Kentucky, Save the Children, and Home of the Innocents. We will develop programs with these organizations that include local pop-up clinics, screening and referrals, and community education on the SKY program. Please refer to Proposal Section G.8, Covered Services, for additional detail on community-based organizations by Region to Service SKY Youth Enrollees.
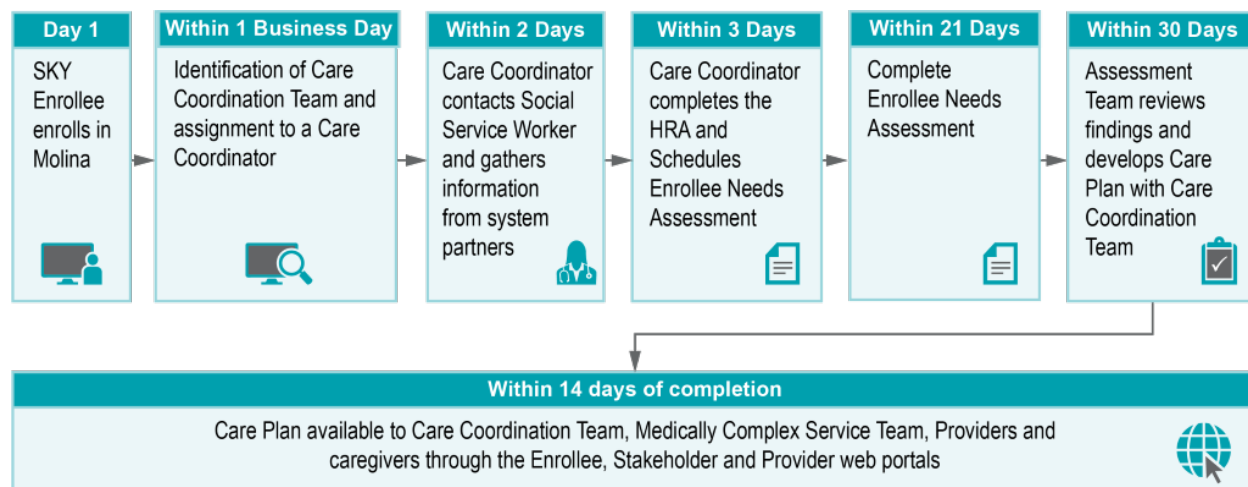
SUPPORTING ENHANCED CARE COORDINATION

Molina has provided managed acute care, behavioral health, and primary physical health covered services to children and youth in Foster Care and special populations since 2006. Molina currently coordinates services for children and youth with special healthcare needs in seven and Puerto Rico. Leveraging 39 years of Medicaid experience across the country, Molina has aligned our model for delivering covered services with the Department for Medicaid Services' (the Department's) vision for providing services for SKY Enrollees. Through provision of comprehensive, quality covered services we aim to:

- Improve coordination and continuity of care between Cabinet of Health and Family Services (CHFS) agencies; the Department of Juvenile Justice (DJJ); healthcare, behavioral health, and durable medical equipment (DME) providers; and community resources

- Make sure required assessments and health services are completed within the mandated timeframes.

- Collaborate and coordinate with CHFS agencies; DJJ; and physical health, behavioral health and DME providers to share key health records in a timely manner and reduce duplication of services.

Molina's trauma-informed framework determines the exposure to, and impact of, trauma on SKY Enrollees. Because the SKY population interfaces with many systems and agencies, we communicate and collaborate with other systems and Providers to complement, not duplicate, the provision of Covered Services. As a trauma-informed organization, Molina supports SKY contracted Providers, the professionals who serve on an Enrollee's Care Coordination Team, and our care management staff in acquiring greater awareness and knowledge of trauma. We support all those who serve SKY Enrollees to understand trauma's impact on children and hone the necessary skills to effectively support SKY Enrollees' recovery from trauma.

Molina will comply with all Covered Services requirements for the Kentucky SKY program as specified in Attachment C, Draft Medicaid Managed Care Contract, Section 30 and Section 42, including the provision of behavioral health, physical health, and social determinants of health services. Our response below describes how we will assure the successful completion of the Health Risk Assessment (HRA), and Enrollee Needs Assessments and any other additional screenings or assessments for the SKY population. We provide an overview of our processes for engaging all SKY Enrollees in care coordination and completing required assessments and Care Plans in Exhibit G.3-9.

Exhibit G.3-9. Molina's Processes Facilitate Timely Enrollee Engagement in Care

TOOLS USED TO REDUCE DUPLICATION OF SERVICES

Molina understands that children and youth in the Foster Care program interact with many different systems of care. Oftentimes, these systems do not communicate or collaborate, resulting in duplication of services and fragmentation in care. This problem is exacerbated by the mobility of the population. We will use an array of approaches to reduce duplication of services. These include:

Close Collaboration and Data-sharing Agreements with System Partners

Molina will develop Collaborative Agreements with DCBS and DJJ that include regular processes for electronically sharing data and Enrollee-specific information. We will incorporate this information into Clinical Care Advantage that also houses the HRA, Enrollee Needs Assessment, and integrated Care Plan. Molina will designate four System of Care liaisons responsible for establishing positive relationships with

system partners. They will develop Collaborative Agreements that outline our processes for coordination, and providing training on the needs of SKY Enrollees and the SKY program. We will also collaborate with DCBS to co-locate some Care Coordinators in DCBS regional offices to improve care coordination for Enrollees, provide immediate screening and assessment, improving outcomes, and reduce system fragmentation.

Participation in the Health Information Exchange (HIE)

We will encourage Providers to participate in the statewide HIE so they can electronically provide us with updates on the Enrollee's status and services. Molina's HIE platform enables us to share health-related information with external entities, such as pharmacies, hospitals, and other MCOs. We also interface with required operational systems, such as Kentucky Health Information Exchange to access, inquire, and bi-directionally share information such as Enrollee eligibility and enrollment; claims and encounters data; and Provider profiles and demographic data.

Web portals

We will load Enrollee records from DCBS, DJJ, Providers, and our care coordinators into our Enrollee, Provider, and stakeholder Portals, making it readily accessible to the caregiver, Providers, and Social Service Worker through our secure Web portal. Providers involved in the Enrollee's care can view the information, promoting care coordination and a collective focus on a single set of goals. The Molina Care Coordinator acts as the hub for this information making sure that Providers have the information they need to effectively serve Enrollees and avoid duplication of services.

Health Backpack

Molina will offer a comprehensive care management system that will contain Kentucky SKY Enrollee assessment results, care plan, and additional information. Based on information provided by the Care Coordinator to the Provider Services Team we educate the Provider and staff how to access the children and youths' medical records and Care Plan via the *Molina Health Backpack*©. The *Health Backpack* is Molina's proprietary cloud-based and portable electronic personal health record, with role-based access to promote both coordination of care and privacy. The *Health Backpack* enables caregivers, Enrollees, and system partners to access through the web or *Molina Mobile*, our mobile application, appropriate and timely information about the Enrollees they serve, including:

- Screening and Assessment—results from the HRA, Enrollee Needs Assessments, and evidence-based tools such as the Trauma Symptom checklist
- Immunization records
- Current medications and prescribers
- Information regarding the Enrollee's overall health status—current conditions under treatment, height, weight, recent medical visits, allergies, lab results. It provides an easy to understand glimpse of the Enrollee's current health status while also providing the ability to drill down to past utilization data.
- Providers that serve the Enrollee and their contact information—PCP's, specialists, Dental Providers and BH Providers.
- Medications—active prescriptions, drug utilization and prescribers.
- Health alerts—upcoming and missed well-child screenings, upcoming medication refills and missed refills and gaps in care.

This information will help the DCBS Social Services Worker and caregivers understand the Enrollee's current health status, medications, and other important information. Identifying the Enrollee's PCP and specialist also allows the caregiver the ability to interact with both current and past caregivers to discuss issues of concern, medications, and current medical conditions. DCBS Social Services Workers and caregivers can download information from the *Health Backpack* and include it Enrollee's Medical Passport. Enrollees can access their *Health Backpack* for five years after disenrolling from the SKY program, facilitating transition to independence for transition age youth and continuity in care for

Enrollees who are adopted or return to their families. A sample dashboard of Health Backpack in Exhibit G.3-10.

Exhibit G.3-10. Sample Dashboard of Health Backpack

Care Coordinators

Our Care Coordinators will work with Enrollees, caregivers, and Social Service Workers to create an integrated and coordinated System of Care that reduces duplication in services, reduces care gaps and results in better outcomes for children, youth, and families.

We will assign a care coordination team to assist each Enrollee in developing a care plan that will include all required services regardless of the entity responsible for providing the service, we will increase care coordination with Providers and other responsible entities, that will minimize the provision of duplicate services.

We can provide Enrollees with fully integrated care with our in-house behavioral health/substance use disorder and physical health operations. Our fully integrated, non-outsourced care model is one of our key differentiators and is at the core of our ability to deliver positive outcomes and results.

Discharge Planning and Behavioral Health Transitions of Care

Effective management of transitions after a behavioral health or substance use disorder inpatient discharge is essential to ensure that the Enrollee has a follow-up after hospitalization outpatient appointment to reduce the likelihood of an avoidable readmission. We assist in identifying the optimal post-discharge level of care, placement options, barriers to placement, and the supports and services required to achieve a successful discharge while also preventing duplicate services being ordered. The program promotes integration of physical and behavioral health so that Enrollees needs are met.