

G.11. Utilization Management

- a. Describe how the Vendor will collaborate with Network Providers, the Department, DCBS, and DJJ to provide coordinated care for those Kentucky SKY Enrollees accessing psychotropic medications.
- b. Describe how the Vendor will collaborate with the Department, DCBS, DJJ, hospitals, psychiatric residential treatment facilities (PRTFs), residential providers, physical and Behavioral Health Providers and others on Discharge Planning needs of Kentucky SKY Enrollees across all levels of care.

Introduction

For twenty-two (22) years, Passport has worked to ensure members receive the appropriate level of care by coordinating health care benefits and ensuring that services are rendered in a timely manner, provided in appropriate settings, and planned, individualized and evaluated for quality and effectiveness. We have implemented a comprehensive NCQA-accredited Utilization Management (UM) program focused on identifying and reducing inappropriate utilization of services while ensuring timely access to appropriate care. Our UM program provides complete prior authorization, concurrent review and retrospective review support as part of overall medical management administration. However, more importantly, our UM program is designed to be one of the initial provider engagement touchpoints. It achieves this goal by targeting services that present inappropriate use, cost or quality concern and emphasizing referral to appropriate care programs.

Our UM philosophy is centered on partnering and collaborating with providers to ensure that members receive appropriate high quality, whole-person care. This collaboration is especially important when supporting Kentucky SKY members who are accessing psychotropic medications because of the challenges surrounding appropriate prescribing of these medications for children and youth. For children and youth in the Kentucky SKY program, this collaboration extends to the Department for Medicaid Services (DMS), the Department for Community Based Services (DCBS) and the Department of Juvenile Justice (DJJ) to ensure fully coordinated care for these members.

Appropriate coordination of care through UM is also crucial at times of transition of care across all levels of care. Discharge planning, especially in transitioning children and youth to lower levels of care, has been a challenge in Kentucky for many years. To ensure Kentucky SKY members have timely transitions to the most appropriate level of care, Passport will implement the High Fidelity Wraparound model to collaborate with DMS, DCBS, DJJ, hospitals, psychiatric residential treatment facilities (PRTFs), residential providers, physical and behavioral health (BH) providers and others.

G.11.a. Describe how the Vendor will collaborate with Network Providers, the Department, DCBS, and DJJ to provide coordinated care for those Kentucky SKY Enrollees accessing psychotropic medications.

Providing Coordinated Care for Kentucky SKY Members Accessing Psychotropic Medications

Passport has been at the forefront of recognizing and working to resolve the challenges of appropriate prescribing of psychotropic medication for children and youth. We provided funding to the University of Louisville School of Medicine, Department of Pediatrics, to study the use of psychotropic medications in young children with Medicaid. Many children in foster care have complex health needs, including a need for psychotropic medications. The use of this medication often continues post-adoption and after members age out of care. To support members in foster care, Passport will continue to collaborate with providers, DMS, DCBS and DJJ to provide coordinated care for Kentucky SKY members who use psychotropic medications.

Passport Experience Helping Manage Pediatric Psychotropic Drug Use

Kentucky has one of the highest rates of psychotropic medications prescribed to children in the United States. A study by the University of Louisville, funded in part by a grant from Passport, found that psychotropic medications are being prescribed to young children (under the age of six [6] years) in the Commonwealth at doses above those that were approved for use in adults, often in combination with other medications¹. In Kentucky, the rate of use of psychotropic medications in foster children is nearly six (6) times that of children in the Temporary Assistance for Needy Families program receiving Medicaid benefits. Between 2014 and 2016, Passport engaged in a Performance Improvement Project (PIP) to improve prescribing patterns and the management of children and adolescents on antipsychotic medications through a cohesive and coordinated approach.

As part of this PIP, Passport adopted clinical practice guidelines (CPGs) related to the prescribing and monitoring of children and adolescents on antipsychotic medications to reduce variations in treatment and to promote adherence with the appropriate forms of treatment for psychiatric disorders based on those guidelines. We utilized CPGs developed by national clinical professional organizations and worked to educate our providers to increase the use of psychosocial treatment options as a first line of treatment in addition to or instead of polypharmacy as the sole treatment option. We also stressed the importance of metabolic screening (i.e., tests of blood glucose, lipids and BMI/weight), monitoring, appropriate clinical follow-up and compliance with CPGs.

¹ Lohr WD, Brothers KB, Davis DW, Rich CA, Ryan L, Smith M, et al. Providers' behaviors and beliefs on prescribing antipsychotic medication to children: a qualitative study. *Community Mental Health Journal*. 2017; 54(1), 17–26.

In addition, Passport provided education and outreach to increase provider, member and caregiver awareness regarding the appropriate prescribing and management of antipsychotics, specifically the potential side effects associated with antipsychotic medications and the appropriate prescribing and management of children and adolescents on such medications. We also ensured members had access to and knowledge of their BH conditions and the importance of antipsychotic medication monitoring. The results of this PIP are shown below.

Passport Performance Improvement Project Delivers Results

Passport achieved sustainable changes to processes related to the treatment and care of members on antipsychotic medications. The interventions resulted in favorable changes in the baseline rates for:

- Metabolic monitoring for children and adolescents on antipsychotics (APM), with a 10.8% improvement from baseline
- Use of multiple concurrent antipsychotics in children and adolescents (APC), with a 49.6% improvement from baseline
- Follow-up visit for children and adolescents on antipsychotics, with a 1.1% improvement from baseline
- Use of higher-than-recommended doses of antipsychotics in children and adolescents, with a 31.3% improvement from baseline

Passport Helps Members Manage Psychotropic Medication Use

Passport has a drug policy specific to antipsychotic use in children under six (6) years of age that was developed to ensure safe and appropriate use in this vulnerable age group. In addition, the chair of our Pharmacy and Therapeutics (P&T) Committee is a psychiatrist for the largest community mental health center in the Commonwealth. Passport often solicits his input on pediatric issues because of his expertise and experience in this area. Passport also utilizes the expertise of another psychiatrist and two (2) advanced practice psychiatric registered nurses who serve on our BH Advisory Committee; these professionals often provide recommendations regarding psychotropic medications as well.

Medication reviews are a critical component of the care planning process. Passport has discovered that a lack of communication regarding medication therapy to members, caregivers and transition health care facilities links to poor member outcome and creates potential medication errors. These errors are also linked to members' lack of understanding about their pharmacy treatment regimen. Our Care Advisors perform an initial medication review with the member and during each subsequent session with the member or caregiver. The member's comprehensive medication list is available in Identifi – Passport's fully integrated administrative and clinical Management Information System platform – for the care team's

review. The care team can then speak to the prescriber about any concerns related to the member’s pharmacy regimen. Care Advisors also educate caregivers about the importance of ongoing monitoring (metabolic monitoring, weight, BMI, etc.) by a provider when members are taking certain psychotropic medications. Care team members can refer to a Passport clinical pharmacist if further intervention is needed with or on behalf of the member.

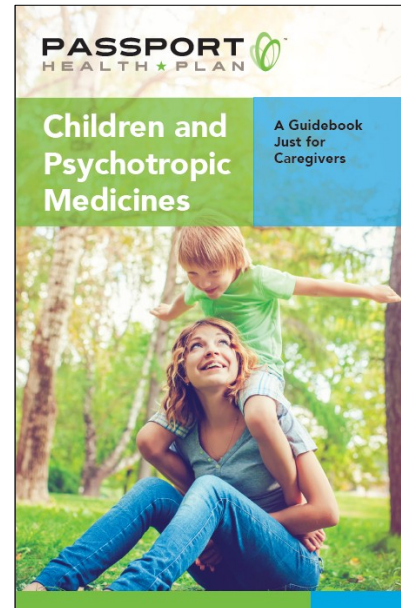
Passport has created educational brochures focused on pediatric BH that include important information about the management of psychotropic drugs, as exemplified in **Exhibit G.11-1**. These brochures cover topics including warning signs of BH issues, what psychotropic medications are and how they can help, how parents and caregivers can help the child, what side effects to look for, and what questions to ask a provider in the event of concern. The brochures also include information on how to reach Passport for additional assistance.

RxSolve Psychotropic Drug Intervention Program

Passport is upgrading its current Psychotropic Drug Intervention program (PDIP) to an enhanced RxSolve solution. RxSolve is a comprehensive and integrated quality management program focused on identifying claims-based, medication-related problems, including medication safety issues, through the use of informatics, analytics and clinical review. The original program focused on adherence, polypharmacy and suboptimal dosing. The enhanced program deploys new algorithms to deliver more comprehensive medication management analysis and more refined insights to providers that will promote better results for patients and members. New focus areas for the enhanced program include excessive dosing, substance use disorder (SUD) management and opioid management. The program engages both prescribers and members, utilizing innovative technologies to achieve an understanding and resolution of medication-related issues. The program was developed to improve medication adherence among members and to support best practices prescribing among providers.

The program’s interventions alert both primary care providers (PCPs) and specialists to medication-related issues that help to promote the integration of care for members. Pharmacy claims are reviewed and providers receive a report on medication-related issues. The issues identified by RxSolve algorithms focus on adherence, polypharmacy, appropriateness of dosing, including suboptimal and excessive dosing, SUD management, opioid use disorder and gaps in care. The algorithms have been refined to address concerns specific to each age group – adults, children and the elderly. In addition to the sophisticated analytics, the program’s clinical team reviews findings to eliminate false positives and identify opportunities for referral to care management and focused review by our medical director. The experienced clinical team consists of Board-certified psychiatrists, pharmacists and nurses with experience in psychiatric settings and substance use medicine. A summary report showing all members for which the provider has written prescriptions that

**Exhibit G.11-1: A Guidebook
Just for Caregivers**



fall within any of the four (4) intervention areas explained below is shared with providers so they can be aware of prescribing trends and can contact the individual members identified in the report.

Enhanced reporting allows age group segmentation if there is a specific question. In the past, our Board of Directors had been curious about the splitting of data between adults and children in understanding utilization patterns, especially with psychotropic medications. This newer reporting will allow us to split the data in this way and drill down to better understand the subtle differences between groups within our membership. This will be useful to our Board as they evaluate trends from a strategic perspective and validate them through their experience as providers for our members.

RxSolve Interventions

- **Polypharmacy.** Communication across all medical and psychiatric practitioners involved in the care of a member promotes collaboration for continuity of safe, comprehensive, efficient and effective care. It also reduces the risk of redundant, competing or conflicting treatment, which is the result of uncoordinated treatment. While rational polypharmacy is recognized and widely practiced in psychiatry, a single prescriber of psychotropic medications, collaborating with prescribers of any and all other medications, is vital to safe, effective practice. To address potentially inappropriate duplicate therapy, we identify members with polypharmacy occurrences within the same drug class as well as multiple drug classes involving multiple prescribers. This approach helps bridge the gap sometimes caused by the fragmentation that can exist between BH and physical health providers.
- **Potential cases of SUD and opioid monitoring.** SUD monitoring is directed primarily toward young adults in the Kentucky SKY program but will run in the background against all Kentucky SKY members. Clinical algorithms monitor and address suspected SUD by monitoring prescription fill patterns of high-risk medications such as opioids and benzodiazepines through a monthly pharmacy and medical claims data analysis. Members are identified through the following algorithms:
 - Member who is taking buprenorphine and another opioid with different prescribers
 - Member who is taking buprenorphine and benzodiazepines with different prescribers
 - Member on a high dose of opioids without diagnosis of malignant cancer or other supporting diagnosis
 - Member who is taking opioids for more than thirty (30) days with a diagnosis suggesting opioid, alcohol or other substance use
 - Member who is taking opioids prescribed by multiple providers
- **Overuse/underuse.** Overuse and underuse of medications is addressed by employing excessive dosing and suboptimal dosing algorithms. For the dosing efficacy clinical rules, we notify the prescriber of the target medication that it is higher than the maximum recommended daily dose or lower than the therapeutic dose. While a number of factors must be considered for appropriate dosing, these algorithms remind prescribers to review the member's medication profile and to adjust the dosage as clinically appropriate so that drug overdose related to excessive dosing or a relapse and unresolved symptoms due to a low dose are prevented.

- **Non-adherence.** Our non-adherence algorithm addresses the underuse of antipsychotics, antidepressants and mood stabilizers by assessing fill and refill patterns. Prescribers of the relevant medications are alerted to the potential concern and can then address the issue with members who are reminded of the importance of continuing to take their medications.

Provider Collaboration

Passport’s approach to care management and its role in provider engagement is a key component of appropriate use of psychotropic medications. As a provider-driven health plan, Passport is uniquely differentiated from other national plans and intimately understands the challenges that providers face, which in turn impact providers’ ability to care for members. Our team contacts the PCPs who manage BH treatment for members to make them aware of the additional BH benefits available to enhance care. They are offered use of the Passport Psychiatric Decision Support Line (PDSL), with Passport offering consultation to PCPs with a team of psychiatrists for questions regarding BH interventions, including those related to medications.



PDSL services were put in place based on concerns raised by the child and adolescent subcommittee of our PCP Workgroup, which had concerns over the number of children who needed follow-up and psychotropic medication refills. Many pediatricians did not feel comfortable with the medications and/or dosages their patients were being prescribed. Investigation as to why this was happening noted limited psychiatric access, especially outside Jefferson County. Because of this, Passport initiated the PDSL for PCPs to utilize. Access to psychiatric care in limited access areas was developed, and our BH program offered training to providers on these medications. A positive side-effect of this response to an immediate need was the development of stronger integration between BH services and primary care, which is a cornerstone of Passport’s whole-person approach to care.

Passport’s clinical team also contacts current treating providers to review treatment plans. Our BH Care Coordinators assess existing plans for the efficacy of services and offer suggestions for plan enhancements, if applicable. Passport has implemented safety edits, dose information and quantity limitations for BH drugs based on age, and any prescriptions outside these edits will reject at the point of sale for clinical evaluation through the prior authorization process. We closely monitor the utilization of medications and communicate any potential polypharmacy, adherence or dosing concerns to providers and members. When services are appropriate, our team documents the current plans in our BH care management system as a reference for ongoing management.

Passport also staffs outreach pharmacists who educate providers about pharmacy changes, quality measures, etc. These individuals are available to meet with community pharmacists and providers to address any Kentucky SKY-specific concerns or plan information.

We also support providers treating Kentucky SKY members with integrated rounds, which take an interdisciplinary approach to bring clinicians and physicians together to review the clinical status, medical necessity, psychosocial influences and barriers that impact timely transitions to appropriate levels of care for select members in various inpatient settings. Components of integrated rounds include collaboration among clinicians, robust engagement from all participants, reciprocal sharing of knowledge and problem-solving related to member movement across the health care continuum.

In our integrated rounds process, our medical director and psychiatrist conduct case reviews for those cases that meet certain criteria. We look for medication concerns, comorbid and complex conditions, support, placement issues and access to services to address social determinants of health across all types of case review. UM nurses refer cases to our medical director based on an individual case review and from daily inpatient census reports.

If quality issues or concerns are identified by the medical director, he/she reaches out to the utilization and quality management teams for immediate discussion, and UM nurses track these cases. Through this process, UM nurses and the medical director are able to identify members who require referrals to higher intensity levels of care management, identify provider trends, identify barriers to care and identify claims with high dollar amounts. In addition, regular reviews of service utilization, including psychotropic medications, continue the momentum generated through our PIP.

Collaboration with Governmental Agencies

Today, Passport coordinates with governmental agencies, including DCBS and DJJ, to inform them when members are prescribed multiple psychotropic medications or any antipsychotic. Passport's Specialty Populations team also educates foster parents about CPGs (metabolic monitoring, importance of psychosocial interventions, etc.). For Kentucky SKY members, Passport will continue this collaboration with DMS, DCBS, DJJ and the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) to support coordination of care, including the use of psychotropic medications. Additionally, for cases of polypharmacy involving certain medications, a Passport clinical pharmacist is available to review the member's medication regimen and, if needed, consult with prescribing physicians on recommended

Helping PCPs Understand Psychotropic Medications

Passport has made available training modules prepared by a child and adolescent psychiatrist at Bingham Child Guidance Center to aid primary care providers (PCPs) in better understanding behavioral health conditions. These modules were created as part of a grant by Passport to improve the prescribing of psychotropic medication to Kentucky children and adolescents.

adjustments. As required in RFP Appendix C, the Draft Contract, Passport will collaborate with DMS, DCBS and DJJ to develop and implement performance measures on the appropriate utilization of psychotropic medications, including the evaluation of prescribing patterns related to diagnosis, member age, polypharmacy, dosage, and psychosocial therapy and interventions.

Collaboration with DJJ is especially important. As incarcerated children transition in and out of the justice system, it is important that they have continuity in their access to medication. Passport will work with DJJ to ensure that medication reconciliation and adherence reviews occur as children transfer between programs to ensure continuity of care. Passport plans to engage DJJ on a regular basis, likely at least monthly initially, to address barriers to transition and specific needs of children who might require specialized support during the transition back to the community. In addition, Passport would like to include information from the DJJ/Administrative Office of the Courts (AOC) criminogenic needs risk assessment into treatment plans. This risk assessment tool reviews factors that increase the likelihood of recidivism, including static facts like the history of antisocial behavior. However, dynamic factors such as school/work, family relationships, SUD and how individuals spend their leisure or recreational time are also critical to preventing them from returning to incarceration. We believe it is important to consider this aspect of the lives of children who have been incarcerated and will collaborate to generate care plans that support the DJJ/AOC plan to address criminogenic needs and reduce the risk of recidivism.

G.11.b. Describe how the Vendor will collaborate with the Department, DCBS, DJJ, hospitals, psychiatric residential treatment facilities (PRTFs), residential providers, physical and Behavioral Health Providers and others on Discharge Planning needs of Kentucky SKY Enrollees across all levels of care.

Collaborating on Discharge Planning Across All Levels of Care

Passport recognizes that discharge planning, especially in transitioning children and youth to lower levels of care, has been a challenge in Kentucky for many years. Passport will collaborate with DMS, DCBS, DJJ, hospitals, PRTFs, residential providers, physical and BH providers and others, leveraging the use of our High Fidelity Wraparound model to ensure that members have timely transitions to the most appropriate level of care.

Passport Experience Providing Coordinated Care to Foster Care Children

Passport currently has a specific foster care program that serves many future Kentucky SKY members. Our team members have developed relationships with a wide range of stakeholders to assist in discharge planning. We will continue to grow these to serve Kentucky SKY enrollment in the future.



Passport will co-locate Care Coordinators in all DCBS service regions and all DJJ community districts to foster collaborative relationships with key state stakeholders and community partners. These Care Coordinators will serve as liaisons between Passport and DCBS/DJJ, private foster care agency staff, foster parents and

other social services entities. As part of their role, Care Coordinators will communicate continuously with all key stakeholders involved with the member's care to review and update care plans. With permission from the legal guardian, they will also communicate with the current foster parent or caregiver to discuss the member's medical needs and provide ongoing support. As we move forward with Kentucky SKY, we plan to assign Care Coordinators regionally to support collaborative relationships with DCBS, DJJ, child-serving agencies and other resources within the community.

For over two decades, Passport has served as the leading innovator with the Commonwealth to pilot new programs, approaches, populations and payment models. As described elsewhere in this Kentucky SKY proposal, in 2015, Passport partnered with DMS, DCBS and DBHDID to implement a pilot program for High Fidelity Wraparound services. High Fidelity Wraparound has strong evidence of helping reduce disruptions in placement and improve the overall functioning of children and adolescents. Based on our experience with this pilot, we believe that the use of Care Coordinators trained and certified in this model (regardless of the level of care coordination) will greatly increase successful transitions for Kentucky SKY youth. Our experience in implementing an intensive care management pilot based on High Fidelity Wraparound resulted in a one hundred fifty percent (150%) increase in youth placed with natural or adoptive families six (6) months post-intervention and a decrease overall in the use of psychiatric hospitals, PRTFs and other facility-based placements.

Providing Coordinated Discharge Planning and Decertification for Kentucky SKY Members

Passport's Transition Care program is a formalized discharge plan program that includes a comprehensive evaluation of the Kentucky SKY member's health needs and identification of the services and supplies required to facilitate appropriate care following discharge from an institutional clinical setting or when transitioning between treatment settings. This includes any unique criminogenic needs identified during the DJJ/AOC risk of recidivism assessment. Our Care Coordinators and Care Advisors collaborate with DCBS and DJJ workers, hospital discharge planners and social workers, PRTFs and other residential providers to identify special treatment needs and support medication reconciliation and adherence during transition.

In consultation with Commonwealth agency workers, the care team develops a member-centric transition of care plan and coordinates the appropriate level of care to help our members remain in their home environment and have a lower risk for hospital or emergency department (ED) readmissions.

Objectives of the program are to decrease avoidable readmissions, decrease post-discharge ED utilization and increase post-discharge follow-up appointments in the outpatient setting, as well as support medication reconciliation and adherence by creating a streamlined transition process and productive environment at home. One of the most important objectives is to ensure that members and their families fully understand their discharge instructions.

The clinical processes in our Transition Care program are a synthesis of the Coleman Transition Model and the Project RED Model requirements and follow-up protocols² to ensure that members have a post-discharge follow-up visit with their physician or other provider, a medication reconciliation occurs, the member has a discharge plan and the member or family/guardians can teach back the symptom response plan.

Passport understands that transition care coordination should involve multiple stakeholders in the member's care, account for the member's placement and extend beyond the days following the discharge. When a member is discharged, our Care Advisors work collaboratively with utilization review clinicians and acute care facilities to ensure appropriate discharge plans are developed and shared with members, family/guardians and caregivers, if applicable.

The Transition Care program initiates prior to a member's discharge from the facility. Our Care Advisors work closely with the hospital discharge planning team to effectively coordinate and implement the discharge plan. Collectively, they provide proper continuity of care as members transition and achieve stabilized health.

After receiving the discharge notification, our Care Advisors contact the member, or if applicable, DCBS or DJJ workers, families and caregivers, within twenty-four (24) to forty-eight (48) hours to begin the process and schedule a telephonic meeting or home visit. Every effort is made to make members and their caregivers feel respected, comfortable and at ease. Our team first takes the time to carefully listen and answer member or family/guardian questions. We then perform an assessment to identify any special needs the member may have, determine any health risks, reconcile medications for adherence and ensure that proper support resources are available. The assessment information is essential in developing the individualized care plan with the member, family/guardian, our team, caregiver and provider. This outreach includes assessment of member and family/guardian understanding of the discharge plan, assessment of their knowledge of discharge medications, reinforcement of the discharge/treatment plan, evaluation of gaps in care and barriers to treatment adherence, crisis planning, evaluation of safety in the home and support of the member's and family/guardian's self-management skills. During transitions of care, care plans will be reviewed with the member, family/guardian and the member's treatment team to determine whether modifications are necessary to meet transitional needs, and with member input, care plans will be modified as necessary.

The care plan details the member's health status and goals, equipment required in the home, current medications and adherence plan, caregiver support needs, needed referrals to community resources, member education and health progress measures. Serving as a member advocate, the Care Advisor assists the member as needed in arranging for any post-discharge outpatient provider appointments and makes arrangements for any special accommodations (i.e., caregiver support, durable medical equipment, medications and referrals to community resources). A key component of the Transition Care program is member education. The Care Advisor thoroughly reviews educational materials with our members and their

² Coleman Transition Model: caretransitions.org; Project RED: bu.edu/fammed/projectred

families/caregivers if applicable, so that they fully understand the information and can begin to successfully self-manage their condition.

During the process, the Care Advisor shares all information with the member's providers to fully engage them in the development of the care plan, seek their input for treatment and convey all information discovered through care management outreach efforts. The team works to confirm members and their families are receiving the necessary care and services for health stabilization.

Our Transition Care program also ensures network providers are available and formulary medications are in use whenever possible. Outcomes for care during transitions are monitored and additional resources are engaged as needed. If a higher level of care coordination is needed, the intensity of care management is increased. Each program is designed around a team approach, incorporating Care Advisors (nurses or social workers), community health workers, dietitians, pharmacists and member coordinators, as appropriate. This process enables a safety net of care for the member, regardless of whether the member's needs are medical, behavioral, socioeconomic or a combination therein.

Because Neonatal Intensive Care Unit (NICU) stays are often prevalent among the Medicaid population, we assign a medical director (pediatrician) to conduct a daily review of NICU stays of concern. We will work closely with the treatment team as well as DMS, DCBS and foster parents/caregivers to begin planning for transition care at the beginning of any hospitalizations to address potential barriers as early as possible.

Specific to our Kentucky SKY members, Passport coordinates with providers of BH services, psychiatric hospitals, including for members committed by a court of law to Commonwealth psychiatric facilities, and treatment facilities regarding admission and discharge planning, treatment objectives and projected length of stay. Passport is contracted with all state-operated or state-contracted psychiatric hospitals. These contracted providers are expected to ensure continuity of care for successful transition back into community-based supports through discharge planning, with a follow-up appointment scheduled within seven (7) days for all members before they are discharged. In addition, regular meetings are held with high-volume inpatient providers to promote coordination of care.

Passport will provide basic, targeted or intensive care coordination services depending on member needs to Kentucky SKY members with severe emotional disturbance (SED), serious mental illness (SMI) and co-occurring conditions. The Care Coordinator, Care Advisor and other identified BH service providers will participate in discharge planning meetings. If a Kentucky SKY member is hospitalized in a state psychiatric facility, we will coordinate with the discharge planning process to ensure compliance with federal Olmstead and other applicable laws. Appropriate discharge planning will be focused on ensuring that needed supports and services are available in the least restrictive environment to meet the member's BH and physical needs, including psychosocial rehabilitation and health promotion. We will follow up to ensure that community supports meet the needs of the member.

Decertification of Kentucky SKY Members

Decertification has always been a challenging issue. Decertification occurs when a child is in a care setting and no longer meets medical necessity criteria to support continuing the stay in the existing setting. For a child in foster care and for the adults caring for them, the absence of an immediate transition plan for the child is especially distressing. Such uncertainty can be overwhelming for the child. The decertification process is quite complex and has many layers that need to be thoughtfully and collaboratively approached in order to achieve a lasting impact. Much time has been spent identifying trends and engaging providers to assist in developing alternative models through two (2) routes. The first is to work with providers to reduce the lengths of stay for children and improving the quality of care in the acute setting. The second is to work with providers to build more home-based crisis services to prevent children from disrupting their placements and getting to the hospital in the first place. We are focusing initially on the first model of reducing the lengths of stay and improving the quality of care in the acute setting.

Passport has recently started the Select program with our largest BH inpatient provider, UofL Health - Peace Hospital (Peace). Select was started with Peace initially for adult members. The goal of the Select program is to align clinical goals with the provider, reduce administrative burden and improve the quality of care for members. Through an analysis of the data around the UM process, Passport and Peace were closely aligned in decisions impacting the care of adults. We collectively decided to try another model of working together for adults. The conversation between Passport and Peace has shifted from one around individual approval of days to one of a population perspective that tracks and targets quality indicators, such as seven (7)-day follow-up after hospitalization, readmission rates and rates of restraint usage. By achieving jointly agreed upon quality targets in these clinical areas, the authorization burden has been reduced for adult members at Peace so more attention can be directed to the delivery of care rather than to individual communication and approval processes.

Passport and Peace have not previously been as closely aligned in clinical decisions impacting children and adolescents as they have for adults. However, there is a spirit of collaboration and passion to finding solutions to improve the care and transition experience for our members and for them to receive the right care, at the right time, in the right setting. Passport has worked to engage the clinical team at Peace in discussions about how to collaborate and increase alignment on treatment planning, working to ensure a discharge plan is initiated at admission and implemented in a timely manner when needed. Both Passport and Peace have brought data to the table to collectively and fully better understand the needs of our members and the barriers to their appropriate transition of care. This began with resolution of old decisions

Passport Partners with UofL Health - Peace Hospital

“UofL Health - Peace Hospital (formerly Our Lady of Peace) has worked with Passport for a number of years. A large volume of our patients are Passport recipients. Over the years, I’ve found the leadership team to be engaged and responsive. I appreciate and recognize their dedicated efforts. Moreover, having Passport in our community is good for all of us!”

-- Martha Mather, Chief
Administrative Officer, UofL Health
- Peace Hospital

where we disagreed about a backlog of appeals. We have agreed to a plan for resolving these decisions and identified trend information to better inform both Peace and Passport going forward.

The next step in the Select program involves a deep dive analysis about trends in care received by children and adolescents at Peace. This has been a transparent and collegial process where we are reviewing the performance of providers that appear to be outliers and are working together to help support Peace in implementing a trauma-informed care model. At the same time, Peace is partnering with members of our clinical team who have experience in reducing the use of restraints in acute settings. We are hopeful that as we identify specific performance targets, we can work to establish goals together that meet these targets. This process will include identification of specific barriers in the continuum of care process so that other provider and community partners can be engaged to assist with creating solutions. The ultimate goal of this process is to eliminate decertification and enhance the transition process for all parties while achieving improved quality outcomes for Peace and our members. We are hopeful that once the program has been implemented and evaluated at Peace, we can extend the program to other inpatient providers in our network.

Until the Select program is fully developed and implemented with children and adolescents to improve transitions of care, increased access to trauma-informed services, reduction of the use of restraints, increased follow-up after discharge and reduced readmissions, there will likely continue to be some episodes of decertification. Kentucky SKY members often have an intensive or ongoing need for services. Passport's prior authorization process for these members is designed to avoid being unnecessarily burdensome to providers or Kentucky SKY members. To that end, Passport will collaborate with DMS and DCBS to enhance our workflow and process for certifying and decertifying inpatient stays. This process incorporates requirements to notify DMS and DCBS no later than three (3) business days prior to the decertification of a foster child for services at a hospital or other residential facility located in Kentucky and no later than seven (7) business days prior to the decertification of a foster child for services at a hospital or other residential facility located out of state. The decertification notification includes name, member ID, facility name, level of care, discharge plan and the date of the next follow-up appointment. Passport has developed an accountability plan around prevention and intervention for decertification in an effort to improve the process for members, providers, Commonwealth agencies and other sources of wraparound support for each child engaged in the decertification process.

The next phase of the process is to keep children from getting to the hospital in the first place. As the sole managed care organization (MCO) working with the Kentucky SKY population, Passport will interface with DCBS, DJJ, the Children's Review program (CRP), providers, foster families, natural families (if appropriate) and members (as appropriate based on age and other factors) in a coordinated way by using High Fidelity Wraparound interventions as a foundation. The model is designed to create a team of collaborative supports around a member that includes informal supports such as teachers, coaches and others who are important to the child at the center of the plan.

Our past efforts to build alternative services with community providers have not produced the large-scale change for which we hoped. To address this, Passport has designed a team that can build upon our experience from delivering High Fidelity Wraparound in collaboration with other community supports, including those previously listed, and the informal social supports that are important to each child. We intend to build upon our experience to create scaled opportunities for more children in foster care to have the chance to participate in a model of care crafted specifically around them, especially in conjunction with the modernization of private child caring agency payments.

We are prepared to assist the provider community in developing expertise in the evidence-based High Fidelity Wraparound model through connection to trainings and exploration of alternative payment models that would afford the provider the ability to provide these services at the level they need to be provided for children to receive the kind of care they need and deserve. In addition, Passport is holding itself accountable to provide not only access to care but access to the specific kinds of care children in the decertification process need most often. Collectively, we feel these components will greatly improve both the discharge planning and the decertification process for Kentucky SKY members. Our accountability plan includes:

- **Value-based contracting.** Contracting based on value ties incentives to performance. Aspects of the Building Bridges initiative will be brought in with the tracking of restraints, rate of thirty (30)-day re-hospitalization and coordination of care tied to seven (7)-day follow-up.
- **Out-of-state contracting.** We will identify and contract with additional high quality out-of-state providers, establish service standards and fees, and provide education about the need for a facility and treating provider Medicaid ID (MAID). While out-of-state care will continue to be a last resort, entering into provider contracts in advance will streamline the process when use of such facilities is necessary. Entering into agreements with facilities in advance will reduce the dependence on negotiating single-case agreements for out-of-network providers. As access to High Fidelity Wraparound services expands, the need for these services should decrease.
- **Closing gaps in care.** We will conduct an analysis with DMS, DCBS, CRP and providers of the gaps in care at this time. If a child needs additional resources to be successful in existing facilities in Kentucky, we will work jointly to provide additional supports and resources, address needed licensure changes and develop alternate payments to provide the care some of these most clinically challenging cases might need.
- **Foster home training.** We will work with private child caring agencies to help bring the kinds of training needed to create more foster home placements that are skilled in taking children experiencing higher acuity BH symptoms. Incentivizing these providers to reward homes that successfully achieve stable placements and more children toward permanency in their placement is one possibility.
- **Decertification monitoring.** On July 1, 2019, we implemented new tracking of decertification. Performance is being evaluated based on the number of children decertified and for how long. This performance will be reviewed with our proposed Kentucky SKY Advisory Committee, BH Advisory Committee and Quality Medical Management Committee (QMMC) to provide feedback and suggestions for improvement.

- **Care delivery innovations.** As described previously, Passport has begun a new partnership with its largest inpatient BH provider to design a payment model tied to the quality of care provided, with planned results of decreased quality of care concerns, decreased use of physical and chemical restraints, increased use of psychological assessment to aid in differential diagnosis and treatment planning, decreased lengths of stay, increased seven (7)-day follow-up outpatient visits after discharge, decreased thirty (30)-day readmissions, reduced lengths of stay, reduced numbers of children decertified and reduced lengths of decertification for children who are decertified.
- **Trauma-focused cognitive behavioral therapy.** We are looking into increased access to treatment options like the River Valley Trauma Focused Cognitive Behavioral Therapy Treatment (TF-CBT) program, specifically, partnering with providers and sharing the success of members who have participated in the River Valley TF-CBT Program. We were creative with this program, designing a model that would meet licensure and allow the time needed for participants to complete their trauma narrative work. This has been provided as an early and periodic screening diagnosis and treatment (EPSDT) service for the extended care unit (ECU) level of care. We would like to work creatively with other providers to develop models that work with payments to support their efficacy.

Passport has also recently engaged in very preliminary talks with Kentucky Youth Advocates (KYA) and St. Francis Ministries about St. Francis' work in other states to create home-based crisis services. The unique model KYA, St. Francis and Passport would like to see introduced is a public/private partnership involving corporate partners in the community to help improve access to appropriate care for Kentucky SKY members. St. Francis also has a model for helping individuals recover from sexual trafficking that we would like to make available in Kentucky. Passport is still in the exploratory phase but is interested in how to collaborate with KYA, St. Francis and other private partners together with DCBS to meet a small group of Kentucky SKY members' needs in a different way.

Passport Meets Kentucky SKY-Specific Draft Contract Requirements

Passport will comply with all requirements for Kentucky SKY members as specified in RFP Appendix C, Section 20, "Utilization Management" and Section 41 of the Draft Contract, especially Section 41.10.

For Kentucky SKY members, we have a modified authorization program in which we only require review for critical services such as inpatient services. We recognize the need for this population and the providers who serve it to gain immediate access to services for complex medical needs. Our approach is to ensure that the members and families who care for our most vulnerable population obtain the services needed to ensure successful transition to the lowest level of care appropriate for the member.

Our prior authorization processes for BH services similarly recognize the intensive and ongoing need for these services among Kentucky SKY members. We will collaborate with DMS and DCBS on the development of a written PRTF certification and decertification business process and workflow that will be completed thirty (30) calendar days prior to the contract's effective date.

As required by the contract, prior authorization will not be required for the first twelve (12) individual or group outpatient psychotherapy sessions provided by a contracted BH provider, per twelve (12)-month

rolling period, including sessions for initial evaluation. Passport already exceeds this requirement and does not require preauthorization of outpatient psychotherapy services.

Conclusion

For more than two (2) decades, Passport has supported foster care, former foster care, juvenile justice and adoption subsidy members, and has met the Commonwealth's specific requirements for this sensitive population. We have experience coordinating with providers, DMS, DCBS and DJJ to provide coordinated care for Kentucky SKY members and have a strong program supporting those members taking psychotropic medications. We have also met the Commonwealth's requirements for discharge planning for foster care members and welcome the expanded requirements for Kentucky SKY that foster increased continuity of care as members transition between settings and levels of care. We look forward to the implementation of the additional layers of accountability to address decertifications to better meet the needs of all parties involved in the process and to improve the health and quality of life for the impacted member.

Passport has been honored to serve the Kentucky Medicaid and foster care populations for 22 years and will continue to comply with all provisions of the Medicaid Managed Care Contract and Appendices (including Kentucky SKY) as we continue to serve them in the future.