

KENTUCKY SKY USE CASE 7

Julie is a 17-year-old who has been in the foster care system for ten years. She has minimal contact with her family.

Julie has been placed in residential care. She has been diagnosed with an intellectual disability and low IQ and has a long history of mental health treatment in outpatient and inpatient settings. She has highly variable emotional states, typically brief in duration and reactive to circumstances.

At the time of admission to residential care Julie's medication regimen included chlorpromazine, fluoxetine, lurasidone, lamotrigine, trazodone, and oxcarbazepine. There is limited information about the chronology of medication treatment and no records of psychotherapy services. Julie is not able to provide much information about her response to the medication regimen, and there are no other sources of information. She continues to demonstrate frequent shifts in emotions and aggressive behaviors. On one occasion, she became physically aggressive, which led to assault charges and a 72-hour incarceration.

The Social Service Worker and behavioral health providers are evaluating treatment in a setting that is a lower level than acute care but more structured than a PRTF.

Describe how the Vendor would address Julie's situation and coordination with the DCBS Social Service Worker, and physical and behavioral health providers. At minimum address the following programs and services:

- a. Care Management;
- b. Discharging planning for all levels of care;
- c. Prescribing psychotropic meds and documentation in medical records (e.g., rationale);
- d. Evidence based psychotherapeutic interventions;
- e. Viability of aging out of foster care;
- f. Option for transitioning to an applicable waiver;
- g. Access to and sharing of medical records; and
- h. Maintenance of the care plan.

Introduction

Passport works in partnership with the Department for Community Based Services (DCBS) to obtain sustained positive outcomes for its Kentucky SKY members. This approach is based on identifying the critical factors that need to be addressed to tailor services to support the goals of permanency, safety and well-being. For Julie, the overriding goal is a successful transition out of DCBS custody into a safe and supportive long-term setting that promotes the fullest use of her abilities and social bonds that are likely to last and be mutually satisfying. A second critical goal is to ensure that she has a strong behavioral health plan of care—including appropriate psychiatric practitioners, therapies and medication—given that she is on multiple medications that overlap and could cause significant side effects. The extensive lack of knowledge available at the time of enrollment makes even preliminary plans challenging. However, given that she has been in foster care for 10 years, with thorough evaluation from the Kentucky SKY team, we should be able to gather information and put a strong care plan in place for Julie.

Understanding the Member

Upon Julie's enrollment in the Kentucky SKY program, Becky, a Kentucky SKY Care Coordinator, reaches out to Julie's DCBS Social Services Worker (SSW) and to the treatment director at the residential facility located in Owensboro, Kentucky, to introduce herself and begin the process of gathering information to assess Julie's needs. The DCBS SSW has had the case for only a few months and is located in Morgan County, where Julie first entered care 10 years ago. Julie had been placed in her current setting shortly before the SSW took the case. The SSW has met with Julie only once, and a transition plan has not yet been developed.

Having comprehensive records is crucial to proper coordination of care. Becky utilizes a comprehensive medical records release form, designed to reduce the burden on DCBS of signing separate consent forms for each new provider, to obtain all known medical, dental, vision, pharmacy and immunization records. Becky also accesses the Kentucky Health Information Exchange (KHIE) for medical history and checks the Immunization Information System for any immunization records available there. Becky communicates with the DCBS SSW regarding providers, treatments and medicines now and in the future, as information is gained. While protecting the privacy and security of Julie's medical information, Becky facilitates open exchange of information that allows all providers to have a full picture. Becky also assists by providing documentation for maintaining Julie's medical passport. Passport's Kentucky SKY Care team shares access to medical and case management records for members internally in real time on a 24/7 basis via IdentifiSM, Passport's care management, utilization management and communication IT platform, so any Passport-employed team member can access and share information with the SSW or other Care team members as needed.

The SSW expresses concern that Julie will turn 18 years old in less than 12 months and end her commitment to DCBS. Her family lives in Morgan County, but they are unresponsive to letters and do not have a phone. They have not had any contact with Julie in at least six months. The treatment director at the residential facility has more information about Julie's current situation and health care but knows little about her history prior to being admitted. Since coming to the facility, Julie has required two acute psychiatric hospitalizations, both due to threats to kill herself. The only health care she has received since entering the

facility is her admission physical, performed by a local family practice physician contracted with the facility. Julie's current psychiatric medications are being managed by the program's consulting psychiatrist. She attends an on-site school program operated by Daviess County Public Schools. With this information, Becky completes the Health Risk Assessment (HRA), but she knows that significant gaps exist.

Julie entered private childcare placements when she was thirteen, so much of her clinical services history is not documented in the Medicaid claims system. The Passport Kentucky SKY Care team is able to obtain pharmacy claims data and records of hospitalizations and Julie's psychiatric residential treatment facility (PRTF) stay from her previous managed care organization (MCO). The statewide placement coordinator at Children's Review Program (CRP) is familiar with Julie, and she provides Julie's placement history and most recent private child placing/caring referral packet. Becky begins making contact to obtain clinical records associated with each placement. Becky asks Crystal, Passport's Provider Relations Representative for the Owensboro area, for advice on primary care providers (PCPs) who might be a good fit for Julie and her unique needs. Crystal is familiar with providers and hospital systems within that region and can give Becky the name of a great match for Julie.

Creating a Plan

Becky schedules an Assessment/Care team meeting at the residential facility. Prior to the meeting, Becky and Carlos, a Passport Behavioral Health Care Advisor, meet with Julie. Julie is able to share very little information about her previous placements or her health history. She also is unaware of her rights as a foster youth and is unable to articulate a plan for what she wants to do when she turns 18 years old. Efforts were made to administer a trauma assessment to Julie, but her inconsistent and irrelevant comments made a valid assessment impossible.

In-person attendees at the care team meeting included Julie; Becky, the Kentucky SKY Care Coordinator; Carlos, the Passport Behavioral Health Care Advisor; the Treatment Director and a Nurse Manager from the residential facility; and Becky's teacher from the on-site school. On the phone were Julie's DCBS SSW, the statewide placement coordinator for CRP and the Passport Psychiatrist. The residential facility's psychiatrist was unable to participate. During the Assessment/Care team meeting, all the individuals involved in Julie's care begin to get a comprehensive picture of her functioning and health issues. CRP reports that she has had 42 separate placements, including six acute psychiatric hospitalizations, one lengthy PRTF placement, six crisis unit and shelter placements, and multiple stays in various therapeutic foster homes and residential treatment programs. An out-of-state placement was being considered prior to her going into the current residential placement. The medical records Becky was able to gather prior to the meeting document a long list of psychiatric diagnoses ranging in severity from oppositional defiant disorder to schizophrenia. The dosage and number of medications have increased over time, but the clinical reasons for medication changes are not clearly documented. The Passport Kentucky SKY Psychiatrist raises concerns about the use of multiple medications from the same classes due to the potential for significant side effects. It seems that given Julie's disjointed psychiatric behavioral health care, she has had medications added while others were not discontinued, or they were meant to be discontinued, but poor communication at handoff meant that

existing medications were continued along with the new ones. Julie's teacher reports that she does not have an individualized education plan (IEP) and she is uncertain whether testing would show an intellectual disability. Julie repeats her desire to return home but does not appear to understand the discussion around her needs.

The team agrees that the first step in her care plan should be to get an accurate understanding of Julie's physical and behavioral health needs. Over the next few weeks, Becky prepares a summary of what is known about Julie's history and, with appropriate permissions from her DCBS SSW, arranges for a complete physical examination by the adolescent medicine pediatrician and a psychiatrist in Owensboro, both of whom Crystal recommended. Becky also arranges for a complete psychological assessment of Julie's intellectual ability, academic skills, adaptive functioning and personality. Knowing that individuals with intellectual disabilities and institutional experiences are at greater risk for physical and sexual abuse, Becky asks that the physician and psychologist be alerted to evidence of trauma and use evidence-based, trauma-informed care principles when evaluating her. The DCBS SSW agrees to reach out to the Independent Living Coordinator to schedule a transitional planning meeting.

When the results of the assessments are available, Becky convenes the Care Coordination team to review the results and together coordinate a plan of care and services for Julie. Significant findings include test results consistent with a mild intellectual disability (overall IQ = 65) and gross deficiencies in adaptive behavior (overall functioning on a 10-year-old level). The psychological evaluation suggests that even considering Julie's intellectual disability, there is strong support for bipolar disorder as the main mental health condition. Both the pediatrician and the psychologist report findings consistent with past sexual abuse. With these findings, the DCBS SSW and the independent living coordinator begin to consider applying for state guardianship for Julie after she turns 18. Julie's SSW formally requests the school initiate and coordinate proceedings for an IEP.

Facilitating Care

The Care Coordination team agrees that Julie needs complex care coordination due to her challenging behavioral health needs. Becky has been trained and certified in the delivery of High Fidelity Wraparound, so Becky continues leading Julie's Care Coordination team. Over the next several months, Becky and Carlos work with the Care Coordination team to implement the care plan using the High Fidelity Wraparound Model. They maintain weekly contact with Julie and see her face-to-face at least twice a month. Additionally, monthly team meetings are held. Becky keeps the care coordination plan current and makes sure everyone has a copy with each update, and she provides support to and assists in coordinating the transition planning process overseen by the Independent Living Coordinator.

As is the case for many youths in DCBS custody, Julie's current medications appear to be the legacy of multiple providers, frequent moves and additions of new medicines without considering whether existing prescriptions should be discontinued. As requested by the Passport psychiatrist, a Passport pharmacist completes a medication review, which raises several concerns about the combination of medicines, possible adverse side effects and dosage ranges. The Pharmacist recommends adjustments, which are reviewed by the Passport Kentucky SKY Medical Director and Psychiatrist, who provide appropriate consultation with the

prescribing professional. Julie's medication list is pared down from six to three medications, both to give her synergistic positive effects and to eliminate the overlap that may have caused side effects and some of her aggressive behaviors. Carlos and Becky maintain documentation of Julie's medications in IdentifiSM, outlining history of active and discontinued medications, and communicate all with DCBS.

Julie's frequent shifts in emotions and aggressive outbursts are major barriers to obtaining a sustained positive outcome in a community setting. Fortunately, she is in a residential setting where she has the potential to acquire skills to help her manage these behaviors. The Kentucky SKY Behavioral Health Director talks with the Treatment Director about the use of evidence-based dialectical behavior therapy (DBT) as adapted for use with intellectual disabilities. The facility has staff trained in DBT, but the Treatment Director was unaware of adaptations specific to intellectual or developmental disability (IDD). The Kentucky SKY Behavioral Health Director shares resources, including written materials and training/conference information, and offers to consult.

In an early Care Coordination team meeting, after the comprehensive assessments are completed, Becky raises the possibility of using a Licensed Behavior Analyst to conduct a functional assessment of Julie's aggressive behaviors and develop an applied behavior analysis (ABA) intervention program. Passport Kentucky SKY does not require members to have autism to receive ABA therapy, but instead bases authorization on whether members are likely to benefit from a program based on behavioral learning principles. Passport's Behavioral Health Specialist can also help the direct care staff at the facility learn the most effective strategies for supporting Julie in managing frustration without resorting to aggression. In keeping with Passport's focus on long-term sustained positive outcomes, Kentucky SKY members receive evidence-based and best practices services known to improve the success of transitions for IDD clients. As Julie steps down to lower levels of care, these services will include adequate transition times between levels of care, available crisis services, use of comprehensive community supports to promote community integration and supportive advocacy to help Julie begin to see herself as a person capable of building a positive future for herself. Passport Care Management teams take a person-centered, strengths-based approach to working with each member. Julie's IDD may make direct application of evidence-based trauma therapies such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) challenging, but her likely history of abuse is recognized and considered in her care plans. Passport supports a trauma-informed approach to all care and works with providers to use best practices and evidence-based approaches that are specific to individuals with IDD such as Julie.

The whole team is acutely aware of Julie's approaching 18th birthday and her legal right to end her commitment. Several alternative proposals are considered, including continued placement with DCBS until the age of 21, followed by state guardianship; referral and acceptance into the Supports for Community Living program, a Home and Community Based (HCB) waiver; filing of 202A or 202B petitions for placement in a state facility, either for Serious Mental Illness (SMI) or IDD when she turns 18 years old; not pursuing guardianship and discharging Julie to a homeless shelter when she ends her commitment; and return to her parents, who have had no documented contact with her for over nine months now.

With the options clearly spelled out, DCBS decides to work with the Department for Aging and Independent Living (DAIL) to obtain a state guardian for Julie, with a tentative plan to refer to Supports for Community Living (SCL) when she turns the age of 21. Becky assists in this process, making records available and helping schedule needed assessments. Carlos provides consultation around evidence-based strategies for making such a transition successful. Achieving these goals will likely require multiple planned discharges to lower levels of care (e.g., residential, therapeutic foster care, SCL).

Looking Forward

With clear goals, the formalized discharge planning process will be oriented toward achieving long-term success for Julie, rather than simply handling the next step of her journey. This process includes a review of existing records and updates in light of long-term goals. The discharge planning process will consider at a minimum:

- Primary and secondary diagnoses
- Pertinent past medical history
- Cognitive, functional and psychosocial status
- Discharge needs
- PCP assignment and specialist and behavioral health provider referrals
- Medication management
- Post-discharge medical support (home health, DME, therapy, rehab)
- Post-discharge follow-up appointments with all providers

Based on this evaluation, Kentucky SKY Utilization Management and Care Coordination will work together to ensure that appropriate providers, authorizations, medications and services are in place at the new level of care. Although this does not apply to Julie's situation, Passport is aware of its responsibility to notify DCBS if services are decertified at an inpatient level of treatment. If the program is in-state, this notification would occur no later than three days prior to discharge—if out of state, no later than seven days. If this issue should arise for Julie, the Kentucky SKY Prior Authorization/Precertification Coordinator will alert the Care Coordinator immediately via IdentifiSM, Passport's care, utilization management and communication IT platform, when there is a decertification.

With adequate preparation in adaptive living skills and a supportive family, many adults with IDD live independently in the community. Julie, however, has neither of these resources. Furthermore, her emotional lability, lack of impulse control and limited understanding of her situation does not make her a good candidate for successful aging out of foster care. Decisions she makes (e.g., to recommit to DCBS custody) are not likely to be stable and will likely change in response to her emotional state and environmental circumstances. For these reasons, Julie's Care Coordination team decides to pursue state guardianship. Becky works closely with the DCBS SSW to provide documentation, schedule appointments and support Julie throughout this process. The team is anxious about pursuing this option because there is always a chance that Julie will choose to leave care after she turns the age of 18 and not follow through with this plan, which would require more urgent action by the team. Passport's Guardianship Specialist will consult on this process and, at the appropriate time, become a part of the Care Coordination team. Should

DCBS decide not to pursue guardianship, Becky will work with the Care Coordination team using the High Fidelity Wraparound process to develop alternative transition plans.

The Care Coordination team has reviewed available waiver options since early in the care planning process. The choice to seek SCL coverage was based on the waiver's intended purpose of providing "Medicaid-paid services to adults and children with IDD . . . [allowing them] to live at home rather than in an institutional setting." Julie is likely to meet the emergency category of need for the SCL waiver. Although waiver recipients are not currently covered by MCOs, Becky works closely with the DCBS SSW to manage all aspects of transfer to the waiver, including assistance in researching available providers, gathering and sharing documentation, and completing the application. One challenge for Julie is her history of psychiatric hospitalizations and aggression, which may limit the providers willing to accept her. For this reason, Carlos will be careful to document treatment successes as Julie transitions to lower levels of care and the strategies that make successful living in the community possible.

Becky and Carlos have been visiting with Julie twice a month and maintain weekly contact via telephone or FaceTime. Becky convenes the Complex Care Coordination team to review Julie's care plan, and she ensures that the plan is updated monthly. Because a limited time window exists to address recommitment and transition-of-care issues, Becky consults often with the DCBS SSW and regularly contacts providers for updates on Julie's progress. She is especially attentive to needed assessments, documentation and applications related to the guardianship and waiver applications. Copies of the plan, including the progress toward goals, are shared with the DCBS SSW and other members of the Complex Care Coordination team with each update. Although these meetings often focus on the team's accountability for the service goals and on identifying new needs and services, the overriding goals are to prepare Julie for successful transition to a permanent and safe living situation and to ensure that her behavioral health care and medications are appropriately managed and addressed.

Conclusion

One year after Julie is enrolled with Kentucky SKY, she is still committed to DCBS, and the team continues working toward the plan of her transitioning to waiver services and entering state guardianship. Julie is living in a therapeutic foster home in Lexington. The local Passport Community Engagement Representative, Stacy, helped Julie connect with the Office of Vocational Rehabilitation, which assisted Julie in finding a part-time job at a local Kroger. Her application for the SCL waiver has been processed, and she is on the waiting list for services when she turns 21 years old. With comprehensive community support services via New Vista, the local community mental health center (CMHC), Julie has made significant strides in the acquisition of daily living skills. She has not had a psychiatric hospitalization in over a year. Becky and the DCBS SSW have worked together to establish more regular contact with her family. Carlos has talked with several SCL providers about Julie's history and believes that she will be able to obtain a placement when the time comes. At the time that Julie does obtain placement, Passport will have a comprehensive care plan that will be transitioned to the waiver case management staff.