

5. Kentucky SKY Enrollee Services

a. Describe the Contractor’s proposed approach for coordinating with the Department, DCBS, and DJJ to ensure Kentucky SKY Enrollees begin receiving services immediately upon entering Foster Care. Please include the Contractor’s experience expediting enrollment in other markets.

Based upon our experience, we know children and youth in the SKY program could enter care at any time, day or night, 365 days a year. For this reason, we developed our clinical model framework to provide a system of care that is flexible to meet their needs and ensures services start immediately whenever possible. We have built a process and system that will allow DCBS and DJJ to quickly notify our regional care coordinator that a child or youth is in need of coordination services. During regular business hours, the caseworker will contact the care coordinator by phone or email. After-hours, coordinators will be available via 24 hours a day, seven days a week via the rapid response line for immediate assistance. Once a care coordinator is contacted, they will:

1. Ask for all available information about the child from DCBS or DJJ
2. Check the eligibility system to see if the child has been assigned to or was previously assigned to UnitedHealthcare Plan of Kentucky
3. Review whether the child was with a previous MCO and request the MCO’s records including medical history, PCP information and a plan of care, if applicable

“We believe, based on their experience in other states and their personal drive to help foster children, they (UHC) would be an asset to Kentucky.”

- Michelle Sanborn, MSW
President, Children’s Alliance

We have significant experience in expediting enrollment in other markets. For example, in our Ohio health plan, our care coordinator is in the county offices certain days of the week. If there is an impending removal or a child is removed, the care coordinator immediately will check to see if the child’s enrollment file has been entered into the system. If not, they will work with the caseworker to get the necessary information to enroll the child in the system formally. We work to ensure children do not

have gaps in care due to enrollment file delays; as an example, we have set up a specific program in Ohio to facilitate emergency refills of medications, so medical needs are still met. To support this, we generate a letter or call the pharmacy and guarantee payment should the child or youth not have their card or if eligibility is not showing up in the system. We have provided emergency pharmacy fills for 54 children and youth in the last 90 days.

Upon award of the SKY population, we will form a committee, which meets on a monthly basis during implementation, and then quarterly after implementation, to establish and then monitor the processes with DCBS, DJJ, and other MCOs, so children receive immediate and continued services. We also will discuss establishing an interface with TWIST (the DCBS case management system), if possible, to assist with data sharing. The committee will develop processes and procedures to be documented in our SKY operations manual. Upon its completion, we will provide training to DCBS, DJJ and other MCO staff to ensure a full understanding of the process. To promote ongoing quality improvement, we will host quarterly meetings with DCBS and DJJ, regionally, to resolve any systematic issues to achieving the goal of providing immediate services to children and youth entering the foster care system.

b. The eligibility of Kentucky SKY Enrollees often changes due to their status in Foster Care or the juvenile justice system. Describe the Contractor's proposed process for resolving Enrollment and eligibility discrepancies. Include the Contractor's approach for collaborating with the Department, DCBS and DJJ in resolving eligibility issues.

Children and youth enrolled in Kentucky SKY may experience frequent eligibility and enrollment changes due to their status in the foster care (FC) or juvenile justice (JJ) systems. We currently have policies and procedures in place for using the eligibility and enrollment files from DMS to manage membership. These files provide core information necessary for the transactions we conduct with or on behalf of children and youth in foster care.

In addition, because our care coordinators will be integrated locally in DCBS and DJJ offices, we will develop a process to monitor enrollment data in real time and resolve discrepancies as they occur. Our care coordinators have access to our claims and eligibility systems and will work with DCBS caseworkers when issues are identified so we can resolve them quickly and efficiently.

Process for Resolving Enrollment and Eligibility Discrepancies

The Community Strategic Platform (CSP), the claims processing centerpiece of our managed care information system, programmatically reconciles enrollment and file discrepancies. If needed, we can manually enter eligibility data and reconcile the information entered manually against the Daily Recipient Extract File to confirm the information in our system is accurate. The system provides an automatic error alert that triggers correction processes and procedures for manual correction by our eligibility team. Upon receipt of the monthly enrollment file from DMS, our eligibility team compares and reconciles the roster of child information to verify that there are no discrepancies. To guarantee data integrity, we:

- Compare the membership files received against our membership records each month and look for changes in name, gender, group number, phone number, address, birth date, effective date and Social Security number. We also look for discrepancies in DMS's membership file and our membership records
- Generate a batch input file for electronic update into CSP
- Produce an exception report identifying information not meeting electronic update criteria
- Review exception reports daily and make corrections, as needed
- Deliver report discrepancies to DMS

Our eligibility team produces a daily error report of discrepancies identified when processing the daily eligibility file received from DMS. The report details the nature of the discrepancy, what was done to resolve it and the before-and-after data element in question. We supply this information for DMS to review and update us of data errors, including addressed deficiencies or differences in DMS's system.

In addition to sending the error report, including how we addressed differences, we will share the information directly with our assigned care coordinator in the region. Depending on the error, the care coordinator will:

1. Contact the DCBS social service worker or DJJ worker to indicate there is discrepancy and provide why that discrepancy exists
2. Ask the DCBS or DJJ worker what paperwork they submitted for eligibility
3. Review information in the TWIST system to ensure the child or youth's information is accurately displayed so the next report generated can correct CSP

Using these processes, we address discrepancies quickly on behalf of children, youth and families so they are not prevented from accessing care because of administrative activities.

c. Describe the Contractor's proposed process to assign Kentucky SKY Enrollees to a PCP within two (2) Business Days of Enrollment. Include a discussion of the Contractor's approach to:

i. Assist Kentucky SKY Enrollees to select a PCP and auto-assign Kentucky SKY Enrollees who do not make a selection within the required timeframes

We commit to Kentucky SKY's requirement that children and youth in the program are assigned to a PCP within 2 business days of enrollment. To assist children and youth, DCBS, and foster parents in their selection of a PCP, we will:

1. Develop a process to obtain information from other MCOs who may have served the child before they enter the SKY program to maintain continuity with their PCP
2. Use our welcome calls as an opportunity to gather information, including PCP selection or change and assistance with making an appointment. We will call the individual listed on the enrollment file received from DMS
3. Work with the DCBS caseworker and foster family to select a PCP in instances when a child is in an emergency placement and is subsequently moved within a short timeframe

If a child, youth or their foster parent/guardian calls our member services center for any reason, a member services advocate (MSA) will discuss the importance of identifying a PCP, help them select or change their PCP and schedule an appointment. MSAs receive training on the importance of a PCP assignment that is appropriate for the person's circumstances and geographic location.

For children and youth in the SKY program who do not have a PCP selected within 2 business days of enrollment, we will auto-assign through our logic-based provider recommendation engine (PRE), which assists in matching children and youth with a PCP. We have experience in auto assigning in other markets for this population and understand there can be complicating factors based upon multiple placement changes, lag in data input and lack of historical information. Due to these potential issues, we propose a two-pronged approach:

1. PRE uses historical claims, family linkages, current geographic placement and tiered PCPs based upon cost and utilization using the following criteria:
 - Historical provider relationship recognized through claims history (also meeting age, gender and geographic proximity requirements); we also will reach out to other MCOs for historical information
 - Current PCP assignment of an enrolled immediate family member, if the child or youth does not have a historical provider relationship (also meeting age, gender and geographic proximity requirements)
 - Age, gender and geographic proximity, if the child or youth does not meet the criteria for historical or family PCP assignment
 - PCP quality analysis that prioritizes network PCPs based upon quality of care criteriaWithin our provider assignment application, we can review the child or youth's location that was provided by DMS and important demographics (e.g., language), resulting in a logic-based auto-assignment to a PCP able to meet the child or youth's needs effectively
2. Our care coordinators will have access to the system to assign a PCP. If the DCBS caseworker, biological parent, kinship or foster family wants to select a specific PCP, they can provide the information to the care coordinator who will assign the PCP selected

As an example of our ability to effectively and efficiently assign PCPs to a population, we manage a population similar to SKY in New Jersey. For the total population on June 6, 2019, we added 1,140 members; by June 8, 2019 (2 days later), all were assigned to a PCP except for 10 members, which is a .008% fall out rate. An eligibility worker within the 2-day timeframe assigned those 10 members to a PCP.

ii. Work with the Department, DCBS, DJJ, Foster Parents, and Adoptive Parents to assign PCPs

PCP engagement, assignment and selection is the first step in an important partnership between the child or youth and their personal physician. We achieve real outcomes when we integrate the entire continuum of care, including involving DMS, DCBS, DJJ, foster parents and adoptive parents to assign and access a PCP.

When a child or youth is enrolled with SKY, the care coordinator will develop an ecomap with the child in the center. As part of this process, the PCP assigned will be listed. If for any reason DCBS, DJJ, or foster parent wants a change in the assigned PCP, they can either call our member service line or call our care coordinator.

For adoptive parents, we will reach out and discuss their preference for a PCP; if the child has special needs, we can recommend and select a PCP particular to those needs. For example, we can match a child who has cognitive delays with a PCP with declared expertise in this area.

iii. Track data to confirm that every Kentucky SKY Enrollee is assigned to a PCP.

To track data confirming PCP assignment to all children and youth in the SKY program, a daily validation report will be produced which details a full list of current eligible SKY participants, their PCP name and ID. We will review this report to confirm that 100% of all children and youth are assigned to a PCP. For any child or youth who cannot be loaded into the system or assigned to a PCP automatically, our eligibility team performs a manual load, assigns the child or youth to an appropriate PCP and directly contacts the DCBS caseworker or foster parent with the name and contact information of the PCP.

iv. Inform PCPs of new Kentucky SKY Enrollees within the required timeframes.

PCPs have on-demand access to their assigned member panel via our secure provider portal. Portal access delivers an enhanced provider experience with up-to-date access 24 hours a day, seven days a week. Our provider advocates actively promote using our provider portal and educate providers on the PCP member panel report, in addition to all other system capabilities. For any child or youth who is deemed medically complex or requires intensive care management, our care team will inform the PCP of the child's enrollment into the SKY program to ensure immediate intervention based upon the child's needs.

v. Confirm that PCPs received the list of assigned Kentucky SKY Enrollees

We provide training to our providers about confirming receipt of their assigned SKY enrollees. Our provider relations liaison will do quality checks with PCP offices to ensure they are receiving their list of assigned children and youth in a timely basis. All PCPs have access to their assigned member panel via the online provider portal, *Link*, 24 hours a day, seven days a week. Information provided on the member panel report is updated any time member enrollment changes occur or when a change to their preferred PCP occurs. PCPs can also receive detailed member panel information and verify enrollment by phone. By proactively notifying PCPs through both online and traditional mail communications, PCPs receive the member panel information; it also facilitates compliance with all related contract requirements.

vi. Provide a sample of the report the Contractor will use to notify PCPs of their assigned Kentucky SKY Enrollees.

Please see Attachment G.5.c.vi. Sample PCP Enrollee Panel Report.

d. Describe the Contractor's proposed process for communicating with Kentucky SKY Enrollees about their PCP assignments and encouraging Kentucky Care Enrollees to schedule regular appointments with their assigned PCPs and keep scheduled appointments. Include how the Contractor will identify and work with Kentucky SKY Enrollees to resolve barriers to keeping appointments and how the Contractor will work with resources available at the Department, DCBS and DJJ to communicate with Kentucky SKY Enrollees.

Include a discussion of how this process would differ when communicating about their Dental Provider assignment and encouraging Kentucky SKY Enrollees to schedule and keep regular appointments with Dental Providers.

We appreciate the importance of encouraging children, youth, parents, kin and foster parents to have a relationship with their child or youth's assigned PCP and attend regularly scheduled appointments.

We initially notify DCBS, the foster parent or guardian and the youth (if applicable) of their PCP assignment through our welcome letter/ID card mailing. The welcome letter highlights the child or youth's benefits start date and the ID card lists PCP contact information. It encourages children and youth or their caretaker to schedule an appointment with their PCP and explains they may change their PCP at any time. The letter invites children, youth, and their families/guardians to use our online portal or contact our member services team for assistance with scheduling a PCP appointment or changing their PCP. In addition, our care coordinators will be regionally based and integrated in DCBS and DJJ offices providing the opportunity for a robust partnership. This will allow caseworkers and juvenile justice coordinators to provide up to date information on placement changes for children and youth in the SKY program so PCP assignment changes can be made immediately should it be necessary. The DCBS caseworker can also contact the care coordinator to help schedule an appointment or change a child or youth's PCP.

We follow the welcome letter with a phone call to welcome children, youth and their families/guardians to the UnitedHealthcare Community Plan of Kentucky. Our member engagement specialists place these outbound calls to verify important information about the child or youth including address and receipt of the ID card. We also discuss the importance of a PCP, address PCP access issues and change the PCP, if needed. To assist children or youth and their families/guardians who speak languages other than English, our member services advocates (MSAs) will access interpretation services. Upon enrolling in our health plan, the child's need for linguistic and translation services is determined (834) and noted in the child's record. We currently employ MSAs who are fluent in Spanish to assist children and youth in Kentucky, and our interpretation services are always available to provide our children, youth and their foster families with access to more than 240 languages to meet their communication needs. If the child or youth and their family/guardian need additional support related to their PCP assignment, our on-site care coordinator can provide additional information and support as needed.

Encouraging PCP Visits and Attending Scheduled Appointments

Based upon our experience, we know discussing the benefits of regular attendance at PCP appointments with the people we serve is important. Our person-centric services model, *Advocate4Me*, goes beyond typical customer service by enabling our MSAs to engage the child, youth or their foster parent/guardian in a welcome call and then apply person-centered engagement techniques to benefit the child or youth's health. MSAs view desktop information, which allows them to address gaps in care and to work with the child, youth or their foster parent/guardian toward resolution — whether that is scheduling an appointment or simply

providing education about a benefit or needed screening. The MSA uses available alerts and messages to help guide and encourage regular visits with a PCP.

Desktop Information	How the MSA Uses the Information
Enrollee has gaps in care (e.g., immunizations, well-child)	MSA steers the conversation toward working with the child or youth and their foster parent/guardian to resolve gaps and further helps by contacting the PCP to schedule an appointment and arrange transportation if needed. In addition, the MSAs will discuss other topics like completing other screenings such as the HRA and incentives for completing health screenings.
Status: NEW Kentucky SKY enrollee	MSA makes sure the child or youth and the family/guardian understand the program and benefits and that they received the new enrollee materials. MSA verifies the child or youth and/or the family/guardian knows who their assigned PCP is and educates them on the importance of having initial and ongoing appointments. They also have the opportunity to complete their HRA during the call.
Well-Child Process	The clinical team has a written and telephonic notification process to provide well-child appointment reminders, taking into consideration language and literacy capabilities of the child/youth and their family/guardian. Additionally, there will be ongoing outreach with any family where a child or youth has not received their wellness check, which could include home visits, as appropriate.

We use welcome calls as an opportunity to encourage children and youth and their foster families/guardians to visit their PCP and attend their scheduled appointments.

Identifying and Resolving Barriers to Keeping Appointments

To identify and resolve barriers for children and youth in the SKY program, we will work diligently to identify those whose records indicate they are not keeping their appointments. Trained team members across departments assess appointment gaps and engage parents/guardians if appointments are missed. The staff members (MSAs/member engagement staff, clinical outreach staff, clinical consultants care managers/coordinators and practice care managers) have the capacity and ability to identify children, youth and caregivers in need of support. In addition to internal staff, providers have the ability to provide notifications via “no-show” reports to identify those who have not kept their appointments.

Once the child or youth has been identified, our care coordinator contacts DMS, DCBS or DJJ to discuss their missed appointments and attempt to identify specific barriers encountered by the family or foster family, if known by them. If they do not know the reason the appointments are not kept, we will use their resources or their planned interactions to communicate with the child, youth or foster parents including, but not limited to using: phone or email outreach, in-person visit, or family team meetings where the care coordinator can directly discuss barriers to keeping appointments.

Because each child or youth’s situation is unique, different interventions may be necessary to adequately address their barriers to keeping appointments. Some common barriers for foster families include:

- **Transportation barriers.** If a family member or foster parent is not able to transport their child to a medical or behavioral health appointment, our care coordinator will work with the DCBS caseworker on a transportation plan. For children in kinship placement, our teams can access *Healthify* to find available community resources for services. This application is not only valuable for making referrals to potential community transportation support, but also for addressing other social determinants of health.

- **Provider barriers.** If a foster/adoptive parents' barriers are related to a provider's schedule, location or even compatibility, we will find alternative in-network providers who have hours that are more flexible, are closer in proximity and are able to support language or cultural barriers. We will even reach out directly to the provider to assist in resolving identified issues. When needed, we can coordinate additional services to support the child, youth or their caregivers to keep their appointment. For example, care coordinators may accompany children or youth to appointments for support as needed.
- **Understanding benefits barrier.** Staff will educate parents, guardians and foster parents on their child's plan benefits that cover appointments, including no-cost preventive care visits.
- **Scheduling barriers.** We work with foster parents and guardians to identify mobile applications that provide appointment reminders or other provider-based services for reminders. Our clinical support staff can also set appointment reminders that go directly to the foster parents/guardians. We will provide individualized support to help address scheduling barriers.

Dental Provider Communication

We will assign children and youth in the Kentucky SKY program to a dental home where they receive ongoing, comprehensive services. Dental providers will be assigned using the same parameters as PCPs (referenced above); however, if a child or youth has a preferred dentist, their dental home can easily be changed. Our methods of communicating with children and youth and their families/guardians and encouraging participation are the same as their PCP providers, as described above. If a dental provider is not able to meet a child's needs, we will work directly with the child's team including DCBS, biological family, foster family, and the youth (if applicable), to ensure their dental needs are met, this could include choosing a provider who can use technology to provide services through tele-dentistry or through mobile dental clinics.

e. Foster Care (FC) Enrollees and Juvenile Justice (JJ) Enrollees often experience changes in placement. These placement changes may require assignment of new PCPs and Dental Providers. Describe the Contractor's proposed process to assess a FC or JJ Enrollee's access to a PCP and Dental Provider timely after a change in FC Enrollee or JJ Enrollee placement and assigning a new PCP or Dental Provider if the prior Provider no longer meets access standards.



Many children enter foster care with medical, behavioral health or developmental problems, creating the need for highly coordinated care because of frequent placement moves. Our goal is to support the child, youth, DCBS and caregivers through our co-located care coordinators. Because our staff will be on site at DCBS, when a child or youth moves, we will ask DCBS or the foster parent to call into member services to select a new PCP. The care coordinator also will assist to ensure the DCBS worker signs the proper release of information so all records can be shared.

Identifying Child/Youth Experiencing Placement Move: When a child or youth in the SKY program experiences a change in placement, we will develop a process with DCBS or DJJ to be notified of the change. This could be through our care coordinator, or a direct interface with the TWIST system. After the placement change, we will gather key information about it including: identified type, address, and key information about the parent, relative, foster parent or residential setting to update our information system.

Assess Impact of Move on Access: Upon learning of the placement change, our member service associate, care coordinator, or eligibility staff will review to see if the assigned PCP or dental home is in proximity to the new placement. If it is, the PCP will remain the same unless

the foster parent, relative or DCBS asks for a change in PCP. If it is not within proximity to the new placement, we will take action.

New PCP and Dental Home Needed: If a child or youth needs to be assigned to a new PCP or dental home due to a placement change, our MSA, care coordinator or eligibility worker will reach out to DCBS, relative, foster parent or youth to select a new PCP. If this is not achieved promptly, we will auto-assign them using our logic-based provider recommendation engine (PRE). Within the PRE, we can review updated information related to location, claims data history and important demographics (e.g., language), resulting in a logic-based PCP/dental assignment to auto-assign them to a provider that can meet their needs. The PRE follows the hierarchy of rules configured by the health plan from the following (one or more can be selected):

- Prior PCP lookup
- Claims history
- Family claims history
- Family assignment
- Provider Tax Identification Number address
- Provider Tax Identification Number zip code

If, after applying these rules, we do not find up to 10 PCPs that fit the auto-assignment criteria, we then search based upon radius rules (distance criteria) configured for Kentucky.

Ensuring Continuity of Care: If a child or youth is transitioned to a new PCP or dental home, our care coordinator reviews the records available through *Link*, to make sure the new provider has the most up-to-date information about the child. The MSA, care coordinator or eligibility worker also will remind the caregiver to update the child's medical passport. If they do not have a passport, we will engage DCBS to ensure the child gets a **medical passport**.

If a child or youth no longer has access to a PCP or dental provider in their location that can meet their needs, we will offer telehealth and teledentistry for gaps in care. Our telehealth solutions, such as direct-to-consumer virtual visits and teledentistry, are integral to our efforts to promote the appropriate use of health care services, improve access to care and deliver needed services to children and youth in the communities where they live.

We are piloting teledentistry programs in several markets nationwide that focus on collaborating with pediatric and family medicine clinicians to perform screenings for dental carriers, providing anticipatory guidance to parents, applying fluoride varnish and providing a referral for a dental visit. In Arizona, to promote access, we are working with a pediatric dental practice to pilot a teledentistry program that uses remote dental care providers to support rural-area public health hygienists in treatment planning and follow-up. If coverage for asynchronous telehealth is restored following the expiration of emergency regulation 907 KAR 3:170E, we will develop a teledentistry program in Kentucky, with KPCA's integrated sites targeted for potential implementation.

f. Describe the Contractor's process for engaging Adoptive Parents who request to opt out of the Kentucky SKY program to stay enrolled, including:

i. Process for outreach and engagement of Adoption Assistance (AA) Enrollees.

Based upon our national experience, outside of the annual open enrollment period, we rarely receive notification from an adoptive parent expressing intent to disenroll their child from the health plan. However, if an adoptive parent contacts us to request disenrollment, we will work

with them to resolve the issue through appropriate and individualized interactions as described in the following table:

Request	Response
Request Received Via Member Services Center	<ul style="list-style-type: none"> ■ Member services advocates (MSAs) own the issue from initial point of contact to resolution. They diligently work to identify any barriers to continual enrollment and resolve the issue. ■ When assisting adoptive parents, we will use prepared questions to determine if a specific issue is driving their desire to disenroll. When we have an option or remedy available, we ask if the available option will change the desire to disenroll. For example, our MSA might ask if they are concerned about network adequacy for behavioral health providers. If the adoptive parent has an issue with network access, the MSA will contact our local SKY provider relations liaison to inform them of the network access issue and seek immediate remedy, including but not limited to telehealth, local qualified providers and referrals to their care coordinator. ■ Using specialized assistance from a team of experts, including clinical and behavioral health staff, pharmacy and others, the MSA can provide a thorough solution to the matter, regardless of complexity. ■ Our efforts focus on educating an adoptive parent on the plan benefits and continuity of care. Simultaneously, the MSA will respond to the individual needs of the family and we will encourage them to remain as a Kentucky SKY enrollee.
Request Received Via Care Coordinator	<ul style="list-style-type: none"> ■ Care coordinators will intervene and provide successful resolutions to prevent disenrollment. Care coordinators personally connect with the adoptive parents, providing the education and resources they need to access timely and appropriate care. Through the personal interactions that care coordinators cultivate with the family, they will be able to understand issues they may be facing and identify solutions to overcome the problem. ■ If needed, the care coordinator may also engage additional care management resources to further assist with clinical needs.
Request Received Via DCBS	<ul style="list-style-type: none"> ■ If an adoptive family requests disenrollment for cause (e.g., not all related services are available within our network), an MSA will contact them to identify any barriers and resolve the issue. ■ If we are unable to address their needs satisfactorily and the adoptive family still wishes to disenroll, we will acknowledge the request and assist them with filing the request in writing to DCBS.

ii. Conducting surveys with AA Enrollees to determine the reason for opting out of the Kentucky SKY program.

When the intervention to prevent disenrollment has concluded and the adoptive family continues to seek voluntary disenrollment of the child or youth from the plan, we will take immediate steps to understand why. Within 5 business days of disenrollment, our member engagement specialists, who are part of our Hospitality Assessment and Reminder/Retention Center team, conduct a disenrollment survey. The survey specifically asks the adoptive parent to share with us:

- The length of the child's membership
- How often they accessed medical care for their child
- How satisfied they were with the service they received
- The primary reason for disenrolling their child from the plan
- Their experience in comparison with similar services from other medical payers

Disenrollment survey results and the geographical trend charts are used to inform how we:

- Educate adoptive families about the benefits of the program
- Promote provider management and network contracting
- Conduct adoptive family engagement

On a quarterly basis, geographical trend charts identifying the locations where disenrollments are occurring will be developed from the survey results. These results will be used to guide strategies identified by two strategic teams, a member retention team and a CAHPS task force team. These teams are dedicated to using the results from the survey in an effort to improve the child, youth and caregiver experience.

iii. Attempts for periodic re-engagement after Disenrollment.

Relationship continuity, whether with a provider or an MCO, is an important element in confirming that children and youth in the SKY program receive uninterrupted care. When an adoptive parent seeks to disenroll their child or youth and we become aware of the request, we take immediate steps to learn why and implement solutions to prevent the disenrollment. Care coordinators will attempt to continue their communication and relationship with the adoptive parents and will periodically invite them to NFPA events and trainings in an attempt to re-engage them with the SKY program. We will build a local relationship with the Kentucky Foster and Adoptive Care Association, so they may assist in the outreach to fully understand the issues and help us to re-engage the adoptive parent.

We will continue to seek interventions to resolve any issue that is influencing disenrollment requests and, through creative solutions, work with the child, youth and their adoptive parent to encourage them to remain with Kentucky SKY to support continuity of care.

iv. Include how the Contractor will use results from the survey to improve the program.

Member Retention Team

Our member retention team, comprised of community outreach staff, will use disenrollment survey results to develop strategic work plans to enhance enrollee materials, improve engagement functions and strengthen communications to better inform children, youth and their adoptive families of the benefits of the Kentucky SKY program.

CAHPS[®] Task Force

The CAHPS Task Force will:

- Review disenrollment survey results and recommend specific interventions and program improvements as needed
- Use trend data to provide targeted outreach and education efforts about the top disenrollment drivers
- Monitor the strategies implemented and review them at quarterly task force meetings, comparing the results with survey data
- Use the survey results to create provider engagement opportunities in regions where the health plan has experienced higher than anticipated disenrollment rates

Retention Strategy

The CAHPS task force examines areas of improvement of the enrollee experience. The retention team will collaborate with various internal departments to strengthen the Kentucky SKY program perception with the provider community, to identify and correct issues and to serve as a problem-solving entity for effective operations.

Our CAHPS Task Force also will concentrate on overall enhancements in all aspects of the Kentucky SKY program to determine how best to incorporate enrollee feedback, engage enrollees (including those who request disenrollment) and enhance provider training.

g. Provide the Contractor’s proposed plan for providing Kentucky SKY Enrollees with ID cards in the required timeframes (be issued initially within five (5) Calendar Days of receipt of the eligibility file from the Department and reissued within five (5) Calendar Days of a request for reissue) in the following instances:

- i. Report of a lost ID card.
- ii. A Kentucky SKY Enrollee name change.
- iii. A new PCP assignment.
- iv. FC or DJJ Enrollee moves to a new placement or for any other reason that results in a change to the information disclosed on the Kentucky SKY Enrollee’s ID card.

Within 5 calendar days of receiving data from the DMS eligibility file, we mail the member ID card to the address in the eligibility file. We will reissue an ID card within 5 calendar days of a request due to a lost card, name change, new PCP assignment or new placement that results in a change to a child or youth’s information disclosed to DMS. Our care coordinators also will verify new cards are processed based upon the information they obtain by being co-located with DCBS. The welcome letter that accompanies the enrollee’s ID card includes important information to help our children, youth and their caregivers access benefits and services. In addition, our new enrollee materials, including the *Member Handbook* and *Getting Started Guide*, help children and youth and their families/guardians understand the information on their member ID cards and how to use the cards, as illustrated in the following figure.

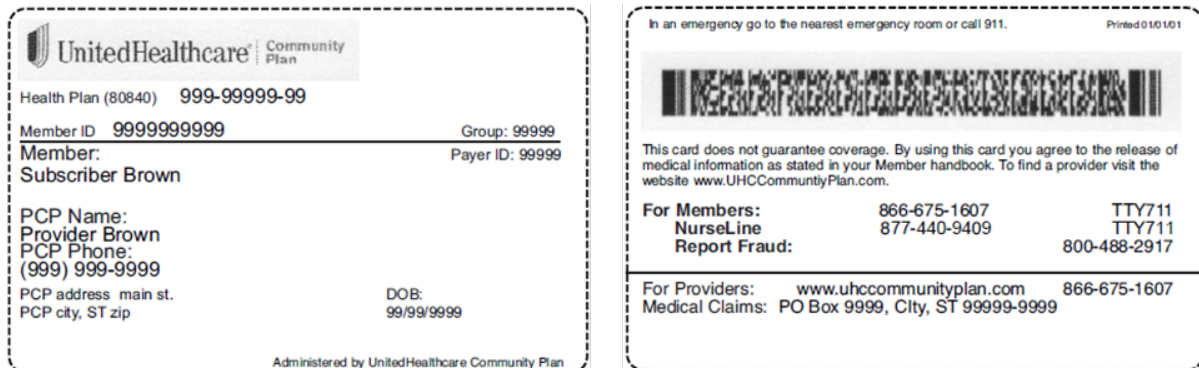


Figure 8. Customized Enrollee ID Card: For the Kentucky SKY program, we will customize this standard member ID card to meet the Commonwealth’s requirements.

h. Describe how the Contractor will address and manage crisis calls during business hours as well as after hours.

We have a comprehensive plan for managing not only crisis calls, but crisis services for children and youth in foster care and their support system.

To provide a straightforward, one-stop call center experience for Kentucky SKY children and youth and their families/guardians, we will have an 800 number dedicated to serving children, youth and their caregivers in the SKY program. The 800 line will be answered live 24 hours a day, seven days a week. The call center also will have the behavioral health services hotline coming in as a unique toll-free number to directly route for answer by the fourth ring (per Attachment C – Draft Medicaid Managed Care Contract and Appendices, Section 33.6 Behavioral Health Services Hotline).

Our member services advocates (MSAs) for children and youth in the SKY program respond to inquiries and concerns to address the reason for calling during the initial call. The MSAs will

have training related to children served through the SKY program and will be provided specific scripts to be used during their calls about these children. They will be trained in key components of the SKY program and operations manual including care coordination teams, Trauma-informed Care, crisis intervention and ACEs. The MSAs also will be cross-trained on medical and behavioral health issues to seamlessly triage callers experiencing behavioral health urgent and emergent situations so a warm transfer can be made to care advocates (CAs) who are licensed, behavioral health clinicians. CAs, who are trained in crisis response, also address complex care inquiries including those related to clinical care, medication side effects and social determinants. Our call routing processes assure that callers' issues are addressed to maintain their safety and well-being in addition to providing a timely, accurate response.

In case of emergency, we train our SKY MSAs taking calls to keep people on the line at any time when they express a desire to harm themselves or others, or when harm has already occurred. If the emergency is a behavioral health crisis, the person calling can select a prompt to route out of the queue or tell the MSA who answers the call about the emergency. If the child, youth or caregiver is experiencing a life-threatening emergency, the MSA engages 911 (via supervisor or colleague assistance) and stays on the line with the person until help arrives. In cases of non-life-threatening emergencies and urgent needs, the MSAs will warm transfer the caller to a CA. The CA engages 911, police well check or mobile crisis when the child or youth or their foster parents/guardians report suicidal or homicidal ideation or other danger before or during an assessment. We follow these same practices for TTY/TDD callers.

During Business Hours: To serve children, youth, and their caregivers effectively, we provide an immediate connection through a toll-free telephone number to our staff Monday through Friday from 7 a.m. to 7 p.m. Eastern time, except for Commonwealth holidays. Our skilled and experienced MSAs deliver thoughtful, reliable and accurate service with an understanding that children and youth in the SKY program have unique needs and concerns.

Call Center After-hours: We will provide access to medical advice and direction 24 hours a day, seven days a week. After-hours calls to our member services center will reach our IVR system and are directed to the following resources:

- **NurseLine:** NurseLine is available 24 hours a day, seven days a week and staffed with qualified medical personnel (RNs) to address questions and triage immediate health concerns. Since 2008, NurseLine has earned and held NCQA's Health Information Product (HIP) certification. The nurses are trained on the unique needs of children in foster care, and therefore are the first point of contact for children, youth, family, relatives and foster parents if they are in need.
- **Behavioral Health Services Hotline:** The Behavioral Health services hotline, staffed by masters level licensed clinicians, is available 24 hours a day, seven days a week, to triage crisis calls. Clinicians triage callers who are experiencing life-threatening emergency issues to 911. Our clinicians further assess callers who are experiencing a non-life-threatening emergency and urgent issues and refer them to a network provider for additional support.
- **Care Coordinator On Call:** To meet the needs of children and youth in foster care and their caregivers, we will provide a care coordinator who will be on call 24 hours a day, seven days a week, 365 days a year. When calling member services after-hours, a child, youth or their caregiver will be prompted by the IVR to select a specific option if they want to talk to the care coordinator on call. The call will be routed to an experienced care coordinator who has been working with children, youth, and their caregivers in the field; the care coordinator will triage the issue to make sure the child or youth's needs are met.

- **Voice Mailbox Message Option:** Our IVR voice mailbox option offers callers the opportunity to leave a detailed message that an experienced MSA will return on the next business day. The IVR voice mailbox provides instructions to callers regarding what to do in case of an emergency and clear instructions on how to leave their message.

i. Describe the processes, protocols and guidelines the Contractor will use to achieve maximum stability and the best outcomes for Kentucky SKY Enrollees in crisis as well as avoid inappropriate and unnecessary Emergency Care and hospital admissions. Describe how the Contractor will prioritize emergency and crisis calls over routine calls, protocols that will be in place to support warm transfers, and what technology the Contractor will have to enable direct telephonic/computer connectivity to emergent and crisis intervention resources.

Children and youth in the SKY program can face a crisis in their everyday life and rely on their covered services to help and support them. For that reason, we will train our SKY MSAs to answer and manage crisis calls appropriately and effectively to help guide callers when they face an urgent or emergent medical or behavioral health situation.

Priority of Calls and Connectivity to Crisis Intervention Resources

We will provide children, youth and their caregivers access to on-call care coordinators 24 hours a day, seven days a week, 365 days a year by calling the same 800 number that will be answered by a person who is designated as an MSA. Our automated voice response system (AVRS) provides multiple automated and live options. We use natural language technology that enables callers to identify the reason for their call — thus expediting the appropriate connection. Through natural language technology, the caller verbally states the reason for their call. Natural language capabilities recognize more than 70,000 keywords and can categorize the call based upon the caller’s statement. Our AVRS allows callers to connect with a live representative by saying, “representative.” Other terms (e.g., emergency, suicide, crisis, depressed, hurt myself) may also be recognizable through natural language technology. In addition, our AVRS has flexible capabilities that provide specific information (e.g., fax number and hours of operation).

If the child, youth or caregiver is experiencing a life-threatening emergency, the MSA engages 911 (via supervisor or colleague assistance) and stays on the line with the person until help arrives. In cases of non-life-threatening emergencies and urgent needs related to behavioral health, the MSAs will warm transfer the caller to a CA. The CA engages 911, police well checks or mobile crisis when the child or youth or their foster parents/guardians report suicidal or homicidal ideation or other danger before or during an assessment. We follow these same practices for TTY/TDD callers.

Protocols of Support

To help achieve stability for children in the SKY program, we have adopted a “no wrong door” approach. During business hours, children, youth and any support team members can access support either through the dedicated 800 number or by contacting a care coordinator or member of our care team directly. If they call an 800 number, the MSAs are trained to recognize and respond to specific issues, or triage and warm transfer to the appropriate person to meet their specific need. MSAs have access to resource contact lists for common types of urgent issues, such as a list of respiratory durable medical equipment (DME) providers to help identify the enrollee’s oxygen provider. The MSA can also refer the caller to local crisis services that can triage and follow up with enrollees during and after a crisis.

MSAs can also contact the local care coordinator, nurse care manager, or masters level social worker (MLSW) on the SKY team to address complex issues as needed. This interdisciplinary team approach provides urgent assistance to children or youth who need additional support to resolve an issue. For needs related to clinical and complex needs, the care coordinator will access our care management system platform to review available plans of care, safety plan or

crisis plan documents in our portal to confirm the developed plan is being implemented by the child, youth or their caregivers. The care coordinator will walk the child, youth or caregiver through the appropriate steps to avoid unnecessary emergency services from being deployed. There is a fine balance between managing emergency services and non-emergency services. Because our care coordinators will have had a close relationship with DCBS, the care coordinator will immediately engage the DCBS caseworker or a supervisor to resolve crisis situations successfully through non-emergency services, whenever appropriate. This type of team collaboration not only helps children and youth receive quality care but reduces the trauma they may experience from repeated emergency service interventions.

After-hours, children, youth, caregivers and circles of support will call the same 800 number and reach an on-call care coordinator who will have access to our care management system to assist with any urgent issues. Calling the 800 number after hours could also result in the person being warm transferred to the NurseLine, available 24 hours a day, seven days a week, staffed with over 300 RNs who can address questions and triage immediate health concerns. Trained and experienced RNs also triage callers with life-threatening emergencies to 911 and warm transfer callers to a licensed behavioral health clinician when the RN presumes the caller is experiencing a nonlife-threatening emergency or urgent behavioral health crisis. The Staff remains engaged until confirmed that appropriate emergency assistance has been provided.

j. Describe trainings and resources the Contractor will provide to call center staff related to recognition and management of crisis calls to ensure the most expedient and risk-reducing outcomes, including a description of the level and type of training.

Our local training team, skilled in understanding the needs of Kentucky SKY children and youth, will have responsibility for designing, developing and delivering our Kentucky SKY training and education program. Our executive director, along with other key personnel in collaboration with DCBS, DJJ and other sister agencies, will develop the SKY member operations manual.

For call center staff, the operations manual is a place they can find workflows, scripts, and processes; the manual helps integrate processes and our philosophy behind the reason why we perform certain tasks for certain situations. We will teach staff specific techniques to move to a quick resolution, while also ensuring that the needs of the person calling are fully met. This specialized training also will include scenario-based training, including live calls where call center staff are recorded and debriefed. Training on the manual will use classroom, web-based, role-playing and person-centered teaching approaches. This allows our MSAs to have a full understanding of why they take the steps they do to make sure children and youth in the SKY program get the services they need — not only at the right time but in the right place. Included below is an example script of an MSA managing a crisis call:

1. Good Morning or Afternoon: you have reached the Kentucky SKY member services line.
2. Who am I speaking to?
3. Are you in crisis or is this call an emergency? (if no, go to number 7/if yes, keep going)
4. Are you feeling like you want to harm yourself or others (if yes, initiate transfer process to a licensed BH clinician/ if no keep going to number 5)?
5. Are you having a medical issue that requires immediate medical attention (if yes, call 911 and keep the person on the call; if no keep going to number 6)
6. As an emergency, can you tell me the specific needs you have?
7. Can you tell me who you are calling about? (enter child or youth's name, DOB, and search their records)