

G. (OPTIONAL SUBMITTAL) Kentucky SKY (Section 42.0 (Kentucky SKY))

Submittal of a proposal to serve the Kentucky SKY population is optional. Evaluation of proposals received for this Section will be limited to Contractors receiving an award for the main Managed Care contract. (See Draft Medicaid Managed Care Contract and Appendices Section 70.2 for more information.)

Section references herein are made to RFP Attachment C “Draft Medicaid Managed Care Contract and Appendices.” Contractor responses should be based on the RFP requirements and should include the following:

1. Executive Summary

a. Provide an Executive Summary that summarizes the Contractor’s proposed technical approach, staffing and organizational structure, and implementation plan for the Kentucky SKY program. The Executive Summary must include a statement of understanding and fully document the Contractor’s ability, understanding and capability to provide the full scope of work.

We keep the children in foster care and those we serve at the core of everything we do. **“Helping people live healthier lives”** is not just our mission; it is our passion, drives us to make the lives of these children more fulfilled and successful, stems from our intimate knowledge, and lived experience of the hardships many of these children face. Our national footprint and expertise serving children and youth, similar to those in the SKY program sets us apart and motivates us to continue innovating to meet their unique needs and assist them in reaching their goals.

We put the children and youth we serve first in many ways, not just through our care management model and approach, but also in how we integrate medical and behavioral health, address social determinants of health, assist youth in foster care through transitions and approach value-based payments. **We align this mission with the Department for Medicaid Services’ (DMS) vision to enhance coordination of care, provide access to Trauma-informed Care and work with all stakeholders in the Kentucky SKY (Supporting Kentucky Youth) program — DCBS, our youth, providers and community-based organizations.**

Technical Approach

UnitedHealthcare of Kentucky, Ltd. (UnitedHealthcare Community Plan of Kentucky (UnitedHealthcare)) is uniquely positioned to deliver a holistic care management model for children in the Kentucky SKY program. Through our technical approach proposal, we will describe our innovative and fully integrated model of care for children and youth in foster care. We achieve this by providing integrated medical, behavioral, and psychological products, services, and partnerships with our affiliate companies Optum behavioral health and OptumRx.

We have expertise meeting the needs of children in foster care, and we used this experience in building and designing our approach for Kentucky, acknowledging it would need to be unique to meet the needs of children and youth who will be served through the SKY program. Starting from the ground up, we met with, engaged, asked and listened to influencers across the Commonwealth—to understand what is working and amplify those efforts while also gathering information regarding opportunities for improvement. As part of our commitment to the Commonwealth, we will work with key stakeholders who have a vested interest in improving the lives and outcomes of the children served in this program. To illustrate our experience and how our model of care produces positive outcomes for children and youth in foster care, we will provide data and examples from other states and jurisdictions. Based on our experience, we have built out a program design that is cost-effective yet robust to meet the unique behavioral and physical health care needs of children in the SKY program. We know our data analytics and technology set us apart, and because of this, we can meet and even exceed expectations while

keeping our staffing ratios competitive. Our staff has spent time meeting with the people in Kentucky so their voices could inform our model of care. In Attachment G.1 Letters of Support, you will find declarations of support from a variety of stakeholders who we have worked with to develop our response; a few excerpts have been included herein:

Fostering Partnerships throughout the Commonwealth

“With the help of UnitedHealthcare we are on our way to having one central hub in our community for families to receive true wrap around services, Bridge Kentucky... which will result in healthier families along with a significant decrease in the amount of youth in our foster care system.”

- Mary Lee England, Executive Director, Boys & Girls Club of Glasgow-Barren County

“We are grateful for the UnitedHealthcare team’s commitment to build relationships with local community leaders and find innovative ways to address the social determinants that will ultimately improve the health of Kentucky’s children.”

- Terry Brooks, Ed. D, Executive Director, Kentucky Youth Advocates

“UnitedHealthcare has demonstrated a genuine desire to find innovative solutions driven by compassion for the underserved in our community.”

- Mike McCormick, Lead Pastor, Calvary Christian Church

Experience:

We serve children, youth, and families throughout Kentucky and have since 1986. This experience gives us insights into what makes Kentucky, the needs of its families, and the strengths of its program so very unique. We have national experience in serving more than 65,000 foster youth in 13 states. This combined local and national experience serves as a foundation for our commitment to helping DMS achieve the goals of enhanced care coordination among providers, agencies and facilities; better access to Trauma-informed services; and improved health outcomes, as outlined in Section 20.1 of the RFP. Throughout our response, we will demonstrate our understanding related to the needs of children and youth in foster care, and we will describe our model of care designed to meet the unique needs of children in Kentucky and aligned to DMS’s vision. We also know our solution must support the Commonwealth into the next decade and serve as a foundation for ongoing innovation as we strive to support a system working to improve the lives of the children, youth, and families supported by the SKY program.

The foundation of our proposal is built around four themes, including collaboration, simplification, empowerment, and innovation. Throughout the SKY proposal, you will see the following icons highlighting those themes as described below:

- Robust **collaboration** with DMS, Department for Community Based Services (DCBS), Department of Juvenile Justice (DJJ), other state agencies, providers, community stakeholders and, most importantly, families and children in foster care to verify their voice is heard
- **Simplified** and high-quality services to children in foster care and providers to improve health outcomes
- Health and wellness through our unique model of care to **empower** children, youth and caregiver supporting them to be in control of their person-centered care plan
- **Innovation** throughout our clinical model, provider network, community partnerships and initiatives to improve health outcomes for all those being served through the Kentucky SKY program



COLLABORATE



SIMPLIFY



EMPOWER



INNOVATE

Additionally, throughout this response, we will use a few terms interchangeably. We want to take this opportunity to clarify:

- When referencing DCBS social service worker, we may use caseworker or worker
- When referencing enrollees in the Kentucky SKY program, we may use child(ren) or youth in foster care
- When referencing “foster care” we include all, or some, of:
 - Children in Foster Care
 - Children in Adoption Assistance
 - Interstate Compact On The Placement Of Children (ICPC)
 - Transition Aged Youth
 - Interstate Compact on Adoption and Medical Assistance (ICAMA)
 - Youth involved with both the juvenile justice system and DCBS

Staffing and Organizational Structure



COLLABORATE

Under the direction of our chief executive officer (CEO), Amy Johnston Little and our health plan and interim SKY chief medical officer, Dr. Jeb Teichman (a pediatrician with vast experience) we have started hiring highly capable key personnel to serve the Kentucky SKY program. Our approach is supported by staff across the enterprise who have extensive knowledge, experience and passion for serving children and youth in foster care. We have extended letters of intent for a number of key positions, all of whom are located in Kentucky, including our chief operating officer, chief financial officer, quality improvement director, behavioral health director, dental director and executive director for the Kentucky SKY program. These letters of intent have an undetermined start date based upon contract award and go live to ensure we can bring permanent positions on board quickly. Couple this with the partnerships we have locally across the Commonwealth, and you have the making of a team-based approach that can quickly begin to meet the needs of these children and produce outcomes upon contract award. This support and experience, both nationally and locally, enables our Kentucky leadership team to implement innovative solutions, address challenges and bring expertise to help the Commonwealth define new programs, modify existing ones and enhance our Kentucky SKY services.

Ms. Johnston Little’s philosophy is guided by UnitedHealth Group’s culture and built on a foundation of our five values, comprising: **Innovation, Compassion, Relationships, Performance and Integrity**. This philosophy ensures we promote collaboration among our staff, local partners and providers to deliver innovative solutions that meet programmatic goals, including:

- Supporting **local partners** as key stakeholders in our service delivery model
- Delivering services for the children we serve with an **inclusive, diverse workforce** that understands Kentuckians and their needs
- Applying our **local knowledge and national expertise**

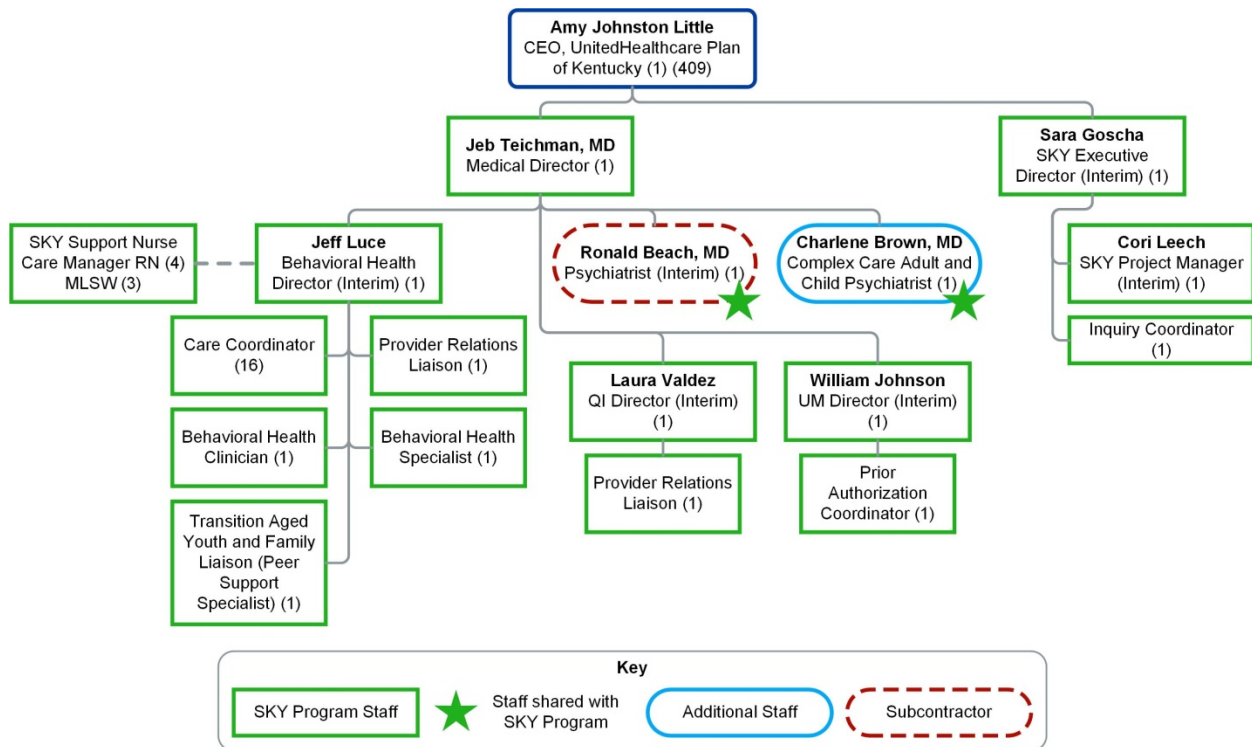


Figure 1. This organizational chart depicts the dedicated staff who will serve children and youth in the Kentucky SKY program.

Implementation Plan

We have an established approach to implementing complex programs like DMS’s vision for SKY. This approach includes the rapid engagement of our local health plan team with our national teams who have implemented programs across 13 states. In addition, we will deliver a detailed implementation plan that meets or surpasses your expectations. Our implementation work plan for the SKY program will include milestones and tasks to be completed, the responsible party, and the date by which the activity will be completed. This plan will be the roadmap to demonstrating our readiness review meets the requirements to assume responsibility for the contracted services by the go-live date. During the readiness review and beyond, we welcome the opportunity to collaborate with children and youth in foster care and their families/caregivers; DMS; DCBS, stakeholders; other state agencies; and community groups to enhance our ability to be an agent of transformation for children served through Kentucky SKY. As we expand into Kentucky SKY, our existing managed care infrastructure and operational capacity will provide a platform for the innovations we will bring to the Commonwealth.

Statement of Understanding

This proposal documents our ability, understanding and capability to provide the full scope of work in the Kentucky MMCO RFP and Kentucky SKY contract. The following sections provide supporting details.

b. The Contractor's statement of understanding of the unique needs of Medicaid Enrollees in the Commonwealth enrolled in the Kentucky SKY program;

Unique Needs of Children and Youth Served in Kentucky SKY

We fully understand the unique needs of children and youth in foster care who will be part of the Kentucky SKY program, as Medicaid is generally the primary source of health care coverage for these children and youth.

As a whole, we know that children in foster care typically face many issues their peers do not. They are more likely to:

- Have increased behavioral and physical health issues
- Be prescribed psychotropic medications
- Experience Adverse Childhood Experiences (ACEs)
- Face challenges with social determinants of health such as unstable housing, food insecurity, transportation issues and financial instability
- Deal with a multitude of state agencies, community organizations and providers

The majority of children and youth in foster care have experienced trauma, both in the environment that precipitated the foster care placement at the time of removal and within the foster care experience itself due to frequent placement moves, changes in community and disruption of family ties. Not only are they separated from family, friends and sometimes their school, but these separations are also frequently repeated. Though the goal is for these children and youth to be reunited with their biological family, there is often uncertainty in the mind of the child that these relationships will be reestablished. Increasing awareness and research indicates treating trauma and the corresponding reactions earlier leads to better health and well-being outcomes over a person's lifetime. Without proper intervention, the child or youth is at risk for long-term health issues. We will describe our focus on offering providers and systems well versed in Trauma-informed Care throughout this proposal.

c. An overview of the Contractor's proposed organization to provide coordinated services for the Kentucky SKY program;

Proposed Organization to Provide Coordinated Services



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Our proposed organizational structure is based upon our understanding that children and youth served in Kentucky SKY will benefit from collaboration among our staff who genuinely understand the medical, behavioral and social needs of children and youth in foster care. We meet children where they are, with compassion and sensitivity, to consider all aspects of what makes them unique people, such as the challenges related to frequent placement changes, school changes, incarceration, pregnancy and deficits related to social determinants of health. Our structure includes a single point of contact — the care coordinator or, for medically complex children, the nurse care manager. This single point of contact removes uncertainty in navigating a complex system and creates an anchor to address their needs. Our staff will make sure they receive the screening, assessments, medical and behavioral health care and social services and supports they need to improve health outcomes. Our internal team is comprised of a care coordinator, a family/youth peer support specialist (FYPS), behavioral health specialist and dedicated clinical team including nurse care managers, masters-level social workers, nurse practitioners and a board-certified child psychiatrist, who assist in coordinating services. We know we are not alone; each child has a multidisciplinary care team (MCT) including families, DCBS caseworkers, community providers, natural supports and community-based services.

Every member of the MCT has specific roles and responsibilities and collectively provides the care and support needed for children and youth enrolled in the Kentucky SKY program. The graphic herein depicts the circle of support that exists for children and youth in the Kentucky SKY program. The illustration provides what we believe is our role within this ecomap.

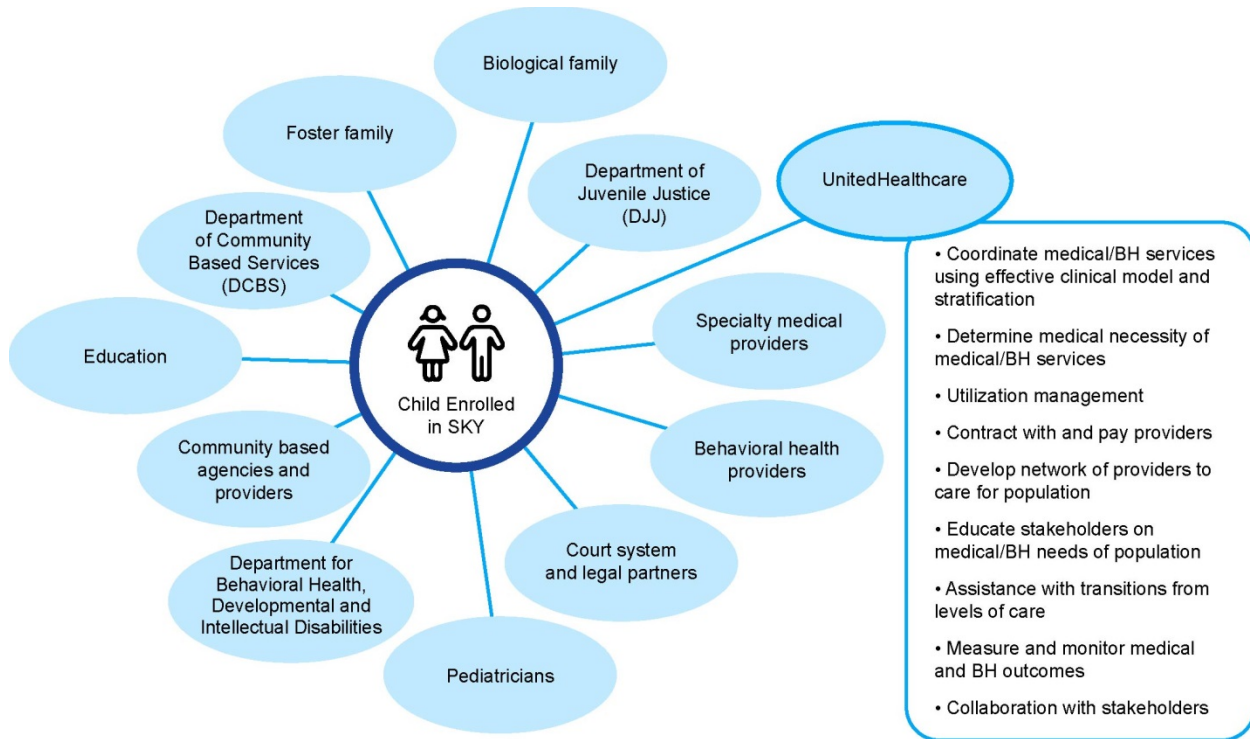


Figure 2. UnitedHealthcare is part of an ecomap that wraps around children in foster care.

The Care Coordinator

To reduce complexity for children in foster care and those supporting them, our care coordinator serves as the **primary point of contact to coordinate care** and help them navigate the health care system. For medically complex children, the nurse care manager will serve as the central point of contact to coordinate care. The care coordinator maintains the relationship with the child or youth, regardless of placement changes, and the members of their MCT to provide stability while navigating a complex system.

d. A summary of the Contractor’s strategy and approach for administering services for Kentucky SKY Enrollees;

Strategy and Approach

Our strategy and approach to administering services for children and youth in Kentucky SKY align with DMS’s understanding of our roles and responsibilities. As a framework, we first must understand all services provided to children in foster care must be Trauma-informed and that our role is often to coordinate services delivered by a variety of agencies and organizations.

Enhance Coordination of Care and Access to Trauma-informed Services

Trauma-informed services can help change a child’s view of the world from one of fear and distrust to safety and trust. Outside of interactions with our staff, providers deliver the most significant services to children and youth in foster care. The complex needs of children and youth in foster care require training providers to integrate a Trauma-informed approach that demonstrates understanding, compassion and sensitivity in the provision of all services and in

all interactions related to providing those services. We will provide extensive training to internal staff, providers and stakeholder partners to ensure everyone uses common language and evidence-based practices to provide the best care for youth in Kentucky SKY most effectively.

Improve Coordination of Care and Continuity of Care

We understand the need to maintain continuity of care for each child and youth in foster care and to assure that services are not disrupted or compromised in any way that would put a child's physical or behavioral health in jeopardy. Core to our approach of identifying every child or youth's social, behavioral, medical and functional needs is using our algorithm-based stratification to established tiered care management services. This innovative tool can synthesize data and information through claims history, medication regimens and information obtained by the care coordinator, which leads to faster access and facilitation of the right coordination at the right time. Integrating care coordinators within state DCBS offices, along with sharing data with other agencies and our unique suite of assessments, allows us to identify and address children's needs and deliver care management interventions that incorporate input from and coordination with DCBS, health care providers and community resources.

Ensure Required Assessments and Health Services

We provide an integrated care management experience that streamlines processes and eliminates gaps in care. Our processes include clear operational workflows to confirm we align on details, such as the content of assessments and the frequency of touchpoints. Our clinical team monitors outcomes and offers support to our partner care managers through case rounds and joint operating committees. We will continually evaluate and refine these partnerships to best meet the preferences of each child and match them with programs that will be locally based and in line with their unique needs.

As part of our process, we will gather assessments from sister agencies. Once our care coordinator obtains the assessments, we will use this information, in addition to the information we obtain, to develop a plan of care to be shared with DCBS. Our care coordinators also will be able to pull real-time data from our Hotspotting tool to provide the most up to date information to the DCBS caseworker about recent medical appointments to incorporate into their case plans and court reports.

Collaborate with CHFS Agencies and Health Care Providers



Many agencies have already assessed children in DCBS care, and we will build upon those as part of our assessment process to confirm we have an integrated plan with DCBS, DJJ and sister agencies for the child and family. All too often, those served through this complex system get bogged down in the number of plans and responsibilities to achieve permanency. We do not want to add to the confusion. Instead, use our streamlined system to enhance the care for children and families DCBS and DJJ are supporting. To accomplish this, we will partner with DCBS social service workers to help in our care assessment and planning process.

Collaborate and Coordinate On Discharge Planning Needs

Inpatient admissions are times of great vulnerability for the children and youth supported by Kentucky SKY. To help manage these transitions between care settings, we have implemented a core discharge planning approach. This approach includes methods to identify children and youth experiencing an inpatient admission and then deploying qualified personnel to support the discharge planning effort, who promote collaboration among MCT participants and data sharing to inform and support a comprehensive discharge planning process.

Collaborating with Hospitals

Our care coordinator and inpatient care manager from our utilization management (UM) team works with the treating physician, hospital discharge planner, DCBS, DJJ and the child's MCT to promote the continuity of care for the child or youth, confirm an appropriate level of care, manage length of stay and support the discharge planning process.

Collaborating with PRTFs



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Psychiatric Residential Treatment Facilities (PRTFs) are the highest level of intervention for children and youth in foster care to address ongoing treatment needs. Our team stands ready to partner with PRTFs to make sure children meet the criteria for this level of care and begin discharge planning as soon as the child or youth enters the facility. To ease the step-down process from PRTF, the care coordinator will engage the MCT to verify the child has the right supports in place to achieve stability in a lower level of care. Our behavioral health UM teams will prior authorize PRTF placements using a clinical review to ensure that the PRTF level of care is medically necessary for the child. If the PRFT setting is not medically necessary, our team will provide robust care coordination to ensure the child's and their foster family's needs are met, including connecting the child with lower levels of evidence-based care in the community and intensive wraparound services.

e. A summary of the Contractor's strategy and approach for establishing a comprehensive Provider network able to meet the unique physical and Behavioral Health needs of Kentucky SKY Enrollees; and

Establishing a Comprehensive Provider Network

As a group, children and youth in the Kentucky SKY population face more significant health care issues than their peers in the broader Medicaid population, many of which last long into adulthood. We have built our Kentucky SKY network to include diverse, local, culturally and linguistically proficient providers who understand the effect of trauma on children and their families and use traditional and nontraditional evidence-based approaches to care.

We are committed to facilitating network-wide access to providers experienced in and sensitive to treating the complex needs of children and youth in foster care and committed to dedicating time to children and youth in Kentucky SKY. Based upon our experience in states where we serve children and youth in foster care, we anticipated the need to recruit higher numbers of providers including:

- Behavioral health specialists experienced in treating survivors of abuse, neglect and child sexual exploitation
- Behavioral health specialists who specialize in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Behavioral health specialists who specialize in intensive in-home services
- Applied behavioral analysts
- Behavioral health specialists who specialize in high fidelity wraparound
- Behavioral health specialists who specialize in evidence-based treatments
- Substance use providers

f. A summary of innovations and Trauma-informed initiatives the Contractor proposes to implement to achieve improved health outcomes for Kentucky SKY Enrollees in a cost effective manner. Include a discussion of challenges the Contractor anticipates, how the Contractor will address such challenges, and a description of the Contractor's experience with addressing these challenges for similar contracts and populations.

Summary of Cost-Effective Innovations and Trauma-informed Initiatives

We are committed to improving the health outcomes for children in the Kentucky SKY program. The foundation of these innovative approaches is our understanding of the unique needs of this population. Highlighted below are some of the key interventions we will use:



Trauma-informed Whole Person Care: Our model of care for children in foster care is one of our most innovative strategies. Our model includes an algorithm-based stratification model customized for children in foster care; training on Trauma-informed Care for foster parents, providers and community stakeholders; and using telehealth as a way to extend access to services for children in rural areas.

UnitedHealthcare On My Way (OMW™): OMW is an interactive website that helps young adults transition to adulthood and independence. It helps them learn about six key areas that have historically prevented transition age youth from achieving stable, independent lives, including money, housing, work, education, health and transportation. Recognizing many young adults in foster care have fragmented documentation, **OMW's Vault** allows them to have a repository of their most important documents (e.g., birth certificate, driver's license, individual education plan, insurance card, health record) in a secure, easily accessible location.

Foster Care Corner: Providers will have access to training specific to Trauma-informed Care principles, links to assessments they may use with the Kentucky SKY population and information related to evidence-based practices most applicable to the Kentucky SKY population through the Foster Care Corner. They can access it through our provider portal.

Hotspotting Tool: The Hotspotting Tool allows our care coordinators to isolate the foster care population to determine places where there are large numbers of children in foster care, provides real-time data on current medications and medical information that is valuable to the caseworkers and foster parents when developing case plans and discharge plans.

Individual Health Record: The IHR revolutionizes how youth, providers and care managers access and take action on youth's health and health care. Through IHR, we will simultaneously compile and translate disparate data sources from the last 3 years of youths' medical history into a single consolidated view. By empowering children in foster care with the IHR, providers can enhance their preparation for a visit, care managers have an additional resource to understand those they serve, and children have a consolidated record of their medical history.

Five Pillar Strategy for Addressing the Prescribing of Psychotropic Medications: Children and youth served in foster care, adoption assistance, juvenile justice programs and transition-age youth are prescribed psychotropic medications at a rate up to four times that of their peers in the CHIP/TANF population. To address this trend, we have developed a five-pillar strategy for addressing the prescribing of these drugs to children, including 1. Change Prescriber Habits; 2. Provide Training and Education for Prescribers and Stakeholders; 3. Enhance the Network; 4. Conduct Pharmacy Reviews and 5. Generate Thought Leadership. These concepts are discussed in detail in our utilization management section of our response.

Challenges and Solutions

Our experience has provided invaluable insights into the nuances and unique needs of this population. Herein, we outline the challenges we anticipate and depict how we interpret them for Kentucky SKY based upon ways we have addressed these challenges for similar contracts.

Children and youth in foster care will require a greater need for a dedicated clinical field-based model to increase coordination of care and help the Commonwealth reduce the need to remove children from their family home. For Kentucky SKY, we will take a whole-family solution approach to help children in foster care, who often have physical health and behavioral health needs that are more significant compared to their peers. Experiencing complex trauma, including abuse; neglect; parental behavioral health issues or substance use disorders; and witnessed violence contribute to more significant health needs. Integrated behavioral and medical care is critical to supporting the well-being of these children. We engage youth in foster care across the care continuum, delivering a customized array of services, supports and programs that confirm **every** youth in foster care receives an intensity of care management services appropriate to their needs. We deliver to each enrollee the right care or support, at the right time, in the most appropriate setting, in the most efficient way.

We will use a team-based approach with care coordinators, clinical staff and liaisons who, together, will work with system partners such as DCBS social workers, DJJ social service clinicians, providers, foster parents, biological parents and youth. We propose to have our care coordinators co-located with DCBS staff across the nine regions through the Commonwealth. We will not only deliver a holistic approach by confirming integration of physical, social, behavioral and community engagement support; we also will provide in-home wraparound care for children who need in-home services to maintain their placement in a family setting. This approach provides a solid foundation for children in foster care and enables a more stable transition to adulthood with foundational life skills.

We will promote a shared vision and understanding of how to put the principles of Trauma-informed Care into practice confirming our person-centered care plan addresses the physical, emotional, social and educational needs of the child and family. We will contract with local providers who deliver high quality, Trauma-informed Care to meet the needs of children and youth in foster care. Providers of services and supports must understand the influence of trauma on children in foster care and their families. We have met with strategic providers who have started sharing valuable information for how we would approach building this type of network for children in Kentucky. This includes outreach and meetings with the providers who comprise the Kentucky Primary Care Association, Girls and Boys Clubs across Kentucky and the Kentucky Children's Alliance Foster Care IPA. Through meetings with them, we reinforced our approach to contract with providers who use traditional and non-traditional evidence-based approaches to care. We will not limit our network with such providers to fill gaps in the continuum of care but will cultivate network capacity where none or little exists. We will provide comprehensive training for all stakeholders, use community partners to address social determinants of health and campaign to change the perception of the role of the PCP with Child Protective Services.

We will need to mitigate issues coordinating with DCBS and Commonwealth agencies to improve outcomes for children in foster care. To promote the sharing of real-time information about children in foster care from the DCBS worker to the health plan and from our claims to the DCBS case-worker, we will co-locate our staff in DCBS offices. We anticipate the outcomes of having our staff placed in these locations will include: creating strong relationships with the agencies; the ability to complete timely assessments between the agencies and us for different purposes; triaging emergent issues efficiently and the ability to provide resources

related to claims questions, network issues and billing issues. Being co-located also enhances the coordination of the System of Care and our role in it.

These examples demonstrate the value we will bring to the Commonwealth. As we stated in the beginning, **“Helping people live healthier lives”** is not just our mission; children and youth in foster care are at the core of everything we do. To close this executive summary, we would ask you to consider this question — *which MCO do you want by your side for the next decade to help transform Kentucky’s SKY Program and ensure the next generation of Kentuckians is set up for success?* We believe at UnitedHealthcare and UnitedHealth Group we share your passion, we possess the right tools, resources and thought leadership to be the collaborative partner DMS needs to reach our mutual goals. We will demonstrate the unique value we bring throughout our response and look forward to your continued partnership.

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