G.8 Covered Services

REQUIREMENT: RFP Section 60.7.G.8

8. Covered Services

a. Describe the Contractor's approach for ensuring the successful completion of required assessments and screenings. Please include a description of the following:
   i. How the Contractor will coordinate with Kentucky SKY Enrollees, the Department, DCBS, DJJ, and families. Address the involvement of any other sister agencies in the description.
   ii. How the Contractor will ensure assessments are initiated immediately upon a Kentucky SKY Enrollee's Enrollment in the Kentucky SKY program.
   iii. How the Contractor will meet standards for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screening.
   iv. Any challenges that the Contractor anticipates in completing required assessments and how it will mitigate these challenges.
   v. Provide examples of how the Contractor has succeeded in providing assessments to individuals similar to those required for the Kentucky SKY Enrollees.
   vi. Include examples of Trauma assessment or screening tools the Contractor would recommend the Department consider for the use in identifying Trauma in Kentucky SKY Enrollees.

b. Submit the proposed screening tool the Contractor will use to develop the Kentucky SKY Care Plan. Include a description of how the Contractor will use the results of assessments that sister agencies have conducted in developing the Care Plan.

Provide examples of prior tools the Contractor has used for other similar programs and detail how these tools have contributed to the Contractor achieving program goals.

c. Describe its comprehensive approach to providing Crisis Services, including in home services, to Kentucky SKY Enrollees.

d. Describe the Contractor's experience in providing services through a holistic, person-centered approach, utilizing a high Fidelity Wraparound approach.

e. Describe how the Contractor will develop and provide interventions that will help develop resiliency in Kentucky SKY Enrollees who have been exposed to Trauma and ACEs.

f. Describe the role of non-medical factors (e.g., placement changes) that may drive inappropriate utilization of medical resources and how the Contractor will account for those factors in the delivery approach. As part of the response, include how the Contractor will identify and leverage non-Medicaid resources that may be available in a community environment, including how it will assist such community-based resources that may serve an important role in the Kentucky SKY Enrollees' overall physical and Behavioral Health care needs and goals even if they are not traditional Medicaid services. Provide examples of any community organizations that the Contractor anticipates involving to provide services to support Kentucky SKY Enrollee' needs and goals.

Molina's expert care coordinators, experience, and nationally developed model for foster care enable us to serve Kentucky's most vulnerable children.

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 eight states. Leveraging 25 years of Medicaid Managed Care 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 all those who serve SKY Enrollees to understand the impact of trauma 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, Covered Services, and Section 42, Kentucky SKY program, including the provision of behavioral health, physical health, and social determinants of health services. Our response below describes how we will meet all requirements of RFP Section 60.7.G.8, Covered Services.

a. ENSURING THE SUCCESSFUL COMPLETION OF REQUIRED ASSESSMENTS AND SCREENINGS

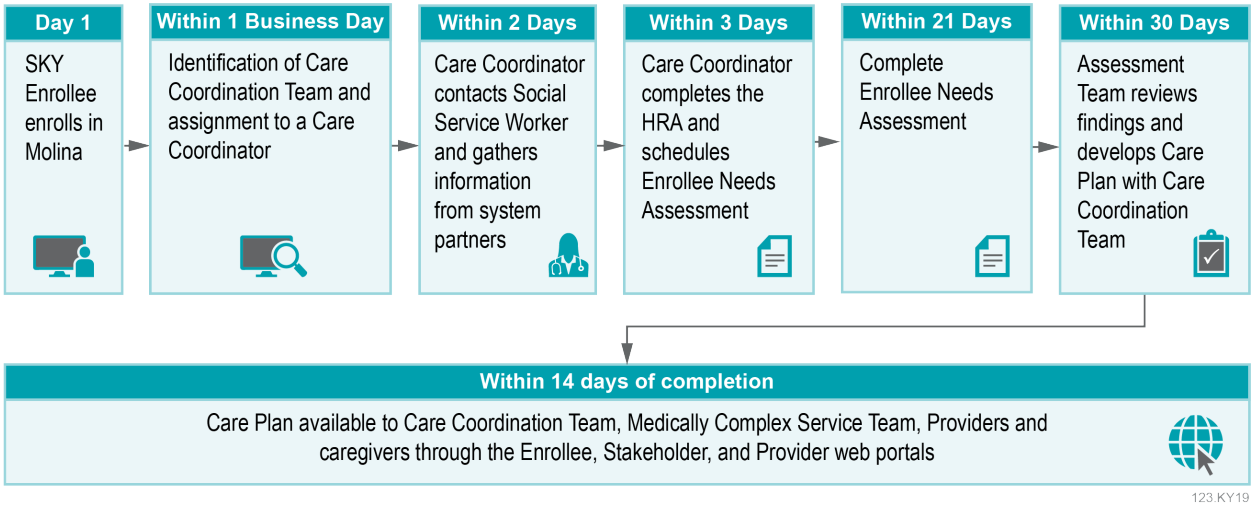

Exhibit G.8-1. Molina's Process to Initiate Assessment

Exhibit G.8-1 shows Molina's approach to ensuring the successful completion of required assessments and screenings. Upon enrollment, we begin to engage with the SKY Enrollee and foster family/adoptive family/fictive kin/kin (caregiver). We quickly assign a Care Coordination team and Care Coordinator who contacts the DCBS Social Service Worker, Enrollee, and caregivers to complete the initial Health Risk Assessment (HRA) to identify the Enrollee's immediate needs and screen for physical health, behavioral health, and substance use needs. Care Coordinators assess the need for services, or a change in services, during initial contact with the SKY Enrollee, when a SKY Enrollee requests services or reports a change in condition, as determined by the Enrollee's level of care management, and any other time we determine that there may be a need to modify the SKY Enrollee's services, including when caregiver support changes. Table G.8-1 shows the tools Molina will use in the initial screening and assessment process.

Table G.8-1. Overview of Molina's Initial Screening and Assessment Tools

Tool	Purpose	Population
HRA	Evaluates the SKY Enrollee's overall health and wellness and identifies social, behavioral, medical, and functional needs; current PCP and Provider relationships; active treatment plans; over- and underutilization of services, lifestyle, and barriers to care that could affect the SKY Enrollee's ability to access care and improve his/her health outcomes. Additionally, the HRA will screen for trauma, behavioral health needs, and developmental needs	All SKY Enrollees
Adverse Childhood Experience Questionnaire (ACEs)	10-item self-report measure identifies childhood experiences of abuse and neglect. The study posits that childhood trauma and stress early in life, apart from potentially impairing social, emotional, and cognitive development, indicates a higher risk of developing health problems in adulthood.	All SKY Enrollees

Tool	Purpose	Population
Ages and Stages Questionnaire (ASQ-3)	Assesses developmental and medical histories; family functioning; individual characteristics, language, cognition, and affective expression; sensory reactivity and processing, motor tone, and motor planning capacities; how the child and parent/caregiver think and feel about each other and themselves within the context of the relationship.	SKY Enrollees ages birth to 5
American Society of Addiction Medicine (ASAM)	Our Care Coordinators and Substance Use Disorder (SUD) Navigator will use our innovative pre-screening tool that is based on ASAM criteria to determine SKY Enrollees' risks for substance use disorders. Using the results, they will connect SKY Enrollees to appropriate levels of care to meet their needs.	All SKY Enrollees
Child and Adolescent Needs and Strengths (CANS)	The CANS assessment is a comprehensive trauma-informed behavioral health evaluation and communication tool. It is intended to prevent duplicate assessments, decrease unnecessary psychological testing, aid in identifying placement and treatment needs, and inform case planning decisions. The CANS assessment will provide those involved in the Enrollee's care with a thorough understanding of his/her behavioral health needs and make recommendations for the supports and services.	All SKY Enrollees
Child Post Traumatic Stress Disorder System Scale (CPSS)	The CPSS is used to measure post-traumatic stress disorder severity in children aged 8-18. It is a useful tool for the assessment of posttraumatic stress disorder (PTSD) severity and for the screening of PTSD diagnosis among traumatized children.	SKY Enrollees ages 8 to 18
Columbia Suicide Severity Rating Scale (C-SSRS)	The C-SSRS supports suicide risk assessment through a series of simple, plain-language questions that anyone can ask. The answers help users identify whether someone is at risk for suicide; assess the severity and immediacy of that risk; and gauge the level of support the person needs. Our Care Coordinators will use the C-SSRS to assess Enrollees' risks for suicide. We will also provide this tool to caregivers and train them to evaluate Enrollees' risks.	SKY Enrollees ages 12+
Enrollee Needs Assessment	Enrollee Needs Assessment gathers comprehensive, detailed information on the health and wellbeing of the Enrollee. It incorporates information from the: • Early and periodic screening, diagnostic, and treatment (EPSDT) exams • Child and Adolescent Strengths and Needs assessment • Trauma Symptom Checklist or Trauma Symptom Checklist for Young Children • Adverse Childhood Experience assessment for Enrollees 18 and older that assesses an Enrollee's health risks related to evidence of maltreatment • Patient Activation Measure assessment for Enrollee's over 17 years of age to assess Enrollee's knowledge, skills, and confidence in managing their overall health	All SKY Enrollees
Child Trauma Screen	This screen is to determine whether the Enrollee has experienced trauma, displays symptoms related to trauma exposure, and/or should be referred for a comprehensive trauma-informed mental health assessment.	SKY Enrollees ages 7 and over

Tool	Purpose	Population
Trauma Symptom Checklist for Young Children (TSCYC)	The TSCYC is an easy-to-use instrument for assessing trauma-related symptoms in young children. The scales allow a detailed evaluation of posttraumatic stress symptoms and a tentative post-traumatic stress disorder diagnosis, and provide information on other symptoms such as anxiety, depression, and anger. As being removed from the family home is a trauma-inducing event, this tool will assist in identifying the impact of that trauma.	SKY Enrollees ages 3 to 12

HEALTH RISK ASSESSMENT SCREENING

Upon enrollment with Molina, we assign a Care Coordinator with experience in foster care to each SKY Enrollee. The Care Coordinator contacts the child and caregiver and reaches out to the SKY Enrollee's Social Service Worker to gather all available information. We complete a Health Risk Assessment (HRA) with the youth and/or caregiver within three calendar days of enrollment in compliance with the Draft Contract, Section 34.3.B. Our age-specific, evidence-based HRA includes all required elements of the Draft Contract and evaluates the SKY Enrollee's overall health and wellness and identifies social, behavioral, medical, and functional needs; current PCP and SKY Provider relationships; active treatment plans; over- and underutilization of services, lifestyle, and barriers to care that could affect the Enrollee's ability to access care and improve his/her health outcomes. The HRA will screen for trauma, behavioral health needs, and developmental needs using questions developed from validated evidence-based screening tools.

We will document Enrollee information into Clinical CareAdvance, our care management documentation system. The information is then available to the Enrollee, caregivers, SKY Providers, and system partners through our *Health Backpack*, 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. This information will help the Department of Community Based Services (DCBS) Social Service 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 Service Workers and caregivers can download information from the *Health Backpack* and include it in the 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.***

Molina will use the ASQ-3 assessment with children age birth through 5 years old in addition to the HRA. We will use this tool to identify need for physical health, behavioral health, or community services. For children who have the Medically Complex designation, the nurse case manager will conduct an initial home visit, complete an initial screening, and conduct any assessments, including the Enrollee Needs Assessment to make sure those children have the necessary supports and services.

ENROLLEE NEEDS ASSESSMENT

The Enrollee Needs Assessment is a crucial tool used to gather comprehensive and detailed information on the Enrollee's behavioral health, physical health, and social determinants of health needs. Based on information gathered from the HRA and ASQ-3, if applicable, Molina conducts the Enrollee Needs Assessment in a time and location that is best suited for the Enrollee and their/his/her family. Based on Enrollee Needs, the Care Coordinator may conduct the assessment over the course of several sessions to account for Enrollee and caregiver's schedule, fatigue, or the Enrollee's ability to attend.

For all Enrollees, Molina's Care Coordination team will conduct or arrange for a comprehensive Enrollee Needs Assessment to be completed telephonically or face-to-face depending on Enrollee/caregiver preference within 21 days of enrollment or new placement for Enrollees with high behavioral health or physical health needs, and within 30 days for all other Enrollees. We will use the information obtained from assessments conducted by the Care Coordination team and other SKY Providers involved with the child to develop a care plan in collaboration with the Enrollee and his/her caregiver(s).

Enrollee Needs Assessment includes:

School assessment | DJJ assessment | DCBS assessment | Trauma assessment
Health Risk Assessment
Social Determinants of Health
RN assessment - medically complex
Transition Age Youth assessment

During community forums with foster families, Molina heard concerns that Enrollees are often subject to many extensive assessments that ask similar questions and can be traumatic for the child. To minimize the number of times the Enrollee must "tell their story," the Care Coordinator will incorporate results and information from assessments, conducted by DCBS Social Service Workers, DJJ, SKY Providers, and others where appropriate. This mitigates duplication of effort and eases the burden on caregivers. Our Enrollee Needs Assessment incorporate information from the following tools:

- Early and periodic screening, diagnostic, and treatment (EPSDT) exams
- Child and Adolescent Strengths and Needs assessment
- Trauma Symptom Checklist for Children or Trauma Symptom Checklist for Young Children
- Adverse Childhood Experience assessment for Enrollees 18 and older that assesses an Enrollee's health risks related to evidence of maltreatment
- Patient Activation Measure assessment for Enrollees over 17 years of age to assess Enrollees' knowledge, skills, and confidence in managing their overall health

Molina is sensitive to the time commitment each assessment requires and seeks to minimize the burden and fatigue for the caregiver and Enrollee in their first meeting with their Care Coordinator. At the discretion of the Enrollee and caregiver, we may complete additional assessments at the same time as the Enrollee Needs Assessment or during a follow-up visit. We will complete all ancillary assessments within 90 days of enrollment or an Enrollee's change in placement. If the Enrollee's EPSDT exam does not include specialized assessments, the Molina Care Coordination team will conduct any additional assessments, as age appropriate, within 90 days of enrollment or a new placement. The information gathered during these assessments is used to revise the Enrollee's Care Plan as needed.

Assessment Team

The Care Coordinator then convenes the Assessment Team to review the results of the assessment process. The Assessment Team consists of persons representing various disciplines associated with key components of the Foster Care assessment process. The purpose of the meetings is to review the outcome and recommendations related to the assessment of the Enrollee and family. The disciplines that may participate as part of the Assessment Team include:

- Legal custodian (DCBS professionals)
- Individual conducting trauma assessments
- School system representative with direct knowledge of the educational status of the Enrollee
- SKY physical health Provider with direct knowledge of the medical and dental status of the Enrollee
- Representative from the appropriate court system if the Enrollee had any court or law enforcement involvement including local law enforcement officials or a Court Appointed Special Advocate
- A behavioral health representative with direct knowledge of the mental health or substance use issues affecting the child or family

- Foster Parent(s) or out-of-home placement Provider where the child resided during the assessment process with direct knowledge of the child's behavior and activity during the assessment
- Any other individual having appropriate information directly related to the Enrollee's care

To maximize opportunities to complete the HRA and comprehensive assessment, and to engage foster youth in services, Molina will coordinate with families and stakeholder organizations to gather information, develop a better understanding of the Enrollee, and provide continuity of care.

i. COORDINATING WITH ENROLLEES, THE DEPARTMENT, DCBS, DJJ, AND FAMILIES

Molina will expedite the screening process for SKY Enrollees by assigning each child a Care Coordinator who contacts the child's DCBS Social Service Worker and family within two days of enrollment to begin the assessment and engagement process. Molina will coordinate with Kentucky SKY Enrollees, the Department, DCBS, DJJ, and families to complete HRAs within three days. We support a robust approach to Enrollee engagement and stakeholder coordination, leveraging care coordination, Enrollee services, a Nurse Advice Line and Behavioral Health Services Hotline (both available 24/7), and outreach staff to engage, screen, and assess SKY Enrollees.

We will incorporate information from stakeholders and Commonwealth agencies into our assessments to reduce redundancy and stress on Enrollees and their caregivers. Care Coordinators will collaborate with the Enrollee, their chosen circle of support, all treating Providers regardless of network status, and others involved in the Enrollee's services to assess the Enrollee's needs, caregiver/informal supports, and preferences; develop and implement a person-centered service plan, agreed to by the Enrollee, that includes all needed Covered and non-Covered Services and community and third party resources; and monitor the Enrollee's condition/services to make sure needs are met. Care Coordinators will identify and address changes in condition, new needs, life events (such as a change of placement) and Enrollee satisfaction with services and progress, and reassess the Enrollee's needs, preferences, and services regularly and when changes occur.

Coordinating with Enrollees and Families

Molina will assign children and youth enrolled in SKY to Care Coordinators who have expertise in working with children and families, children affected by abuse or neglect, SKY Enrollees, and/or children with special healthcare needs. To assure that we are coordinating with and serving families based on evidence-based practices, we will train Care Coordinators in Mental Health First Aid, trauma-informed care, adverse childhood events (ACEs), and motivational interviewing. We will adapt a training session (used in our Ohio and Washington markets) for our clinical staff that outlines the behavioral health and SKY program service system in Kentucky and the services/programs we developed to serve our Enrollees who need these services. This training will also include regional-specific information and identifies the regional Provider network. We train all clinical staff before implementing our contracts.

Understanding Kentucky

Molina highly values Enrollee and family feedback. Recently we facilitated four discussion group sessions, capturing the voices of Medicaid recipients in both urban and rural regions of Kentucky: Louisville, Lexington, Pikeville/Auxier, and Owensboro. Families in these focus groups told us that they often consider Care Coordinators their "partners" or "friends." This relationship building is key to our staff's ability to quickly screen, assess, and reassess foster youth.

We know from our conversations with foster families across Kentucky that Enrollees and their caregivers need a single point of contact for their healthcare needs. The benefit of having an assigned Molina Care Coordinator for SKY Enrollees is to have a dedicated source for coordination and facilitation of all healthcare needs (e.g., coordination of annual Well Child visits and specialist referrals, authorizations for durable medical equipment, home healthcare, occupational therapy/physical therapy/speech therapy, medications, etc.) and supportive services (e.g.,

dietary services, medication therapy management for evaluation of complex medication regimens and dispensing options, etc.). This Care Coordinator stays with the Enrollee for the duration of their time with Molina, regardless of their level of care.

Enrollees involved with the SKY program will often also be engaged with other public agencies. Collaboration between and among agencies improves service delivery and the experiences of children and families who deal with multiple organizations. Molina Care Coordinators work to coordinate needed covered services youth receive from various stakeholder agencies, including DCBS, DJJ, and community-based organizations.

Coordinating with The Department

Molina will collaborate with the Department to promote ongoing provision of health services for all children and youth enrolled in the Kentucky SKY program. Using information from the 834 file and any other available data, we will assign the Enrollee to a PCP within 24 hours of enrollment. The PCP will be a pediatrician who will serve as their medical home. The PCP will be responsible for providing basic primary care as well as coordinating all physical and behavioral health services for the child. These PCPs will be part of Molina's network of physicians, dentists, and behavioral health Providers who have agreed to serve SKY Enrollees and fulfill the roles and responsibilities associated with management of children in Foster Care, Adoption Assistance, those involved in juvenile justice, and Enrollees who are aging out of the system.

Collaborating with DCBS

Molina fully supports the work of DCBS and aims to be an able and willing partner in implementing and upholding the Kentucky Foster Care Bill of Rights. This includes participating with DCBS on the screening, assessment, and care planning for SKY Enrollees. For the SKY program, we will collaborate with DCBS to create a process whereby the Social Service Worker can contact us 24/7 to notify us of the removal of a child or youth with significant or complex needs. Our customer service representatives will document the Enrollee's needs and information, the contact information for the Social Service Worker, and information about the placement. The call and documentation will generate an alert to our System of Care Team resulting in a Care Coordinator contacting the DCBS Social Service Worker within 24 hours to begin coordinating services and supports. The Care Coordinator will ask about any SKY Providers the Enrollee is seeing and the need for DME and medications and will begin arranging services. If the Enrollee's need is emergent, such as the need for an asthma inhaler or critical medication, the Care Coordinator will arrange for immediate access to those services.

Coordinating with DJJ

DJJ contracts with qualified Providers to offer Foster Care services for appropriate youth. Molina will coordinate physical and behavioral health services for youth involved in both the DJJ and Foster Care system, ensuring completion of healthcare screening and assessment within mandated timeframes and confirming that services are not duplicated. Our Care Coordinator will contact the Enrollee's DJJ representative (Social Worker or Social Service Clinician) to coordinate completion of the Enrollee Needs Assessment and incorporate information gleaned from assessments conducted by DJJ. Additionally, the Care Coordinator will include the DJJ representative in care planning activities and integrate goals and interventions from the DJJ treatment plan into our integrated Care Plan. The System of Care Team will maintain regular contact with the DJJ representative to facilitate information sharing related to the Enrollee's needs, strengths, progress toward Care Plan goals, and Care Plan updates.

Connecting with 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 for children, advocate for prevention of child abuse and substance abuse, and help to provide early intervention and critical support after formal services have ended.

Molina will leverage community-based organizations to identify SKY Enrollees in need of screening and assessment and use any existing relationships the child/youth may have with these agencies to engage them 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. More detail on our relationships with community-based organizations is provided in our response to Requirement F.

ii. ENSURING ASSESSMENTS ARE INITIATED IMMEDIATELY UPON ENROLLMENT IN THE KENTUCKY SKY PROGRAM

Molina will develop a close working relationship with the CHFS Child Protection Branch to foster engagement of SKY Enrollees with a Care Coordinator and PCP, and successful completion of screenings and assessments. The DCBS Social Service Worker will be able to contact us 24/7 to notify us of the removal of a child or youth with significant or complex needs. Our Care Coordinators will document the Enrollee's needs, assessment results, and contact information for the DCBS Social Service Worker and placement. The call and documentation will generate an alert to our System of Care Team, resulting in a Care Coordinator contacting the Social Service Worker within 24 hours to begin coordinating services and supports. The Care Coordinator will ask about any Providers the Enrollee is seeing, the need for DME and medications, and begin arranging services.

Molina will complete the initial HRA for all SKY Enrollees within three days of enrollment. We will make all reasonable efforts in accordance with the draft contract to contact Enrollees and caregivers in person, by telephone, email, or mail to complete the HRA. At minimum, Care Coordinators will conduct at least four attempts to contact the Enrollee and caregivers on different days and at different times of the day, with at least one of those attempts by telephone. Our HRA is also accessible on the Enrollee website and Enrollee Web portal, MyMolina.

iii. MEETING STANDARDS FOR EARLY AND PERIODIC SCREEN, DIAGNOSTIC AND TREATMENT (EPSDT) SERVICES

Our focus on early and periodic screening, diagnostic, and treatment (EPSDT) services promotes early detection and care so that health problems are averted, diagnosed, and treated as soon as possible. Continuous outreach to Enrollees and Providers regarding these benefits, requirements, and schedules is one of many approaches we take to make sure that children receive timely EPSDT screens and services, in accordance with the EPSDT periodicity schedule.

During the first meeting with the SKY Enrollee and his/her caregiver, the Care Coordinator will provide our Kentucky-specific System Navigation Guide that includes key milestones for assessments, EPSDT services, care planning; contact information for their Care Coordinator, DCBS Social Service Worker, and PCP; information on how to access the Enrollee's medical record and *Health Backpack*; and how to navigate the Enrollee Web portal.

Molina will assume responsibility for conducting and reporting on required assessments and screenings for Kentucky SKY Enrollees upon Enrollment, including all EPSDT periodicity schedule requirements relevant to the Kentucky SKY Enrollee's age. We understand that each instance of failure to meet a timeframe specified in this section may result in a corrective action or other remedy. Molina is dedicating extra resources to make sure foster youth complete all required screenings and assessments; field-based Care Coordinators will be available to conduct assessments at child welfare offices to complete initial screenings and link youth and families with needed physical and behavioral health services. In the following section, we outline our EPSDT policies and procedures; how we monitor and report on EPSDT

services; how we work with our network; and how we educate Enrollees and caregivers on EPSDT services.

EPSDT Policies

Our EPSDT policies fully align with Commonwealth and federal requirements related to periodic health screenings, immunizations, as well as periodic vision, dental, and hearing exams. Molina will adhere to all Draft Contract requirements outlined in Sections 32.1 and 42.17 and the timeframes described in Appendix L. In addition, we will comply with all Commonwealth and federal requirements for the delivery of EPSDT services and EPSDT Special Services per 42 USC Section 1396 and by 907 KAR 1:034, Section 7 and Section 8.

Per these policies, we provide, arrange, or refer Enrollees under the age of 21 for EPSDT services, including contacting caregivers of newly enrolled children to make appointments for EPSDT checkups; providing education and information on how to access EPSDT services; and contacting and assisting existing Enrollees who are overdue for EPSDT services to make necessary appointments.

EPSDT Procedures Facilitate Access to Preventive Care

For all Enrollees, the System of Care Team will assure that the Enrollee has had a recent EPSDT examination, either because of placement into out-of-home care, or as part of a planned schedule of care. If the Enrollee needs an EPSDT exam, the System of Care Team will assist the caregiver is arranging one. The System of Care Team will obtain and review the results of the EPSDT exam and coordinate any referrals for follow-up services. The results of this evaluation will also be incorporated into the *Health Backpack* and will be used to develop the Enrollee's integrated Care Plan.

For Enrollees who have had recent EPSDT examinations, the System of Care Team will obtain the records from the exams and use the information to further risk stratify the Enrollee into one of the three levels of care described in the Draft Contract. The Care Coordinator will use EPSDT data available at the time to inform the development of interventions and timeliness that will be detailed in the Enrollee's Care Plan. Upon contact, the care coordination staff will:

- Provide education on the importance of an EPSDT visit and Enrollee incentives available for completion
- Assist with scheduling a visit with the Enrollee's PCP and arrange transportation, if necessary
- Contact the Enrollee for appointment reminders and provide follow-up calls post-appointment
- Schedule home visits for Enrollees who have difficulty getting an EPSDT visit with a PCP

Compliance with EPSDT Requirements

EPSDT is a critical area of focus for communication, training, ongoing monitoring, and continuous improvement. Molina's EPSDT Coordinator will coordinate and arrange for the provision of EPSDT services with fidelity to evidence-based clinical guidelines and EPSDT special services for Enrollees and will also provide oversight and subject matter expertise to Molina care coordination staff and network Providers.

Molina will coordinate the provision of EPSDT Special Services for eligible Enrollees, including identifying Providers who can deliver the Medically Necessary services described in federal Medicaid law and developing procedures for authorization and payment for these services per the requirements outlined in in the contract. Molina's Clinical CareAdvance care management system will monitor acceptance and refusal of EPSDT services, whether eligible Enrollees are receiving the recommended health assessments, and all necessary diagnosis and treatment, including EPSDT Special Services when needed.

Our consolidated record for each eligible Enrollee will include reports of informing about EPSDT, information received from other Providers, dates of contact regarding appointments and rescheduling

when necessary for EPSDT screening, recommended diagnostic or treatment services, follow-up with referral compliance, and reports from referral physicians or Providers.

Molina will assure coordination of physical health and behavioral health services for Enrollees with special healthcare needs. We will coordinate services needed that are outside of our usual scope of services, working in the best interest of the Enrollee and maintaining continuity of care. For example, Molina Care Coordinators will coordinate with early intervention services for infants and toddlers with disabilities and services for students with disabilities included in the child's Individual Education Plan.

Ensuring EPSDT adherence is the most important factor in preventing the exacerbation of preventable diseases and conditions in our youth. Early identification of potential problems allows for early intervention that is significantly more effective and less costly.

EPSDT Quality Assurance and Reporting

Molina will participate in any Commonwealth or federally required chart audit or quality assurance study. We will submit an encounter record for each EPSDT service provided according to requirements provided by the Department, including use of specified EPSDT procedure codes and referral codes. In addition, we will submit quarterly and annual reports on EPSDT services including the current Form CMS-416.

Molina Care Coordinators have reporting tools available to summarize a child's current health status, utilization, medications, and EPSDT services. The Care Coordinators use these tools on a regular basis to monitor the child's services and healthcare needs and can provide the child protective services case worker and/or foster parent with this information at regular intervals.

By ensuring every Enrollee who needs EPSDT services has access, we effectively monitor child Enrollee service utilization to confirm they meet critical milestones. Our PCPs follow the Advisory Committee on Immunization Practices Recommended Immunization Schedule and American Academy of Pediatrics' Bright Futures for all EPSDT-eligible Enrollees, in accordance with the periodicity schedule established for EPSDT services.

Qualified EPSDT Provider Network

Molina will offer an accessible and fully trained EPSDT Provider network that meet the requirements set forth under 907 KAR 1:034 and have adequately equipped offices to perform EPSDT services. At Molina, we care for the Providers that care for our Enrollees—through transparent engagement; timely information and claims payment; data sharing; and innovative, quality-focused payment models—to support compliance with requirements. The PCP will be responsible for providing or arranging for complete assessments at the intervals specified by the Department's approved periodicity schedule, and at other times when medically necessary.

We will provide all needed diagnosis and treatment for eligible Enrollees in accordance with 907 KAR 1:034. The PCP and other network Providers will provide diagnosis and treatment, or out-of-network Providers will provide treatment if the service is not available within our network.

Provider Training

To make sure Enrollees receive EPSDT services in accordance with the periodicity schedule, our *Fostering Success Academy* will offer Department-approved EPSDT policy and procedure trainings to all Providers, along with re-training annually and as needed. Additionally, we will offer all Providers access to our *Fostering Success Academy*. This convenient and comprehensive Provider training program provides 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 system-wide trainings as well as customized educational sessions for individual practices and/or Provider groups.

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 offer Mental Health First Aid Training and Applied Suicide Intervention Skills Training (ASIST) suicide prevention training with opportunities for staff and Providers to become certified.

SKY Provider training will take place in a face-to-face setting (e.g., scheduled office visits, group training at public conferences or large Provider conference rooms or auditoriums) or through webinars. In addition, we will communicate written materials (Provider Manual, Provider Bulletin newsletter) electronically through the secure Provider Web portal 24/7. Our Provider training will also review physical assessment procedures for medical residents, specialists, nurse practitioners, registered nurses, and physician assistants who provide EPSDT screening services. Molina Care Coordinators and Enrollee-facing staff complete training on EPSDT requirements and how to refer Enrollees to PCPs as well.

We will educate our SKY network Providers on the timelines and importance of EPSDT services as well as the opportunity to receive pay-for-performance bonuses for achieving EPSDT quality improvement objectives. We encourage Providers to have an appointment-keeping system to remind Enrollees of appointments via mailings followed by telephonic reminders of upcoming appointments. We also encourage physicians to access tools that incorporate all components of EPSDT visits in our IT system.

Molina is developing partnerships with community-based organizations, Provider associations, state agencies, and other organizations to achieve shared goals by providing early education and sharing of information, experience, and resources (e.g., school district nurses/administration, the Boys and Girls Clubs or similar after school programs, or Head Start).

We will offer innovative partnerships and initiatives to increase access to care and needed EPSDT. For example, we will work with the Advocacy Action Network to develop a pilot program aimed at increasing access to pop-up clinics that offer EPSDT, ACEs, trauma, and behavioral health screenings.

Informing Enrollees and Families of EPSDT Services

We will effectively communicate information (e.g. written notices, verbal explanations, face-to-face counseling, or home visits when appropriate or necessary) with Enrollees eligible for EPSDT services and their caregivers regarding the value of preventive healthcare, benefits provided as part of EPSDT services, how to access these services, and the youth's right to access these services. We will inform Enrollees of EPSDT services and the right to appeal any decision relating to SKY services, including EPSDT services, upon initial Enrollment and annually thereafter when Enrollees have not accessed services during the year. In addition, we will provide all needed initial, periodic, and inter-periodic health assessments in accordance with 907 KAR 1:034.

Information on EPSDT services is available on our website, in the Enrollee Handbook and Welcome Kit, on MyMolina, and in periodic newsletters. In addition, our Molina Mobile application provides Enrollees and caregivers with information ranging from health information to finding a Provider to adding System of Care Team participants.

We confirm that children receive up-to-date immunizations along with necessary physical, behavioral health, vision, hearing, and dental services by working closely with Providers and staff. Recognizing the Commonwealth's maternity outcome challenges, we will emphasize the importance of EPSDT visits with our pregnant Enrollees in Foster Care to set the expectations for well visits *early*. We will use a multi-pronged approach to encourage Enrollees to obtain EPSDT services through:

- Our ***care coordination programs,*** which provide a bridge for children and families across multiple systems (e.g., schools, healthcare Providers, and community-based organizations). Our Care Coordinators facilitate effective communication between Providers, Enrollees, and their caregivers by arranging appointments, assisting with referral forms, arranging transportation as needed, providing reminder and follow-up calls (both telephonic and mailed), and obtaining feedback reporting of access and services
- Our ***focus on family health education,*** which assures Enrollees receive information about available benefits and services within 30 calendar days of enrollment. Initial outreach to all Enrollees in need of EPSDT includes informative materials that emphasize the importance of preventive care; the periodicity schedule with the depth and breadth of services; how and where to access services including transportation and scheduling services; and reminders that services are provided without cost. New mothers will receive this information within seven days following their child's birth
- Our System of Care Teams, which regularly ***review Enrollees' utilization***. We use this information to initiate a conversation with Enrollees and caregivers about EPSDT services and when completing the HRA. Within the HRA, there are questions regarding child immunizations that also prompt communication and encouragement of EPSDT services by the System of Care Team
- Offering ***Enrollee incentives and rewards***, such as gift cards, to encourage recommended visits. As we know that youth in Aging Out services often do not participate in preventive care, Molina will offer gift cards to transition age youth for participating in preventive care services such as adolescent well care visits and dental exams

Our Enrollee Services staff provide education and counseling on Enrollee compliance with prescribed treatment programs and compliance with EPSDT appointments. As part of our overall population health management program, we will assist eligible Enrollees or their caregivers in obtaining sufficient information, so they can make medically informed decisions about their healthcare, provide support services including transportation and scheduling assistance to EPSDT services, and follow up with eligible Enrollees and caregivers when recommended assessments and treatment are not received.

Another priority of our strategy to provide EPSDT screenings and assessments is culturally competent outreach and communication. We adapt Enrollee materials and engagement strategies to meet identified cultural needs. We collect data on race, ethnicity, and preferred written and spoken languages from the self-reported data in the 834 file. We provide translation of materials and bilingual staff and interpreter services at all points of contact during all hours of operation including the 711 National Telecommunications Relay Service (TRS) TTY line.

iv. CHALLENGES IN COMPLETING REQUIRED ASSESSMENTS AND MITIGATING THESE CHALLENGES

Through our experience providing covered services to children and youth in Foster Care and children with special healthcare needs, Molina recognizes there are multiple challenges to ensuring children and youth receive the needed screening and assessments. The following response describes several of these challenges and our mitigation strategies for each challenge.

Challenge #1. Children who have experienced maltreatment often have developed different ways of perceiving and reacting to their world, ways that often prove maladaptive in a more normal environment.[1] Children who experience trauma may not want to go to the doctor's office or engage with a healthcare professional or may exhibit behaviors that make it difficult for a PCP to assess and treat the child.

Mitigation Strategy. We will educate Molina staff and our SKY Provider network on trauma-informed care, the Foster Care system, and the physical and behavioral health conditions experienced by the Kentucky SKY population. Our Care Coordinators are carefully selected, continuously trained, offer direct experience with the populations we serve, and are well-informed about the local community resources and Providers who best understand the issues and needs of the youth and families they serve.

Provider trainings address core topics applicable to all network Providers. We will provide this training through the *Fostering Success Academy*, with specialty topics such as trauma informed care, how to screen and address ACEs, and Mental Health First Aid. All Providers can also access ongoing training on Enrollees' special needs through scheduled in-person office visits, group training at public conference sites, or webinars. In addition, we make available our Trauma Informed Toolkits for Providers during training and via our Provider portal. The Trauma-informed Toolkit will include an Agency Self-Assessment for Trauma-Informed Care. This tool will help Providers assess readiness to implement a trauma-informed approach. The toolkit also includes other resources and links to best practices and training offered via the University of Kentucky Trauma Center. For example, we will distribute the Trauma Toolkit (shown in Exhibit G.8-2) to support medical professionals' work with children. This toolkit includes information about traumatic stressors due to child/youth illness and medical procedures.

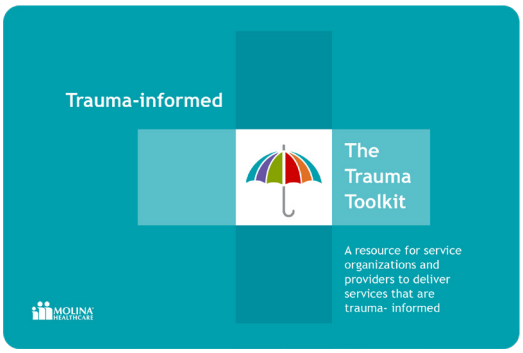

Exhibit G.8-2. Molina's Widely Distributed Trauma Toolkit

We link SKY Enrollees and caregivers to behavioral health professionals who can address the impacts of trauma, such as therapists trained in Trauma-Focused Cognitive Behavioral Therapy; Multisystemic Therapy; Parent Child Interaction Therapy; Applied Behavioral Analysis; Cognitive Behavioral Intervention for Trauma in Schools; or Attachment, Self-Regulation, and Competency.

We also will conduct the Enrollee Needs Assessment and any other needed assessments over several sessions, to account for Enrollee fatigue, ability to attend, and family schedules. For example, our Care Coordinators work non-traditional hours to increase convenience and access for caregiver families.

Challenge #2. Information about a child/youth's medical and behavioral health history or social worker at DBCS and DJJ is often not available, and children can be poor reporters. Though early toxic stress and trauma are nearly universal in children who have been adopted or placed into Foster Care, the events may

[1] American Academy of Pediatrics, "Helping Foster and Adoptive Families Cope with Trauma," accessed July 2, 2019, https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/documents/guide.pdf

be remote, and their physical and behavioral health history is often buried among old records or not documented.

Mitigation Strategy. We propose that the Child Protection Branch and Medicaid systems share data, and data be transferred nightly between systems. For example, Texas is one of several states that have established electronic "health passports" for children and youth in Foster Care. Electronic, cloud-based health passports provide a way for health records and information to follow a child through different placements. In Texas, a child's electronic health passport is available to authorized Providers and medical stakeholders, including caseworkers. While it does not substitute for complete electronic medical records, the health passport can give a good indication of conditions and treatments. Molina will use a similar electronic system for our Enrollees, the *Health Backpack*.

Further, our System of Care Liaisons will create information-sharing solutions between DCBS, DJJ, and Molina and put in place processes to make sure all parties are getting needed information. Social workers from stakeholder partners can call us directly through our dedicated SKY Call Center toll-free number.

Challenge #3. A challenge among children/youth in out-of-home placement is lack of regular follow-up care once initial screenings and immunizations required for school entry are complete. Children/youth in out-of-home placement tend to only see their doctor for a sick visit, rather for annual well-child exams. Engaging adolescents to complete annual wellness exams is even more challenging.

Mitigation Strategy. Molina crafts outreach efforts and educational materials to the various age groups to engage parents/guardians of children and youth in their care. For example, we offer an incentive gift card for completion of well-child exams. We will offer targeted outreach activities through partnerships with community-based organizations, like Home of the Innocents. In addition, we use our Molina Mobile application and social media (Facebook and Instagram) to connect with our Enrollees and encourage them to actively participate in their healthcare.

Challenge #4. Some adolescents run away from placements and are unable to be located. Molina will be challenged to locate, screen, assess, and engage these Enrollees.

Mitigation Strategy. We will implement our innovative Mosaic internal data analytics tool that provides a quick and simple user interface to retrieve Enrollee contact information. The tool aggregates contact information from multiple data sources and systems and presents it in a single view along with other Enrollee demographics. The system also displays secondary contact information, such as a pharmacy or PCP that the Enrollee recently visited. This enables our outreach and education staff (with valid security credentials) to search for an Enrollee and display all available contact information to improve the likelihood of a successful contact.

v. MOLINA SUCCESSES IN PROVIDING ASSESSMENTS

We have devoted ourselves to screening, assessing, and caring for the most vulnerable individuals throughout our entire 25 years in Medicaid Managed Care. Our health plans serve a combined total of more than 1.8 million children, with eight of those health plans serving populations similar to SKY Enrollees. Although these plans are independent entities, they are wholly owned by Molina Healthcare, Inc. and receive robust corporate resources and support. More than half of our Enrollees nationwide are enrolled in CHIP and TANF programs and are part of the same populations covered under Kentucky SKY: children and youth in Foster Care.

We use motivational interviewing in all of our Medicaid programs to engage Enrollees in the screening and assessment process. Through our decades of experience, we know that building a trusting relationship between Care Coordination staff and the individuals and families we serve is the best way to increase participation in healthcare activities. We focus on assessing physical, behavioral, and social determinants to remove barriers to care and engage a child's family and support system to create health-literate advocates to make sure children receive immunizations and other care necessary to stay healthy. We will leverage this experience to meet the needs of children and youth in the SKY program. Our approach

facilitates access and focuses on coordinating preventive, acute care, and specialty services. Care Coordinators review treatment plans to help remove barriers to care and educate Enrollees and their advocates. Molina Community Health Workers work with Enrollees to provide access to community services and other resources.

Care Coordinators across all states work through our Clinical CareAdvance system that consolidates care coordination, utilization management, and pharmacy management into a single, fully integrated solution. Within this system, Care Coordinators use our proprietary mobile app during face-to-face assessments. This application provides maximum flexibility and updates the Clinical CareAdvance system in near real time. These care coordination tools comply with all HIPAA regulations and include full functionality for integrated exchange of Electronic Health Records. We will use the same solution for Kentucky.

vi. EXAMPLES OF TRAUMA ASSESSMENT OR SCREENING TOOLS FOR USE IN IDENTIFYING TRAUMA IN KENTUCKY SKY ENROLLEES

Molina understands there are distinct differences between trauma screening and trauma assessment tools. Screening tools are brief, used universally, and developed to detect exposure to traumatic events and symptoms. Screening tools inform a comprehensive or functional assessment. Functional assessments are more comprehensive and capture a range of specific information about the child's symptoms, functioning, and support systems. We know from experience that evidence-based screening and assessment tools can quickly and effectively identify trauma and help clinical staff to develop Care Plans that are specific to the Enrollee and provide effective interventions. Based on guidance from the Administration for Children and Families Children's Bureau, we recommend the use of the following trauma-focused, evidence-based screening tools and assessments.[2]

We recommend the following screening tools:

- **ASQ-3.** For use with children ages birth through 5. The ASQ-3 assesses history and experiences (e.g., medical, behavioral health, parenting, legal, educational, domestic violence, military, etc.)
- **Adverse Childhood Experiences Questionnaire.** Measures ACEs and the association between them and risk behaviors in later life. Questions cover family dysfunction; physical, sexual, and emotional abuse and neglect by parents or caregivers; peer violence; witnessing community violence, and exposure to collective violence. For transition age youth 18 and over
- **Pediatric Systems Checklist-17.** For children ages 5½ to 18, this tool screens for childhood emotional and behavioral problems, including attention, externalizing, and internalizing
- **Pediatric Emotional Distress Scale (PEDS).** Rapidly assesses and screens for elevated symptomatology in children following exposure to a stressful and/or traumatic event. The screening tool consists of behaviors that have been identified in the literature as associated with experiencing traumatic events and consists of 17 general behavior items and four trauma-specific items

Functional Assessments that we recommend include:

- **Child and Adolescent Needs and Strengths (CANS) Trauma Version.** Measures functioning across domains for traumatic experiences and traumatic stress symptoms, as well as emotional/behavioral issues related to trauma

[2] Child and Family Services Reviews Information Portal, "Trauma-Based Screenings and Assessments," accessed July 2, 2019, https://training.cfsrportal.acf.hhs.gov/book/export/html/2440

- **Trauma Symptom Checklist for Children or Trauma Symptom Checklist for Young Children.** Measures post-traumatic stress and related psychological symptomology in children ages 8 to 16 years who have experienced traumatic events, such as physical or sexual abuse, major loss, or natural disasters, or who have been witness to violence. The Checklist for Young Children is used for children ages 3 to 12
- **Social Skills Rating System (SSRS).** Includes three behavior rating forms: a teacher, a parent, and a student version. This rating scale allows teachers to rate the occurrence and importance of specific social skills, problem behaviors, and academic competence. Students third grade and above rate their own social skills, and parents rate social skills and problem behaviors
- **The PedsQL Measurement Model.** These tools are part of a modular approach to measuring health-related quality of life in healthy children and adolescents and those with acute and chronic conditions. The model integrates generic core scales and disease-specific modules in one measurement system. This includes assessment specific to ages, birth to 21, and medical conditions including Multiple Sclerosis, Neurology, Pain Management, Sickle Cell, traumatic brain injury (TBI), and Wound Program, among others
- **Patient Activation Measure.** Assesses Enrollees over 17 years of age for knowledge, skills, and confidence in managing their overall health

b. ENROLLEE SCREENING AND ASSESSMENT

Through proactive Enrollee identification and risk stratification, we engage SKY Enrollees and caregivers and leverage education, clinical care management, and SKY Provider resources centered on early identification, assessment, and continual care.

PROPOSED SCREENING TOOL

Molina's proposed Health Risk Assessment and Enrollee Needs Assessment align with NCQA requirements. Refer to Attachments to G.8 for the proposed screening tools Molina will use to develop the Kentucky SKY Care Plan. These include the Child PTSD Symptom Scale, Child Trauma Screen CST, Molina SKY Enrollee Needs Assessment, and Molina SKY HRA.

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 all 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 individualized Care Plans that integrate Individual Health Plans (for children with Medical Complexity), Case 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 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 resources who can 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 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.8-3 shows how Molina integrates information from sister agencies into Care Plan development.

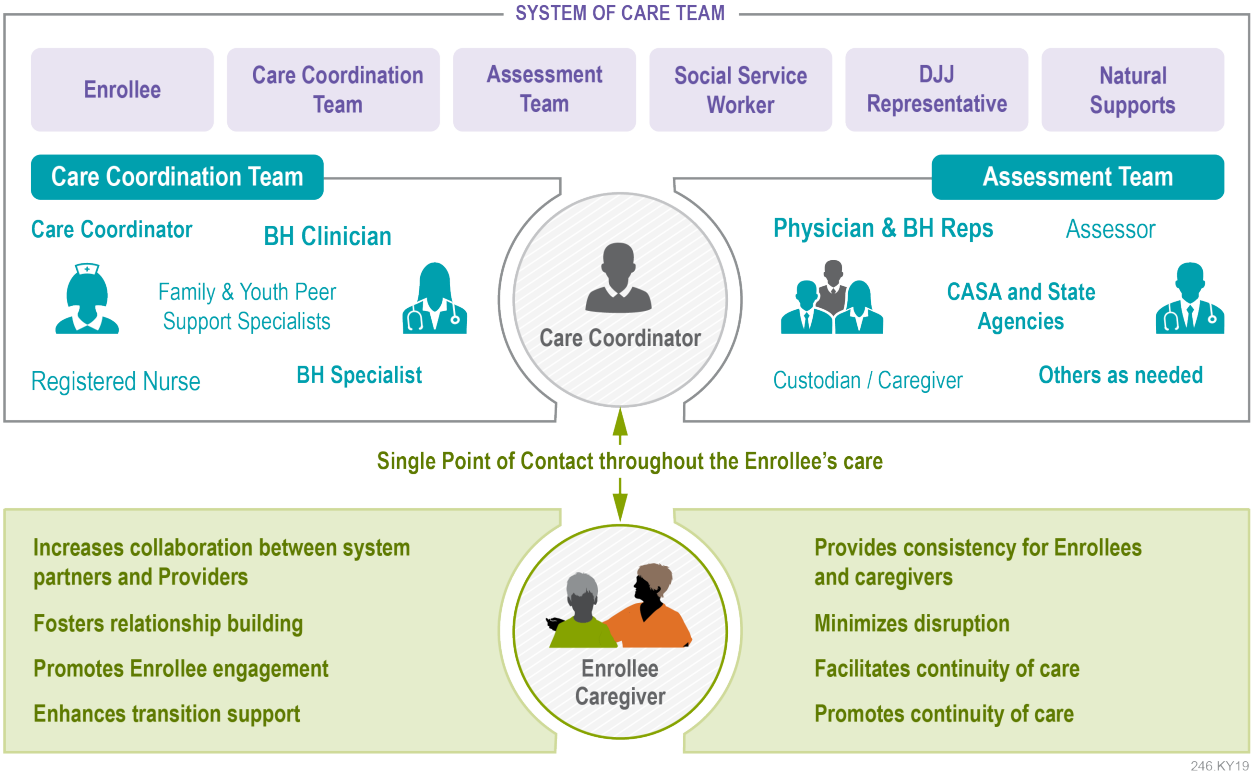

Exhibit G.8-3. Molina's Integrated Care Plan

The Care Coordinator will notify the System of Care Team of necessary updates, barriers, unmet needs, and risks. The Care Coordinator will schedule formal communication with the System of Care Team, including all youth- and family-directed participants. System of Care Teams and Medically Complex Service Teams may communicate through fax, phone, or Web portal to support adherence. All System of Care Team communication is documented and recorded in our electronic care management platform.

EXAMPLES OF PRIOR TOOLS AND HOW THESE TOOLS HAVE HELPED ACHIEVE PROGRAM GOALS

Molina is experienced in using evidence-based tools to screen and assess Enrollees and using the data gathered to inform the Care Plan. The list below includes examples of tools we use today in our Washington market and how those tools have helped us achieve program goals.

- **Transition Checklist.** The Transition Checklist is a tool used by Care Coordinators and the System of Care Team to plan, track, and monitor Enrollee placement changes. The checklist includes items such as medications, medical records, immunization records, educational records such as an Individualized Educational Plan, assignments to new Providers, authorization of services needed, clarity on who has medical consent authority, and other issues that must be addressed to assure continuity of care. The checklist promotes program goals such as continuity of care, care coordination between multiple system partners, and effective information sharing. The tool helps us collaborate

and coordinate with hospitals, treatment facilities, residential Providers, physical and behavioral health Providers, and others on the discharge planning needs of the Enrollee for all levels of care

- **Pediatric Systems Checklist-17.** Used by the Care Coordinator, nurse practitioner or other clinical members of the System of Care Team, the tool is developed for children ages 5½ to 18, the ages of most SKY Enrollees. The tool screens for childhood emotional and behavioral problems, including attention, externalizing, and internalizing. The tool helps Molina craft care plans that include interventions specific to that Enrollee to make sure all Providers involved with that child have the information they need to deliver trauma-informed care. It helps us to enhance the coordination of care and access to trauma-informed services, including physical health, behavioral health, dental care, Social Service, and wraparound services
- **Adverse Childhood Experiences Questionnaire.** The Questionnaire measures ACEs and the association between them and risk behaviors in later life. Questions cover family dysfunction; physical, sexual, and emotional abuse and neglect by parents or caregivers; peer violence; witnessing community violence; and exposure to collective violence. The tool is for youth 18 and over and has helped us improve quality of care and healthcare outcomes for transition age youth served by the program

c. COMPREHENSIVE APPROACH TO PROVIDING CRISIS SERVICES, INCLUDING IN-HOME SERVICES

Molina will maintain a comprehensive network of SKY behavioral health and substance abuse Providers to provide outpatient (including intensive home services), intensive outpatient, substance abuse residential, case management, mobile crisis, crisis stabilization, medical and non-medical detoxification services, peer support services, and residential crisis care. We intend to contract with Community Mental Health Centers (CMHCs) across the Commonwealth for the provision of these services: Four Rivers Behavioral Health, River Valley Behavioral Health, LifeSkills, Inc., Communicare, Inc., CenterStone, NorthKey Community Care, Comprehend, Inc., Pathways, Inc., Mountain Comprehensive Care, Cumberland River Behavioral Health, Kentucky River Community Care, The Adanta Group, and Bluegrass. We also have a partnership with Kentucky Primary Care Association (KPCA) that includes community health centers, rural health clinics, and primary care centers.

TARGETED FOSTER CARE CRISIS RESPONSE PROGRAM

In partnership with KPCA local CMHCs, Molina intends to develop a targeted crisis response for foster youth, which will include the following Covered Services already being implemented:

- **Crisis Stabilization.** These programs provide youth in crisis with crisis assessments, intensive in-home services, intensive outpatient services, and placement in short-term crisis residential facilities
- **Crisis Therapeutic Foster Care.** Crisis Therapeutic Foster Care serves children and young adults who require out-of-home, community-based placement in a family setting. Comprehensive, coordinated, and nurturing care is provided in the homes of trained treatment families with support, supervision, and 24-hour crisis support available, as needed, from mental health professionals
- **Intensive In-Home Services.** Intensive In-Home Services are home-based mental health services that meet each child and family's specific needs through crisis management, intensive case management, counseling, family therapy, and skills training. It is a time-limited service that aims to provide youth and their families with assistance diffusing current crises, improving coping skills, and strengthening relationships. The primary goal of the service is to prevent out-of-home placement or provide transition services from out-of-home placement back into the home. Intensive In-Home services assist parents with learning effective discipline techniques and parenting skills

- **ED Diversion Strategies.** These strategies, described next, encourage families with a youth in a behavioral health crisis to seek appropriate care instead of using the ED

The Care Coordinator and System of Care Team will confirm that all medically necessary services are provided, and that crisis services are incorporated into the Care Plan when appropriate. Molina embraces a "no wrong door" policy, meaning that if a youth, caregiver, or biological parent contact any Molina representative with a crisis, that staff member will be able to (1) access the SKY Enrollee's Care Plan, and (2) know how to contact the appropriate crisis Provider to advise them that the child/youth requires crisis support services. Molina will support crisis and stabilization services by knowing where to refer the youth and being familiar with the crisis plan so that the child/youth and caregiver preferences are followed during any crisis response.

These programs work to educate youth and families on available crisis services and expand Enrollee access to quality, compassionate crisis treatment as shown in Exhibit G.8-4.

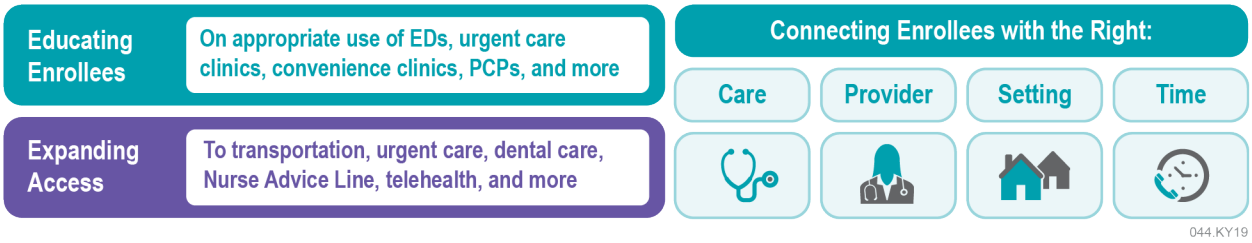

Exhibit G.8-4. Crisis Service Education and Access Expansion

BEHAVIORAL HEALTH SERVICES HOTLINE

SKY Enrollees and caregivers will have access to our Behavioral Health Services Hotline 24 hours a day, 7 days a week, 365 days a year through a toll-free number. Based on the Enrollee's needs, we will link them to community resources such as the local Suicide Hotline's telephone number, mobile crisis services, other crisis response systems and 911, when appropriate. Our hotline will meet or exceed minimum performance standards per the Draft Contract, Section 33.6, Behavioral Health Services Hotline.

Specifically, Behavioral Health Services Hotline staff will:

- Screen and assess danger to self and danger to others using evidence-based assessment tools
- Provide brief, solutions-focused therapy to stabilize the crisis over the phone, when caller safety can be safeguarded
- Warm transfer Enrollees to CMHCs for mobile crisis services
- Alert the Care Coordinator of the crisis to prompt follow-up and coordination with the Enrollee, caregiver, DCBS Social Service Worker, and/or DJJ Worker
- Provide outbound crisis follow-up within 48 hours of the crisis call, to connect the caller to ongoing services and community supports

Trained staff and behavioral health clinicians who can assess and respond to crisis situations 24 hours per day and seven days per week will staff the Behavioral Health Services Hotline. They will assess the acuity and lethality of the situation, provide brief interventions and care coordination to help meet the Enrollee's immediate needs, and dispatch appropriate resources to the Enrollee. Behavioral Health Services Hotline specialists will connect the Enrollee to outpatient and community-based resources to address their immediate needs, including social determinants of health.

d. PROVIDING SERVICES THROUGH A HOLISTIC, PERSON-CENTERED APPROACH, UTILIZING A HIGH FIDELITY WRAPAROUND APPROACH

Our care coordination services cover the entire spectrum, including for Kentucky SKY Enrollees with the highest-risk and most complex conditions, those in need of daily interventions during a health crisis, and those who are stable and low-risk. Our care coordination methods and skilled Provider network promote person-centered self-determination. We continuously improve our approach by implementing best practices, such as the High Fidelity Wraparound approach, and providing holistic care management tailored to each individual's needs.

Our Wraparound with Intensive Services (WISe) program is an example of our work providing person-centered wraparound services. In Washington State, WISe provides comprehensive behavioral health services and supports to Medicaid eligible youth, up to 21 years of age, with intensive behavioral health needs. WISe provides individualized, culturally competent services that strive to keep youth with complex mental health needs safe in their own homes and communities, while reducing unnecessary hospitalizations. The implementation of WISe by the State of Washington has resulted in the following:

- In FY 2018, 4,496 WISe screens were conducted for an unduplicated total of 3,952 youth, representing a 42% growth in youth screened over the prior year
- Recent CANS data from youth who have received WISe shows improvement in the youths' level of functioning, including changes in needs, risk factors, and strengths. After receiving six months of WISe services, we have seen changes in:
  - Youth with actionable treatment needs related to emotional control problems, down from 79% to 59%
  - Youth with mood disturbance problems, down from 69% to 47%
  - Youth with decision-making problems, down from 56% to 42%
  - Youth with educational system strengths, up from 65 percent to 78 percent

WISe offers a higher level of care through these core components:

- **The time and location of services.** WISe is community-based. Services are provided in locations and at times that work best for the youth and family, such as in the family home and on evenings and weekends
- **Team-based approach.** Using a Wraparound approach, WISe relies on the strengths of an entire team to meet the youth and family's needs. Intensive care coordination between all partners and team members is essential in achieving positive outcomes. Each team is individualized and includes the youth, family members, a therapist, a youth partner and/or family partner, and natural supports such as family friends, religious leaders, a coach, or a teacher. The team may also include other school personnel, the Enrollee's treatment Provider, a probation office, and pediatrician. The team creates one Cross-System Care Plan that identifies strategies and supports, using the youth and family's voice and choice to drive their plan
- **Help during a crisis.** Youth and families have access to crisis services any time of the day, 365 days a year. Youth receive services by individuals who know the youth and family's needs and circumstances, as well as their current crisis plan. Whenever necessary, this includes face-to-face interventions at the location where the crisis occurs

The High Fidelity Wraparound approach is similar to WISe. Using a High Fidelity Wraparound approach promoted by the Cabinet for Health and Family Services, Molina will engage SKY youth and families in services and works with all stakeholders engaged in the youth's care, including the PCP, to leverage screening and assessment data to create a service package that addresses the youth's individual needs and

preferences. In addition, Molina care coordination staff will be active participants in CMHC IMPACT teams working with youth with serious emotional disturbance (SED).

Our corporate experience managing person-centered care through methods like WISe and the High Fidelity Wraparound approach has resulted in meaningful improvements in population health outcomes.

e. DEVELOPING RESILIENCY IN KENTUCKY SKY ENROLLEES WHO HAVE BEEN EXPOSED TO TRAUMA AND ACES

Molina understands that out-of-home placement, and the antecedents of the removal from the home, creates disruption in the natural developmental process. According to the Kentucky Department of Public Health's 2017 State Health Improvement Plan, 59% of Kentucky youth experienced some kind of ACE that drives poor adult health outcomes. Molina will provide training, support, and education to assure System of Care Team members—and all staff and network professionals—work together to build resiliency in SKY Enrollees. We will equip staff and Providers to identify and facilitate treatment and recovery from trauma-related issues in the lives of children and their caregivers through a careful screening process during hiring, as well as initial and ongoing training once staff members are hired. In short, Molina will develop a robust trauma-informed care infrastructure.

FOSTER AND ADOPTIVE FAMILY EDUCATION

We understand the crucial role caregivers play in the development and success of SKY Enrollees. We aim to support caregiver families holistically and work to understand and address their specific needs. Molina will create a trauma-informed care educational campaign based on American Academy of Pediatrics best practices targeted to caregiver families. Molina understands foster families complete training on trauma as part of their preparation training; we will build upon and supplement this training. We will disseminate trauma-informed education through webinars, Provider Bulletins, the Welcome Kit, the Enrollee Handbook, and through targeted text message campaigns through our Molina Mobile application. The program will aim to help families understand trauma and its impact, and as a result, will help build resiliency in children. Topics may include:

- Affirmation that a trauma response is a healthy response to an unhealthy threat
- Recognizing feelings of trauma
- Identifying when the caregiver extrapolates their own experience to a situation of toxic stress
- Brain response to trauma

ANTICIPATORY GUIDANCE

Molina will conduct education on trauma-informed care and ACEs and what Providers and families can do to mitigate the effects of trauma. We will train 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. Exhibit G.8-5 provides two examples of anticipatory guidance.

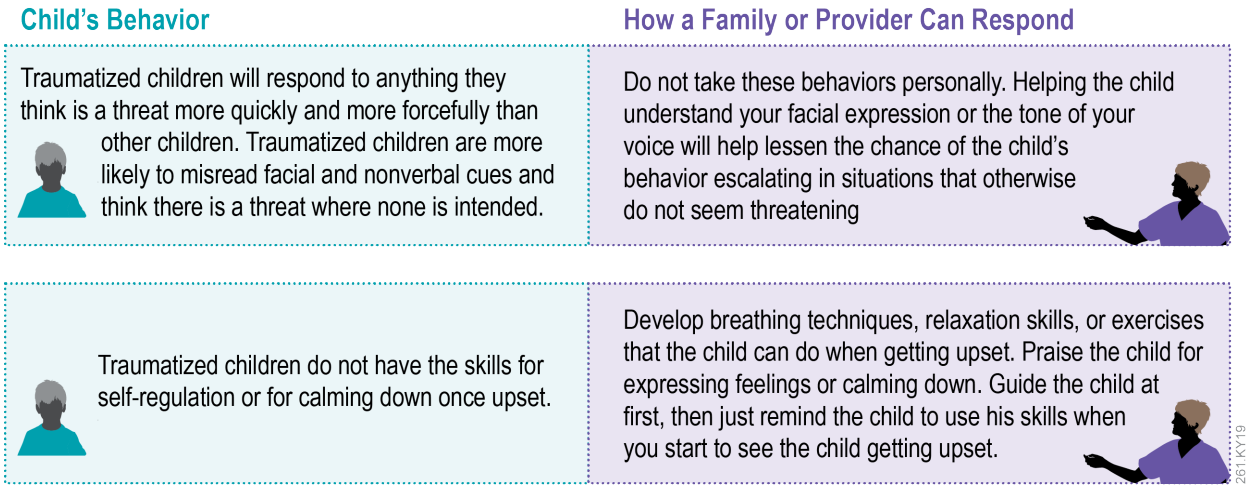

Exhibit G.8-5. Anticipatory Guidance Used to Support Children with ACEs

LINKING YOUTH AND FAMILIES TO TRAUMA-INFORMED PROFESSIONALS

Molina's Care Coordination staff will link children/youth and caregivers to behavioral health professionals who can address the impacts of trauma, such as therapists trained in Trauma-Focused Cognitive Behavioral Therapy, multi-systemic therapy, Applied Behavior Analysis, Parent Child Interaction Therapy, Cognitive Behavioral Intervention for Trauma in Schools or Attachment, Self-Regulation, and Competency.

PROMOTING A TRAUMA-INFORMED SYSTEM OF CARE

Foster children need to be supported via a wraparound approach by Providers and caregivers who are trauma-informed and know how to address ACEs. This systemic strategy bolsters child/youth's resilience and assures that services address trauma first. We will offer Providers access to our *Fostering Success Academy*. This convenient and comprehensive Provider training program provides 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 system-wide trainings as well as customized educational sessions for individual practices and/or Provider groups. 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, creating Provider connections to support evidence-based practices is an excellent tool for facilitating consistency in practices across Providers
- We will participate in a ***Train the Trainer*** workshop on ACEs. This will enable us to offer monthly and on-demand trainings related to ACEs for PCPs and Providers
- During regular interactions with Providers as part of ongoing care coordination, our ***Care Coordinators***, who will be trained in ACEs, ***will educate Providers*** on trauma-informed care strategies for serving 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 the 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 make sure SKY Enrollees who have experienced trauma can actively participate in treatment delivered in a non-threatening manner by Providers that respect their needs and preferences.

f. ADDRESSING NON-MEDICAL FACTORS THAT MAY DRIVE INAPPROPRIATE UTILIZATION OF MEDICAL RESOURCES

Many factors may drive inappropriate utilization of medical resources by youth. These include placement changes, caregiver lack of knowledge of appropriate levels of care or how to care for a child with chronic health needs, and social determinants of health. Our Care Coordinators will assess these factors as part of our Enrollee Needs Assessment and during interactions with Enrollees and caregivers. Each Enrollee's System of Care team will address non-medical factors through interventions outlined in their Care Plan. Teams will leverage non-Medicaid services available through the Commonwealth as well as community-based organizations that are trained and supported by Molina to meet Enrollee's needs.

IDENTIFYING AND LEVERAGING NON-MEDICAID RESOURCES

Children and youth in Foster Care may need services not covered by Medicaid but are available from other resources. These may include resources supported by federal funding streams such as Title IV, Title V, and the Individuals with Disabilities Education Act. Molina Care Coordinators will use available resources to meet SKY Enrollee service needs. We will coordinate with external agencies and organizations throughout Kentucky. These individuals will offer expert input into Enrollee Care Plans and will educate Care Coordinators on an ongoing basis about non-traditional and non-covered services and resources available through other funding avenues.

Addressing Placement Changes with Non-Medicaid Resources

Often, children/youth with multiple placements are recommended for facility-based care; the new caregiver family often does not have the child's medical and service history, so they may take the child to an ED because they do not know how to manage chronic behavioral or medical conditions. Molina will leverage non-Medicaid resources such as the Medically Complex Training Program at the University of Kentucky College of Social Work, the Office for Children with Special Healthcare Needs Specialty Clinics, Family to Family Health Information Centers, and the Kidz Club's "Skills Days" that all provide trainings and programs to help caregivers learn how to manage the child's chronic conditions.

Resources and Programs Addressing Social Determinants of Health

We focus on social determinants to remove barriers to care and engage a child's family and support system to create health-literate advocates to lower inappropriate utilization of services. Nationally, our Care Coordinators lead System of Care Teams and are specially trained in collaborating with Providers, specialists, and community partners to provide a well-rounded Care Plan that treats the physical and behavioral health aspects of a youth's life and accounts for disparities and social determinants that create additional challenges. Our Care Coordinators will work with the System of Care Teams to connect Enrollees with:

- Education
- Advocacy
- Referrals
- Getting medical equipment
- Obtaining financial and resource assistance from community-based programs
- Housing
- Food
- Employment
- Clothing
- Transportation
- Scheduling appointments
- Medication referral

The following examples are the types of initiatives addressing social determinants of health we have in place nationally that will inspire our work in Kentucky:

- In ***Mississippi***, our affiliate conducts social determinant assessments to identify and address issues that most affect individuals, and they have proposed regional solutions and partnerships that address issues prevalent in the State
- In ***Ohio***, through the Community Development for All People (CD4AP) partnership, Molina Community Health Workers answer questions and assist with resource needs such as housing, food, clothing, and transportation. They also help with scheduling doctor's appointments, arranging transportation, and managing medication
- Molina Healthcare of Ohio is partnered with the Furniture Bank of ***Central Ohio*** to provide free furniture to individuals and families in need due to poverty or other severe life challenges. While services are provided free of charge to Molina Enrollees, Molina pays the Furniture Bank a fee to cover the direct costs the Bank incurs by serving its referred Enrollees. The Furniture Bank prioritizes families with new babies and individuals recently released from incarceration
- The Food Share program in the Midlands area of ***South Carolina*** distributes fresh fruits and vegetables to low-income families at a reduced price. Along with this, Food Share offers healthy recipes and cooking classes. Molina provides financial support for a staff member at Food Share
- Molina's affiliate in ***California*** runs the Molina Closet program. This program identifies a strategic partner requiring basic necessities such as diapers/baby items, canned food, toiletries, etc., and creates a Molina Closet stocked with items for that partner's clientele

ASSISTING COMMUNITY-BASED RESOURCES IN SERVING ENROLLEES

Molina understands the significant value community-based organizations bring to the children's system of care. Many of these organizations have been serving and caring for these children long before managed care implementation in Kentucky. Molina aims to leverage their expertise, experience, and comprehensive service array to provide services to foster youth and their foster or adoptive families. To support community-based organizations, we will offer system-wide support, training, and community reinvestments.

System-Wide Support

Molina will hire four Kentucky-based System of Care Liaisons and a SKY Training Manager to support community-based organizations and our Provider network in serving Enrollees. These staff will work with system partners and Providers to develop and deliver training on evidence-based topics such as ACEs, trauma-informed care, Neonatal Abstinence Syndrome, Six Seconds Emotional Intelligence, and others. The System of Care Liaisons will be specifically tasked with working with organizations serving SKY Enrollees, such as DCBS, DJJ, courts, and schools. Through our System of Care Collaboration Workgroup, they will develop solutions to streamline information sharing, care coordination, and discharge/placement change practices.

We will connect community-based organizations to Kentucky's Project ECHO (Extension for Community Healthcare Outcomes). Project ECHO extends specialty care knowledge into the primary care setting so that PCPs can give their Enrollees improved care in their own communities, without the need

for a specialist referral. During tele-ECHO clinics, an interdisciplinary team of experts will videoconference with primary care providers (PCPs) who are interested in learning more about a specific disease state or condition. Subject matter experts present brief didactic presentations and PCPs present patient cases to the specialist team and to each other, discuss new developments relating to their patients, and determine treatment. Through this case-based learning model, participants acquire new skills and knowledge that enable them to better support Enrollees, improving health outcomes within the community.

Training

Through our *Fostering Success Academy*, Molina will offer targeted training to community-based organizations serving a high number of SKY Enrollees. Training will include topics such as the Foster Care system, trauma-informed care, the impact of social determinants of health, and how to access Molina services such as care coordination. This training, offered through our SKY Training Manager, town halls, webinars offered on our website, and educational mailings, will bolster community-based organizations' ability to effectively serve the SKY population. In addition, Molina will identify Trauma Informed Care Champions, who will be respected community Providers tasked with promoting trauma-informed care through peer-to-peer efforts in their service region. We will participate in a Train the Trainer workshop related to ACEs. This will enable us to offer periodic training related to ACEs for PCPs and Providers.

Community Reinvestment and Partnerships

Molina will partner with community-based organizations on local events, going beyond just financial support. For example, our affiliate plan in Florida offers the Molina HOPE program, a corporate giving program that provides micro-grants directly to community partners. As another example, Exhibit G.8-6 shows an Instagram post highlighting a community reinvestment partnership our Michigan affiliate has with an organization that serves adolescents.

Exhibit G.8-6. Social Media to Promote Innovative Community Partnerships

We will implement similar programs in Kentucky and will go one step further to partner with organizations like Home of the Innocents to offer increased access to specialty services. Molina is donating funds to Home of the Innocents, a Louisville-based organization that supports at-risk youth, children in foster care, terminally ill children, parenting teens, and other juveniles facing various challenges. The grant will specifically support a program that provides multi-systemic therapy for victims of child abuse and neglect. The Molina partnership with Home of the Innocents will initially support the multi-systemic therapy clinical team. A typical team consists of three full-time therapists with a caseload of three-to-four families each, one full-time supervisor, one full-time family Care Coordinator, and one part-time psychiatrist or psychiatric nurse practitioner.

EXAMPLES OF COMMUNITY ORGANIZATIONS TO SUPPORT KENTUCKY SKY ENROLLEE NEEDS AND GOALS

Molina supports local community-based organizations to address the health-related needs and social determinants of health needs of our Enrollees and families. Our 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. We describe examples of community organizations we anticipate assisting SKY Enrollees in Table G.8-2 below.

Table G.8-2. Community Organizations by Region to Service SKY Youth Enrollees

Organization	Services Provided	Region Served
Audubon Area Community Services	Audubon locations will be used to expand health services within their regional footprint. Molina's support will fund costs to operate the pop-up clinic, including supplies. Audubon will target back-to-school and other events. The program will include behavioral health screening and referrals at pop-up clinics.	Two Rivers: Owensboro and Bowling Green
Advocacy Action Network	Promotes mental health and disability rights through coalitions. Molina will collaborate with the Network to increase access to behavioral health medication, foster greater collaboration with state and local organizations and through event sponsorships, pop-up clinics, and promotion of trauma and behavioral health screenings.	Statewide
Boys and Girls Clubs	An out-of-school time Provider, offering a safe haven for youth ages 6 to 18, in a safe, positive environment. Molina will partner with the Boys and Girls Club to offer nutrition education and cooking classes, pop-up clinics, health screenings, sports physicals, and health fairs.	Jefferson: Louisville, Newburg Two Rivers: Bowling Green
CMHCs	CMHCs are vital to our Provider network. Molina understands how valuable these organizations are to SKY Enrollees. As such we will seek to contract with all CMHCs in the Commonwealth upon contract award: Four Rivers Behavioral Health, River Valley Behavioral Health, LifeSkills, Inc., Communicare, Inc., CenterStone, NorthKey Community Care, Comprehend, Inc., Pathways, Inc., Mountain Comprehensive Care, Cumberland River Behavioral Health, Kentucky River Community Care, The Adanta Group, and Bluegrass.	Statewide
Dare to Care Food Bank	Partners with nearly 300 local social service agencies, such as food pantries, shelters, and emergency kitchens to distribute food to the local community. Molina will partner with the Food Bank to support its initiatives including Kids Café, Backpack Buddy, Prescriptive Pantry, and Cooking Matters; nutrition education ("Foods to Encourage" program); and pop-up clinics.	Jefferson: Louisville

Organization	Services Provided	Region Served
Family Scholar House	Serves disadvantaged residential and nonresidential single moms and dads and their children with a comprehensive, holistic continuum of care that meets them where they are and empowers them toward their educational, career, and family goals. Molina will collaborate with the Family Scholar House through event sponsorships, pop-up clinics, and promotion of trauma and behavioral health screenings, education classes, and targeted Louisville neighborhood-level initiatives.	Jefferson: Louisville
Foundation for Healthy Kentucky	Addresses the unmet health needs of Kentuckians by developing and influencing health policy, improving access to care, reducing health risks and disparities, and promoting health equity. Molina will collaborate with the Foundation to offer a focused initiative related to community engagement, increasing care access, strengthening local public health, improving children's health, increasing proportion of residents in smoke-free jurisdictions, or Kentucky BusinessConnect (in support of Kentucky HEALTH).	Statewide
God's Pantry Food Bank	Pop-up clinics at distribution sites during high-demand periods when visitation is the highest as well as back-to-school events. Health clinics will screen for food insecure individuals and families and provide food assistance boxes.	Southern Bluegrass: Lexington, Winchester Eastern Mountain: Prestonsburg Northeastern: Moorehead Cumberland: London
Home of the Innocents	Provides the community with a range of important residential, treatment, and community-based programs, including a safe haven for at-risk children; pediatric medical care; shelter and education for pregnant and parenting teens; crisis and intervention services; clinical treatment services; and therapeutic loving foster and adoption services. Molina will partner with Home of the Innocents on their therapeutic program, event sponsorships, pop-up clinics, screenings, and health education classes.	Jefferson: Louisville
Kentucky Children's Alliance	Promotes and advocates for improved care and treatment of Kentucky's children and families. Brings together agencies providing services to children and families. Facilitates communication and understanding between Providers and state authorities. Molina will collaborate with the Alliance through event sponsorships, pop-up clinics; and promotion of trauma and behavioral health screenings.	Statewide
Kentucky Equal Justice Center	Promotes equal justice for all residents of the Commonwealth by serving as an advocate for low income and other vulnerable members of society. Molina will partner with the Equal Justice Center to offer pop-up clinics, health fairs, and community/Enrollee outreach/education events.	Statewide
Kentucky's Heartland	Molina provides a nutritionist to work with the food bank to design and develop diabetic meal boxes containing a variety of healthy foods commonly available through the pantries.	Jefferson: Elizabethtown
Kentucky Medical Association	Works on behalf of physicians and the patients they serve to facilitate the delivery of quality, affordable healthcare. Molina will collaborate with the Association on an opioid-focused initiative to expand medication assisted treatment, reduce improper ED utilization, and medication over-prescribing.	Statewide

Organization	Services Provided	Region Served
Kentucky Voices for Health	Leads a coalition of concerned Kentuckians to afford every individual and community a voice in the local, state, and national decisions that affect their health. Molina will partner with the Voices for Health to offer pop-up clinics, health fairs, and community/Enrollee outreach/education events.	Statewide
Kidz Club	A Prescribed Pediatric Extended Care program. A day treatment program that provides quality skilled nursing care, education, and custodial needs for children 6 weeks to 20 years of age. A nurse-staffed medical daycare for children with special needs who cannot attend a typical daycare. Molina will collaborate with Kidz Club through pop-up clinics and promotion of trauma and behavioral health screenings.	Jefferson: Louisville, Two Rivers: Bowling Green Southern Bluegrass: Lexington Northern Bluegrass: Erlanger
Life Learning Center	Provides a holistic continuum of education and care focuses on the five domains of life: physical, emotional, financial, spiritual, and relationships. Molina will collaborate with the Center through pop-up clinics and promotion of trauma and behavioral health screenings.	Northern Bluegrass: Covington
Louisville Urban League	Community health workers engage in outreach campaign to identify and address barriers to employment.	Jefferson: Louisville
New Directions Housing Corp.	Provides nonprofit community development strategies in much-needed housing development. Today over 1,000 families live in the nonprofit's rental housing. Molina will partner with New Directions to implement pop-up clinics, and health and job fairs.	Jefferson: Jefferson County
Red Bird Clinic	Red Bird Clinic offers dental and community health services. Molina will partner with the Red Bird Clinic on health fairs, MDS dental services, and screenings.	Cumberland: Beverly
Save the Children	Provides support to the most isolated and underserved children in rural America. From their earliest days in Appalachia—helping children and families hardest-hit by the Great Depression—to today, their team goes where others do not. Molina will partner with Save the Children on education (Early Steps to School Success) and nutrition (HealthyChoices) programs as well as cross-referral opportunities.	Jefferson: Jefferson, Two Rivers: McCreary Southern Bluegrass: Jackson Region 8: Eastern Mountain: Kott, Owsley, and Perry counties Cumberland: Clay and Whitley counties
The Arc of Kentucky	The Arc of Kentucky advocates for the rights of citizens with intellectual and developmental disabilities to participate in and be included in all phases of community life. Molina will collaborate with the ARC through event sponsorships, pop-up clinics, and promotion of trauma and behavioral health screenings.	Statewide
United Way of Kentucky	Since 1984, United Way of Kentucky has been serving local communities by assisting local United Ways to build healthier, safer, and more caring communities across the Commonwealth. They are a 501(c)(3) health and human service organization governed by a statewide volunteer board of directors. Molina will collaborate with the United Way through event sponsorships and outreach strategies.	Serves 55 counties in all regions

Organization	Services Provided	Region Served
Volunteers of America	Volunteers of America services address family homelessness, addiction, developmental disabilities, HIV infection, and other issues facing individuals and communities. Molina will work with Volunteers of America to offer pop-up clinics, outreach and education, and cross-referral opportunities.	Jefferson: Louisville. Radcliff/Elizabethtown Northern Bluegrass: Boone/Campbell/Keaton counties Northeastern: Ashland
YMCA of Central Kentucky	The YMCA is a 501(c)(3) nonprofit organization and one of the nation's leading nonprofits for strengthening community through youth development, healthy living, and social responsibility. Molina offer Enrollees a free or reduced rate Y membership as a value-added service. We will collaborate with the Y to offer disease management education programs (diabetes prevention, MS, wellness coaching, LIVESTRONG cancer program), event sponsorship, pop-up clinics, screenings, and health education classes.	Southern Bluegrass: Lexington Salt River Trail: Frankfort Northern Bluegrass: Georgetown Southern Bluegrass: Nicholasville

Molina's trauma-informed framework determines the exposure to, and impact of, trauma on SKY Enrollees through screening, assessment, and linkage to services. We will 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 System of Care Team, and our care management staff in acquiring greater awareness and knowledge of trauma. We support all those who serve Enrollees to understand trauma's impact on children and hone the necessary skills to effectively support Enrollees' recovery from trauma.

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