

G.13 Technical Approach USE CASE 6: MARY

Mary is placed in foster care and enrolled in Humana after experiencing neglect by her birth mother, Joanne. Our approach to Mary's care emphasizes engagement in appropriate, multispecialty care that provides preventive services and addresses her cognitive delay, deafness, and dental and nutritional needs. In addition, we address Mary's social needs, including interaction with her peers and enrollment in kindergarten.

Mary may be placed in a traditional foster home, a kinship, or fictive kin placement. Whatever her placement, we provide support to Mary's caregivers to help them manage her special needs and services and to promote placement tenure. We also focus on providing additional Covered Services to Joanne [available via the Department for Community Based Services (DCBS)] and linking her with community resources so she can work toward reunification with Mary, when and if appropriate.

a. Care Management including coordination of multispecialty developmental evaluations and care

Within 24 hours of Mary's enrollment in the Kentucky SKY Program, Mary is reassigned to the Kentucky SKY Care Coordination Team (CCT) she had been assigned to during her previous foster care placement. Her Care Coordinator (CC) is Tina, a Registered Nurse. Under **our integrated CCT model**, Tina is responsible for managing all of Mary's healthcare services, including behavioral health (BH) and social services. Tina may choose to consult with a peer CC with BH expertise or a Humana Community Health Worker (CHW) if additional guidance or support is needed to manage Mary's BH or social needs.

Tina takes the following steps to support Mary:

1. Acquire Mary's Health History and Other Information: Tina contacts Mary's DCBS Social Service Worker (SSW) to obtain information about Mary's health history. Tina reviews Form DPP-106b, but learns that DCBS has been unable to locate other records of Mary's care and that Mary's mother was unable to provide much information about her visits to a pediatrician, immunization history, or dental care. To gather additional information about Mary's history to determine her needs and gaps in care, Tina directly contacts any providers identified through her research into Mary's care and her last health plan to seek any additional information about her care. Tina also accesses the data from the Kentucky Immunization Registry to prevent duplication of vaccinations for Mary when setting up initial appointments. In addition, Tina inquires as to Mary's last DCBS placement to determine if they have a copy of Mary's physical file in the office, which may contain additional information that can assist in Mary's care. Tina also requests permission from DCBS SSW to contact Joanne directly for questions about Mary's history. Tina shares any information she acquires through these means with Mary's DCBS SSW to record in her case file.
2. Conducting the Assessment: Tina works with Mary's DCBS SSW to schedule a face-to-face assessment and care planning session with Mary and her caregivers (whether these caregivers are Mary's foster parents, kin, or fictive kin). Tina administers the common Health Risk Assessment (HRA) and Enrollee Needs Assessment to capture a complete picture of Mary's needs, including her physical health, BH, and social needs. In addition, Tina coordinates with Mary's providers to complete the Child and Adolescent Needs and Strengths (CANS) tool to gather additional information on Mary's experiences and needs.

Following the tenets of High Fidelity Wraparound care planning model, Tina leads the caregivers and Mary's DCBS SSW in a discussion of Mary's goals and priorities. Without further information from Joanne, it is unclear when Mary last saw a provider or received medical care before her most recent visit with a Primary Care Provider (PCP). Mary also has immediate needs, including addressing her dental caries before they contribute to other health problems, confirming her diagnosis of deafness and providing appropriate audiology services, and providing services that address her cognitive delay and BH needs. Therefore, our top priority is to ensure the administration of a **comprehensive, multi-specialty developmental evaluation** and engage Mary in care with the appropriate specialists.

3. Assignment of a Care Coordination Level: Taking into account the results of the Common HRA, Enrollee Needs Assessment, her Medicaid Severity Score, and her need for multidisciplinary specialist care, Tina

assigns Mary to Intensive Care Coordination. For the duration of Mary's engagement in this risk level, Tina provides, on a monthly basis, the following services (at a minimum): one face-to-face visit, one weekly contact, one meeting with Mary and her foster parents, and one care plan update.

4. Assignment of a PCP and Dental Provider: Given Mary's complex and specialized needs, including deafness and cognitive delay, Tina suggests that Mary be assigned to Open Arms Children's Health, a service of the Home of the Innocents. Through Open Arms Children's Health, Mary can receive her primary care, dental, developmental, speech, language, and hearing services all in one location. With the agreement of the DCBS SSW and Mary's caregivers, Tina coordinates the transfer of records from the PCP who conducted her initial evaluation to Open Arms Children's Health and arranges Mary's initial appointments with an Open Arms Children's Health PCP, dental provider, BH provider, and audiologist.
5. Convenes the Care Coordination Team (CCT): Tina next collaborates with Mary's DCBS SSW to determine the makeup of Mary's CCT. Mary's CCT includes her foster parents, Tina, her DCBS SSW, her PCP, her specialty providers, a representative from Mary's school, her court-appointed special advocate (CASA), and any other key individuals identified by her DCBS SSW. With the agreement of the DCBS SSW, Tina includes Joanne or other relatives involved in Mary's life in the CCT, with the aim of promoting maintenance of their relationship while Mary is in foster care. As Tina arranges a full multidisciplinary assessment, we may add additional specialty providers to Mary's CCT.

Tina schedules a CCT meeting to review Mary's assessment, determine appropriate services, and review her care plan. By bringing all of Mary's providers together and providing a forum to discuss Mary's complex needs, the CCT serves an important role in ensuring integrated, multidisciplinary care.

6. Care Plan: Tina works with the CCT to create a High Fidelity Wraparound care plan that contains the services and supports required to meet Mary's needs and goals. Humana's secure provider portal, Availity houses Mary's up-to-date care plan, making it available at all times to her providers and her DCBS SSW. Mary's providers can also access her claims, medication history, and lab results via Availity, enabling them to take these into account when making care decisions. In addition, we upload Mary's care plan to our Voice & Choice Information Exchange care portal, allowing Mary's foster parents and other members of the CCT to access the plan at any time (with DCBS permission).

Mary's care plan includes the following services, which Tina coordinates and arranges in partnership with Mary's DCBS SSW:

- Audiology Services: Tina arranges an assessment with an audiologist at Open Arms Children's Health, inclusive of sound booth testing and tone discrimination. This assessment confirms Mary's diagnosis of deafness and helps determine appropriate treatment. Treatment may include the fitting of hearing aids or the implementation of treatment that can restore her hearing (depending on the root cause).
- Speech and Language Therapies: Tina connects Mary with a speech and language therapist for an assessment of her language needs and to begin appropriate speech therapy and/or instruction in American Sign Language (ASL).
- Dental Services: Mary has numerous dental cavities that require treatment. As with her other services, Tina arranges an appointment for Mary with Open Arms Children's Health dental providers who have experience treating special needs populations, and can approach Mary's dental treatment with patience and an understanding of her delays and potential fears of this new experience. In addition to facilitating ease of access for Mary's caregivers, this co-location of services promotes integration and coordination of care. As described below, we promote the provision of trauma-informed care (TIC) by our dental network, as with our physical health and BH providers.
- Nutrition Services: Tina works with the CCT to review Mary's needs related to her malnutrition diagnosis. Tina confirms that Mary has been assessed for any underlying medical condition that may be contributing to her nutritional status and works with her speech and language pathologist to determine if Mary has any issues with swallowing that may also affect her ability to receive adequate nutrients. Tina also arranges a consult from a community dietitian, as needed. The CCT aligns on Mary's treatment plan and needed

services, in accordance with the type of malnourishment Mary is experiencing (whether undernutrition or over nutrition). If undernourished, Mary may benefit from fortified foods, frequent snacking, or consuming nutritional supplement beverages. If over nourished, Mary may need a specialized nutrition and physical activity plan. Whatever the cause or type of Mary's malnutrition, Tina educates her caregivers on her nutrition treatment plan, and ensures that they have the resources needed to implement it successfully, including fulfillment of any prescribed nutritional supplements. Some sensory issues can also cause eating difficulties; if indicated Kimberly's foster family may also seek evaluation from an Occupational Therapist.

- **Early and Periodic Screening, Diagnosis, and Treatment (EPSDT):** Tina confirms that Mary receives a medical exam, dental exam, and vision exam within two weeks of entering custody of the Cabinet and a mental health exam within 30 days. On an ongoing basis, Tina helps Mary's caregivers schedule appointments for care in compliance with the EPSDT periodicity schedule. If Mary has a gap in care, Tina and Mary's PCP receive alerts via our integrated clinical platform, Clinical Guidance eXchange (CGX), and our provider portal, Availity, respectively. This prompts Tina to follow up with Mary's DCBS SSW and caregivers to help them schedule an appointment to close the gap.
- **Cognitive Development:** Tina coordinates a full developmental assessment by a licensed BH provider at the Home of the Innocents to ensure that Mary's cognitive and developmental needs are captured, including any possible diagnosis of autism or another neurological disorder. If given permission by DCBS SSW to communicate with Joanne, Tina also seeks to understand how Mary's behaviors may have been affected by the separation from her mother, including her flat affect. Tina works with the assessing BH provider and Mary's CCT to identify and put in place any needed services (including any environmental modifications), based on the assessment results.
- **Value-Added Services:** Tina educates Mary's foster parents about our value-added services, including up to **10 hours each of pet and equine therapy**. These therapy services can support Mary's psychological well-being and help her deal with her trauma.
- **Caregiver Supports:** Mary's care plan also outlines those services and supports that we will offer her caregivers and Joanne, including:
 - Education on Mary's needs, facilitated by her providers and Joanne, and offered through **KidsHealth**, our library of video and written educational content tailored to children, adolescents, and parents; KidsHealth modules that may benefit Mary's caregivers include speech-language therapy and Individualized Education Programs (IEP)
 - Understanding Mary's eating behaviors and how they may be affected by Mary's history of neglect (e.g., hoarding, gorging, or picky eating)
 - Mary's educational needs, including special needs services available through her school (further described under Section I.G.13.d of the RFP below)
 - Linkage with community resources to support caregivers of children who are deaf and hard of hearing (as described under Section I.G.13.f of the RFP below)
 - How Mary's physical environment can best support her well-being and accommodate her cognitive/developmental delays (as applicable)
 - The principles of healthy child development
 - Proper oral health, including tips for brushing and flossing Mary's teeth in a way that accommodates her cognitive needs
- **Parental Supports:** Tina works with Joanne to support the DCBS permanency plan for reunification, including helping her to access those services covered under the Family First Prevention Services Act to support family cohesion and returning Mary to her care, when and if possible.

b. Discharge planning for all levels of care

If Mary is admitted to a residential or inpatient facility for a BH or medical need, Tina collaborates with our Hospital-Based Care Managers and/or Utilization Management (UM) associates to provide the following support:

- Upon notification of Mary’s admission to a BH or medical inpatient or residential facility, a Humana Hospital-Based Care Manager or a telephonic UM Coordinator contacts the facility to begin discharge planning and notifies Tina. Tina contacts Mary’s DCBS SSW, PCP, and BH provider to update them on the admission and discuss discharge planning.
- Through our concurrent review process, our UM Coordinator applies MCG criteria to ensure Mary is in the appropriate level of care.
- Our UM Coordinator (who may be a Hospital-Based Care Manager, if present at the facility to which Mary is admitted) works with Tina as needed to communicate with the CCT and create a discharge plan that outlines all needed post-discharge services and appointments.
- Mary’s case, depending on its complexity, may be reviewed during twice weekly or more frequent clinical rounds with Tina, our UM associates, our Kentucky SKY Medical Director, our Psychiatrist, and our Kentucky SKY BH Director. During these rounds, we will discuss appropriate next steps for Mary’s care, including moving her to a higher or lower level of care, depending on her needs and the findings of the concurrent review.
- As Mary’s care progresses, her CCT will alert her DCBS SSW to finalize discharge planning prior to Mary no longer meeting medical necessity criteria for the current level of care. At the point Mary no longer meets criteria, her CCT Mary will follow the decertification process outlined by DCBS, giving official notice at least three business days prior to decertification for a BH admission (seven days if Mary is at a facility out of state).

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Humana CareSource’s support has had a positive impact on our ability to provide quality services and for our members to accomplish the organization’s mission in the local schools and communities across the Commonwealth of Kentucky.
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– Michael A. Jones,
Administrative Manager,
Family Resource and Youth
Services Coalition of
Kentucky, Inc.

c. Applicable evidence based practices

Evidence-based practices (EBP) applicable to Mary’s case include, but are not limited to:

- Global Developmental Delay (GDD) Evaluation: Evidence-Based Approach (University of Chicago): GDD is identified by at least two of the following development delays in children aged five and under: gross/fine motor, speech/language, cognition, social/personal, and activities of daily living (ADL). To evaluate Mary for GDD, her providers are advised to: 1) obtain a comprehensive family history, including social history, developmental history, and prenatal/birth history (to the extent possible, given gaps in Mary’s history); 2) conduct a physical exam; and 3) test based on guidelines from the American Academy of Neurology and Child Neurology Society.
- Trauma-Informed Care (TIC) for Enrollees with Developmental Disabilities: Mary has experienced Adverse Childhood Experiences (ACE), including neglect from her mother. Mary’s developmental disability puts her at significantly higher risk of ACEs and other forms of abuse and neglect than the general population, particularly as a result of her limited social and verbal skills. Our TIC training for our network providers will include specific information on building resiliency among our Enrollee population with developmental disabilities.
- TIC and Oral Health: Mary requires extensive treatment for dental caries. Given her history of trauma, it is important that Mary’s dental care apply the principles of TIC, as with her physical health and BH care, to reduce the risk of re-traumatization. Implementing TIC in dental settings calls for dentists, dental hygienists, and other staff interacting with Mary and her caregivers to understand what may make her uncomfortable and to communicate with her throughout the procedure using methods identified as appropriate or preferred, given her age and hearing challenges. Proper implementation of these procedures can reduce the need for sedation to administer appropriate dental care.

Tina uses resources available to her including clinical consultation, Humana’s **Healthwise library** of condition-specific resources and EBPs to inform management of Mary’s case. In addition, we educate Mary’s providers on

these practices through interventions from our **Quality Improvement Advisors (QIA)**, who visit our network PCPs and high-volume specialists each quarter.

d. School based services

At the age of five, Mary is eligible for kindergarten. With the agreement of the DCBS SSW and Mary's foster parents, Tina requests an evaluation through the Family Resource Center at Mary's school to arrange resources that will help Mary prepare for school, and address non-academic barriers to school success. Her CASA also works closely with Tina and Jefferson County Public Schools to ensure Mary has access to special education services, and that she is progressing academically.

When Mary starts kindergarten, Tina works with her school system to evaluate Mary for an IEP to provide additional supportive services in an educational setting. These services may include speech and language (including ASL instruction) and other therapy services as appropriate for Mary's developmental needs. As she gets older, Mary may also benefit from a sign language interpreter in class and other accommodations. Tina requests a copy of the completed IEP for inclusion on Mary's care plan and to ensure coverage of school-based services during school breaks.

e. Social determinants of health

Tina collects information on Mary's Social Determinants of Health (SDOH) needs via the HRA, Enrollee Needs Assessment, and ongoing interactions with Mary, her caregivers, and the CCT. Tina captures these needs on Mary's care plan and works with Mary's caregivers to identify appropriate community resources that can address her identified needs. These include:

- **Socialization:** Interaction with children her own age is central to Mary's development. In addition to linking her with social opportunities with other children who are deaf or hard of hearing, Tina also identifies interpretation services that allow Mary to communicate with other children as she gains a greater ability to communicate in ASL.
- **Caregiver Support:** Mary's caregivers can benefit from additional supports to help them manage Mary's complex needs. As described below under Section I.G.13.f of the RFP, Tina identifies Community-Based Organizations (CBO) that can provide these resources to Mary's caregivers, including support groups for families of children with disabilities and children who are deaf or hard of hearing. These support groups can also benefit Joanne before and after reunification with Mary. In addition to linking Mary's caregivers with community resources for support, Tina also helps arrange planned respite care, as needed, and educates them on respite benefits for caregivers.
- **Parenting Skills:** In coordination with DCBS SSW, Tina supports coordination of family reunification services for Mary and Joanne. An important aspect of these services is parenting skills courses for Joanne. Tina works with DCBS SSW to ensure that Joanne is also learning skills that will help her manage Mary's health needs and understand how to care for a child with a cognitive delay. Patient-Child Interaction Therapy (PCIT) is indicated as an appropriate form of therapy as Mary's communication skills increase through ASL.
- **Court-Appointed Special Advocates:** If Mary is partnered with a CASA, Tina leverages our relationship with CASA of the River Region to coordinate services. Our CCTs serving the River Region, including Louisville, will have a direct connection with CASA to ensure access to services for children we mutually serve. CASA conducts ACE surveys and developmental assets surveys; under our partnership, they will share the aggregate results of Mary's assessments with Tina to avoid duplication of these highly sensitive evaluations.

Humana will partner with KVC Kentucky to provide appropriate interventions and services to reduce out-of-home placements, promote family reunification, and share assessment data, as appropriate, to guide service provision.

f. Community resources

As an integral part of our care planning process, Tina leverages the resources of the Humana Community Resource Directory (CRD) and the Unite Us platform, as well as her own knowledge of the Louisville area (as a fellow resident), to identify those community supports that can help Mary achieve her goals and address her SDOH needs. **Unite Us is a digital care coordination platform that facilitates and tracks referrals between care coordination associates, providers, and the staff of community resources.** Through this closed-loop referral system, Tina can ensure that any services for which Mary has been referred have been delivered.

Key resources that Tina draws upon to support Mary's care include:

- **Hands & Voices:** Hands & Voices is a Louisville-based organization that delivers parent-to-parent peer support. Mary's foster parents can receive support and guidance from parents with experience caring for deaf or hearing-impaired children through Hands & Voices "Guide by your Side" program.
- **Kentucky Commission on the Deaf or Hard of Hearing (KCDHH):** Tina educates Mary's foster parents and Joanne (with DCBS permission) on resources available through KCDHH. Tina works with KCDHH's Telecommunications Access Program to see if Mary is eligible to receive a program-provided telephone landline or wireless equipment to facilitate dialogue with her mother as she develops her communication abilities.
- **Family Resource Center:** In addition to working with the Family Resource Center for a school readiness evaluation, Tina teaches Mary's foster parents about the other supports available to them through the Family Resource Center at Mary's school, including after-school childcare.
- **Statewide Family Support Center (SFSC):** SFSC, operated by the Kentucky School for the Deaf, can provide Mary's foster parents with services and support to help them meet Mary's needs. Through SFSC, Mary's foster parents can network with other families of deaf or hard of hearing children, receive resources and referrals, and attend workshops.

g. Access to and sharing of medical records

Humana is committed to furthering interoperability of data systems within the healthcare industry to promote better sharing of Enrollee information (in compliance with privacy requirements). We recognize the particular importance of data sharing in cases like Mary's, where records are not well-maintained and limited data availability may contribute to gaps in care or duplication of services. We educate subcontractors of data systems about payer needs and pay these subcontractors to build solutions for both inbound and outbound data feeds. Using this robust data infrastructure, we will offer Mary's providers and her DCBS SSW access to the information needed to address her clinical and non-clinical needs, including:

- Access to her care plan and assessment through Availity
- Clinical inferences/gap in care information delivered via bi-directional data feed connections with **all eight top Electronic Health Record (EHR) systems** in the country
- Proposed delivery of Mary's care plan and assessment via a **bi-directional feed** with The Worker Information SysTem (TWIST)

h. Maintenance of the care plan

As Mary is enrolled in Intensive Care Coordination, Tina assesses Mary's progress on her care plan goals and updates her care plan at least monthly. In addition, she conducts a reassessment and updates the care plan, as needed, following a change in condition (e.g., after an inpatient admission) or upon request of Mary's DCBS SSW. We share these care plan edits with Mary's CCT for their input and guidance and to ensure all necessary orders and prescriptions are obtained. The most up-to-date care plan is available on Availity for ready access by Mary's providers and DCBS SSW and on Humana's Voice & Choice Information Exchange care portal for use by Mary and her caregivers (with DCBS permission). Tina also provides a printed copy of the care plan upon request.

Recognizing that maintenance of Mary's records has posed a problem in the past, Tina maintains Mary's Medical Passport, ensuring documentation of all appointments for medical, BH, vision, and dental care, as well as immunizations and relevant clinical history. Additionally, Tina will ensure that Mary's DCBS SSW has access to the scanned electronic version of the Medical Passport. This will allow for safe, protected storage of these important documents, rather than relying solely on paper copies of Mary's records.