

3. Kentucky SKY Implementation

a. Describe the Contractor's approach to project management, including a summary of responsibilities for project governance and how the Contractor will track action items, risks and issues, as well as contingency and mitigation plans. At a minimum, the implementation plan must include elements outlined in the RFP, for example:

- i. Establishing an office location and call centers;
- ii. Provider recruitment activities;
- iii. Staff hiring and a training plan;
- iv. Establishing interfaces to information systems operated by DMS and DCBS; and
- v. Communicating with and educating Network Providers and Kentucky SKY Enrollees through a web site and required materials, and how that interaction will support program participation and program goals.

We will comply with the requirements specified in Section 42 Kentucky SKY Program of Attachment C Draft Medicaid Managed Care Contract and Appendices. An Implementation Work Plan that addresses the elements set forth in the Contract is provided as Attachment G.3.a. Implementation Plan.



Improving health outcomes and strengthening the support to children, youth and families in crisis is the primary focus of the Kentucky SKY program. Our service model and approach to delivery will provide DMS and DCBS with a rich resource of Kentucky-based partners and providers with the necessary skills and competencies to meet the needs of the Commonwealth's children/youth in foster care — now and in the future.

Proposed Implementation Plan

Personnel

Our Louisville-based CEO, Amy Johnston Little, will lead the implementation and will be supported by our national Implementation and Business Alignment (IBA) team. We know it is critically important to the Commonwealth that the awarded SKY MCO delivers a well-executed implementation — meaning continuity of care for enrollees and minimal to no disruption to enrollees, providers and the Commonwealth as we approach and pass the go-live date.

To ensure a successful implementation, UnitedHealthcare has dedicated two highly experienced IBA implementation leads to Kentucky: Sharon Slotnick, who works closely with all UnitedHealthcare Medicaid health plan CEOs and functional leads; and Cori Leech, who is the dedicated lead working closely with Amy Johnston Little, CEO, and our Kentucky-based leadership team on all aspects of the implementation. Ms. Slotnick and Ms. Leech will collaborate with Ms. Johnston Little on communication with DMS and other stakeholders. They will provide DMS with an updated work plan for the project on a regular and mutually agreed upon basis. Ms. Leech will work with our local SKY project manager who will be on-site in Kentucky. We selected Ms. Leech as the senior implementation manager for Kentucky due to her program management experience and implementation skill set; she is also an RN. Ms. Leech reports directly to Ms. Slotnick, who brings over 15 years of implementation, project management, strategic thinking and leadership experience to this important Kentucky program. She has overseen the successful implementation of a number of complex projects covering varied populations, including recent complex and statewide implementations for the state of Virginia's Medicaid Long Term Services and Supports program as well as the state of Virginia's Medicaid managed care and Expansion programs. Her professional dedication, expertise and innovative project management approach will bring forth a successfully implemented program that fits the Kentucky SKY enrollees' health care needs.

Our project managers are accountable for engaging functional subject matter experts, leading functional workgroup meetings, maintaining project plans, managing and escalating functional area issues or risks and providing status updates during weekly Functional Lead Project Meetings, governance meetings and meetings with DMS as needed.

Implementation Plan Elements

We apply Project Management Body of Knowledge (PMBOK)-driven project management principles and techniques to all project implementations within our stage gate framework, as shown in the figure herein. The stage gate reviews monitor dependent requirements, confirm status details and identify potential risks and issues. We use a SharePoint project portal to maintain all project artifacts, detailed requirements and business communications and provide access to all project resources.



Figure 4. Using PMBOK stage-gate techniques, we achieve readiness no matter project size or implementation time frame.

The stage gate framework consists of:

- **Stage Gate 1** – Requirements Assignment: The project startup phase begins at request for proposal (RFP) submission. At this first stage gate, we complete a detailed walk-through of contractual requirements and RFP commitments with all affected team members
- **Stage Gate 2** – Network Readiness: We review network status at several stage gates, but this focused full network review is used to confirm requirement delivery, identify remaining gaps and finalize go-live communication strategies
- **Stage Gate 3** – Requirement Readiness: Detailed review of progress toward meeting requirements, used to adjust any go-live contingency plans, risk and/or to discuss details on child and youth transition.
- **Stage Gate 4** – Pre Go-Live Readiness: At 60 days before go-live, the implementation team assesses operational readiness across all functions. Detailed go-live monitoring plans are reviewed, with contingency for any potential risks
- **Stage Gate 5** – Go-Live Readiness: At 30 days before go-live, our team assesses any changes in operational readiness across all functional areas and any use of manual workarounds

The stage gate process allows us to create an overview of the end-to-end experience of our enrollees, providers and the Commonwealth. It also helps us to understand and anticipate possible disruption points that may occur (e.g., new requirements, providers or contract changes) and mitigate any disruption. We then create specific contingency and communication plans to address these issues proactively.

Many similarities to our project implementation approach will exist between the Kentucky Medicaid Managed Care Organization Program and Kentucky SKY Program. The two programs are part of a complete enrollee health care support system as enrollees may cycle through eligibility for one or the other program. Therefore, upon award, we will create an integrated approach to implementation and synergy between the two programs:

Office Locations and Call Center: Our Kentucky SKY care coordination teams will live and work in and around the communities where they are serving children, youth, young adults and families. Our enrollee call center will be available 24 hours a day, seven days a week with staff trained to meet the complex needs of the Kentucky SKY children and youth and their families or guardians.

Provider Recruitment: We will execute supplemental provider recruitment activities related to the need for additional specialists to support this population, including those with training in Trauma-informed Care.

Staff Hiring and Training Plan: We will onboard staff to meet the needs of children and youth, the Department for Medicaid Services (DMS), the Department for Community Based Services (DCBS) and Department of Juvenile Justice (DJJ), and will hire expert staff for the SKY program. We will train all staff on the SKY program according to the requirements of the Commonwealth and will include training around Trauma-informed Care, and fostering a Trauma-informed environment. The SKY Training Plan, which is included in the Implementation Plan, contains a schedule of activities for onboarding and training.

Information System Synergy with DMS and DCBS: We have designed our systems to support electronic data interchange (EDI) using batch and real-time services that allows for fast, easy integration with state and federal information technology systems and data sources. Our flexible interface architecture can support changing file formats and data elements with little or no change needed on the part of the sending systems. All of the core systems we will use to support Kentucky SKY currently exist and we are successfully supporting similar interfaces with our other Medicaid state partners.

Enrollee Communications: Our approach to outreach and education will use multiple methods to educate and engage children and youth and their families/guardians, including telephonic support (through incoming calls and proactive outbound calls) and written materials available in multiple languages, and mobile and digital options, including our member website. Children, youth, and their families/guardians will use the *CommunityCare* enrollee portal, which engages individuals and their support team in their health care by providing a variety of tools to communicate with their UnitedHealthcare team and multi-disciplinary care team, track the completion of goals in their care plan, keep track of appointments in their calendar and complete assessments. This secure portal is accessible through *myuhc.com*.

Provider Communications: Our provider services staff verifies providers receive proper training prior to the go-live date and assistance with claims and care coordination activities during and after the go-live date. Specific emphasis will be placed on educating providers on the foster care population, the Kentucky SKY program and Trauma-informed Care. Our provider relations team conducts both in-person and web-based training for all provider types, using established educational tools and support processes, supplemented by our web-based provider site, *UHCprovider.com*.

Project Governance Responsibilities

We selected Cori Leech as our senior implementation manager for the project due to her program management experience and implementation skill set. She brings more than 10 years of implementation, project management, strategic thinking and leadership experience. She has implemented a number of complex projects covering varied populations including Virginia LTSS, Arizona market expansion and Ohio Medicare Medicaid Program (MMP).

Our project team, led by Ms. Leech, will support a timely and effective January 1, 2021, implementation. Our governance and project management structure identifies and minimizes

risks and enhances our approach to unique contract requirements and solutions for the Kentucky SKY program. As our interim SKY Project Manager, Ms. Leech also will:

- **Lead Day-to-Day Program Delivery:** Lead the day-to-day implementation tasks and provide accountability for delivery of all program commitments. Ms. Leech will use our experienced regional leadership team, including the SKY Executive Director, to consult on any issues, risks or decisions that may arise during the implementation phase.
- **Provide Weekly Status Reports:** Lead and manage weekly status meetings as early as possible in the implementation process and work to establish project management and reporting standards, communication protocols and key points of contact.
- **Align Expectations:** Confirm mutual expectations and understandings with DMS and finalize the implementation work plan. The final Project Plan will document the content and format of all contract deliverables, project management procedures (including steps or processes that require DMS involvement), transition reporting requirements and deadlines.
- **Report to the Kentucky SKY Leadership Team:** Report the status of implementation on a regular basis to the regional leadership team, including Ms. Johnston Little, Ms. Slotnick and our national Medicaid operations leadership.
- **Employ Proven Methods:** Because of successfully completing 16 implementations and transitioning nearly 2 million members between January 2016 and December 2018, we have a broad scope of recent implementation experience. We continually incorporate lessons learned, adjust our project management techniques and develop best practices for the future.
- **Remain Part of the Kentucky SKY Team:** Through hiring and training our full-time permanent SKY project manager. This process ensures a seamless transition of duties and continual program support.

Tracking Action Items

We have an established structure in place for completion of major project activities. The “Action Log” is used to capture action items identified in meetings or reviews. When we identify an action item, we assign it to a functional owner (e.g., enrollment, claims) per the accountability matrix. The functional owner is responsible for completing the action, leading cross-functional completion of the item and escalating, if appropriate. Our senior implementation manager, Ms. Leech, will report regularly on the status of the item and communicate directly with the functional owner until the action item is resolved.

Action Item Log - SAMPLE				
Action Items	Owner	Status	Due Date	Updates/Comments
<i>Sequential description of the item</i>	<i>Functional owner</i>	<i>Open/Closed</i>	<i>Date assigned for closure</i>	<i>Current status details, documenting the progress with the action item</i>
Eligibility and Enrollment file transfers	IT team	Open	60 days prior to go-live	In progress

Kentucky SKY Rapid Response

We use a Rapid Response team approach to identify and address implementation and transition issues. We will staff our Rapid Response team with experienced clinical and operations executives in June 2020 who are on call 24 hours a day, seven days a week and will remain operational for at least 60 days after the implementation date. Our Kentucky implementation team, key senior executives and other personnel will assist Rapid Response staff to prevent

service delays for new or transitioning children and youth and their families/guardians. Implementation leaders will provide frequent communication to the Commonwealth on the status of potential issues and our mitigation of those issues.

Risk and Issues Management

UnitedHealthcare is highly experienced at delivering well-executed and successful implementations. We consistently address, mitigate for and overcome risks and issues by communicating often with our state stakeholders as we proceed with readiness and implementation activities.

The Kentucky implementation team will use a single issue, risk and decision tool for business and technology items. We assign items to the front-line business owner, with a date for resolution and escalate issues, as appropriate, to the regional team for resolution. We conduct reviews throughout the project to identify potential risks and issues. The IRAAD tool — Issues, Risks, Analysis, Action and Decision — is used to monitor outliers.

Contingency and Mitigation Planning

When we log a risk or issue in the IRAAD tool as part of the weekly program review, the team will determine if a contingency or mitigation plan is required. Issues that are not resolved by the assigned date will require a contingency plan. In addition, we use the stage gate process to identify potential enrollee-facing influences and develop appropriate contingency plans. Like DMS, our overarching goal is that children and youth, and their families/guardians experience minimal disruption so their care can continue in a stable and consistent manner.

b. Describe the Contractor’s approach for building relationships with DCBS staff at the Service Region and county level, and with Department for Juvenile Justice (DJJ) staff at the Community District level to support enhanced coordination of care, reduced duplication of services, and improved access to the most appropriate services to meet the needs of Kentucky SKY Enrollees. Please address education, training, communications, and process development.

Our initial approach to building relationships with DCBS staff was to make connections early in the process to understand DCBS’s goals and vision to work together to serve the children and youth of the SKY program. DCBS “provides services and programs to enhance the self-sufficiency of families; improve safety and permanency for children and vulnerable adults; and engage families and community partners in a collaborative decision-making process.” Your vision directly correlates with ours — to help people live healthier lives.



We have already starting building relationships with DCBS. In November 2018, we embarked on the Kids Count Conversations “roadshow” across the Commonwealth. Our staff partnered with Kentucky Youth Advocates (KYA) to use Out-of-Home-Care data to engage community stakeholders in Louisville, Paducah, Glasgow, Manchester and Covington to develop local strategies to reduce the number of children in foster care. We were privileged to have DCBS representation at each community meeting. These meetings started the conversation between DCBS executive staff, local regional SRAs and our UnitedHealthcare team. The roadshow meetings unearthed detailed knowledge from participants about barriers to keeping children in their family homes, and each group brought forth ideas for their community on how to better serve children in their family homes. We believe in DCBS’s transformational vision, which led us to continue the roadshow in April 2019 in Hartford with additional roadshows in July 2019 in Sandy Hook and Danville.

The relationships we built with DCBS at the roadshows led to us attend and participate in the “Transformers of Child Welfare Summit” in Louisville in January 2019. The summit brought over

800 Kentuckians together to discuss how to better serve children in foster care. While attending, we had the opportunity to continue our discussions with DCBS staff and share our approach with other attendees. KYA and UnitedHealthcare staff presented the approach, sharing the model, lessons learned and how to implement a Kids Count Conversation locally. In June 2019, KYA and UnitedHealthcare staff presented a similar workshop at the National Foster Parent Association conference.

Our interactions with DCBS to date have provided a clearer understanding of the structure, culture and vision for the future of the agency and created a strong point from which to move forward. Within 30 days of the SKY contract award, our CEO, the SKY executive director and our implementation manager will meet with DCBS leadership to begin mapping out how we will seamlessly transition foster children and youth into the SKY program. We will have ongoing meetings with DCBS and other Commonwealth stakeholders. We will hire locally for our dedicated SKY team. Our care coordinators, who will be co-located with DCBS caseworkers, will be onboarded and we propose to hold joint training between DCBS and the SKY care team to have a clear understanding of roles and responsibilities to eliminate duplicative efforts and develop a unified and cost effective model in coordinating care for children and youth in foster care.



Figure 5. Uniting Kentucky Summit: Building partnerships to improve the lives of children in foster care through enhanced collaboration with public and private agencies.

The unique, diverse and often complex needs of children and youth in the foster care and juvenile justice systems can be further complicated by the number of placements and caregivers they may have over time, distance from biological families, exposure to traumatic events and co-occurring or comorbid conditions. Effective education, training, communication and process development among us and DCBS, schools and juvenile justice partners are key to enhancing coordination of care, improving access and reducing duplicative efforts and services. Developing an operations and training manual for our care management team is the cornerstone of this process.

Process Development



As part of our overall strategy in serving children and youth, we will build an operations manual for our care management team including: philosophy, policy, workflows, scripts, and roles and responsibilities for the team. The project manager, in collaboration with our subject matter experts, will develop the manual prior to the go live date. Once the manual is drafted, we will convene a committee with DCBS, DJJ and other stakeholders to discuss the draft and

develop processes related to information sharing, co-locating staff and integrating care and case planning. We also will jointly develop a role and responsibility matrix to reduce duplicative activities. Once the processes are developed and agreed upon, our project manager will provide the documents and manual to stakeholders.

Education and Training

Upon agreement of the processes, we will develop training to be delivered via live webinar to DCBS, DJJ, school-based, and other partners. The training will then be available online and on demand for new staff within the sister agencies. This will be part of the initial training; as the SKY program continues to evolve; we will update the operations manual as necessary and provide education and training to clarify system goals, the agencies' roles and the processes to work together to enhance care.

Communication

Our operations manual will provide the basis by which we exchange information with stakeholders, from our philosophy to our processes. In addition to communication about our manual, we also will provide ongoing communication to DCBS, DJJ and other sister agencies through the following mechanisms: quarterly SKY meetings, daily interactions between the care coordinators and local DCBS and DJJ staff and written materials (e.g., emails, website, and reports). We also will have a Kentucky based call center with staff that will be specially trained and educated on the unique needs of SKY members. To support the retention of our call center staff and support rural Kentucky employment, we will offer flexible work from home alternatives as well as in-office accommodations. In addition, as part of our call center, we will have a 24 hours a day, seven days a week, phone line dedicated to meeting the needs of children and youth in the SKY program. The calls will reach an answering service, which will then outreach to a dedicated care manager for the SKY population, who will help resolve any problems or issues in real-time. We understand the needs of this population require a distinct approach, and we stand ready to meet those needs through our comprehensive model of communication and collaboration.

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