

## 2. Company Background

### a. Corporate Experience

i. Describe the Contractor's experience in the provision of managed care services similar to those specified in the Contract for the Kentucky SKY populations specified in this Contract. In addition, include the following information in the response:

UnitedHealthcare Community Plan of Kentucky's (UnitedHealthcare's) experience with managed care services for children in foster care includes serving more than 65,000 enrollees across 13 states in 2018. All of these children were part of an integrated managed care plan that included children in the following categories:

- TANF/CHIP
- Adoption assistance
- Interstate compact on adoption and medical assistance (ICAMA)
- Transition-aged youth
- Foster care
- Cross over youth
- Interstate compact on the placement of children (ICPC)

Children often enter the foster care system after multiple traumatic events have occurred, with the cumulative effect of having complex needs. These children could present with needs for numerous interventions and supports, often intensive, to address medical, social and emotional challenges. By living our mission of helping people live healthier lives, we place extra emphasis on continually developing programs to support this vulnerable population and their needs. This support includes a dedicated clinical model and our partnerships with community-based organizations with the overall goal *to reduce the effect of trauma on children, preparing them to be resilient and thrive as adults*. We bring innovative products and services to children in Kentucky SKY– from our On My Way tool for transition-age youth to our robust provider training.

a. Experience in coordinating and providing Trauma-informed services, and educating Providers on Trauma-informed Care, ACEs, and evidenced based practices applicable to individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance;

### Coordinating and Providing Trauma-informed Services

Trauma-informed services can change a child's experience to be one of safety rather than fear and stress. Our experience in this area includes coordinating with state agencies to understand why the child is in foster care so we can match the child with providers who best meet their individualized needs and provide them with the appropriate care. We coordinate services through referrals to network providers; providing Trauma-informed services; and educating providers on Trauma-informed Care, adverse childhood experiences (ACEs) and evidence-based practices most applicable to children and youth in foster care. The story herein illustrates our commitment to making sure children and youth in Kentucky SKY receive well-coordinated Trauma-informed services and supports.

### Providing Trauma-informed Services

Our care coordinator began working with Paul as a 13-year-old in our adoption assistance program in Missouri. Paul was diagnosed with attention deficit/hyperactivity disorder, disruptive mood dysregulation disorder and intermittent explosive disorder. He presented with aggression and tantrums that resulted in home and property destruction, which left his parents and siblings fearful of him. He was in and out of behavioral health hospitals for 2 years and his family was contemplating disrupting the adoption. He engaged in weekly outpatient behavioral health treatment, but was not getting better. The parents indicated he needed to be placed in a residential treatment care. Because our care coordinator is trained in Trauma-informed Care, she worked with

his parents to initiate intensive in home services, to try and maintain Paul in the family home. Our care coordinator knew placing Paul outside the home could exacerbate his trauma response. The care coordinator referred Paul and his family to a new behavioral health therapist, made a referral for a new psychiatrist and referred the family to the Thompson Center for additional testing related to Paul's aggressive behaviors. The care coordinator also provided his parents with information about trauma and provided training materials on de-escalation techniques to help manage Paul and his behavior outbursts.

After the care coordinator intervened and developed a new care plan, the family saw dramatic results. Paul's new psychiatrist changed his medication regimen and, with the addition of intensive in-home support, his behaviors greatly improved. Paul did not have any outbursts, ED visits or inpatient admissions due to his behaviors over the next 6 months. The care coordinator received information from his parents that for the first time they were optimistic and hopeful that Paul was stable in their home.

## Training on Trauma-informed Care, ACEs and Evidence-based Practices

Training on the system of care approach is part of our initial and ongoing training programs. We developed our training curriculum using evidence-based material. We introduce the system of care principles as the foundation for the delivery of services, emphasizing strength-based and recovery-oriented concepts. Our training also includes an in-depth discussion of Trauma-informed Care concepts to give staff and providers a better understanding of how trauma affects behavior in this population. We train care coordinators, operations staff, member services and our provider network to be well equipped to work with each other using the system of care philosophy in their respective role within the delivery systems.

## Health Education Training

We deliver timely, targeted training designed to meet the education needs of physicians, nurses, health care professionals, therapists, caseworkers, teachers, foster parents and other partners who deliver care to children in programs such as Kentucky SKY. Our training platform, accessed via our provider portal, is one of only 17 jointly accredited organizations in the world and is simultaneously accredited by the ACCME, ANCC and ACPE. Some courses related to Trauma-informed Care, ACEs and evidence-based practices include:

### The four R's essential to a Trauma-informed Care approach

- Realize
- Recognize
- Respond
- Resist

- **What is Trauma-informed Care and Why is it Critical in Health Care Today:** Providers learn ways to incorporate the principles of Trauma-informed Care into their practice and review the connection between ACEs and trauma. Providers also learn methods to interact with individuals while expressing understanding and empathy in Trauma-informed ways to promote healing and reduce the risk of re-traumatization
- **Behavioral Health Overview: Compassion Fatigue and Trauma:** A curriculum of 13 topics that reflect a care philosophy for engaging populations with complex health and social needs
- **Fostering a Trauma-informed Environment:** A review of how all topics in this series work together to offer a framework for creating a Trauma-informed environment
- **Trauma-informed Care Basics:** This course helps learners recognize trauma, identify types and prevalence of ACEs and introduce principles of Trauma-informed Care as a way to resist and reduce re-traumatization

- **ACEs Part I:** This course provides information on the science of ACEs and toxic stress. It reviews the importance of and rationale behind ACE screening and opportunities to expand screening in the pediatric setting
- **ACEs Part II: ACE Screening in Pediatrics:** This activity discusses the importance of and rationale behind ACE screening and the available tools and resources to enable providers to use appropriate referral, treatment and intervention services for Kentucky SKY enrollees
- **Care Philosophy Training:** This training comprises 12 foundational topics: Trauma-informed Care 101; ACEs; harm reduction; addiction and recovery; power of personal narratives; motivational interviewing; positive psychology; boundaries and self-care; de-escalation; stages of changes; person-centered care; and fostering a trauma-informed environment. This training establishes a common philosophy of care to ground individuals and systems working with these children

b. Three (3) examples of initiatives the Contractor has implemented for Medicaid managed care programs for individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance that have supported improved outcomes (e.g., greater awareness of Trauma- Informed Care, clinical outcomes, Discharge Planning between levels of care, etc.). Describe whether such initiatives were cost effective and resulted in sustained change;

### Example 1: Health Education Training



Through our provider portal, providers have access to on-demand webcasts, articles and websites, including approaches to Trauma-informed Care and services. The series is intended for physicians, nurses, behavioral health professionals, social workers, peer support specialists, foster parents, residential facility staff and others with an interest in topics relevant to child welfare. These activities improve awareness and knowledge about the long- and short-term consequences of child abuse; the medical and non-medical management of behavioral health issues for youth populations; and the integration of clinic-, community- and family based systems of care. These cost effective webcasts have provided a mechanism to distribute the same training to various system partners. Over 3,400 individuals took the courses that ran from December 2015 to December 2018:

- **Building Trauma-informed Services and Supports for Children, Families and Foster Caregivers Involved with the Child Welfare System:** The course reviewed elements of Trauma-informed Care; the effect of trauma on child development; best practices for building supports to strengthen youth's relationships with caregiving adults; and foster resilience and well-being
- **Psychotropic Medications: Keeping Kids Safe:** This course reviewed the appropriate use of psychotropic medication, the safety and efficacy of these medications and how they relate to behavioral health and child welfare
- **A System of Care Approach for the Child Welfare Practitioner Community:** This course reviewed how principles of the system of care approach can improve outcomes and provide access to services and support for children and families. It described the framework to show collaboration across agencies and families and actively incorporates the youth at the center of treatment planning

### New Training to Support Children in Foster Care

We update our training every 3 years to include the latest information for our providers and staff. We recently updated our training curriculum library and launched three new foster care specific training including:

- ***Caring for Children in Foster Care: Navigating Support Systems.*** This activity provides health care professionals with a better understanding of how to:
  - Navigate the child welfare system and advocate for coordinated care
  - Be able to identify reasons children come into care and understand how their past experiences may present as physical or behavioral issues
  - See how managed care organizations are able to facilitate better care coordination for this population.

Since adding this course in May 2019, 87 individuals had taken the course by the beginning of June.

- ***Caring for Children in Foster Care: Psychotropic Medication Overuse.*** Proper medication administration as part of an evidence-based treatment program is essential for resiliency and for positioning children on a successful recovery trajectory. This activity discusses the appropriate use of psychotropic medication and the safety and efficacy of these medications among children and youth in foster care. We added this training in May 2019; by the beginning of June, 71 individuals had taken the course.
- ***Caring for Children in Foster Care: Managing Care Transitions and Placements.*** This activity provides a better understanding of the child welfare system; and how to coordinate care of children within the foster care system. Health care professionals gain knowledge on how to address the elevated health risk profile of children in foster care and strategies to overcome the challenges related to proper continuity of care. We added this in late June. At the time of RFP, published numbers of individuals who had taken this course were not yet available.

## Example 2: National Foster Parent Association

We partner with the National Foster Parent Association (NFPA) to train foster parents, providers, internal staff and other stakeholders about the unique needs of children in foster care. The training helps participants gain:

- Increased awareness and understanding of and empathy for the unique needs of children and youth living with foster, kinship, adoptive parents or in residential care
- Enhanced understanding of roles in combination with other team members to support children and youth in foster care
- Specific skills to address the needs of children and youth in out-of-home care and the families and staff who care for them
- Enhanced enrollee advocacy by our staff and other team members
- Increased teamwork and advocacy by foster, kinship, adoptive parents, residential care staff and UnitedHealthcare staff on behalf of the children they serve
- Collaboration in the development of multidisciplinary dissemination strategies that inform the larger health care and child welfare community on behalf of this vulnerable population, including educating about grief, trauma and loss

In Ohio, we have trained 406 people in the last 2 years, including: 100 internal staff, 87 county staff, 71 staff from varying stakeholders and 148 foster parents. Surveys completed by respondents reflect positive outcomes and have given us valuable information related to how participants view the training. They shared their appreciation for the opportunity to network with other families, case workers or providers. Participants have stated that they gained insightful knowledge and skill to better work with these kids, resulting in sustained change in these

children's lives. This training has served as an excellent venue for stakeholders to collaborate with and learn from each other. Additional training occurred in Kansas and Missouri.

### Example 3: Psychiatric Residential Treatment Facility (PRTF) Diversion

#### Residential Treatment Quality Initiative

Our successful approach to youth residential treatment diversion has been recognized by the Medicaid Health Plans of America Center for Best Practices in their 2012 Best Practices Compendium for Serious Mental Illness.

Children in foster care often experience multiple placement moves due to the trauma they have experienced, which can result in behaviors that may require care at a psychiatric residential treatment facility. In Kansas, where we served over 7,000 unique children and youth in foster care in 2018, we saw a high rate in the number of children discharged from PRTFs who were then re-referred. In a similar program we started in Tennessee in 2009, we found the psychiatrists at residential facilities were not typically involved in the initial assessment of these youth and had not evaluated

their appropriateness for admission. There were many instances when a non-clinical person, such as a probation officer, judge or family member recommended residential treatment. Individuals without clinical backgrounds may not be as aware of alternatives to residential treatment or may not know how to access community-based services that will enable a youth to remain at home.

We knew this was not healthy for the children and decided to take action in strengthening the network to care for these children and youth. We set up a program to divert inappropriate re-admissions and admissions to PRTF by employing the following interventions:

- Partnering with foster care agencies through which we pay an additional per diem to the foster parent and include wraparound services in the home to prevent re-entry into a PRTF to serve children in the most integrated setting
- Leveraging our network of providers who can provide in-home stabilization services both in a family home or in a foster home to stabilize the child in place
- Meeting with our state partner every 2 weeks, to staff any children referred to PRTF and discuss options for stabilization
- Using a step therapy process to use PRTFs only as a last resort, after all other community-based interventions are exhausted

Between July of 2018 and May of 2019, 209 children were referred to PRTF level of care. Of those, 25% (54 youth) were diverted from the PRTF level of care using wraparound outpatient services and another 6% (13 children) did not require a PRTF level of care as they stabilized in the placement post-referral. Of the 12 children receiving services where we paid an additional per diem to the foster parent with wraparound services, 100% of those children have not re-admitted to inpatient or PRTF level of care. By building these unique provider relationships and networks, we can show real results that produced quality outcomes for children and youth in foster care.

In Tennessee, between January and June of 2018, 61 adolescents were diverted from residential treatment centers with a per member per month (PMPM) savings of \$145.23 post diversion. All diversionary services are clinically reviewed through UM to ensure the youth continues to receive the least restrictive, most clinically appropriate care.

Total Cost of Care Analysis Performed Pre/Post Residential Care Treatment Diversion			
	Pre	Post	Delta
Medical	\$309.75	\$198.02	\$111.72
Behavioral Health	\$1,731.33	\$1,697.83	\$33.51
<b>Total</b>	<b>\$2,041.08</b>	<b>\$1,895.85</b>	<b>\$145.23</b>

c. A summary of lessons learned from the Contractor's experience providing similar services to the populations enrolled in Kentucky SKY; and

Our experience has provided valuable insights into the nuances and unique needs of this population. Some of these lessons confirm the need to have a dedicated holistic clinical model and supports that speak to and address the needs of children, youth and their individual support systems. This experience includes the following lessons learned:

**Lesson 1: There is a need for a dedicated clinical field-based model to meet the needs of children in foster care and help the state reduce the need to remove children from their family home.** The key drivers for a dedicated clinical model are rooted in the knowledge that children thrive best in a stable family environment, preferably their own. A whole-family solution can help children in foster care, who often have greater physical health and behavioral health needs compared to their peers. Experiencing complex trauma, including abuse; neglect; parental behavioral health issues or substance use disorders; and witnessed violence contribute to greater health needs. Integrated behavioral and medical care is critical to ensuring the well-being of these children. Our dedicated clinical model focuses on the collaboration of educated representatives from every facet of the community to form a cohesive web of safety and trust around each child.

Based upon our understanding, we engage youth in foster care across the care continuum. We deliver 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 and delivery to each enrollee of the right care or support, at the right time, in the most appropriate setting, in the most efficient way. Kentucky faces continued challenges with the number of children being removed from their homes due to parental substance use. We have developed a new model and approach to training providers and DCBS staff to collaborate on this important issue. This model increases family stability using interventions such as medication adherence therapy, addressing SDOH needs and family therapy.

As Kentucky moves into being an early adopter of the Family First Prevention Services Act, we stand ready with this framework to help Kentuckians keep children safe within their homes and their communities.

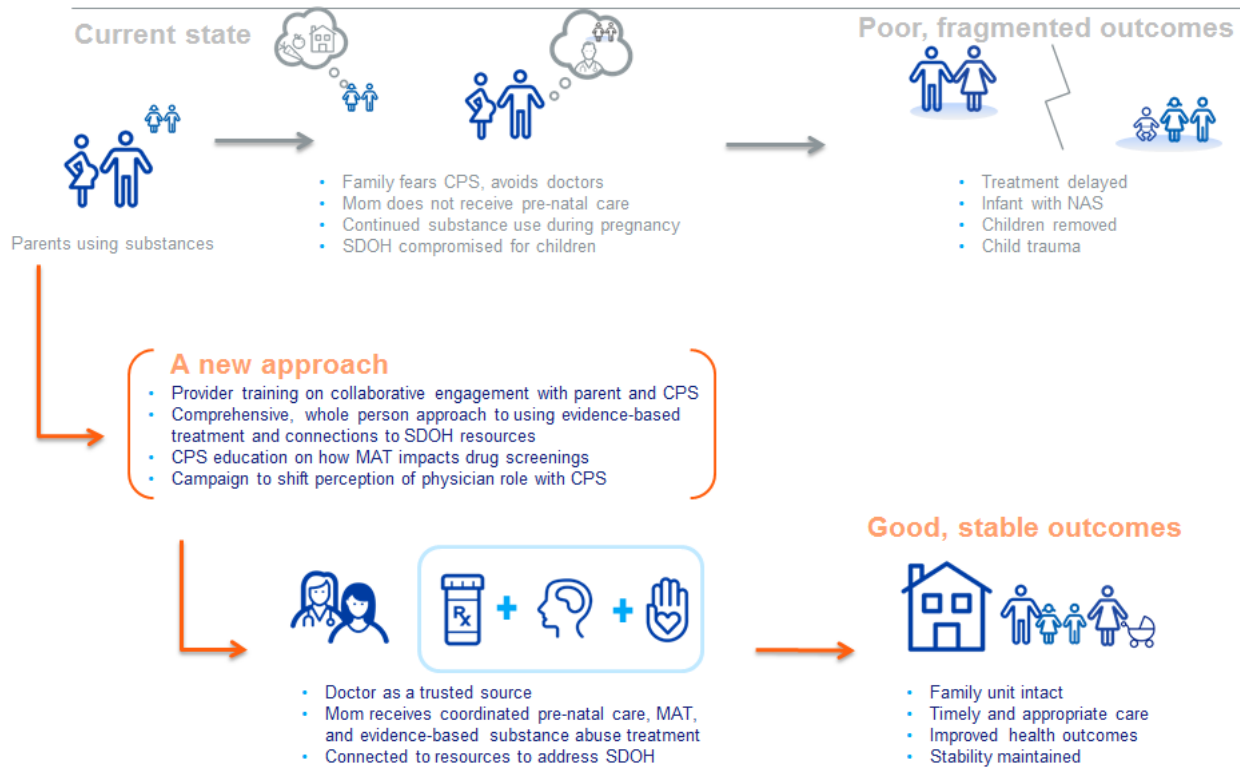


Figure 3. Trajectory-changing New Model of Care

**Lesson 2: We have to contract with local providers who deliver quality, Trauma-informed and unique services 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 providing 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 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.

**Lesson 3: We have to build strong community relationships across systems to meet the needs of children in foster care.** A shared vision and understanding of how to put the

principles of Trauma-informed Care into practice is critical to ensuring our person-centered care plan addresses the physical, emotional, social and educational needs of the child and family. We learned having a larger network of community partnerships is critical to the success of meeting the needs of children and youth in Kentucky SKY. An example is our strong relationship with the Boys and Girls Club in Glasgow and their BRIDGES program. Since its inception in November 2018, BRIDGES has provided wrap-around supports to six families, who have stayed together as a result. These community partnerships are valuable to provide children in foster care and their families the services and help they need to function optimally at home, in their schools and within their social setting. Providing the means to build a solid foundation for children in foster care enables a more stable transition to adulthood with well-designed life skills. We establish that solid foundation by creating mechanisms for



relationship-building and inherent communications between traditional Medicaid providers and our community-based partners.

d. How the Contractor will apply such lessons learned to the Kentucky SKY program



We will apply the lessons we have learned around the care of complex children and children in the foster care system from our experiences in other states to our design of Kentucky SKY. This includes having a dedicated clinical model, using value-based contracting to incent providers, implementing an MCT to provide in-home stabilization support to the most vulnerable medically complex children, and partnering with community-based organizations and new providers.

### Dedicated Clinical Model

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 integrate our care coordinators with DCBS as co-located office staff across the nine regions in the Commonwealth. We will not only deliver a holistic approach by confirming the integration of physical, social, behavioral and community engagement support; we also will deliver 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 well-designed life skills. As part of this model, we will provide comprehensive training for all stakeholders; work with community partners to address social determinants of health and campaign to change perception of the role of the PCP with Child Protective Services.

### Contracting and Value-Based Payment

We will develop a financial model to incentivize outcomes, such as reducing emergency room visits and inpatient stays for children enrolled in Kentucky SKY with behavioral health issues. We have done this in other states, including Kansas, Ohio and Tennessee. Reducing the trauma the child would experience with another disruption in their lives is the focus of this model. If success is achieved, we are ready to incentivize and re-invest in the provider community.

In Kentucky, we met with the Children's Alliance IPA and received a proposal for the Kentucky INSPIRE program. This program will be reimbursed through a value-based payment arrangement with the IPA providers.

**Kentucky INSPIRE** (In-home Services to Prevent Institutionalization or Removal) program will be a set of services provided to children and youth ages 5 to 18 who are at imminent risk of being removed from their homes due to their behavioral health issues. The services will be evidence-based and trauma-informed; they are intended to be short-term, intensive, individualized, and provided in a family setting. The Kentucky INSPIRE program offers a strengths-based approach to service planning. It will deliver intensive care coordination to meet the needs of Kentucky's children in their homes and communities.

We have experience in developing these programs and producing results; for example, included is a list of programs for children and youth in foster care we support through value-based contracting arrangements:



- **PRTF Diversion Programs** are for children at risk for entering Psychiatric Residential Treatment Facilities who are diverted to a lower level of care with more clinically appropriate treatment in a family-like setting. As part of the value-based arrangement, we pay an additional stipend to foster parents, through their sponsoring foster care agency, including wrap-around services, to stabilize the child. This service is in partnership with the child welfare agency to reduce the number of children in PRTFs and aims to keep children in family homes.
- **Comprehensive Child & Family Therapy (CCFT)** is a high intensity, comprehensive service designed for children and youth at risk of placement in hospitals, residential treatment centers, or other out-of-home placements, as well as for youth returning from out-of-home placements. Children and youth referred for CCFT have a high level of family instability as well as high-risk behaviors exhibited by the child/adolescent that, combined, require a comprehensive, in-home treatment strategy.

CCFT services are team-based and provide services across the multiple systems in which the child/adolescent exhibits high-risk behaviors. These may include the family system, school, child welfare, legal system, and the community. All assessments and interventions used are highly individualized and integrated, targeting identified referral behaviors through an individual, family, and community-based approach. CCFT also provides 24 hours a day, seven days a week on-call services to address crises as they emerge.

Empowering the family to monitor and manage the mental and physical health needs and high-risk behaviors of the youth to provide long-term sustainability for the youth in the natural home and community environment is the primary goal of CCFT.



We plan to use our experience in other states, and the proposal from the Children's Alliance, to build a robust value-based purchasing structure to benefit children and youth in foster care. As part of our value-based agreements, we will work with the provider to set program outcomes.

If through the model of care, the provider meets or exceeds the outcomes outlined in the agreement, we will work together to re-invest in new and emerging programs and services. This approach for re-investment came out of meeting with providers of foster care services in Kentucky.

## Community Partnerships

Over the past 8 months, we traveled the Commonwealth with Kentucky Youth Advocates (KYA) using Kids Count data to inspire communities to develop local strategies that reduce the number of children going into the Commonwealth's child welfare system. We have met with over 200 stakeholders across six communities (Louisville, Paducah, Glasgow, Manchester, Covington and Hartford) to talk about the specific challenges related to families and children getting the services they need to reduce the possibility of removal by DCBS.

Community stakeholders attending the meeting included: foster parents; governor's office; state representatives; DCBS commissioner and staff; city mayors; judges; providers; non-profit agencies; educators; administrators; and other private citizens working toward a common goal. In each meeting, local Kids Count data was presented, community stakeholders determined the barriers they saw with the current system and worked to develop local solutions on how to better deliver prevention services with and within the system. The groups then developed actions they could implement over the next 12 to 18 months.

A few specific initial actions for stakeholders include:

- Developing a local program, BRIDGES, to better coordinate local resources for families who are struggling so they can get needed resources to keep their children in their home, with six families served to date
- Expanding nurturing parenting education classes to 2 extra days a week in Clay County by providing a space for the classes, advocating for referrals in the Clay County area, and attending local meetings to promote the program
- Creating access for parents and kinship caregivers to Parent Cafés designed to build parental resilience and networks of support while providing parents with strategies they can use in the home to support children’s healthy development
- Developing a local program to collaborate with the McCracken County Drug Court and Family Court to provide strength-based interventions and educational programming to enhance protective and promotive factors in caretakers/families and minimize risk factors to improve outcomes and, ultimately, contribute towards achieving the goal of reducing child abuse and the number of children in out of home care

We focused on local solutions implemented by community stakeholders driven by data and moved toward action by Kentucky Youth Advocates and UnitedHealthcare. This is a big step in aligning communities with the goals of DCBS while promoting the health and well-being of children in Kentucky. KYA executive director, Terry Brooks, commented that though they have been putting out Kids Count data annually for 28 years, they had never taken it to the communities and had such specific conversations toward action. He indicated this would be a best practice in the future. We will continue our work with community partnerships to enhance collaboration between stakeholders to help youth in foster care.

#### **Community Connections to Enhance Services for Children in Foster Care**

“Our partnership with UnitedHealthcare has enriched our ability to connect local leaders to important data on children in their communities and foster collaborations that will help us toward our vision of Kentucky, the best place in America to be young. 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 of KYA

ii. Provide a listing of the Contractor’s prior and existing full risk Medicaid managed care contracts serving individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance for the previous five (5) years. Include the following information:

- a. State name
- b. Contract start and end dates
- c. Number of covered lives
- d. Whether the Contractor provides services regionally or statewide

Please refer to Attachment G.2.a.ii Managed Care Contracts for Foster Care.

**b. Office in the Commonwealth**

For programs similar to Kentucky SKY, has the Contractor co-located staff in an agency regional office? If yes, describe the factors that influenced that decision and summarized the outcome of the co-location in coordinating of services for program participants.

We will adhere to Attachment C – Draft Medicaid Managed Care Contract and Appendices, Section 42.6.1 Office in the Commonwealth. This includes locating Kentucky SKY-specific staff in local offices. To effectively operate our Kentucky SKY program, we have two primary office locations in Kentucky. Our principal office is located at 9100 Shelbyville Road, Louisville, Kentucky 40222, and we have a satellite office in Lexington. To support children and youth in foster care with local understanding and to support economic growth, we will supplement our office-based staff with a Commonwealth-wide field-based, telecommuter staff.



We have experience with co-located staff in agency offices. We serve a similar population in Ohio, inclusive of ABD, CHIP, expansion and TANF beneficiaries (including foster care), where we co-locate staff within county agencies. When developing our model there, we knew to ensure the best possible outcome for this population we must have our staff work hand in hand with our partners. We want to facilitate real-time information exchange about children in foster care from the child welfare worker to the health plan and from our claims to the DCBS case worker. We have a deep appreciation for the staff at both agencies and for how their responsibilities within the ecomap for each child would complement the roles and responsibilities of our staff.

The benefits of having our staff placed in these locations include: creating strong relationships with the agencies; having the ability to complete timely assessments between us and the agencies for different purposes; triaging emergent issues efficiently and having 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. We are able to provide health care data relevant to the child welfare worker for their court reports related to the Adoption Safe Families Act requirements including physician, dental and eye visits. This helps the child welfare agency meet their requirements related to child well-being as described in the case planning requirements.

**c. Staffing**

i. Describe the Contractor's proposed approach to staffing for the Kentucky SKY program under this Contract, including the following information at a minimum:

Our organizational structure includes all key personnel as identified in Attachment C – Draft Medicaid Managed Care Contract and Appendices, Section 42.6.2 Kentucky SKY Administration and Staffing. Under the direction of Amy Johnston Little, CEO, our SKY executive director, and supported by Dr. Jeb Teichman, chief medical officer and SKY medical director, we have started hiring highly capable key personnel to serve the Kentucky SKY program and perform on this contract. We have extended letters of intent to 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. We are committed to a strong local presence in Kentucky and to delivering high-quality services to the SKY children and youth, providers, communities and Commonwealth partners we serve.


Our Louisville-based CEO, Ms. Johnston Little, is dedicated to the Kentucky health plan. She is a part of UnitedHealthcare Community & State's national Medicaid leadership team comprising

senior leaders and functional leads from more than 30 other UnitedHealthcare Community & State government-sponsored state programs. This national Medicaid leadership team serves as our governance structure; they review key deliverables for our state partners to share best practices and measure performance at least monthly. Ms. Johnston Little’s leadership responsibilities include executive oversight of Kentucky compliance metrics and performance results with national leadership. By leveraging many shared best practices and the vast experience of our broader national organization, our local team can bring innovations that have proven results in other states.


a. Description of how the organizational structure provides innovative solutions for meeting programmatic goals specific to the Kentucky SKY program and Kentucky SKY Enrollees and supports stakeholder groups (e.g., Kentucky SKY Enrollees, providers, partners, among others).

Our organizational structure reflects a localized hands-on approach and dedicated local leaders to coordinate services and support stakeholder groups, including children in Kentucky SKY, providers, community partners and others. Our approach is supported by the vast strength of our national resources and enhanced through our local partnerships and experience. This national support and experience enables our local leadership team to implement innovative solutions, address challenges and bring expertise to help the Commonwealth define new programs, modify existing ones and enhance our SKY services.

To support programmatic goals of Kentucky SKY, our population health approach:

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**INNOVATE**

  - **Supports innovation** by addressing key concerns that affect the coordinated delivery of integrated services to youth in foster care, such as a lack of data about their interactions with the health care system. Our clinical innovation tools, such as our integrated health record (IHR), available on our provider portal, gives providers a 360-degree view of the child’s medical history for the past 3 years. Our medical passport, built on our care management platform, houses each child’s electronic health record. It can be updated and shared among the UnitedHealthcare care team and the providers serving the child.
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**COLLABORATE**

  - **Promotes the development of robust partnerships** with DCBS, DJJ, providers and community partners through our local team-based approach. We will integrate local care coordinators in the region who will help DCBS and foster parents access the right care at the right time in the right place for youth in foster care. Care coordinators have a direct link to the SKY provider relations liaison, who works with providers to provide educational opportunities and support to meet the unique needs of youth in Kentucky SKY.
  - **Promotes high quality and health and wellness** in a variety of ways. For example, we have established baseline measures, such as HEDIS and NCQA Quality Compass Benchmarks and key performance indicators specific to children in foster care that allow us to confirm children have received recommended preventive care, track the effectiveness of our clinical solutions, identify opportunities for improvement and develop specific interventions to address them.

Some of the partners we will work with to meet the unique needs of children and youth in Kentucky SKY include:

- **The Children’s Alliance IPA** to develop outcome-based contracting

- **National Foster Parent Association** to provide training to the state for our internal staff, foster parents, DCBS and stakeholders to learn how to best work together to achieve quality health outcomes
- **Other local community-based agencies** to provide safe places for youth in Kentucky SKY to engage in pro-social activities. We will partner with Kentucky Youth Advocates, Boys and Girls Club of Glasgow and look to use the other 200 agencies we met with during our Kids Count road show throughout the Commonwealth

b. Description of how the organizational structure will support whole-person integrated care, population health and overall improvement in health outcomes in a cost-effective manner for the Kentucky SKY program.

Our organizational structure is based upon our understanding that youth served in Kentucky SKY benefit from collaboration among our staff who are committed to person-centric whole person care. We meet children, with compassion and sensitivity, to consider all aspects of whole person care, from their unique challenges related to frequent placement changes, physical and behavioral health needs, school changes and disruptions, incarceration, pregnancy



and deficits related to social determinants of health. Our structure includes a primary point of contact — the care coordinator supported by our nurse care managers who will serve as the primary contact for complex children. This allows the child or youth in foster care one point person to help navigate the multiple programs within a complex system to make sure they receive the screening, assessments, medical and behavioral health care and social services and supports they need to improve health outcomes. Effective coordination improves communication and information flow among system partners in a cost-effective manner. A family/youth peer support specialist (FYPSS), behavioral health specialist and dedicated clinical team, including a board-certified child psychiatrist to coordinate care and integrated services, will work with the youth and care coordinator.

Our dedicated clinical team will support the needs of children and youth in Kentucky SKY by collaborating closely with DCBS, providers and other stakeholders. For example, instead of requiring youth in foster care to re-take assessments, we will apply the assessments that children in DCBS care have taken as we develop our person-centric, individualized and integrated plan of care with DCBS, DJJ and sister agencies for and with the input of the child and family. The volume of plans and responsibilities to achieve permanency for those served through this complex system can be daunting. We do not want to add to the confusion, but rather use our system to enhance the care for children and families DCBS and DJJ are working with.

We also will work with children and youth in our TANF program to keep them out of foster care, when possible, through partnership with the Family First Prevention Services Act. UnitedHealthcare will support DCBS in this effort, including Medicaid being the primary payer of services if the child is eligible.

ii. What prior experience will the Contractor require staff to have had in serving populations similar to Kentucky SKY Enrollees?

In addition to meeting the requirements in Section 42.6.2 Kentucky SKY Administration and Staffing, we will require our staff, especially care coordinators, to have specific experience working with children in foster care, juvenile justice or adoption assistance and have an understanding of the Kentucky system of care and Trauma-informed Care. In addition to system experience, we will look for staff skilled in soft skills such as: motivational interviewing, personal advocacy, adaptability and empathic communication. Additional qualifications we look for include:

- Behavioral health licensure and historical work experience for our clinical staff
- Demonstration of previous success in coordinating care within the ecosystem for children in foster care or juvenile justice
- Understanding and the ability to articulate the needs of transition age youth and start transition planning early
- Understanding of Kentucky and the regional cultural nuances of its communities
- A pediatric-trained focus with a strong understanding of children with complex needs (behavioral, physical and social determinants) for our clinical staff
- A reflection of the demographic and cultural composition of the communities with which care coordinators support children in Kentucky SKY and stakeholders

iii. Provide a narrative description of the Contractor's approaches to recruiting staff for the Kentucky SKY program, including:

a. Recruitment sources;

We are dedicated to helping Kentucky SKY enrollees and their families thrive. Our recruiters understand the need for our staff to have familiarity and experience with the circumstances children and youth in foster care encounter in their daily lives. We will recruit staff with an understanding and/or experience with the foster care, juvenile justice and adoption assistance systems. It is important to us that our staff provide a stable, compassionate influence in the lives of these children. Some of the agencies and organizations we propose partnering with to help us find the right individuals to serve this population are the Kentucky Children's Alliance, Kentucky Youth Advocates, Kentucky Boys and Girls Clubs, Kentucky IMPACT, the Family Peer Support Initiative and the Kentucky Foster Parent Association.

b. Contingency plans if the Contractor is unable to recruit sufficient numbers of adequately trained staff in a timely basis or if the Contractor's original staffing estimates are too low and for avoiding and minimizing the impact of personnel changes;

Knowing that the foster care population thrives with stability, we have multiple contingency plans to mitigate the effect of personnel changes. We have and will train staff across our enterprise in care management activities, demographic and programmatic information related to Kentucky SKY so staff can quickly and easily flex into managing the needs of this high-risk population should a gap occur. We also welcome and solicit feedback from our team, which leads to a culture of inclusion and empowerment, resulting in lower turnover and more highly engaged employees.

Staff plan development begins with a known formula for calculating the numbers of each type of staff required to successfully launch our clinical and operational program model. This ratio, which we have successfully deployed in each of our markets, has been enhanced to take into account the specialized positions required for implementing Kentucky SKY and unique needs of children served by the program.

In addition, our highly skilled talent acquisition team deploys rapid recruitment models to efficiently fill vacant roles. Our executive director of the Kentucky SKY program will continuously monitor health plan metrics and performance measures to identify trends and changing workforce needs.

- **Local Succession Planning:** We deploy a comprehensive succession planning process for executive team members, including short-term strategies to identify "ready now" and "emergency interim" qualified leaders to fill unanticipated gaps. We also use long-term strategies to groom local talent for future promotion opportunities.

- **Regional and National Interim Support:** As part of a national organization, our regional and corporate teams will provide qualified staff to fill short-term, temporary gaps. We can relocate these national resources to Kentucky while hiring and training efforts are underway. Our national and regional organizational structures collaborate around unique Kentucky SKY business requirements, enabling the local health plan team to focus on seamless transition of foster youth. If an executive team member of the Kentucky SKY program were to leave, we will draw upon our national experience and arrange for the regional leader responsible for the role to provide oversight, leadership and backup support until the role is filled. Simultaneously, our experienced talent acquisition teams will deploy creative sourcing and recruiting efforts to be sure the role is filled as quickly as possible with high caliber talent.
- **Workforce Planning:** Our proven workforce modeling tools calculate appropriate clinical and other staff based upon estimated membership and take into account factors such as geography and opportunities to add value through innovative approaches specifically designed for the requirements of the Kentucky SKY program. These include, at a minimum, hiring experienced medical and behavioral care management staff with a background in foster care. We also will use “pipeline” position postings to ensure a steady flow of qualified candidates to fill open positions quickly for care team and other critical staff, as necessary.

c. How the Contractor will assure the Department that sufficiently experienced, licensed and trained personnel are available to support implementation and ongoing administration of the Kentucky SKY program; and

We selected our interim key personnel after an extensive review of UnitedHealthcare and national Medicaid, managed health care and foster care experts. This carefully selected team remains with the health plan throughout implementation and into a steady operational state. Our team comprises key personnel who are experts in managing large health care delivery enterprises including integrated Medicaid managed care programs and operations. Our proven process to recruit and retain key personnel has most recently been demonstrated through our national experience of successfully completing 16 implementations and transitioning nearly 2 million enrollees between January 2016 and December 2018.

We will couple our established relationships in communities across Kentucky with workforce strategies and national experience to recruit individuals who have served children, youth and families engaged in child welfare. Their experience will include behavioral health; foster care and juvenile justice systems; and knowledge of Trauma-informed Care principles. We seek to recruit individuals who will create an inclusive environment, with knowledge and experience working with diverse populations, including cultural, sexual orientation, gender identity, socioeconomic, spiritual and disability diversity. As part of our recruitment strategy, we will use our relationships with community-based organizations and agencies such as Kentucky Children’s Alliance, Kentucky Youth Advocates, Kentucky Boys and Girls Clubs, Kentucky IMPACT, the Family Peer Support Initiative and the Kentucky Foster Parent Association.

Staff who affect enrollee care either directly or indirectly must have the knowledge, skills, licensure, and cultural competency to meet the diverse and unique needs of the children and youth served by Kentucky SKY across a spectrum of services, including specialty services type and level of intensity. We tailor training to the roles and responsibilities of functional staff, including distinct training for, but not limited to, member services, provider relations, care management and other functional areas.

d. How the Contractor will seamlessly transition staff, if necessary, from implementation to ongoing operations.

We identify and hire key personnel well in advance of new contract implementation. Our approach to recruiting and retaining executive team leaders involves first deploying executive leaders from our existing markets whose experience and qualifications align with the needs of foster youth and experience in the Commonwealth. This leadership team remains dedicated to Kentucky SKY until we onboard local, permanent staff and the operation is stable. As key personnel assume their roles, our executive leaders continue to provide operational and administrative support — including mentoring, assimilating, and job-shadowing — until operational steady-state is achieved. Having staff on board throughout the implementation and into the operational stage of the contract ensures our staff understands our vision of Kentucky SKY and builds partnerships with our state partners. At least 90 days post-implementation, the chief executive officer and chief operating officer will confirm steady state functionality of all operational areas and staff adequacy and retention in key operational areas.

iv. A listing of Full-Time Kentucky SKY Key Personnel identified in RFP Attachment C “Draft Medicaid Managed Care Contract and Appendices,” and as otherwise defined by the Contractor, including:

a. Individual names, titles, job descriptions, qualifications and full-time equivalents (FTEs) who are dedicated one hundred percent (100%) to the Kentucky SKY program under this Contract with no other responsibilities outside of the Kentucky SKY program, as well as their office locations for this Contract. An FTE is defined as the ratio of the total number of paid hours divided by the total number of working hours in the period. Annually, an FTE is considered to be 2,080 hours.

b. Whether each Full-time Kentucky SKY Key Personnel position will be filled by a Contractor’s employee or a Subcontractor. Identify the number of FTE Subcontractor staff who will be one hundred percent (100%) dedicated to the Kentucky SKY program.

We have a Commonwealth-wide presence in Kentucky through UnitedHealthcare’s commercial and Medicare lines of business, including offices in Louisville and Lexington, both of which are within 80 miles of 275 East Main Street in Frankfort.

Name	Title	FTEs	Office Location	Filled by Employee or Subcontractor
Cori Leech	Interim Project Manager	1.0	9100 Shelbyville Road, Louisville, KY 40222	Employee
Sara Goscha	Interim Executive Director	1.0	9100 Shelbyville Road, Louisville, KY 40222	Employee
Dr. Jeb Teichman	Interim Medical Director	1.0	9100 Shelbyville Road, Louisville, KY 40222	Employee
Laura Valdez	Interim Quality Improvement Director	1.0	9100 Shelbyville Road, Louisville, KY 40222	Employee
Jeff Luce	Interim Behavioral Health Director	1.0	9100 Shelbyville Road, Louisville, KY 40222	Subcontractor
William Johnson	Interim Utilization Management Director	1.0	9100 Shelbyville Road, Louisville, KY 40222	Subcontractor
Charlene Brown	Complex Care Adult and Child Psychiatrist	1.0	9100 Shelbyville Road, Louisville, KY 40222	Subcontractor



Name	Title	FTEs	Office Location	Filled by Employee or Subcontractor
Will hire upon contract award	Masters Level Social Worker (MLSW)	2.0	9100 Shelbyville Road, Louisville, KY 40222	Employee
Will hire upon contract award	Nurse Care Manager (for Medically Complex Children)	4.0	9100 Shelbyville Road, Louisville, KY 40222	Employee
Will hire upon contract award	Behavioral Health Specialist	1.0	Field-based	Subcontractor
Will hire upon contract award	Family/Youth Peer Support Specialist	1.0	Field-based	Subcontractor
Will hire upon contract award	Care Coordinators	16.0	Field-based* *in DCBS offices	Subcontractor
Will hire upon contract award	Prior Authorization/Pre-certification Coordinator	1.0	9100 Shelbyville Road, Louisville, KY 40222	Subcontractor
Will hire upon contract award	Provider Relations Liaison	1.0	9100 Shelbyville Road, Louisville, KY 40222	Subcontractor

Job Descriptions and Qualifications
<p><b>Project Manager</b></p> <p>The project manager is accountable for the successful project implementation of Kentucky SKY, under the leadership and guidance of the executive director.</p> <p>Primary Responsibilities:</p> <ul style="list-style-type: none"> <li>▪ Work closely with key stakeholders to understand and operationalize Kentucky SKY requirements</li> <li>▪ Assess the Kentucky SKY RFP response and contract to identify and document operational implications</li> <li>▪ Accountable for the general implementation strategy; framework and tools; project leadership; process improvements and developing and implementing best practices</li> <li>▪ Solutioning and operationalizing contract requirements</li> <li>▪ Interpret accurately internal/external stakeholder needs and requirements</li> <li>▪ Drive project solutioning and problem solving across numerous stakeholders and functional teams</li> <li>▪ Create and manage project plans, risk trackers and other standard project management documentation</li> <li>▪ Coordinate stakeholders, including tracking follow ups and progress; troubleshooting issues; and escalating non responders</li> </ul> <p>Qualifications:</p> <ul style="list-style-type: none"> <li>▪ Bachelor's Degree or higher</li> <li>▪ 5+ years of business project management experience</li> <li>▪ 2+ years' experience in Medicaid or health care plan; with strong understanding of Medicaid operational and regulatory expectations</li> <li>▪ Previous experience working in a matrixed environment on highly complex projects</li> <li>▪ Previous experience tracking project plans, tracking issues and requirements</li> <li>▪ Previous experience working with Microsoft Excel (ability to create and edit spreadsheets for reporting)</li> </ul>
<p><b>Executive Director</b></p> <p>The executive director is a senior leadership position and a full-time administrator with clear authority over the implementation and general administration of the Kentucky SKY requirements.</p> <p>Primary Responsibilities:</p> <ul style="list-style-type: none"> <li>▪ Create a successful, collaborative team of people to serve children and youth in Kentucky SKY</li> <li>▪ Execute strategies to meet or exceed annual goals and objectives specific to Kentucky SKY</li> </ul>

### Job Descriptions and Qualifications

- Direct the strategic development, growth and operations to provide innovative care to children and youth in foster care and stakeholders in the Kentucky SKY program
- Maintain overall contractual compliance
- Oversight of a dedicated staff of care coordinators, transition specialists, special education teachers and community specialist(s) dedicated to the children and youth served by Kentucky SKY
- Support and enhance clinical outcomes and quality improvements
- Foster positive relationships with local statewide advocacy groups, state agencies and key provider organizations serving Kentucky SKY children and youth

#### Qualifications:

- Bachelor's degree or equivalent combination of education and experience; MBA preferred
- Ten or more years of operations experience in a Medicare/Medicaid industry, at-risk managed care environment, experience with foster youth highly desired
- Experience in strategic planning and development
- Previous profit and loss experience required
- Demonstrated successful leadership skills in program execution and people management
- Proven leadership skills in both internal and external environments
- Strong knowledge of the Kentucky SKY provider population and facilities, and knowledge of local community-based organizations
- Must reside in, or be willing to relocate to, the Commonwealth of Kentucky

### SKY Medical Director

The Kentucky SKY medical director is 100% dedicated to Kentucky SKY. Responsible for treatment policies, protocols, quality improvement activities, population health-management activities and the utilization management (UM) decisions related to the Kentucky SKY program.

#### Primary Responsibilities:

- Oversee clinical operations initiatives that focus on clinical excellence, affordability and performance improvement
- Oversee the development, implementation and review of quality improvement and quality of care (e.g., Internal Quality Assurance Plan), including implementation of and adherence to corrective action plans
- Responsible for treatment policies, protocols, quality improvement activities, population health management activities and UM decision oversight, and for supporting timely medical decisions
- Responsible for developing and implementing UM, disease management and quality management strategies to serve our youth or children in foster care
- Lead the quality improvement, UM, behavioral health and all other clinical directors working for the Kentucky SKY program, including those employed by subcontractors

#### Qualifications:

- A medical physician with an active license in Kentucky is required
- Pediatrician certified by the American Board of Pediatrics is required
- At least 3 years of training in a medical specialty and 5 years of experience post-training providing clinical services; board certification in specialty preferred
- Previous successful experience in disease management/quality improvement/care management managed care program activities with a background in primary care medicine, family practice or pediatrics
- Previous experience with foster programs and children and youth in foster care
- Available for after-hours consultation
- Previous work with service coordinators, including review of person-centered care plan
- Experience with integration of care for dual-eligible enrollees
- Must reside in, or be willing to relocate to, the Commonwealth of Kentucky

### Quality Improvement Director

The Kentucky SKY quality improvement director is the key team leader of the quality improvement program for Kentucky SKY.

### Job Descriptions and Qualifications

#### Primary Responsibilities:

- Develop, implement and oversee day-to-day operations of the quality improvement functions to verify compliance with regulatory and accreditation requirements
- Continuous quality improvement initiatives such as process reviews, analysis of outcomes data and annual evaluations of the entire quality improvement/management program
- Lead and oversee complaints, grievances, appeals and fair hearings processes, and performance monitoring activities
- Program committee reviews, quality of care management and continuously improving quality scores

#### Qualifications:

- Bachelor's degree in nursing, science or business, or equivalent experience required; Master's degree preferred
- 8+ years clinical practice experience or equivalent
- 4+ years working in managed care quality department required or equivalent experience in non-managed care setting, experience with foster programs preferred
- Proven success managing, implementing and auditing clinical quality programs
- RN with current Kentucky licensure preferred
- Certified Professional in Healthcare Quality (CPHQ) certification
- Experience with successful NCQA accreditation
- Must reside in, or be willing to relocate to, the Commonwealth of Kentucky

### Behavioral Health Director

The behavioral health director is part of the Kentucky SKY executive team and is involved in all programs or initiatives related to Kentucky SKY behavioral health.

#### Primary Responsibilities:

- Oversee all behavioral health activities and services, including UM
- Participate fully in the medical management team's clinical and policy decisions
- Coordinate efforts to provide all behavioral health services under the contract and attend all meetings as required

#### Qualifications:

- Must have an active license to provide behavioral health services in Kentucky (M.D., DO, RN with Advanced Practice Certification, psychologist, LCSW, LPC)
- Minimum of 5 years of experience providing and supervising treatment service for mental illness and substance use disorders, experience with foster program, children and youth in foster care preferred
- Managed Medicaid experience
- Accessible and available for consultation
- Strong team orientation and contributor to collaborative efforts
- Must reside in, or be willing to relocate to, the Commonwealth of Kentucky

### Utilization Management Manager

The UM manager is oversees UM functions for the Kentucky SKY program and any subcontractors performing services relevant to UM. This position also is responsible for the supervisory oversight and direction of the UM department activities to include prior authorization for post-acute services, concurrent review and discharge planning functions.

#### Primary Responsibilities:

- Conduct assessments of children and youth in Kentucky SKY health care needs
- Actively participate in management decision making to verify compliance benefit administration and all reporting requirements
- Demonstrate a high degree of coordination with business partners, including, but not limited to: clinical services, prior authorization intake, triage and authorization decision-making processes, behavioral health, and other clinical specialty, external vendors or national programs

#### Qualifications:

**Job Descriptions and Qualifications**

- Experience with Behavioral Health Services, Foster Care and juvenile justice systems, Crisis Intervention Services, and Trauma-informed Care required
- A current, unrestricted RN license in Kentucky; undergraduate degree preferred
- At least 5 years' management experience
- At least 5 years' experience in medical management/care coordination
- Extensive knowledge of Medicaid and other government programs, experience with foster care programs preferred
- Familiar with the use of criteria-based decision making tools, such as MCG (formerly Milliman Care Guidelines), InterQual or other criteria-based guidelines preferred

**Masters Level Social Worker (Behavioral Health Clinician)**

The behavioral health clinician is accountable for assessment of health status through gathering and recording of assessment data, integration of the assessment for the person-centered care plan, observing and monitoring for changes in condition and taking action to address any acute or long-term concerns identified in partnership with the youth in foster care.

Primary Responsibilities:

- Clinical operations and medical management activities across the continuum of care (assessing, planning, implementing, coordinating, monitoring and evaluating)
- Assess and interpret the needs and requirements for children and youth in foster care
- Consult with case management, coordination of care, and medical management and consults for training and onboarding of new case management staff
- Support input on and developing case management standard operating procedures and job aids
- Provide health education, coaching and treatment decision support for youth in foster care.

Qualifications:

- Require a current, unrestricted Masters Level Social Worker (MSW) license in Kentucky

Licensure may include:

- Licensed Independent Social Worker (LISW)
- Licensed Clinical Social Worker (LCSW)
- Licensed Professional Counselor Associate (LPCA)
- Licensed Professional Clinical Counselor (LPCC)

**Nurse Care Manager**

The nurse care manager is an essential element of an integrated care model by relaying the pertinent information about the needs of children in Kentucky SKY and advocating for the best possible care available, and ensuring they have the right services to meet their needs.

Primary Responsibilities:

- Assess, plan and implement care management interventions that are individualized for each patient and directed toward the most appropriate, least restrictive level of care
- Identify and initiate referrals for both health care and community-based services; including but not limited to financial, psychosocial, community and state supportive services
- Develop and implement person-centered care plan interventions throughout the continuum of care as a single point of contact
- Communicate with all stakeholders the required health-related information to ensure quality coordinated care and services are provided expeditiously to all enrollees
- Advocate for patients and families as needed to ensure the patient's needs and choices are fully represented and supported by the health care team

Qualifications:

- Registered Nurse (unrestricted Kentucky license)
- 4+ years of experience working within the community health setting in a health care
- 2+ years of experience providing community-based care management to enrollees receiving long-term care, personal care services, private duty nursing, or home health
- The ability to travel in assigned region to visit Medicaid enrollees in their homes and/or other settings,

**Job Descriptions and Qualifications**

- including community centers, hospitals or providers' offices
- Experience working with home care based services preferred
- Experience working with enrollees in community- and home-based settings preferred

**Behavioral Health Specialist**

The behavioral health specialist coordinates and collaborates with multiple internal and external partners. The behavioral health specialist will form and enhance connections for youth in foster care; their foster parents/guardians; state agencies; medical teams serving the foster care; behavioral health providers; and other stakeholders affecting the foster care. This role works within the foster care system to coordinate complex and high-risk needs presented by youth or as a part of patterns that arise within the system. This role engages stakeholders who support a child in their treatment process, ensures appropriate levels of care, and uses the high fidelity wraparound philosophy and processes to resolve complex issues, cases, and concerns. Behavioral health specialists work to increase placement/condition stabilization and permanency while helping children and youth meet short and long-term goals.

**Primary Responsibilities:**

- Develop and maintain relationships with key stakeholders within the applicable state agency
- Identify areas for systemic improvement including communication strategies, clinical innovation and system-specific intervention
- Coordinate with teams early in admission on cases stratified as having complex and high-risk needs, in collaboration with representatives from applicable state agencies and as needed
- Participate jointly in rounds, discussions, supervision and staffing, as needed
- Monitor complex cases and situations and collaborate with state agencies in a solution focused manner, aiming toward issue resolution
- Establish a cooperative relationship with the provider community to improve access to services and ensure children in foster care are served within proper standards of care
- Maintain knowledge of provider availability and barriers to access
- Use advanced clinical skills to engage and motivate children in foster care via a recovery, health and wellness-oriented approach
- Connect youth and their caregivers to appropriate psychiatric, medical and psychosocial services
- Meet with child in foster care in-person at facilities, provider offices and in homes as appropriate

**Qualifications:**

- Licensed Master's degree in Psychology, Social Work, Counseling or Marriage or Family Counseling, or Licensed Ph.D., or an RN with 5 or more years of experience in behavioral health
- Licenses must be active and unrestricted and active in the Commonwealth of Kentucky
- 5 years' experience in a related mental health environment working in the local community
- 5 years' experience connected to the applicable state agencies or comparable experience
- Able to handle sensitive issues with peer, enrollees and providers in a confidential manner

**Care Coordinator**

Care Coordinators coordinate and manage medical and behavioral health services delivered to youth who are in foster care. The care coordinators have experience working within the foster care system and have knowledge of services used by foster care youth, especially behavioral health services. The service coordinators serve as the primary point of contact for the youth, their family, the state child-welfare contractor, foster parents or group home placements and network providers.

**Primary Responsibilities:**

- Provide care coordination and serve as single point of contact for children, family, state foster care contractor, and/or the Department of Juvenile Justice (DJJ)
- Conduct assessments of child's needs in collaboration with identified supports
- Develop a plan of care in collaboration with the youth, family, state foster care contractor and foster care placement to address enrollee needs
- Review and revise plan of care as needed based upon enrollee needs
- Provide outreach to network providers to ensure the delivery of appropriate services to meet enrollee

### Job Descriptions and Qualifications

needs and the coordination of services among providers

- Work collaboratively with service providers, families, state child welfare contractor and child placing agencies to identify and access resources to meet the needs of enrollees and support foster care placements
- Work with network providers to ensure timely access to services following discharge from hospitalization or residential treatment
- Work with network providers to provide support to foster care placements in meeting enrollee medical and behavioral needs
- Provide outreach and coaching to enrollees, families and foster care placement to encourage and promote treatment and service adherence
- Work with the enrollee, family, state foster care contractor and foster care placement to identify and address gaps in services
- Respond promptly to emerging issues that affect services to the youth
- Provide education to enrollees, families and foster care placements regarding relevant medical and behavioral topics
- Seek consultation and support from other enrollees of core and extended care team as needed

Qualifications:

- Bachelor's degree in psychology, social work, counseling or a related field
- Kentucky social work license preferred
- Three years' experience working with children, youth and young adults in foster care or juvenile justice
- Three years' experience working with youth who have serious behavioral health needs also acceptable
- Experience working in a High Fidelity Wraparound program or proficient knowledge of Wraparound
- Demonstrated understanding and experience in Trauma-informed Care and working with a system of care

### Family/Youth Peer Support Specialist (FYPSS)

The family/youth peer support specialist (FYPSS) is a certified peer for foster care who works directly with youth and families and has lived experience in the foster care system. The FYPSS will collaborate with youth, families, nurse care managers, care coordinators, providers and community- and state-based agencies to support person-centered clinical and transitional services, including participating on the multidisciplinary care team (MCT), completing assessments and interventions, coaching, coordinating resources and transition planning. The FYPSS will support youth to move from pediatric to adult systems of care, connecting them with resources to address the social/environmental needs, coordinating with care coordinators and others on the youth's care team to ensure transition needs are addressed.

Primary Responsibilities:

- Identify and coordinate to resolve highly complex concerns for youth related to transition age planning
- Use his/her own foster care experience and peer support training to assist foster care youth and families in the foster care system with defining their personal goals
- Engage youth and families routinely, either telephonically or in-person via home/facility visits, to coordinate services, community resources and provide health education
- Focus effort on helping older youth in foster care in their transition planning
- Build a resource directory for transitional supports accessible to all staff working with FYPSS to assist them in the transition to adulthood
- Provide education and information on available benefits and services including tools available to them such as the On My Way interactive website for transition age youth
- Collaborate with the MCT to implement intensive, enhanced care coordination when requested, which may include peer support and other community-based services designed to stabilize the consumer's condition, including working with the consumer in the development of wraparound services
- Establish and maintain strong collaborative relationships with existing family and youth organizations
- As requested, provide support to family members in making needed appointments
- Provide direct support to enrollees discharged from 24-hour care, transitioned to a new foster home or to refer them to a support group

**Job Descriptions and Qualifications**

- Respond to concerns and questions from youth and families
- Participate in treatment planning with youth and families who request that support
- Work with community and government agencies along with and/or on behalf of youth and families

**Qualifications:**

- Certified peer specialist
- Completion of initial and ongoing Kentucky DBHDID-approved training to maintain peer certification
- High school degree or GED equivalent
- Self-disclosure as a current or former recipient of foster care services, sibling of a foster care child/youth, and/or foster care parent, preferably having experienced a successful transition out of foster care
- Demonstrated understanding of the principles of Trauma-informed Care principles
- Reliable transportation, with a current and non-restricted driver's license and state-required insurance

**Prior Authorization Coordinator**

Our prior authorization coordinator responsible for case management and utilization review of behavioral health and substance abuse services. This position is responsible for coordinating prior authorizations and convening meetings with DCBS and DJJ professionals at the service region and community district level, as needed, to facilitate appropriate and timely care for Kentucky SKY enrollees.

**Primary Responsibilities:**

- Conduct focused facility-based reviews effectively and efficiently; gather consistent clinical information to assess clinical needs, obtain bio-psychosocial data and co-morbid conditions, identify needed resources, and initiate discharge planning
- Identify and examine gaps and other contributing factors to facility-based care readmissions
- Collaborate with providers and facilities to define recovery and resiliency needs, desired outcomes and interventions and discuss appropriate levels of care placement based upon risk factors
- Provide safe, "least restrictive care" options to reduce the need for acute care with providers requesting referrals for facility-based treatment
- Support outcome-focused, evidence-based best practices with providers and facilities
- Demonstrate clinically sound judgment by appropriately authorizing the level of care based upon clinical presentation, risk factors, coverage determination or level of care guidelines

**Qualifications:**

- Must be an independently licensed Masters-level mental health professional, licensed Ph.D. or registered psychiatric nurse. Must have a current, unrestricted license (3 years post-licensure experience preferred) for the Commonwealth of Kentucky and experienced in the delivery of behavioral health services
- Minimum 2 years direct clinical experience with acute and community-based psychiatric and chemical dependency treatment in various settings. Familiarity with recovery and resiliency model is preferred
- Managed care or utilization review experience desirable
- Demonstrated familiarity and experience with the current Diagnostic and Statistical Manual and best practice standards for treatment
- Knowledge of or ability to research and connect with community resources, including ability to use features of search engines and Intranet to discern available resources for any caller
- Ability to learn and navigate multiple proprietary software applications; typing proficiency required
- Strong organizational and problem solving skills, and the ability to prioritize and work independently
- Ability to multitask between different systems and cases

**Provider Relations Liaison**

Our provider relations liaison supports the resolution of provider access and availability issues. This position must have knowledge of Kentucky providers, including behavior health providers and patterns of care/referral in Kentucky.

**Primary Responsibilities:**

- Assist in end-to-end provider claims and help enhance call quality
- Assist in efforts to enhance ease of use of physician portal and future services enhancements
- Contribute to design and implementation of programs that build/nurture positive relationships between

### Job Descriptions and Qualifications

- the health plan, providers and practice managers
  - Support development and management of provider networks
  - Help implement training and development of external providers through education program
  - Identify gaps in network composition and services to assist network contracting and development teams
- Qualifications:
- Knowledge of federally administered programs for foster care programs
  - 2+ years of health care/managed care experience
  - 2+ years of provider relations or provider network experience
  - Intermediate level of proficiency in claims processing and issue resolution
  - 1+ year of experience with Medicare and Medicaid regulations
  - High school diploma or equivalent work experience; undergraduate degree preferred

c. Resumes, including information such as degrees, credentials, clinical licensure as applicable, years and type of experience. Include as an Appendix or Attachment to the Proposal.

Please see Attachment G.2.c.iv.c SKY Resumes.

v. Overview of the Contractor’s proposed training of staff to fulfill all requirements and responsibilities of RFP Attachment C “Draft Medicaid Managed Care Contract and Appendices,” for all operational areas. Provide the Contractor’s proposed training program and curriculum for all staff specific to areas of responsibility. Include information about the topics for which staff will receive training, how trainings will differ for new staff members versus ongoing trainings and related training schedules.

### Proposed Training Program and Curriculum

Our Kentucky SKY curriculum will provide initial and ongoing training on the regional and cultural demographics and care needs of children and youth in foster care. We will incorporate the voice of the community by soliciting input from and partnering with advocacy groups, such as DCBS, Kentucky Youth Advocates and the National Foster Parent Association, on developing our training program. Our instructional designers will partner with clinical subject matter experts, community partners and advocates to develop state-specific training related to the unique needs of Kentucky’s children in foster care. Our training team uses a comprehensive and locally influenced training curriculum — with Kentucky-specific cultural competency and resource needs woven into every aspect of training — to help our staff to “walk in the shoes of our children and youth” and relate to the specific populations they serve. Especially important to us is building staff awareness of “unconscious bias,” verifying that they are **fully aware of common false assumptions that may hinder the understanding of the unique challenges of children and youth in foster care.**

Our comprehensive training curriculum for our clinical care staff includes a well-defined set of topics to facilitate understanding of each program requirement and clinical protocols to provide our staff with a holistic understanding and insight into the care needs of the populations we serve. Designated trainers facilitate our training programs for both current and new staff, using classroom, web-based, role-playing and person-centered teaching approaches.

### Training for New Hires

Our training program for new hires is robust. Each new hire will be required to complete our new hire care management course, which equips our staff with knowledge and skills to provide the highest level of care. We provide training through LearnSource, our companywide learning management system. LearnSource courses focus on professional development, cultural competency, company policies, state and federal regulations and compliance for all of our employees. Mandatory training includes competency scoring indicating pass/fail. We assign new employees to work with high-performing staff within their functional areas to serve as



mentors in their initial months of employment to reinforce new hire training, provide supervisory oversight and foster engagement.

In addition, we will develop a multifaceted training program that includes in-depth training on the Kentucky SKY requirements and will provide this training for everyone supporting the contract to make sure our staff understands the unique needs of these children and can provide strategic empathy, the ability to understand someone's underlying drivers and constraints. Our training program, which will include training on the system of care approach, benefits from a variety of training modalities to meet different learning styles and offers flexible times to meet varying schedules, and knowledgeable trainers and experts that deliver or contribute to education content. Our tiered training program will include initial, ongoing, ad hoc and annual training tailored to the program and, most importantly, provide a deep understanding of the unique experiences and special health care needs of children's and caregivers in the foster care, juvenile justice and adoption support system.

For example, the following training is required for any new care manager who works with children and youth in foster care across our enterprise:

1. Care Management Training 101 (2 weeks)
2. Navigating Support Systems for Children in Foster Care
3. Psychotropic Medication Overuse
4. Managing Care Transitions and Placements
5. Model of Care – Foster Care Operations

### Ongoing Training

During the first year of hire and ongoing, we will provide training to establish a common philosophy of care to guide our staff who work alongside populations with complex health and social needs, such as foster children and youth. Staff is required to take the online, self-paced curriculum every 3 years to reinforce principles as approaches evolve. Each of the 12 foundational topics is 30 minutes long and delivered by a team of subject matter experts with in-depth knowledge, experience and passion in their respective topics. Participants will be required to take pre- and post-tests to pass and receive their certification. The training includes:

- Trauma-informed Care 101
- Adverse Childhood Experiences
- Harm Reduction
- Addiction and Recovery
- Power of Personal Narratives
- Motivational Interviewing
- Positive Psychology
- Boundaries and Self-Care
- De-escalation
- Stages of Changes
- Person-Centered Care
- Fostering a Trauma-informed Environment



In addition, all staff will be required to take training on Trauma-informed Care and services to improve their knowledge about the long- and short-term consequences of child abuse; the medical management of mental illness for children and youth populations; and the integration of clinic-, community- and family based systems of care. These trainings are also offered to our providers and stakeholder partners to help infuse common concepts and language so everyone can communicate and care for youth in Kentucky SKY most effectively.

## System of Care Training

The system of care approach is part of our training for our foster care team staff. The training introduces the system of care principles as the foundation for the delivery program services, emphasizing strength-based and recovery-oriented concepts. This training also includes an in-depth discussion of Trauma-informed Care concepts to give staff and providers a better understanding of how trauma affects behavior in this population. We also will include training related to the evidence based approaches most relevant to children and youth in foster care to make sure their needs are met. Care coordinators, clinical staff, peer support partners, operations staff and provider network are well-equipped to work with each other using the system of care philosophy in their respective role(s) within the delivery systems. We will explore partnerships with local non-profits to deliver these trainings and make them broadly available.

## Training for Peer Support Specialists

Continuing education is required for peer support specialists to maintain their certification. The National Association of Peer Specialists developed tools and training for peer specialists under the Recovery to Practice initiative. We offer free webinars to assist peer support specialists receive the required training. Examples of past webinars include, Empowering Youth as Mental Health Peer Specialists; Culture, Inclusion and Microaggressions in Peer Support; Practicing Recovery Leadership; Dealing with Compassion Fatigue; and WRAP and Peer Support. In addition, we commit to participating in any DMS-designated Kentucky Medicaid provider educational forums as an enhanced education effort. As we do now in other states, our provider relations manager will attend meetings with DCBS, DJJ and other agencies to fully understand the training needs of our provider network and are committed to delivering the training and education needed to have a strong provider network for Kentucky SKY.

vi. Overview of Contractor's approach to monitoring Subcontractors' progress in recruiting and training of staff to meet all requirements of RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices."

We perform the majority of services in-house without the use of subcontractors. However, for those services provided by subcontractors, our Kentucky SKY executive director supported by the Vendor Oversight Manager will oversee and maintain accountability for subcontractor performance and progress in recruiting and training staff to meet all Draft Contract requirements. The executive director systematically oversees all subcontractor relationships through our vendor management control processes that confirm our subcontractors meet contractual expectations. Any staff, including our subcontractor staff, will take the same training to make sure the needs of children in foster care are understood and appropriately addressed.

Staff for many of our affiliate subcontractors is hired by the same internal talent acquisition team as our employees using the same rigorous interview and selection processes and access the same training as employees through our automated *LearnSource* training management program. This web-based training system easily records attendee participation and test scores for compliance oversight. *LearnSource* automatically assigns and tracks training and reports the successful completion of each training module and the date of completion to the individual and their supervisor. If the individual's required training is not completed on time, *LearnSource* sends a notification to the supervisor. If the training delinquency is not corrected in the specified time, a second notice is sent to the next level supervisor. Appropriate disciplinary action, up to and including termination, may result if the training is not completed.

vii. Retention approach for Full-time Kentucky SKY Key Personnel.

UnitedHealthcare uses a multifaceted approach to increase employee satisfaction and retention and minimize employee turnover. UnitedHealthcare's corporate culture and "Our United Culture: The Way Forward" mantra is built upon our values of integrity, compassion, relationships,

**Staff Retention**

Our national Medicaid key personnel retention rate is **98% over the last 12 months**.

innovation and performance. Across all business segments, UnitedHealthcare strives to create an inclusive, diverse culture where people want to work and feel empowered to succeed in doing their life's best work.

We know working with the Kentucky SKY population can be challenging, and to enhance staff retention, we will provide a robust support network, including awareness training on the effects of secondary and vicarious trauma, and the effects on those staff supporting the youth in Kentucky SKY. Based upon our experience, using a team-based approach can greatly assist the process of serving children and youth eligible for the SKY program. We look forward to building a team atmosphere with DCBS, DJJ and other system partners to help retain staff. We welcome and solicit feedback from our team, DCBS, and DJJ partners, which leads to a culture of inclusion and empowerment, resulting in less turnover and more engaged employees.

## Approach to Minimizing Employee Turnover

Our **retention rate** for key personnel across UnitedHealthcare Community & State (Medicaid) is **98%** (2% voluntary turnover). We attribute our low employee turnover to our strong culture, fair hiring practices and our welcoming onboarding experience, coupled with thorough training for all employees. This sets the stage for a successful long-term employee-employer relationship. We deploy a proactive, high-touch, rapid-recruitment talent acquisition approach that has been highly successful not only in hiring the right employees, but in keeping our employee turnover rates low. Our low turnover is exemplified with annual employee-satisfaction survey scores.

## Additional Benefits

Some of the ways in which we provide employee incentives are through an attractive benefit package and these additional opportunities:

- **Casual Dress Code:** To increase morale and promote individuality, we offer employees the option of dressing casually on Fridays and special occasions.
- **Career Development:** An employee's belief that they can achieve their career goals drives employee engagement and retention. This focus on career development means we are continually encouraging and supporting our employee's career goals and dreams. This includes tuition reimbursement for outside educational courses related to their field through accredited institutions.
- **United For Giving:** Through our United For Giving program, employees make an impact when they donate their time or money to the causes they care about. We provide:
  - A 1:1 match for donations to eligible charities
  - A \$500 charitable grant once an employee has volunteered 30 hours
- **Flexible Work Arrangements:** Recognizing that work from home and flexible work schedules result in happier, more productive employees, we offer this choice to our employees.

## Appreciation Programs

We recognize our employees are the lifeblood of our company. As such, some of the ways in which we actively strive to show our appreciation include:

- **Bravo!:** All UnitedHealth Group employees are encouraged to take part in our Bravo! program to recognize fellow coworkers. Bravo! allows any employee to say thank you to another staff member for a job well done. Employees receive points they can use to shop in the Bravo! store or they receive a bonus as recognition and thank you.

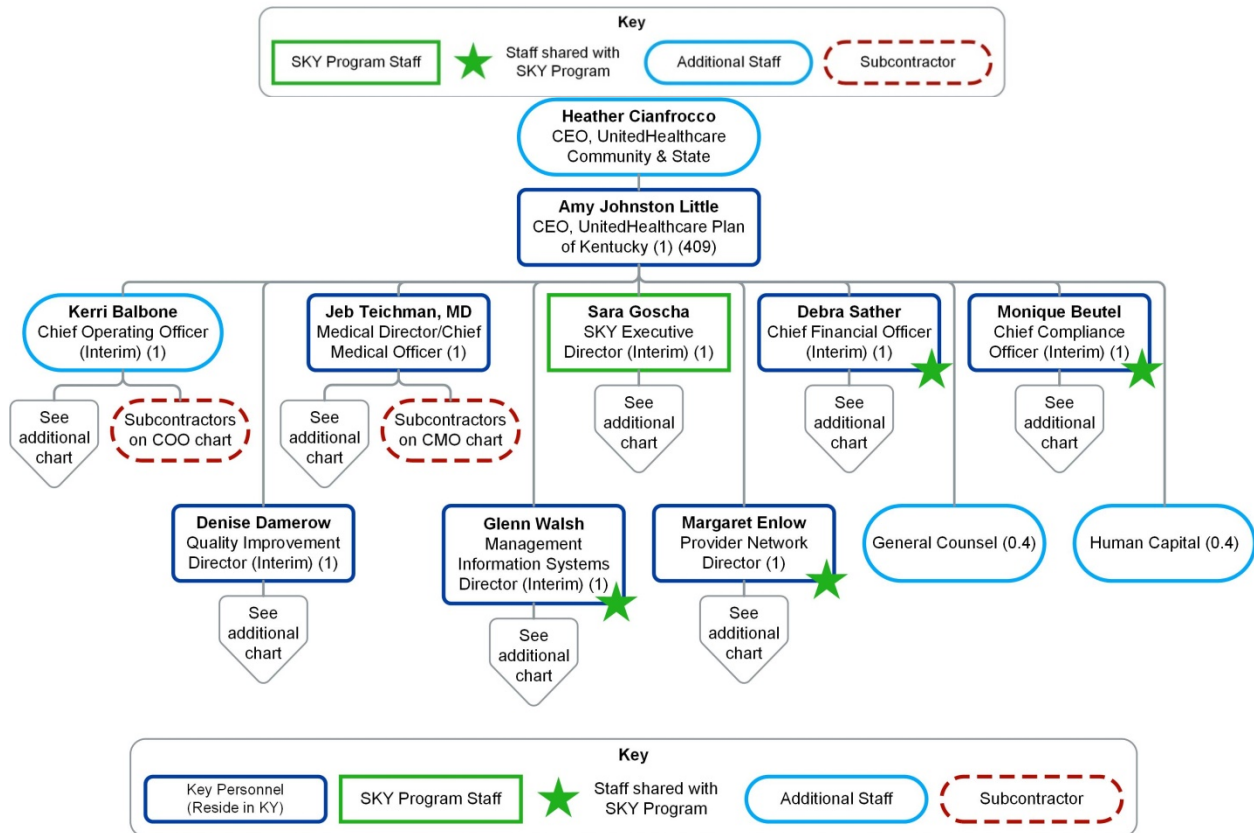
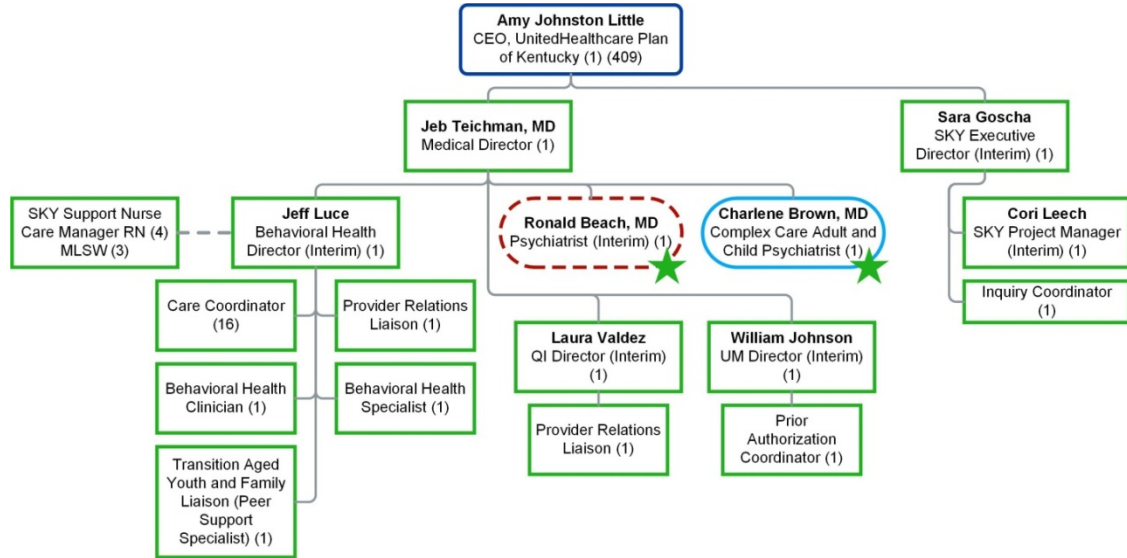
- **Service Heroes:** Each year, UnitedHealthcare recognizes individuals who make a positive difference in the lives of our members, providers and customers. These remarkable employees think outside the box, show they care, remove obstacles, own the solution and walk in the shoes of those they serve. Service Heroes are nominated by their colleagues and company leaders.
- **Employee Appreciation Week:** One week a year, we take the time to remind our employees, both those in the office and telecommuters, how special they are and how much their hard work is appreciated. Our different offices throughout the country celebrate in their own unique way, paying homage to their local culture and community.

viii. Provide a detailed description of the Contractor's organizational structure for the Kentucky SKY program under this Contract, including an organizational chart that displays the following:

a. Management structure, lines of responsibility, and authority for all operational areas of this Contract.

Every Medicaid health plan that UnitedHealth Group operates is located in the state where we hold the contract and is staffed locally. As we build a comprehensive infrastructure to support the MCO program, the local leadership team will work together with UnitedHealthcare national experts to deliver the broadest, most experienced leadership support. Led by Amy Johnston Little, CEO, and our Kentucky SKY executive director, we present a highly qualified and dedicated staff of professionals who understand the Commonwealth health care market and the challenges faced by our youth or children in foster care. We will apply our knowledge and experience and enlist our UnitedHealth Group affiliates and national teams to help implement best practices in our Commonwealth operations.

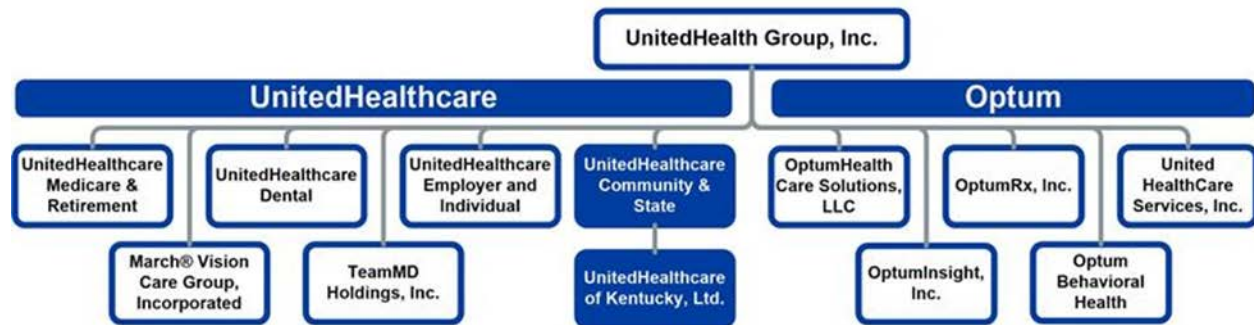
Under the direction of Ms. Johnston Little, our executive team has full accountability and authority to manage, operate, administer, and seamlessly implement the Kentucky SKY contract. The organization chart shows our leadership team and functional teams supporting the Commonwealth, including health services, quality improvement, finance, compliance, operations and member services, provider network and services, information technology and administrative operations. The chart illustrates management structure, lines of responsibility and authority for all operational areas of the contract; where subcontractors will be incorporated; and the number of proposed FTEs dedicated by position type and operational area.



**b. How the Kentucky SKY fits into the overall organizational structure of the Parent Company.**

UnitedHealth Group, Inc. is the corporate parent to UnitedHealthcare health plans across the United States, serving commercial, Medicaid, and Medicare beneficiaries. In Kentucky, UnitedHealth Group operates three major lines of business: Medicare & Retirement; Employer & Individual; and Community & State, which is the Medicaid business unit (includes dual special needs plans [D-SNPs]). Our existing Kentucky lines of business serve more than 409,000 Kentuckians and have over 20,000 providers and 117 hospitals under contract. The chart herein

depicts where UnitedHealthcare of Kentucky fits within UnitedHealth Group's organizational structure.



c. Where Subcontractors will be incorporated.



As we have done across our Medicaid line of business, we will engage a combination of internal subcontractors affiliated with UnitedHealth Group, with whom we have extensive national experience, and select non-affiliate subcontractors, with whom we also have a long-standing relationship. Optum behavioral health services and OptumRx are owned by UnitedHealth Group and affiliated with UnitedHealthcare. This means more efficient, prompt and

effective oversight, which facilitates ease of resolution if corrective actions are necessary. We have more than a decade of experience managing subcontractors and evaluating their performance and compliance. During this time, we have garnered a substantial amount of information on collaboratively working with subcontractors and integrating their services to support providers and engage beneficiaries — including efforts to verify cost-effectiveness and quality. We use our experience to continually improve our subcontractor processes to strengthen our programs locally so the Commonwealth experiences a **streamlined and coordinated approach** to our collaborative subcontractor relationships and their service delivery.

The positions from these entities are included in the position titles and counts in the organization chart and staffing plan:

- Optum behavioral health services** will provide the completely integrated and specialized infrastructure and support for our behavioral health programs. The organization has 29 years of experience managing and administering mental health and substance abuse services, and is recognized as a pioneer in developing advancements that substantially improve the clinical distinction and delivery of behavioral health services. For the Kentucky SKY program, they will provide a complex care adult and child psychiatrist; 16 regional care coordinators; a behavioral health specialist, a family and youth peer support specialist; a provider relations liaison; our behavioral health and UM directors; and a prior authorization coordinator. Optum is part of UnitedHealth Group; staff are co-located, use the same IT platform, the same email system and the same electronic calendar system.

ix. A summary of how each Subcontractor will be integrated into the Contractor's proposal performance of their obligations under the Contract to ensure a streamlined experience for the Kentucky SKY Enrollees, Providers and the Department.

The longevity of our subcontractor relationships has allowed us to build strong oversight programs, understand contractual requirements and apply compliance protocols effectively for both medical and nonmedical areas. The Commonwealth benefits from our fully integrated



enterprise organizational structure with affiliate subcontractors, enabling **more coordinated and seamless delivery because we do not depend on external subcontractors for core programs such as behavioral health**. We train and work alongside internal affiliate and non-affiliate subcontractors with whom we have strong, well-established relationships. This approach gives us optimal control over service quality and enhances our ability to meet our

obligations to youth in Kentucky SKY, providers and DMS. Youth in Kentucky SKY and their families, providers and DMS will experience seamless integration between UnitedHealthcare and our subcontractors. All staff we employ both internally and via subcontractors will have access to the same training and systems. We work alongside internal affiliate and non-affiliate subcontractors with whom we have strong, well-established relationships.

Each of our internal affiliate and external non-affiliate subcontractors has proven their ability to perform delegated activities for Medicaid services and other public sector programs successfully. Over the years, we have applied quantitative and qualitative methods in the public sector to assess affiliates and partners, and their abilities to perform delegated services. We facilitate subcontractor meetings regularly to monitor network operations for behavioral health, vision, dental and other specialty areas, and to discuss and review performance metrics for all subcontractors. Our established oversight and compliance programs have further improved subcontractor performance by identifying any deficiencies and addressing action plans. We evaluate our subcontractors against national standards and criteria such as NCQA credentialing requirements, federal compliance program regulations and established claims processing protocols. Through these approaches, our subcontractor relationships have strengthened, and our program processes have aligned, allowing us to provide superior, coordinated health care services — easily accessible to providers and the children in the SKY program.



As part of our oversight structure, we will hire a Kentucky-based vendor oversight manager reporting to the COO. In addition, we will assign a vendor relationship owner (VRO) to each subcontractor used in support of the MCO contract. The VROs are functional area leaders who regularly interact with subcontractors to share performance indicators, program changes and ideas on improved outcomes. In addition to conducting monitoring activities locally, along with quality and compliance committees and executive leadership, as appropriate, the VROs will hold regular meetings with our subcontractors. This regular oversight helps to verify subcontractors are meeting performance metrics and confirms subcontractors' staff, policies and resources are appropriate to meet the requirements of their agreement. The findings from these meetings will be presented to the vendor oversight manager monthly or more frequently if needed. We report the results of these monitoring activities in functional area committee meetings (e.g., quality oversight and compliance committee meetings). ***If there are performance issues, these committees recommend the next steps of the subcontractor to remedy operational issues and maintain compliance with the contract.*** This may include more intensive reporting or monitoring, a corrective action plan, or if necessary, revocation of the agreement. In addition, we communicate these results and decisions to our Joint Operating Committee (JOC), which oversees the intersegment relationships between UnitedHealthcare and its affiliates and vendors, and, as appropriate, our Board of Directors. As part of our JOCs, we monitor timely claims payments as an indicator of financial stability. Our current subcontractors that pay claims fall within the UnitedHealth Group family of businesses, allowing for additional insight into financial strength. Minutes, reviews and any corrective actions from these meetings roll up to our health plan committee structure, namely Quality Improvement

Committee, Provider Advisory Council, Service Quality Improvement Subcommittee and the Healthcare and Quality Utilization Management Committee.

Our established oversight and compliance programs have further improved subcontractor performance by identifying any deficiencies and addressing action plans. Through these approaches, our subcontractor relationships have strengthened, and our program processes have aligned, allowing us to provide superior, coordinated health care services — easily accessible to providers, youth and their families in the SKY program.

x. Identification of staff positions that will be based (1) in the Contractor’s Kentucky office(s), (2) in the field, and (3) at a corporate office of the Contractor or Subcontractors. Information should include physical locations for all Contractor operational areas to support this Contract.

The best possible model for children in Kentucky SKY is maintaining local staff who live and work in the same communities our youth or children do. Staff dedicated to the Kentucky SKY program will be located in Kentucky. The table outlines the staff positions that will be located in one of our Kentucky offices or in the field. To operate our Kentucky SKY program effectively, we have two primary office locations in Kentucky — in Louisville and Lexington, and a satellite office in each city. Our principal office is located at 9100 Shelbyville Road, Louisville, KY 40222. In addition to our primary offices, to support economic growth and development in rural Kentucky, we will support telecommuting staff throughout the Commonwealth. We also will have field-based staff, some of which will be co-located in the DCBS offices, to work closely with the youth and children in Kentucky SKY. We will work with DCBS on how to best position our field staff to support the needs of the children and youth we serve together.

Title	Kentucky Offices	Field-based	Corporate Offices
Project Manager	✓		
Executive Administrator/Director	✓		
Medical Director/Associate Medical Director	✓		
Quality Improvement Director	✓		
Behavioral Health Director	✓		
Utilization Management Director	✓		
Care Coordination Teams	✓	✓	
Nurse Case Manager	✓		
Prior Authorization/Pre-certification Coordinator	✓		
Provider Relations Liaison		✓	
Family/Youth Peer Support Specialist		✓	
Psychiatrist (shared)	✓		
Hospital-based care managers (shared)		✓	
Provider Services Manager (shared)	✓		
Inquiry Coordinator (shared)	✓		
Other (UM, member services, provider services, claims process and program integrity)	✓		
Regional Care Coordinators		✓	
Direct Service Providers		✓	



xi. Number of proposed FTEs dedicated to the Kentucky SKY program, by position type and operational area and how the Contractor determined the appropriateness of these ratios.

Our overarching goal is providing a cost-effective program supported by sufficient staffing with qualified and high-performing care managers who can effectively address the needs of youth in the Kentucky SKY program and meet Kentucky SKY requirements. Through our understanding of the dynamics of Kentucky SKY, we have developed a staffing model best suited to meet the needs of youth or children in Kentucky SKY. Our model includes a mix of nurses, social workers, other licensed professionals (e.g., behavioral health clinician, licensed child psychiatrist), administrative personnel and leadership experienced in working with the populations served in the Kentucky SKY program. The table outlines the number of proposed FTEs by position type and operational area.

Title	Operational Area	FTEs
Project Manager	Key Personnel	1
Executive Administrator/Director	Key Personnel	1
Medical Director/Associate Medical Director	Key Personnel	1
Quality Improvement Director	Key Personnel	1
Behavioral Health Director	Key Personnel	1
Utilization Management Director	Key Personnel	1
<b>Care Coordination Teams</b>		
Nurse Case Manager (including hospital-based care managers)	Key Personnel	4
Master Level Social Worker	Key Personnel	3
Care Coordinators	Key Personnel	16
Family/Youth Peer Support Specialist	Key Personnel	1
Behavioral Health Specialist	Key Personnel	1
Prior Authorization Coordinator	Key Personnel	1
Provider Relations Liaison	Key Personnel	1
Psychiatrist (shared)	Clinical	1
Provider Services Manager (shared)	Provider Services	1
Inquiry Coordinator (shared)	Grievances and Appeals	1
Other (UM, member services, provider services, claims process and program integrity)	Other	27

## Determining Appropriate Ratios

Our clinical leadership team continuously evaluates staffing ratios and may further refine ratios, based upon the needs of youth or children in Kentucky SKY and their families. We use a state of the art workforce calculator, which takes into consideration the activities required by our staff, the amount of time it takes to perform the activity, the available hours of work time. Through a calculation, it determines the appropriate staff to child ratio to meet quality performance standards. In addition, our leadership team monitors the sufficiency of care manager ratios through caseload reporting that gives care manager supervisors the ability to monitor each care manager's caseload and adjust caseloads when needed. Additionally, the leadership team distinguishes adequacy and appropriateness of care manager caseloads by monitoring our compliance with care management requirements (e.g., frequency of face-to-face visits, adherence to assessment time frames). This compliance factor may identify a need to adjust caseloads or staffing ratios. The leadership team does this through our Clinical Adherence Program, visit compliance tracking, quarterly case file audits, ride along(s), inter-rater reliability testing, and tracking adherence to timeliness requirements.

xii. Describe the roles and responsibilities of Care Coordinators and Care Coordination Team. How will the Contractor maintain adequate Kentucky SKY to Kentucky SKY Enrollee ratios and number of Care Coordination personnel and management staff having expertise in Physical Health, Behavioral Health, and the Kentucky SKY Enrollee to build Care Coordination Teams?

Provide the Contractor's approach to locating the Care Coordinators areas in which they serve.

## Roles and Responsibilities of Care Coordination Team

We will actively recruit a care coordination team with direct, current experience in the foster care, adoption and juvenile justice systems; and with knowledge of Trauma-informed Care principles and the system of care approach. Experience and training should be inclusive of cultural, sexual orientation, socioeconomic, spiritual, disability and diversity considerations.

### Nurse Care Manager

Our nurse care manager is an essential element of an integrated care model and drives the care coordination for medically complex children, identifying pertinent information about the needs of children in Kentucky SKY and advocating for the best possible care available, and ensuring they have the right services to meet their complex clinical care needs. The nurse care manager will assess, plan and implement care management interventions that for each patient and directed toward the most appropriate, least restrictive level of care. This role also identifies and initiates referrals for both health care and community-based services; including, but not limited to, financial, psychosocial, community and Commonwealth supportive services. Our nurse care manager will work with youth and children in foster care to develop and implement person-centered care plan interventions throughout the continuum of care. They play a vital role in clinical rounds for children with complex needs, as well as consultatively when a care coordinator needs to discuss a child's health care.



### Care Coordinator



For children who are not medically complex, we assign a care coordinator to support every child or youth in foster care, regardless of their care management tier. Children in foster care face instability in their lives and a greater need for coordination across the care continuum to solve for social determinants of health. To reduce complexity for children or youth in foster care and those supporting them, our care coordinator serves as the **single point of contact to coordinate care** care for children who are not medically complex, and help them navigate the health care system. This individual is acts as the hub for the child's holistic plan of care. They are responsible for outreach, screenings, assessments, and documentation of activities including the development and execution of the individualized plan of care. For youth or children with complex needs, who are a persistent super-utilizer, a nurse or behavioral health clinician serves as the lead and point of contact.

### Behavioral Health Clinicians

Our behavioral health clinicians are an essential component of our team, providing behavioral health care management services including medical necessity, emergency status and quality of care. We seek clinicians who have local, on-the-ground knowledge that promotes cultural sensitivity to youth and the ability to link youth to social supports within their communities. In addition, our behavioral health clinicians hold valid Kentucky clinical licenses and typically have a master's degree in counseling, psychology or social work or are RNs with a specialty in psychology. The behavioral health clinician is accountable for assessing health status through gathering and recording of assessment data, integrating the assessment for the person-centered care plan, observing and monitoring for changes in condition, and taking action to

address any acute or long-term concerns identified in partnership with the youth in foster care. This role identifies, coordinates or provides appropriate levels of care under direct managerial clinical supervision.

### **Maintaining Adequate Staffing Ratios**

We are committed to providing a strong local presence in Kentucky and to delivering high-quality services to our youth in the Kentucky SKY program, providers, communities and state partners. We develop a staffing plan for each contract by using proprietary workforce models and planning tools as a baseline. We have developed these models across our business units by considering the unique and varied needs and requirements to support efficient managed care operations based upon factors such as expected claims volume, anticipated call volumes and contract requirements. For the Kentucky SKY population, we will use a typical care coordinator to manager ratio of 1:15. We will adjust staffing levels based upon the complexity and number of children or youth in foster care. In addition, we will modify staffing levels due to regional needs, such as differences in drive time or geographic spread.

Staffing ratio guidelines are used for certain staff functional areas that acknowledge the health needs of the population served. These ratio guidelines provide benchmarks to assess staffing levels and may be adjusted to reflect contract requirements, or actual changes in youth or child care needs. After establishing initial care ratios, the leadership team revises staffing ratios using the methods discussed previously and based upon data from enrollee surveys, customer service contacts, complaints and requests, clinical outcome data, workforce analysis and observation, and time studies. If modifications need to be made regionally due to drive time or geographic spread, then we apply those changes at an individual care manager level. We use staff feedback and internal/external audit performance to determine if ratios are sufficient to fulfill the contract requirements.

### **Approach to Locating Care Coordinators in Enrollees' Communities**

We will co-locate care coordinators in the DCBS offices to promote increased coordination for children in Kentucky SKY. The results of having our staff integrated into these locations include creating strong relationships between the agencies, completing timely assessments by both agencies for different purposes, providing resources related to claims questions, network issues, and billing issues for efficient troubleshooting and strengthening the operational familiarity by stakeholders.

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