G.10. Population Health Management and Care Coordination

a. Describe plan for identifying and coordinating care for those Kentucky SKY Enrollees with the most immediate service needs leading up to and immediately following implementation of the Kentucky SKY program.

b. Describe how the Vendor would identify and monitor new Kentucky SKY Enrollees with high physical or behavioral health needs to ensure continuity of care.

c. Describe how the Vendor will stratify Kentucky SKY Enrollees into tiers for Care Management services.

d. Provide a description of the Vendor's targeted evidence based approaches applicable to the Kentucky SKY populations. Provide details on the Vendor's approach for ensuring Network Providers' compliance with evidence based approaches mandated by the Vendor for Kentucky SKY Enrollees.

e. Provide a description of the Vendor's approach for ensuring Network Providers are providing Trauma-informed Care to Kentucky SKY Enrollees.

f. Describe how the Vendor will use telemedicine and telehealth to improve quality or access to physical and Behavioral Health services.

g. Describe how the Vendor will capture data related to Social Determinants of Health and incorporate this information into its Care Management approach.

h. Describe how the Vendor will coordinate with the Department, DCBS, DJJ, and physical and Behavioral Health Providers to ensure each Provider has access to the most up-to-date medical records for Kentucky SKY Enrollees.

Introduction

Passport has provided population health management (PHM) and care coordination services for 22 years through our care management programming, including specialized programs for foster care, former foster care, juvenile justice and adoption subsidy members. We have a comprehensive PHM strategy which is person-centered and supports each member from a "whole-person" perspective.

Passport will enhance our existing support for these members in order to address the specific needs and requirements of the Kentucky SKY program, and to support all populations covered by Kentucky SKY: foster care children; former foster care youth; adoption assistance children; dually committed youth; and children eligible via the Interstate Compact on the Placement of Children (ICPC) and the Interstate Compact on Adoption and Medical Assistance (ICAMA). Our Kentucky SKY programs will address individuals' needs across the entire health and illness continuum and help identify the least restrictive setting that is appropriate for an individual, plus as any support that is available to the member.

G.10.a. Describe plan for identifying and coordinating care for those Kentucky SKY Enrollees with the most immediate service needs leading up to and immediately following implementation of the Kentucky SKY program.

Upon assuming responsibility for the Kentucky SKY population across the Commonwealth, there will be a large initial influx of members. Passport will triage Kentucky SKY members using multiple techniques to effectively identify those with the most immediate service needs. As new members are onboarded, we will honor existing authorizations for members who are receiving treatment at the time of transition to Passport in order to reduce the administrative burden on providers and to prevent any lapse in needed care. We understand the Department for Community Based Services (DCBS) and the Department for Medicaid Services (DMS) will work closely with Passport to ensure access to member-specific information that is necessary to facilitate transition, including service plans from other managed care organizations (MCOs). Identification of all members with immediate service/care needs and members who are designated as Medically Complex is of particular importance. To manage the influx of members more effectively, we will begin this process shortly after award notification for Passport members who will become Kentucky SKY members in January 2021.

For all Kentucky SKY members–and especially those with Special Health Care Needs who are receiving services that were authorized in a care or treatment plan from a prior MCO–Passport will collaborate with the primary care providers (PCPs) and specialists of prior MCOs, other MCO care management staff and DCBS staff to ensure continuity of care. Passport's comprehensive provider network increases the likelihood that continuity can be quickly facilitated with members' identified provider of choice. Our model of care offers comprehensive care and ensures care is highly coordinated with providers to provide uninterrupted whole-person care. Passport ensures that member services are coordinated:

- Between settings of care, including appropriate discharge planning with providers for short- and long-term hospital and institutional stays, referrals to Case Management, clinical rounds and the authorization process
- With the services members receive from other managed care or fee-for-service (FFS) organizations. The Utilization Management (UM) department will ensure continuity of care so as not to disrupt treatment that was previously approved by another MCO or FFS plan
- With the services the member receives from community and social support providers

As needed, Passport would like to collaborate and schedule meetings with the existing MCOs to further support the transition of members with high acuity needs. As members transition in and out of Kentucky SKY, we will also coordinate with other MCOs to ensure continuity of care. To the extent that it is available, Passport would like to obtain information on inpatient psychiatric hospitalizations and psychiatric residential treatment facilities (PRTFs), members designated as Medically Complex, and members with designated medical diagnoses (e.g., diabetes, asthma).

G.10.b. Describe how the Vendor would identify and monitor new Kentucky SKY Enrollees with high physical or behavioral health needs to ensure continuity of care.

Ensuring Continuity of Care for New Kentucky SKY Members with High Physical or Behavioral Health Needs

Passport will identify and monitor new Kentucky SKY members with high physical or behavioral health (BH) needs through a combination of assessments, referrals and predictive modeling. When members are newly enrolled in Kentucky SKY, a Care Coordination team will be assigned within one business day of enrollment. A Passport Care Coordinator or Care Advisor will complete a Health Risk Assessment (HRA) and a comprehensive member needs assessment within thirty (30) days of enrollment to identify members with high physical and/or BH needs who are appropriate for Intensive or Complex Care Coordination. New Kentucky SKY members will also be stratified using Passport's predictive modeling described in response to G.10.c below.

As required, Passport will offer three (3) levels of care for Kentucky SKY members:

- Care Management
- Intensive Care Coordination
- Complex Care Coordination

All members will initially be placed in Care Management, unless they meet specific criteria:

- Identified by the Commonwealth as Medically Complex; These members will be placed in Complex Care Coordination from the start
- Identified through Passport's UM process as having a current or recent BH inpatient stay
- Identified by Passport's industry-leading risk stratification predictive models, described in response to G.10.c below

Members identified as having more immediate service needs will be placed in Intensive or Complex Care Coordination as their needs and the contract dictate.

Members in Care Management will be assigned a Care Coordinator who will conduct an assessment to identify any needs that would place them in a higher level of care coordination. Foster care members age seventeen (17) or older will be prioritized for assessment so care team meetings for planning for independence can begin as soon as possible.

Care Coordinators will be bachelor's degree-prepared staff. All Care Coordinators will also be trained and certified in High Fidelity Wraparound Care, including those working in Complex Care Coordination as required by the contract. To streamline and expedite coordination of care, initial comprehensive assessments will be conducted by a Care Advisor for members who pre-identify as qualifying for Intensive or Complex Care Coordination. Care Advisors are licensed professionals (e.g., nurses or BH professionals) who

participate on Kentucky SKY care coordination teams. Their responsibilities include conducting assessments and developing care plans.

The Kentucky SKY Care Coordinator will build a Kentucky SKY care team comprised of a Care Coordinator, the member (as appropriate based on age and other factors), the legal guardian, the foster/adoptive/fictive kin family, the biological family (when appropriate), providers involved in the member's care (e.g., PCP, dental provider, BH provider and any specialists), as well as other individuals pertinent to the member's care, such as coaches, mentors or religious leaders. This team will review any completed assessments and, based on their findings and the team's knowledge of the member's strengths and needs, develop a care plan for members in Care Management or Intensive or Complex Care Coordination. Passport will provide documentation of team participation to DMS, DCBS and the Department of Juvenile Justice (DJJ) as needed.

Children in foster care are at greater risk for receiving disjointed care. Medical records often do not travel with the child, and frequent changes in placement may result in disruptions in care. Transitions between levels of care (e.g., residential to outpatient) may also impact continuity of care. To combat these endemic problems, Passport's Kentucky SKY Care Coordinator or Care Advisor will serve as a central point of contact to connect the dots between providers as members move from one setting or placement to another.

Passport will also work diligently to ensure continued provider adoption of electronic health records (EHRs) and will require participation in the Kentucky Health Information Exchange (KHIE). Both of these initiatives will increase the portability of vital health information for Kentucky SKY members.

Passport Connects the Dots to Ensure Continuity of Care

Ten-year-old Donald * has been committed to CHFS for the past three years. His current foster parents, PCP and SSW did not have records pertaining to previous treatment or medical home. A Passport Foster Care Specialist assigned an administrative member of the Care Coordination Team to complete a claims review to determine previous PCPs and other providers, as well as diagnoses and treatments. The result was sent to SSW, PCP and, with SSW permission, the foster parent. Additionally, the team requested from the Kentucky Immunization Registry a list of immunizations received by the member. The results were also shared with the SSW, PCP and foster parent.

**member name changed for privacy*

G.10.c. Describe how the Vendor will stratify Kentucky SKY Enrollees into tiers for Care Management services.

Stratifying Kentucky SKY Members for Care Management Services

Passport's identification and stratification models will be applied to the Kentucky SKY population to stratify members into three tiers:

- Care Management

- Intensive Care Coordination
- Complex Care Coordination

Members who are designated as Medically Complex or who have a current or recent inpatient BH stay will automatically be triaged into Kentucky SKY Complex Care Coordination.

For members not falling into these categories, Passport will apply its industry-leading predictive modeling to stratify Kentucky SKY members into appropriate tiers for care management services based on risks, costs and ability to have meaningful impact through our interventions.

Passport's stratification process combines data from medical and behavioral claims/encounters, pharmacy claims, laboratory results, health appraisal results, EHRs, data from health plan UM and/or Care Management (CM) programs, and advanced data sources such as the Commonwealth of Kentucky immunization registry. Passport also uses external data to detect any social determinants of health (SDoH) risk factors affecting our members to provide better comprehensive CM services.

Better Risk Stratification Drives Better Member Identification

In 2019, by using our risk stratification methodology, Passport identified roughly fifteen percent (15%) of the population for care management services compared to industry standard of one to three percent (1-3%).

The SDoH data sources include:

- The U.S. Census Bureau's American Community Survey (ACS) that tracks more than one hundred (100) data elements regarding education, poverty and housing status by specific neighborhoods
- The U.S. Department of Transportation's affordability index, walkability index, food access and supermarket availability by location
- The Environmental Protection Agency's Smart Location Database, which supplements our existing social economic and environmental information
- U.S. Department of Agriculture records on food scarcity and deserts
- Data.gov, which has over 230,000 datasets on demographics, education, community and safety
- The Department of Housing and Urban Development, which reports on housing needs by geography
- Google technology (e.g., the algorithms used to located services within Google Maps) to calculate distances to the nearest pharmacy, grocery store, physician's office and hospital, which may identify potential gaps in a community's access to health care

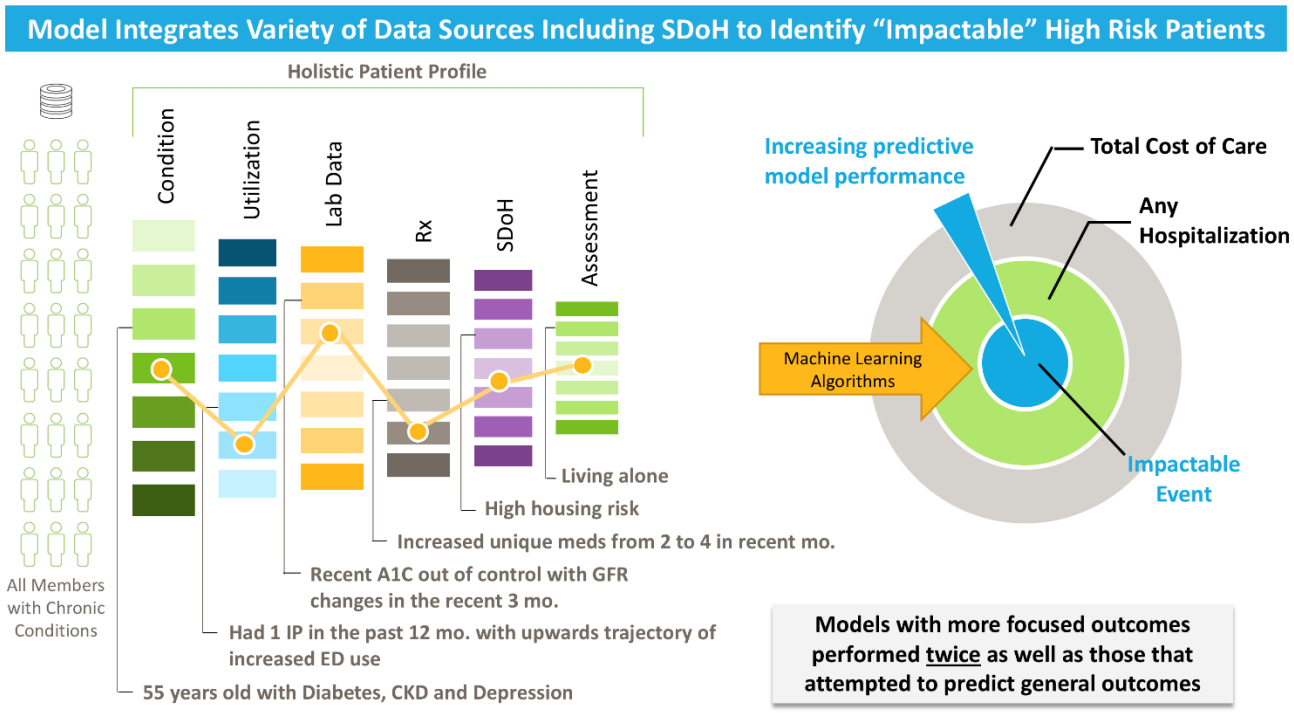
Our system integrates dispersed SDoH data sources across five (5) main domains (housing instability, transportation barriers, food insecurity, financial stress and health literacy) to create a single Social Needs Index (with five levels). The Social Needs Index indicates a member's risk and how social factors could impact their health outcomes. To enhance our risk identification tools, in late 2020 the Social Needs Index will be available in Identifi℠ as a separate risk score and it will identify which of the five (5) domains has the highest risk for the member. Kentucky SKY care team members will use the index to help stratify members into the level of care coordination they require, pinpointing their individual needs and directing efforts and

resources to the most at-risk members. This Medicaid-specific predictive model is dynamic and customizable, and its performance improves the more it is used due to an inherent feedback loop.

Achieving Industry-Leading Predictive Modeling Results for Improved Performance

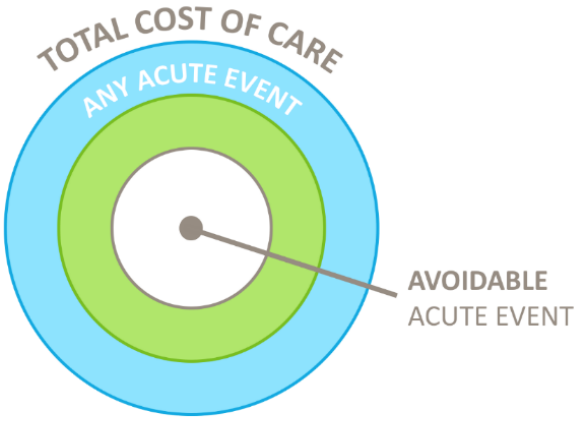
Our predictive modeling and condition-specific member profiling tool stratifies members into risk levels using medical diagnoses, emergency or hospital visits, national standards/evidence-based clinical guidelines and gaps in care. Using the outcomes data, members are classified into low-, medium- and high-risk levels. Then Passport can effectively prioritize clinical outreach and management for our members. **Exhibit G.10-1** illustrates the model.

Exhibit G.10-1: Data Sources to Identify Impactable Events



Our predictive models outperform industry standards. One of the most frequently cited measures of predictive performance is the model's c-statistic, which is the measure of the area under a Receiver Operator Characteristic (ROC) curve. A c-statistic of 0.5 indicates a random chance at predicting a future event (i.e., a coin toss), while a value of one (1) is a perfect predictor. A model with a c-statistic of 0.8 or higher is considered to have strong predictive ability. In 2012, the Mayo Clinic presented a meta-analysis of the performance of risk stratification methods at predicting inpatient and emergency department encounters at the Academy of Health Conference. Our c-statistic is 0.82, significantly higher than the rest of the industry and indicative of strong predictive ability as illustrated in **Exhibit G.10-2**.

Exhibit G.10-2: Our Predictive Model Performance in Avoiding Acute Medical Events



PREDICTIVE MODEL PERFORMANCE[1]		
Model	**ED Visits c-statistic**	**Hospitalization c-statistic**
Johns Hopkins Adjusted Clinical Groups (ACG)	.67	.73
Charlson Comorbidity Measure	.59	.68
Complex Care Predictive Model	**.81**	**.86**
	.82*	

The result of effective stratification is improved engagement. We identify impactable members and focus on those with a high "willingness to engage" index score. As a local health plan with staff living in the communities across the Commonwealth, we can meet the member where they are-literally-to attend appointments, work with doctors and coordinate social services that are helpful to the member.

Population Health Management Programs

While we offer specific programs tailored to the needs of Kentucky SKY members as described above, we understand that every child is unique and they may have special ongoing or episodic needs that are better managed through other programs that are available to Passport members. For example, a child in our Care Management program may have asthma that is not well-controlled. Asthma symptoms may be causing the child to have multiple emergency department (ED) visits and miss school regularly. In this situation, a Care Coordinator may connect the child to our Condition Care Asthma program. In that program the child and family would receive health coaching specific to asthma and the child's unique symptoms and situation. This is a short-term program, typically lasting ninety (90) days, and it has proven to reduce ED utilization and inpatient stays. While enrolled in the Condition Care Asthma program, the child's Passport Kentucky SKY Care Coordinator would maintain contact with the family and continue to facilitate care team meetings. Similarly, in the event a Kentucky SKY teenager becomes pregnant, she is considered high-risk (due to her

age) and would be enrolled in the Mommy Steps program for high-risk maternity and newborn care. A maternity nurse Care Advisor would assess the member and develop a care plan with the member and her care team, following the member until ten (10) weeks postpartum. Further, some neonatal intensive care unit (NICU) babies are Child Protective Services (CPS)-involved and enter into DCBS's care upon release from the hospital. For these infants, our Mommy Steps team refers these members to the Kentucky SKY team so there is a smooth care transition when the Mommy Steps team closes with the member. Additionally, certain services such as early and periodic screening, diagnosis and treatment (EPSDT) and wellness outreach programs are available to members, in addition to the benefits received through Kentucky SKY.

Given the nature of the Catastrophic Care program, Kentucky SKY members who experience a catastrophic event may be placed in this program on an episodic basis. While it is more likely that Kentucky SKY members with multiple, severe or intensive conditions would be designated as Medically Complex and therefore supported through Complex Care Coordination, Passport will evaluate each situation on a case-by-case basis to determine the most appropriate care for the member.

Passport's proven, evidence-based programs and care model blend clinical and social interventions to improve member outcomes. Our suite of programs is continually assessed for effectiveness through controlled studies to determine the impact on total cost of care and return on investment (ROI) and to identify key operational drivers of impact for focused performance and member outcome management. Outcomes from a controlled study of Passport Medicaid members show demonstrated results across multiple clinical programs as shown in **Exhibit G.10-3**.

Exhibit G.10-3: Key Performance Indicator (KPI) Management Drives Impact Across Programs

Impact of programs in 6 month post-period

	Total Medical Expense	Inpatient Admissions	ED Visits
Transitions Care (n=1016)	▼ 8%	▼ 14%	▼ 8%
Catastrophic Care (n=426)	▼ 16%	▼ 33%	▼ 16%
Complex Care (n=1322)	▼ 20%	▼ 32%	▼ 35%

G.10.d. Provide a description of the Vendor's targeted evidence-based approaches applicable to the Kentucky SKY populations. Provide details on the Vendor's approach for ensuring Network Providers' compliance with evidence-based approaches mandated by the Vendor for Kentucky SKY Enrollees.

Passport's Targeted Evidence-Based Care Management and Care Coordination for Kentucky SKY Members

Passport will draw upon multiple evidence-based practices to ensure effective and compassionate whole-person care for Kentucky SKY members. Two (2) of the core evidence-based practices we rely upon and require our providers to use are Trauma Informed Care, described in response to **G.10.e** below, and High Fidelity Wraparound Care, described in detail below. These practices will be supported by other important evidence-based approaches, including:

- **Parent-Child Interaction Therapy (PCIT):** PCIT is a combination of play and behavioral therapy for young children and their parents/caregivers. The adults learn skills and techniques for relating to children with emotional or behavior problems, language issues, developmental disabilities or mental health disorders. PCIT can be effective for children who exhibit disruptive behavior or have experienced trauma, as well as those on the autism spectrum. PCIT and PCIT-based programs are also evidence-based interventions for preventing child abuse and neglect and for decreasing a child's risk of antisocial and criminal behavior later in life.
- **Screening, Brief Intervention and Referral to Treatment (SBIRT)**: SBIRT is an evidence-based approach for identifying members who are at risk for abuse of alcohol and other drugs. It is intended to identify members who have substance use disorders, as well as those who are at high risk for developing such a disorder, to reduce their level of risk.
- **Motivational Interviewing**: Motivational interviewing is a counseling method that helps people resolve ambivalent feelings and insecurities to find the internal motivation they need to change their behavior or make healthier choices. Motivational interviewing is often used to address addiction and the management of physical health conditions.
- **Dialectical Behavior Therapy (DBT)**: DBT gives people new skills to manage painful and uncontrolled emotions and to decrease conflict in relationships. DBT specifically focuses on therapeutic skills in four (4) key areas: mindfulness, distress tolerance, emotion regulation and interpersonal effectiveness. DBT was originally developed to treat borderline personality disorder and has also been used successfully to treat people experiencing depression, bulimia, binge-eating, bipolar disorder, post-traumatic-stress disorder and substance abuse.
- **Seven Challenges®**: The Seven Challenges program supports young people with substance use disorders and is designed to motivate them to choose and commit to changes and to support their success in implementing the desired changes. The program aims to help participants address their substance use issues as well as any co-occurring life skill deficits, situational problems or psychological problems.

High Fidelity Wraparound Care

Passport is adopting High Fidelity Wraparound Care, an evidence-based practice, as a model to inform all care coordination. All Care Coordinators will be trained and certified in High Fidelity Wraparound Care and will use its principles to meet the needs of Kentucky SKY members in all three (3) levels of Care Management and Coordination, as illustrated in **Exhibit G.10-4**.

Exhibit G.10-4: Levels of Care Management and Care Coordination for Kentucky SKY Members

Level of Support:	Designed For:	Frequency of Contact:
Care Management Services	• All Kentucky SKY members not meeting criteria for higher levels of support	• Outreach every three to six (3-6) months or more frequently if warranted • Annual care plan updates
Intensive Care Coordination	• Kentucky SKY members identified through referral, assessment or by risk stratification as needing intensive support	Per month: • Weekly contact • One (1) face-to-face visit • One (1) care team meeting including the member and caregiver • One (1) care plan update
Complex Care Coordination	• Kentucky SKY members identified by the Commonwealth as Medically Complex or as having Special Health Care Needs • Kentucky SKY members identified through Passport's UM process as having a current or recent BH inpatient stay • Kentucky SKY members otherwise identified as high risk by Passport's industry-leading risk stratification predictive models	Per month: • Weekly contact • Two (2) face-to-face visits • A minimum of two (2) hours per week of Care Coordination • One (1) care team meeting including the member and caregiver • One (1) care plan update

High Fidelity Wraparound

"Passport and Seven Counties/Centerstone have partnered on a number of unique projects, what I would call "innovative, outside the box projects". One of those was the Passport Foster care project…. In partnership with each other and in collaboration with DCBS, we wrapped intensive services around these children to stabilize and keep 90% of them out of higher levels of care. This was a unique funding situation, outside the traditional box of incremental fee-for-service reimbursement."

—Abbreial Drane, Centerstone Kentucky (Seven Counties Services) President & CEO

Passport has experience implementing a holistic High Fidelity Wraparound approach for foster children. As described elsewhere in this proposal, in 2015, Passport partnered with DMS, DCBS, the Department of Behavioral Health, Developmental and Intellectual Disabilities to implement a pilot program for High Fidelity Wraparound services. There is strong evidence that High Fidelity Wraparound helps reduce disruptions in placement and improves the overall functioning of children and adolescents, including justice-involved adolescents. Based on our experience, we believe Care Coordinators who are trained and certified as High Fidelity Wraparound facilitators (regardless of the level of care coordination) will greatly increase successful transitions and overall health and functioning for Kentucky SKY youth. Our experience implementing an intensive CM pilot based on High Fidelity Wraparound resulted in a one hundred and fifty percent (150%) increase in youth placed with natural or adoptive families six (6) months post-intervention and an overall decrease in the use of psychiatric hospitals, PRTFs and other facility-based placements. Participants also averaged a twenty-point (20) point improvement in the total Child and Adolescent Functional Assessment Scale (CAFAS) score, indicating significant improvement in overall functioning across settings. Overall per member per month (PMPM) costs also decreased by thirteen percent (13%) from baseline to the six- (6) month period following intervention.

Our strategy and approach is to create a model of care for foster children using ten (10) core wraparound principles: Family Voice and Choice, Care Team Based, Natural Supports, Collaboration, Community Based, Cultural Competency, Individualized, Strengths Based, Unconditional Care/Persistence and Outcome Based, as described in **Exhibit G.10-5**.

Exhibit G.10-5: Ten Core Wraparound Principles Guide our Model of Care

Ten Core Wraparound Principles
1. Family Voice and Choice: Passport values and respects the thoughts and opinions of Kentucky SKY members and their family members and caregivers. Throughout the care planning process, we take into consideration the youth's goals and visions for their life.
2. Care Team Based: We use a member-centric, team-based approach to wrap a multi-disciplinary team of Passport health care professionals around each member. Team members are selected by the youth and their family members to provide effective, high quality care. Decision making is team-based as much as possible.
3. Natural Supports: A member's personal network is an important source of support that is needed for the member to have a successful health care journey. Natural supports could include coaches, faith-based members, teachers or other people the member and their family choose to be a part of the care team.
4. Collaboration: A diverse care team works collaboratively and shares responsibility for the care planning process. They collectively work to help the Kentucky SKY member and his or her family achieve their established vision for better health.
5. Community Based: To support our members, Passport's team has deep relationships with community-based organizations. As part of our holistic, wraparound approach, our team includes community agencies and connects them to members. We also provide options for youth and families to integrate into their communities.

Ten Core Wraparound Principles
6. Culturally Competent: Passport values and respects the diversity of our members and their families. Our team seeks to incorporate their values, preferences, beliefs, culture and identity into the care planning process and provide culturally sensitive care.
7. Individualized: Each member is unique and special. Our model of care is individualized and can be tailored to meet their needs. Our team incorporates member and family preferences, options and desires to ensure members receive the personalized, high quality CM they deserve.
8. Strengths Based: We understand each member and his or her family has various skills and talents. The Passport team identifies, builds and utilizes family and youth strengths that help the team/family meet their needs and vision of better health.
9. Unconditional Care/Persistence: From over two decades of dedicated and persistent experience helping members, we understand there can be setbacks in a member's process or their health status may change. Our team is flexible, adaptable and able to modify the plan to best fit the member's needs. Our caring staff is understanding and compassionate in offering unconditional care.
10. Outcome Based: Passport's model of care is designed to be outcome-based using the latest evidence-based practices. Our suite of programs is continually assessed for effectiveness through controlled studies that determine the impact on total cost of care and ROI. We also identify key operational drivers of impact for focused performance and member outcome management.

Kentucky SKY High Fidelity Wraparound Care Management

Basic Care Management

All Kentucky SKY members will have access to care coordination. A Care Coordinator will develop an individual care plan with the member and/or caregiver that will detail interventions, therapies and action steps the member and/or other members of the care team will undertake. Care plan development will always include attempts to obtain input from a member's PCP, dental provider, BH providers, specialists and other providers.

Kentucky SKY Care Management will take a holistic and member-centric approach. This approach is designed to provide support and resources for members and their families. Examples of this support include:

- Functioning as a health care advocate
- Helping to close gaps in care
- Locating and scheduling provider appointments
- Facilitating and/or arranging transportation
- Connecting the member to community-based organizations and resources
- Resolving barriers to access for needed care and services
- Addressing challenges related to SDoH, health disparities and health literacy

Passport will leverage a team-based model to support members. Members in foster care will be supported by a core team comprised of a Care Coordinator, the member, caregivers and social service worker (SSW). For members under adoption subsidy, the core team will be comprised of a Care Coordinator, the member

and parent/caregiver. The core team for former foster care members will be the Care Coordinator and the member. As needed to support a member's progress toward his or her care plan goals, these core teams will be supplemented by providers, community supports, nurse Care Advisors, Passport BH clinicians, Passport psychiatrists, Passport's medical director, Passport's BH director, Passport behavior specialists, Passport registered dietitians and/or a Passport clinical pharmacist.

For the lowest-risk members in this population, Care Coordinators will connect with the member or caregiver every three to six (3-6) months, depending on individual need. Initially, these touchpoints will be more frequent to stabilize the member, close any care gaps and ensure the member has the services and support he or she needs. Should the member or caregiver need additional support, they can reach out to the Care Coordinator at any time for assistance and guidance. The care plan will be updated annually unless a new need emerges, such as an inpatient admission, placement change, aging out, etc. Most contacts with the member will be telephonic to provide ease of access, but face-to-face support can be provided if desired or needed.

Passport Success Story: Intensive Care Coordination

John* was 9 years old when he was engaged in the foster care pilot program. John's mother had been given multiple chances to complete her case plan and had not succeeded, so proceedings for termination of parental rights had begun. From the beginning, the Intensive Care Coordinator included John's foster mother and his mother in the Child and Family Team, which set a goal to get John safely home with his mom. After much hard work, John was ultimately returned to his mother's custody, while his foster mom remained a support to both of them.

*member name changed for privacy

Higher-risk members within the CM population will receive more frequent contact and may have other Kentucky SKY Care team members assigned to them, such as a peer support, based on their individualized needs. For example, a foster youth age seventeen (17) or older has limited time to prepare for independence, particularly if they are planning to exit the DCBS's care at age eighteen (18). In this instance, a peer support may be deployed (if the member is willing) to help the member gain needed documents (e.g., picture ID, birth certificate, Passport member ID) and learn skills to prepare for independence. Care team meetings for this youth would be scheduled on a quarterly basis to track progress toward independence readiness.

Intensive and Complex Care Coordination

For members with more intensive needs, Passport offers two (2) levels of Kentucky SKY care coordination: intensive and complex. For both levels, we will use the same High Fidelity Wraparound evidence-based approach to care, with the primary difference between levels being the frequency/intensity of contact with the member and the support provided to the care team.

As part of our expanded Care Coordination program for the Kentucky SKY population, wraparound services will be highly individualized for children identified as high risk for inclusion in the Intensive or Complex Care Coordination programs, with a goal of providing more timely interventions to prevent or address crisis situations and lead to improved long-term outcomes. Core to the wraparound approach is the presence of a Care Coordinator, who serves as a focal coordinator or hub of all care team activities. As required by the contract, any member with complex BH needs will be supported by a Care Coordinator who is certified and trained in the delivery of High Fidelity Wraparound, and a BH Care Advisor will be assigned to assess the member and create a care plan. Members identified as Medically Complex foster children will have a Nurse Case Manager to assist them. Together with the Care Coordinator, the Nurse Case Manager will team with the SSW to obtain the child's medical records and to conduct the initial home visit of the Medically Complex child to identify medical and BH issues and needs.

After the Care Advisor completes an assessment, the Care Coordinator will convene the core Kentucky SKY Care team as described above. These core teams will be supplemented by providers, community supports, Care Advisors (RNs or BH professionals), BH specialists, Community Health Workers, peer supports, a registered dietitian and/or pharmacist as needed to support the member's care. The Care Advisor will ensure the active participation of the child and family, DCBS or DJJ worker, and other individuals involved.

The Care Advisor will gather from the care team members perspectives on underlying needs and concerns for the individual member and get a sense of the family narrative. The initial care team meeting will focus on developing a care plan with the intent of getting or maintaining the Kentucky SKY member in the least restrictive setting possible. Documentation of input from (or attempts to obtain input from) the PCP, dental provider, BH providers, specialists and other providers will be part of the care planning process. The Care Coordinator will also coordinate wraparound services and supports to meet the goals of each member's coordinated care plan. Throughout, the Care Advisor will work with the care team to identify strategies to meet the member's needs and ensure continuity of placement and care whenever possible.

The Care Coordinator will ensure:

- The Kentucky SKY care team has necessary information, including from prior MCOs or providers, to make timely, appropriate authorizations and referrals to meet the member's needs;
- Approved care plans and authorizations are communicated timely to providers, DMS, DCBS and DJJ as required; and
- Kentucky SKY members, providers, foster parents, adoptive parents, fictive kin caregivers, DCBS and DJJ have the most current information regarding community resources available to assist the member with meeting their needs and connecting the member with these resources.

The Care Coordinator convenes ongoing monthly care team meetings to assess progress. To supplement the care team meetings, the Care Coordinator or other team members will also contact members monthly as follows:

- **Intensive Care Coordination:** Weekly outreach with one (1) face-to-face contact per month. At least one (1) meeting will be with the Kentucky SKY member and caregiver. The care plan will be updated at least monthly, unless an interim need arises.

- **Complex Care Coordination:** Weekly outreach with two (2) face-to-face contacts per month. At least one (1) meeting will be with the Kentucky SKY member and caregiver. A minimum of two (2) hours per week of care coordination will be provided. The care plan will be updated at least monthly, unless an interim need arises.

The Care Coordinator will provide information to team members to help them coordinate care. If assistance is needed to locate provider or schedule appointments for primary, dental, or specialty care or support services, the Care Coordinator is available to help. He or she can also coordinate Non-Emergency Medical Transportation (NEMT) services if needed to access these appointments or services and can arrange community supports for Kentucky SKY members and make referrals to community-based resources as necessary.

Importantly, the Care Coordinator can expedite scheduling appointments for assessments and facilitating timely submittal of assessment results used to determine residential placements. The Care Coordinator will also compile results of these assessments and submit the results to the appropriate DCBS or DJJ staff within the timeframes identified by DCBS or DJJ or otherwise specified in the contract.

The Care Advisor will help the care team evaluate the effectiveness of interventions, modifying the care plan as needed and removing any barriers to success. The Care Advisor will coordinate regular updates to the care plan (at least monthly via care team meetings) to change and redirect interventions as appropriate. Whenever possible, the ultimate goal of the care plan will be to develop a plan to transition the child and family from Intensive or Complex Care Coordination to the CM program to foster long term support and stability.

To that end, Passport will conduct a formal discharge planning 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 levels of care.

All care coordination and CM activities are documented within Identifi, Passport's PHM system. This documentation will include efforts to make provider appointments; arrange transportation; establish meaningful contact with the members' PCP, dental provider, specialists and other providers; and arrange for referrals to community-based resources. This documentation will detail any barriers or obstacles to arranging or obtaining these services. Providers who use Identifi Practice can see members' care plans within the platform.

Staffing Ratios

Passport's practice is to form a highly integrated and member-centric team for varied clinical disciplines and specialties across the organization. Caseload ratios specific to Kentucky SKY are as demonstrated in **Exhibit G.10-6**.

Exhibit G.10-6: Passport's Caseload Ratios for Kentucky SKY

Program	Caseload Ratio
Kentucky SKY Care Management	350:1 staffed by Care Coordinator (Note: Caseloads may vary based on needs of members and their caregivers.)
Kentucky SKY Intensive Care Coordination	70:1 Care Coordinator
Kentucky SKY Complex Care Coordination	65:1 team of 1 Care Coordinator and 1 Care Advisor

Ensuring Provider Compliance with Evidence-Based Approaches

Passport's commitment to evidence-based practice can be seen in the use of our Passport provider-driven committees, which recommend evidence-based clinical practice guidelines for adoption by the health plan. These committees include the PCP workgroup with its Child and Adolescent subcommittee and the Quality Medical Management Committee (QMMC) and its subcommittees, the Behavioral Health Advisory Committee and the soon-to-be Kentucky SKY Advisory Group. The QMMC functions as Passport's Quality Improvement Committee (QIC). We have an established onboarding, training, education and support program for our providers that is managed by our statewide network of locally based Provider Relations Specialists. One function of our Kentucky SKY Provider Relations Liaison will be to work with our full provider relations team to ensure that all providers receive the training, tools and supports needed to be compliant with Passport's evidence-based care expectations for our members.

Provider Contracts and Training

All PCPs and other providers serving Kentucky SKY members will receive orientation to the specific needs of the Kentucky SKY population and initial training in trauma-informed care (TIC) and High Fidelity Wraparound or be required to document their training. Passport will also establish providers' expectations by including language in contracts requiring the use of evidence-based practice. Not only will we educate and inform our contracted providers, we will also monitor and evaluate their performance. Network providers who meet the established quality benchmarks, including measures of TIC, will receive incentives for providing quality care to our members.

Provider Tools

Passport also supports providers in delivering evidence-based care across the spectrum of care. Passport providers have access to Identifi Practice, which provides physician practices with workflow and analytics to enable greater engagement in value-based care activities. Identifi Practice allows users to access actionable electronic intelligence at the point of care and provides a physician-centric view of real-time Passport member insights such as gaps in care and quality measures, care program engagement and current care plan. Identifi Practice's on-demand reporting enables providers to access insights into clinical, quality and financial performance, with the ability to drill into specific areas of opportunity for which actions to take.

Timely, relevant, personalized reports give providers valuable insight into our members. Identifi Practice provides reports featuring provider, practice and/or Passport member details, which surface information to

make evidence-based decisions. Some of the most popular dashboards and reports available through Identifi Practice include:

- **PCP Panel Summary Dashboard:** This simple and singular view empowers providers and brings focus to the actionable opportunities of their panel of attributed members. This dashboard categorizes a provider's or practice's full panel of attributed members into key practice level objectives:
  - Gaps in care
  - Comprehensive condition capture to allow accurate identification and stratification
  - CM activity
- **Physician-Level Quality Compliance:** The Quality Compliance Report (QCR) summarizes quality measure performance at provider, practice and system levels. QCR allows comparisons to client average and line of business-specific benchmarks (e.g., MA Stars).
- **Categorized Member Rosters:** Identifi Practice presents the provider a series of interactive rosters for attributed members specifically aligned to key performance objectives to ensure the highest level of usability and accessibility for the provider. These sortable, exportable member rosters contain the contextual data needed to identify high-impact members and augment their clinical workflow.

HEDIS and Other Metric Reporting

We have found that initial provider engagement and participation make downstream performance improvement and behavior change more likely. Our providers participate in medical record reviews to ensure all required documentation is captured, engage in EPSDT file audits and education, and review routine adherence to clinical practice guidelines.

Passport provides outreach and engagement to provider practices focused on improving performance on specific measures, including HEDIS, Healthy Kentuckians and measures specific to the Kentucky SKY population. We supply providers with reports that illustrate necessary screenings due and use our Provider Recognition Program specific to HEDIS measure improvement. Where appropriate, we support providers with site visits by the Kentucky SKY Medical Director, Quality Director, pharmacist, Provider Recognition Program Manager or Kentucky SKY Provider Relations Representatives.

G.10.e. Provide a description of the Vendor's approach for ensuring Network Providers are providing Trauma-informed Care to Kentucky SKY Enrollees.

Ensuring Providers Provide TIC

Kentucky SKY members have a higher propensity for Adverse Childhood Experiences (ACEs) and other traumas than the general pediatric and young adult population. To support them, Passport will take a TIC approach for our provider network. We will also use and support a TIC approach for work with foster

parents and other caregivers who may suffer from secondary trauma because of their own trauma history, work in social services or other helping profession, or a lack of a natural support system or other factors.

Passport is committed to training all providers in TIC. As DMS and DCBS are aware, the University of Kentucky College of Social Work's Training Resource Center (TRC) has designed and implemented child welfare training, evaluation, and service programs across the state for nearly three (3) decades. Passport has entered into discussions with the TRC to help us build training curricula and materials and potentially assist in delivering TIC training. These training materials and classes would provide education to Passport Care Advisors and Care Coordinators, our providers, and—as needed—state agencies on TIC and other topics relevant to the specialized support Kentucky SKY members require.

Providers that serve Kentucky SKY members and Passport's extended provider support team will participate in initial and ongoing training that incorporates TIC. Passport currently consults with providers about incorporating TIC practices into their services. For Kentucky SKY, all member- and provider-facing staff will be trained in the basics of a TIC approach. This training initially will occur during provider orientations for the Kentucky SKY program and continue through workshops, lunch-and-learns and webinars. The training is designed to teach trainees about the unique needs of this very vulnerable population, the role of the caregiver and Kentucky SKY program requirements. We also provide resources, such as Substance Abuse and Mental Health Services Administration's (SAMHSA's) Concept of Trauma and Guidance for a Trauma-Informed Approach and the American Academy of Pediatrics' Becoming a Trauma-Informed Practice, to guide agencies in doing a self-study on their TIC approach. In-depth specialty consultation, such as that currently provided to PCPs by Dr. Jessica Beal, a clinical child psychologist, is also available.

Furthermore, Kentucky SKY providers must agree either through contracts or contract amendments to practice using a TIC approach with SKY members. We will not only educate and inform our contracted providers but also monitor and evaluate providers' performance. Network providers who meet the established quality benchmarks, including measures of TIC, will receive incentives for providing quality care to our members.

For additional support, Passport will offer a provider relations representative dedicated to Kentucky SKY providers who will help train providers on the specific needs of this population, including the specifics of the CM and Care Coordination programs and their use of TIC. The provider relations representative will document all training sessions to ensure that applicable Kentucky SKY providers complete the training to offer documentation that lists participants and evaluations, as required for compliance, for audit purposes.

Today, when a member experiences a problem with a provider, DCBS or the foster parent contacts Passport to notify us of the issue, and we contact the provider to offer corrective education. To help us more closely monitor the provision of TIC by our providers, Passport will use member, legal guardian and foster parent/caregiver surveys specific to each provider's experiences. These surveys will help us reinforce and retrain providers if needed. We maintain close relationships with providers and currently work with providers who may need supplemental training on TIC or other matters and will continue to do so. We will also incorporate provider audits and pop quizzes related to TIC topics in our provider relations program and intervene with additional education when providers fail the quizzes.

G.10.f. Describe how the Vendor will use telemedicine and telehealth to improve quality or access to physical and Behavioral Health services.

Using Telemedicine and Telehealth to Improve Quality and Access

We welcome the opportunity to expand telehealth options as one solution to Kentucky's access issues and to better meet the needs of Kentucky SKY members. With the assignment of all Kentucky SKY members to Passport, we can offer even more opportunities to access telehealth services and provide support to rural members or members with other access limitations.

Approach to Telehealth Service Delivery

In the third quarter of 2020, Passport will launch Teladoc, a 24/7 video and telephonic platform to provide medical and dermatologic virtual visits that meets current Commonwealth requirements for a telehealth provider and operates a Kentucky-certified Medicaid physician organization. We based this decision on months of research and discussions with representatives from national virtual visit companies and from our partner-owners, and after reviewing lessons learned from previous telehealth efforts by Passport and the University of Kentucky and University of Louisville. We will explore expanding offerings to include BH visits after implementation and adoption of phase one. Teladoc, beyond offering visits that can take the place of unnecessary ED and urgent care visits, also *offers our qualified providers the opportunity to extend their services beyond the doors of their practices.*

Members can access Teladoc by web, phone or mobile app, and appointments may be requested "as soon as possible" or scheduled in advance. Teladoc physicians review symptoms, provide recommendations and use electronic prescribing (Surescripts) if a prescription is clinically indicated. They do not prescribe any Drug Enforcement Administration-controlled substances and limit the use of antibiotics to appropriate situations.

While Teladoc currently operates in Kentucky for commercial health insurers and has experience with the Commonwealth's populations, **Passport will be the first Kentucky Medicaid managed care plan to offer this convenient and cutting-edge service**.

Passport also works with other organizations, such as our provider owners like the University of Louisville, to offer telehealth opportunities to our provider network. For example, we have joined with the Kentucky Rural Healthcare Information Organization to support its efforts in bringing Project ECHO, one of the nation's most respected telehealth platforms, to rural providers. During TeleECHO clinics, an interdisciplinary team of experts videoconferences with PCPs on difficult disease states or conditions and advanced consultations at no cost to the provider. Subject matter experts present brief didactic presentations, discuss new developments and treatments, and use case-based learning to help rural PCPs acquire the most up-to-date skills to diagnose, treat and monitor their patients through complex conditions. Project ECHO also offers free continuing education and nursing education credits. Currently, we are promoting twice-monthly sessions on pain management and Medication-Assisted Treatment (MAT) via our provider website, fax, mail and email directly to our providers.

Passport's Experience Using Remote Care Monitoring, or Telemonitoring

Passport also monitors access issues that present not as statistical shortages but as barriers for individual members. For example, some members with chronic conditions that require routine monitoring are exactly the members who have the most personal difficulty getting to a provider appointment. Passport uses evidence-based **remote biometric telemonitoring** for members aged 18 and over—including those in Kentucky SKY—enrolled in our CM programs with certain chronic diagnoses who can learn to recognize their early symptoms of a worsening condition and help them respond to these symptoms appropriately, including contacting and/or visiting their PCP. The user-friendly technology is targeted for members with diagnoses of chronic condition such as congestive heart failure, asthma, chronic obstructive pulmonary disease and diabetes. As part of the member's CM Plan, Passport's Care Advisor sends the telemonitoring equipment, including a specialized electronic tablet, blood pressure cuff, oximeter, and weight scale to the member's home and teaches the member how and when to use the devices. The devices are Bluetooth enabled and integrated with the tablet to transmit the member's vital information directly to our Care Advisors, who can take immediate action on the member's behalf if changes in health status are noted. The system also sends a red flag alert based on preset, evidence-based measures for the member's condition and health status. The alert allows the member's care team to determine exactly which interventions are indicated. We have found that remote telemonitoring devices not only provide better management of the member's condition but also bring the member more peace of mind while eliminating unneeded visits to their PCP or specialist, and thus opening appointment capacity for providers to see other patients.

Telemedicine Experience

Passport has explored several telehealth service options in the past seven (7) years and gained valuable insight into the needs, wants, and capabilities of both our members and providers when it comes to emerging and quickly changing telehealth technologies. In our most significant effort, in 2015, we partnered with the University of Kentucky's Kentucky Telehealth Network (KTHN) to launch telehealth for our psychiatrists, physicians and nurse practitioners to meet with members electronically in place of face-to-face visits. We realized that telehealth technology had the promise of connecting members more easily to service, could extend access to areas of BH provider shortage and, in some cases, take excess appointment capacity from urban areas to rural locations thus helping members and providers. However, many providers did not wish to be engaged. Among the concerns we heard: providers were wary of the technology's application, did not want to visit with their patients electronically and would prefer more local solutions to address any access barriers. We continue to work closely with these providers to address their concerns.

In another attempt, we granted a program at the University of Louisville and Bingham Clinic to increase opportunities for child psychiatry fellows and residents to gain experience in rural Kentucky settings and perhaps encourage them to move to rural areas post-training. The program delivered services via telehealth to children in a large Bardstown pediatric program. While the program was successful and the volume of services delivered increased, the practice eventually added local integrated service to their practice and thus no longer required telehealth interventions. Again, the lesson was clear: our providers prefer local, not electronic solutions for their specific situations.

We continue to take these lessons and apply them, which is why our upcoming efforts will center on the member side of the telehealth interaction and not the provider side. With Teladoc, Passport will offer virtual visits directly to our members when and where they are convenient for members. Our network providers can become Teladoc providers. Our hope is that providers who elect to join Teladoc and deliver telehealth to members will become more open to additional telehealth opportunities in the future.

For example, we are exploring another member-driven technology- and evidence-based telehealth program for members in substance use disorder recovery that includes a platform for members to attend virtual Alcoholics Anonymous, Narcotics Anonymous and Cocaine Anonymous support groups online and potentially to have provider-directed telehealth visits. We will apply our criteria, the Commonwealth's new legislative action, and DMS regulations and with this contract in reviewing this and all future telehealth opportunities.

G.10.g. Describe how the Vendor will capture data related to Social Determinants of Health and incorporate this information into its Care Management approach.

Incorporating SDoH Into Our Care Management Approach

SDoH are estimated to be responsible for up to eighty percent (80%) of health outcomes. For Kentucky SKY members and their families, the impact of SDoH may be even greater. In some cases, family struggles with SDoH may be a driving factor for the member's placement under state care. By incorporating SDoH into our CM programs, Passport can improve outcomes for Kentucky SKY members and their families. In some cases, our ability to address these underlying issues may facilitate more rapid family reunification (if that is the goal).

Every Passport CM assessment is completed in Identifi, our PHM platform, and includes questions related to SDoH. Passport assessments use evidence-based medicine to comprehensively assess and address each member's unique behavioral, physical and psychosocial needs. Assessments inform the development of person-centered care plans unique to the needs of each individual member.

Our **Closed-loop SDoH Model** magnifies the impact of our High Fidelity Wraparound model in achieving improved outcomes for our members. Using our locally driven community-based model, Passport has been an early innovator in the national movement to address SDoH. This model has been honed over our two (2) decades in Kentucky based on deep experience working with the population and understanding the specific needs and gaps in each neighborhood and community and creating multiple access points and service providers within the health network. Specifically, Passport's member-level social data and advanced analytics combine with its embedded community partnerships and thought leadership to address current limitations in local health care and social services delivery systems, resulting in higher member and family engagement and improved health outcomes.

Social Needs Index

One of the most pressing challenges to proactively identifying and supporting members with social needs is the lack of member-specific insights and data. To address this, Passport uses the Social Needs Index (SNI)—a unique, easily understandable score that quantifies a member's SDoH risk level correlated to adverse health outcomes. In 2019, Passport conducted a pilot demonstrating that the SNI could accurately predict those with the highest social needs and conduct SDoH outreach. Among the members with a high SNI score who were assessed, one hundred percent (100%) reported at least one (1) SDoH need, and ninety percent (90%) reported multiple needs. Food (thirty-four percent [34%]), employment (twenty-three percent [23%]), and housing (sixteen percent [16%]) were the most reported social needs. After the success of the pilot program, the SNI will be available as a unique risk score for every Passport member in 2020. SKY care team members will be able to see the score, which will change as new information is received, in the member summary screen in Identifi.

Tracking SDoH Referrals Through United Community and Healthify Social Service Directory

While many health care organizations make referrals to community-based organizations, very few track those referrals to ensure a successful outcome, let alone attempt to understand the downstream impact on the member's health or social well-being. Through Passport's partnership with the Metro United Way, we supported the launch of United Community—a community-wide initiative to deploy an innovative shared technology platform to initiate and close referrals across many organizations, agencies, and services and to create and maintain a social services record for citizens of the community. Passport represents the health plan perspective on the United Community Governing Team, along with the Louisville Metro Health Department for the health provider perspective, Evolve502 for the educational perspective, and Metro United Way for the social services perspective. The United Community's goal of becoming the first shared community social services record to include the local school system in the country was achieved beginning in January 2020. The platform originally launched in April 2019. Passport has taken the data from our work connecting members to social service providers and helped validate the Unite Us tool and ensure that the providers our members work with most are included in the United Community. We are currently designing analytics tools to evaluate the impact of the partnership and platform in not only improving health outcomes but also preventing other adverse social outcomes, such as unemployment and incarceration.

While Passport will continue to support the success and expansion of United Community beyond Jefferson and surrounding counties, we have also invested in Healthify as our statewide solution to closed-loop referrals. Healthify is web-based platform that curates the highest-quality nationwide social services into an online directory of BH resources, education, emergency services, family and youth services, financial support, food services, goods services, health services, housing, legal support and advocacy services, social supports, transportation, and employment. The platform the Accountable Health Communities (AHC) Health-Related Social Needs Screening Tool built into it, along with the capability to track referrals. Using Healthify, Care Coordinators and other SKY care team members can support members with identified social needs and track the outcomes of those referrals to understand impact. In a sample of 2,000 members

screened for SDoH, 1,787 total referrals were made across 451 distinct members, indicating that a portion of the population has multiple needs (on average approximately four [4] distinct needs requiring a specialized service). Preliminary results show that members used fewer acute services, resulting in an approximate twenty-two percent (~22%) reduction in PMPM costs in the six (6) months after a member acted upon the referral (i.e., closed the loop.)

Passport in the Community

Over the course of Passport's long history serving children in Kentucky's foster care system and the Medicaid population as a whole, we have established an extensive network of relationships with community-based organizations that can help meet the social needs of our Kentucky SKY members and their caregivers. In addition, Passport sponsors and participates in multiple community events across the Commonwealth focused on family needs, such as food security and nutrition, physical activity in schools and other mechanisms for addressing childhood obesity, dental care and health screenings.

As a Kentucky-based plan, Passport is highly engaged with our communities and draws upon our strong relationships with community organizations to help meet the social needs of our members. To foster these ongoing relationships, Passport staff serve on community committees and participate in coalition meetings to address many of the core issues our members face. We also actively serve the communities we serve through nearly 200 appointed boards, advisory committees, interagency councils, local chamber events, coalition meetings, re-entry coalitions, community health worker associations and more.

Passport believes that one of the greatest impacts we can have on improving the health and quality of life for Kentuckians is to coordinate and collaborate with other organizations and agencies within Kentucky's communities. Our staff works extensively with more than 649 agencies including the following:

- School-based advocates
- Faith-based advocates
- Family Resource and Youth Services Centers (FRYSC)
- Community action agencies
- Interagency groups
- Advocates for the homeless
- Extension offices
- Chambers of commerce
- Food banks
- Shelters
- Head Start
- HANDS
- Public health departments

We work diligently to uphold strong, collaborative relationships with our community partners and local Kentucky advocates through in-person meetings, presentations and staff trainings.

Passport has documented a sample of the thousands of interactions that have taken place in local communities to address the full spectrum of health and wellness, community engagement, and social/environmental issues across the highly diverse communities at the regional, county, and city/town levels. This sample of interactions included in **Attachment G.10-1_Community Engagement Examples**

describes the deeply embedded relationships has across the state not only with the geography but also within each community.

In these interactions in our communities, we help members address their barriers to care, which could include:

- **SDoH** such as housing, clothing, food security, transportation, education, record expungement, accessibility and domestic violence/safety;
- **Health-Related Issues** such as dental, wellness and BH, prevention/health education, vision, nutrition, substance use, heart health, respiratory care, cancer care; and
- **Community-Wide Issues That Create Barriers to Well-Being,** such as early childhood education, kindergarten readiness, school supplies, workforce-ready skills and after-school care.

G.10.h. Describe how the Vendor will coordinate with the Department, DCBS, DJJ, and physical and Behavioral Health Providers to ensure each Provider has access to the most up-to-date medical records for Kentucky SKY Enrollees.

Coordinating with DMS, DCBS, DJJ and Providers to Ensure Access to Up-to-Date Medical Records

Children in foster care are at greater risk for receiving disjointed care. Frequent changes in placement may result in disruptions in care and a loss of continuity in medical recordkeeping. Similarly, transitions between levels of care (e.g., residential to outpatient) also will affect continuity of care. To combat these problems, Passport's Kentucky SKY Care Coordinator will serve as a central point of contact to "connect the dots" among providers as members move from one setting or placement to another.

Passport will coordinate with DMS, DCBS and DJJ to develop workflows and processes related to the transmission of clinical and non-clinical Kentucky SKY member information.

Today, Passport has established relationships with DMS, DCBS and physical and BH providers including residential treatment facilities, PRTFs and therapeutic foster care programs. These organizations identify Passport as an excellent resource for providing up-to-date information on foster care encounter data and provider history. We currently work closely with DJJ staff to coordinate care for DJJ youth and make medical records available for providers serving them. We have not had an extensive engagement with DJJ leadership around statewide and regional systems of care coordination. We look forward to collaborating with them on this initiative. Any of these entities can contact us, and we can share the encounter history we have on record and connect the requestor to the rendering provider to facilitate collaboration.

Passport also helps foster parents and SSWs maintain and update each child's Medical Passport to assist with continuity of care.

No less than quarterly, Passport's staff will meet with DCBS staff to identify, discuss and resolve any health care issues and needs of Passport's Kentucky SKY membership. We currently meet with DCBS and DMS jointly quarterly. Our most recent meeting addressed HEDIS child care standards and how our foster care

members compare on those standards to the rest of Passport's child population. Other examples of agenda topics include needed specialized Medicaid Covered Services, polypharmacy with psychotropic medication, availability of applied behavior analysis (ABA) providers in the Commonwealth, community services and whether the child's current primary and specialty care providers are enrolled in Passport's network.

If the DCBS service plan identifies the need for case management or DCBS staff requests case management for a Kentucky SKY member, Passport's staff will work with the foster parent and/or DCBS staff to develop a case management plan, which will be a determination of which level of care coordination/CM is appropriate for the member. Passport's staff will consult with DCBS and/or DJJ staff before changing the case management plan. Passport will also consult DCBS staff before creating or update a member's care plan.

Designated Passport staff will sign each service plan made available by DCBS to indicate their agreement with the plan. If the DCBS and Passport staff cannot reach agreement on the service plan for a Kentucky SKY member, information about that member's physical health care needs, unresolved issues in developing the case management plan, and a summary of resolutions discussed by the DCBS and contractor staff will be forwarded to DMS's designated representative.

Passport has deep relationships with provider organizations and believes in working collaboratively with providers to improve member outcomes and costs. A key focus is availability of timely and accurate data to drive decisions. Unlike other MCOs who rely heavily on administrative claims for all operational and clinical purposes, Passport has access to purpose-built infrastructure that can integrate with data assets such as KHIE. The integration of claims data with a comprehensive set of information from KHIE can drive a multitude of member and provider initiatives in a much more automated, accurate and timely manner.

To that end, we will continue our efforts to connect all providers to KHIE and using EHRs to ensure each provider has access to the most up-to-date medical records for Kentucky SKY members. Our extensive efforts in promoting the adoption of these technologies has resulted in eighty percent (80%) of our members using providers connected to the KHIE. We have an ongoing multitiered approach to achieve one hundred percent (100%) provider network connectivity, including but not limited to:

- Educating providers on the benefits to their practice and the members they serve, including more comprehensive and timely member information, along with reports that identify gaps in care and at-risk members needing intervention, and opportunities for improving treatment outcomes.
- Helping providers adopt and integrate KHIE and EHR technologies into their workflow to ensure the administrative burden is minimized. This includes education on the Provider Assistance Program mini-grant opportunity through KHIE, and any extramural funds available for connecting.
- Offering incentives to expand provider connection to KHIE and use of EHR. This will range from Passport-sponsored meetings with KHIE to further educate providers on health system benefits to providing technical support and financial incentives to help defray the costs of connecting.

Using this collaborative approach with our Kentucky stakeholders, Passport is continually raising awareness, educating and reinforcing the advantages and requirements of KHIE and EHR participation, thus moving toward complete utilization by providers.

Conclusion

With 20 years of experience supporting children in foster care, former foster care, juvenile justice, and adoption subsidy members, including delivery of our innovative High Fidelity Wraparound program, Passport is passionate about supporting this fragile population and has the experience necessary to support Kentucky SKY members. Our Care Advisors and Care Coordinators will work with our members and their parents/caregivers to coordinate and facilitate all services necessary to support the permanency goal for the children in care or to maintain stability for children not in care and former foster youth. The primary goals of our program are to increase stability and improve the member's overall functioning. Our family-centered wraparound approach supports the entire family so that they can best help members achieve their goals. Passport will comply with all requirements for Kentucky SKY members, as specified in Section 34 "Population Health Management Program" and Section 41 of the Draft Contract. As we have throughout our history, Passport will continue to collaborate with DMS, DCBS and DJJ, as well as with the providers who support Kentucky SKY members to ensure that information is shared freely and that together we remain focused on providing the best, most appropriate support possible for each 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.