

G. Kentucky SKY



G.1 Executive Summary



G.1. Executive Summary

- a. Provide an Executive Summary that summarizes the Contractor’s proposed technical approach, staffing and organizational structure, and implementation plan for the Kentucky SKY program. The Executive Summary must include a statement of understanding and fully document the Contractor’s ability, understanding and capability to provide the full scope of work.
- b. The Contractor’s statement of understanding of the unique needs of Medicaid Enrollees in the Commonwealth enrolled in the Kentucky SKY program;
- c. An overview of the Contractor’s proposed organization to provide coordinated services for the Kentucky SKY program;
- d. A summary of the Contractor’s strategy and approach for administering services for Kentucky SKY Enrollees;
- e. A summary of the Contractor’s strategy and approach for establishing a comprehensive Provider network able to meet the unique physical and Behavioral Health needs of Kentucky SKY Enrollees; and
- f. A summary of innovations and Trauma-informed initiatives the Contractor proposes to implement to achieve improved health outcomes for Kentucky SKY Enrollees in a cost effective manner. Include a discussion of challenges the Contractor anticipates, how the Contractor will address such challenges, and a description of the Contractor’s experience with addressing these challenges for similar contracts and populations.

Passport Highlights: Executive Summary

How We're Different	Why It Matters	Proof
Passport is the only managed care organization (MCO) with 22 years of experience serving foster youth in Kentucky	<ul style="list-style-type: none"> The Kentucky SKY population has complex care needs, often coupled with care coordination challenges 	<ul style="list-style-type: none"> Deep knowledge of the evolving challenges faced by this population across the Commonwealth since 1997 For more than two decades, the local Passport staff has aligned members with Kentucky-based resources Established, tailored and flexible services for youth in foster care
Passport is establishing a distinct, state-wide organizational unit comprised of dedicated Kentucky SKY staff	<ul style="list-style-type: none"> Kentucky SKY members will receive services focused solely on their unique needs 	<ul style="list-style-type: none"> Dedicated organizational unit, including a foster care coordination team of nurses and behavioral health professionals accountable to a Kentucky SKY management structure
Passport requires providers and staff serving Kentucky SKY members to complete an exclusive, comprehensive training and education program	<ul style="list-style-type: none"> Those serving the Kentucky SKY population must understand the unique needs of this very vulnerable population, the role of the guardian and the requirements of the Kentucky SKY program 	<ul style="list-style-type: none"> Passport partners with local experts, such as University of Kentucky College of Social Work's Training Resource Center and Pastor Edward Palmer to deliver relevant, Kentucky SKY curriculum
Passport ensures provider readiness for employing trauma-informed care (TIC) throughout all regions of Kentucky	<ul style="list-style-type: none"> Providers are at different levels in their understanding and ability to implement TIC 	<ul style="list-style-type: none"> Passport assesses a provider and tailors education and training to ensure a provider's TIC readiness Passport requires all staff interfacing with Kentucky SKY members to complete TIC
Passport integrates the High Fidelity Wraparound Model of care into Kentucky SKY member care plans, whether they have complex care needs or not	<ul style="list-style-type: none"> The MCO, the youth, family and agency staff, and all providers are active and aligned in coordinating care for Kentucky SKY members. High Fidelity Wraparound certification of Passport Care Coordinators ensures that all care coordination is conducted with an evidence-based approach 	<ul style="list-style-type: none"> Passport's High Fidelity Wraparound pilot has proven, positive results, including: <ul style="list-style-type: none"> 150% increase in children reconnected with their family 13% reduction in total cost of care 38% reduction in non-behavioral health expenses 6% reduction in pharmacy costs

Introduction

Passport is honored to have the opportunity to respond to the Department of Medicaid Services' (DMS') Kentucky Supporting Kentucky Youth (Kentucky SKY) Request for Proposal. For more than two decades, we have been the only local Kentucky-based health plan that is solely dedicated to government-sponsored programs. This unique position allows us to be intimately familiar with and focused on our vulnerable Kentucky SKY members and improve their health outcomes. It also enables us to have a deep understanding of the different communities that our members reside in, from the urban areas of Jefferson County to the rural areas of Letcher County. Regardless of where our members reside, we connect with community agencies to offer accessible resources to remove our members' barriers to effective health care.

Since our founding as the Commonwealth's first partner in Medicaid managed care and foster care, we have been a steadfast partner working along our agency partners and Kentucky health care stakeholders. We serve as a consistent, transparent and energetic voice for Kentucky SKY members and their providers. The Passport team has been committed to meeting the DMS mission to improve the health of all Medicaid members in a cost-effective manner. We remain highly devoted to the mission and look forward to continuing our long-standing partnership with the Commonwealth in order to foster good health for Kentuckians.

- G.1.a. Provide an Executive Summary that summarizes the Contractor's proposed technical approach, staffing and organizational structure, and implementation plan for the Kentucky SKY program. The Executive Summary must include a statement of understanding and fully document the Contractor's ability, understanding and capability to provide the full scope of work.

Passport's Technical Approach to Meeting Our Kentucky SKY Member's Needs

Passport has been serving Kentucky SKY members since 1997. We have grown to be the second largest Medicaid MCO in the Commonwealth, with more than 300,000 total Medicaid members, including over 5,000 members, comprised of adoption, foster care, former foster care, Juvenile Justice and disability-related youth. Currently, Passports serves approximately 3,200 foster care members who are actively receiving care management and/or related services.

Over the years, we have developed and enhanced our programs and services to meet the growing and complex needs of this special population. We employ a Population Health Management (PHM) model that uses a holistic High Fidelity Wraparound model based on the latest evidence-based medicine for improved health outcomes. Passport firmly believes in the Department's definition that a High Fidelity Wraparound Approach "aims to achieve positive outcomes for children and youth who are experiencing behavioral health concerns by providing a structured, creative, and individualized team planning process that, compared to traditional treatment planning, results in plans that are more effective and more relevant to the child/youth and family." And, we have evidence that the approach is highly effective.

We are one of the first health plans in Kentucky to pilot the High Fidelity Wraparound approach as part of a care management program. The High Fidelity Wraparound 10 principles enable our staff members to draw upon the perspectives of all the people involved in a young person's life, giving priority to the voice of our members and their guardians. Our adaptable model of care is flexible to meet the changing needs of our young members. It is embedded with evidence-based guidelines for our members to receive high quality care management services in a timely manner.

In 2015, Passport recognized the complex needs of foster children to provide intensive care management services using a High Fidelity Wraparound approach. We understand that foster children who experience multiple placements are at risk for serious behavioral health (BH) issues, which can lead to entering a group home, psychiatric hospital or 24-hour BH treatment facility. Therefore, we decided to conduct a pilot program providing intensive care management for children and youth in foster care. For the initiative, we sought partnership with two local provider organizations, Centerstone Kentucky (formerly Seven Counties) and ResCare. We focused on 60 high-risk foster care children between the ages of four and 17.5 years old who had experienced three or more placements due to their BH needs within 24 months. Our goals were to increase the foster child's health and well-being, provide permanency in the family home, engage in community placement and provide needed support to the guardian. The pilot program period was 24 months with a six-month follow-up period.

This pilot resulted in a reduction in the total cost of care, increased BH visits, reduction in non-BH expenses and pharmacy costs and significantly decreased Child and Adolescent Function Assessment Scale scores (lower scores indicate improved functioning). Most importantly, the pilot resulted in increased family placements. Through this intensive effort, our dedicated team learned a great deal from the successes and challenges that together informed our proposed programs specifically designed to accelerate successful implementation and to further improve outcomes for Kentucky's SKY members. Our experience with this pilot program makes Passport uniquely qualified to provide ongoing and expanded support for foster care children under the Kentucky SKY program.

Passport employs an integrated technology platform with sophisticated algorithms and data to identify, engage, manage and measure our members' care management and care coordination services. Through technology, team and processes, we are able to meet members' medical and BH needs. We collaborate with various community agencies and use data-driven tools to locate resources to address our Kentucky SKY members' social determinants of health (SDoH) needs. By taking a holistic approach, Passport is able to foster better health for Kentuckians. Our ambition is for them to thrive and grow into adulthood. Passport's management information system (MIS) and its subsystems are fully operational and already configured to meet the needs of DMS; they are currently functioning within the guidelines and specifications of the Commonwealth, including required interfaces. Our MIS meets or exceeds all Kentucky Medicaid Managed Care program subsystem requirements, including member/member, third-party liability, provider, reference, claims/encounter processing, financial, utilization data/quality improvement, surveillance utilization review, reporting and testing. The company's existing integration with DMS, providers and vendors provides continuity and reduces risk for all stakeholders since a new implementation is not required with Passport.

Our technical approach also includes a provider-driven model, where local physicians are deeply involved in our organizational structure and decision-making. Our provider-owners are members of our Board of Directors, and providers are key members of our Quality committees. With their insights and experience, we can leverage their expertise in making Passport a better health plan for our members.

The final component of our technical approach is an end-to-end member experience. It comprises seven elements: enrollment, member services, provider network, reimbursement, PHM, quality management and information technology. These elements work together to form a seamless member experience for our Kentucky SKY members.

Local and Dedicated Team Provides Holistic Services to Our Kentucky SKY Members

With our extensive history and experience with DMS and serving Kentucky youth, Passport is a unique and differentiated health plan. One of our competitive advantages is that we possess a deep knowledge of Kentucky SKY members. We understand that many of them have Adverse Childhood Experiences (ACEs), which can cause severe trauma that significantly impacts members' quality of life. Furthermore, if the member's trauma is left untreated, it can result in serious health care issues over time. We also acknowledge that numerous Kentucky SKY members have fragmented health care that often stems from ineffective health care, poor clinical outcomes, overutilization of services and consequently high health care cost. The Passport team is designed and organized to meet the needs (including the Medically Complex) of Kentucky SKY members, their families and guardians.

More than 600 highly dedicated and skilled staff support Passport for the entire Medicaid membership, including Kentucky SKY members. As a local plan, we have 89 percent of these staff members residing in Kentucky and Southern Indiana. Our team spans from many functional areas across the organization, with staff members highly trained and skilled at providing holistic member-centric care to our young Kentucky SKY members. Our primary clinical leaders, Dr. Stephen Houghland (Chief Medical Officer), Dr. Elizabeth McKune (Vice President of Health Integration) and Dr. David Hanna (Executive Director of Kentucky SKY) received medical or doctoral degrees from Kentucky's major universities. Together, they have over 75 years of professional working experience. With their advanced clinical education and vast work experience in the Commonwealth, our primary clinical leaders have a deep understanding of our provider community and the unique needs of our Kentucky SKY members.

Another one of our distinctions is the local and long-tenured Passport team members who interact with our members and providers on a daily basis. Our call center representatives, based in Louisville, offer a local, high-touch experience to the members and providers they serve. The team frequently receives accolades from our members, praising the excellence performance of our member call center representatives.

Passport’s Provider Relations Representatives are geographically assigned to work in their local communities. With their deep knowledge of the area, they are able to develop collaborative relationships with local providers by frequently meeting with them and offering education and training, ongoing support in answering their questions and resolving issues in a timely manner. The Provider Relations team also works directly with the Department for Community Based Services (DCBS) and Social Service Workers (SSWs) to help find providers, facilities and services that can be engaged quickly to assess and begin primary care, specialty medical and the behavioral and physical therapy/occupational therapy/speech therapy that is required to get the care our members need when they need it. Our team has a deep understanding of the needs of this special population that only comes with extensive training and vast work experience.

Through its Community Health Workers, Passport increased member engagement levels by 41% and program graduation rates by 110%.

Our Community Health Workers (CHW) and Care Navigators provide extensive training and ongoing education for clinical best practices and approaches for engaging with members and coordinating their care programs for optimal clinical outcomes. CHWs conduct face-to-face visits with our members – whether it is in their homes, provider offices, community organizations or another convenient location for them. Serving as member advocates, CHWs help members with scheduling doctor appointments, providing health education and instruction, obtaining necessary resources for their SDoH needs and assisting with language and literacy issues. In a pilot study, we found that when our CHWs have face-to-face connections with our members, the member engagement levels increased by 41 percent, and their clinical and support program graduations rates improved by 110 percent compared to other members in care management.

Passport’s community outreach is a key part of its member engagement and activation strategy. All across the Commonwealth, we meet members where they are – at play, church, the local meeting places they value. Our Community Engagement and Health Equity programs are unparalleled in their scope, touching the lives of thousands of members each year. For example, in 2019, Passport’s Community Engagement team collaborated with 649 community agencies and connected with 249,263 individuals through more than 5,000 outreach events. The team works diligently to uphold strong, collaborative relationships with our community partners and local advocates by conducting in-person meetings, presentations and staff trainings. Through each interaction, we build trust with our members that leads to higher member engagement rates. This empowers our members to engage in their health care decisions and eventually learn to self-manage their condition.

Furthermore, we know how to support Kentucky SKY members through our community connections. For example, our Equity, Diversity and Inclusion team consults on how to accommodate members in a culturally competent way, which is imperative when a child is placed with a multicultural foster family. The Community Engagement team works to find community and social needs resources that are willing to partner with us for respite, parenting and peer support, housing accommodation, nutrition and other resources. These resources are invaluable to our members, especially when they are acutely placed in a

different living environment, and the member and/or family members needs immediate social and community support and services.



To serve the needs of the Kentucky SKY population, Passport is establishing a separate unit within its larger organizational structure specifically dedicated to Kentucky SKY. This unit will be under the direction of an Executive Director who reports to the Passport Chief Medical officer (CMO), both of whom serve on the Executive Leadership Team (ELT) for Passport. A full description of the organizational structure is below. In addition to Kentucky SKY-specific staff and roles, all staff who might touch Kentucky SKY-related

functions (e.g., all provider network representatives, all customer service line staff), will be fully trained in the unique needs of our Kentucky SKY members and Passport’s approach to serving them.

The Passport team is unique and distinctive in many ways. Many of our staff members have more than 15 years of experience and are long-tenured employees. During this time, they have adopted Passport’s long-standing company culture of being dedicated to our mission and treating our members with compassion and respect. By putting the member first in everything we do, we have developed trust and confidence with our members. Passport is truly a differentiated health plan made up of “Kentuckians serving Kentuckians.”

Please refer to Section G.1.c for Passport’s company organizational charts.

Implementing the New Kentucky SKY Program for a Seamless Member Experience

Passport has partnered and collaborated with DMS with the shared common goal of operating an excellent program for Kentucky foster care members, providers and DMS. We have developed a Kentucky SKY program implementation plan at the milestone level that is based on a thorough review of the Request for Proposal (RFP) deliverables as well as the draft MCO contract to ensure that all services and systems will be fully operational by readiness review and ultimately go-live.

Passport has been honored to service the Kentucky foster care population and will continue to comply with all provisions of the MCO contract as it continues to service them in the future. The plan will act as our primary framework for outlining the strategy and tasks involved in implementing new RFP and MCO contract deliverables. The program implementation plan includes all elements set forth in the contract and enables Passport to quickly bring its current operations up to revised 2020 compliance, given its current footprint. We believe we are well positioned to leverage our operating experience within the Commonwealth to enable a seamless implementation mitigating disruption to members and providers.

- Establishing an office location and call centers:
 - Passport has been established in Kentucky since 1997, with its main office and call center located in Louisville.

- Provider recruitment activities:
 - Passport has a complete provider network that meets existing network adequacy requirements, including pediatricians, family practitioners, BH providers and providers with expertise in TIC. Private childcare providers with licenses to provide Medicaid services are also in network. The network will be updated accordingly based on new RFP and/or MCO contractual requirements.
- Staff hiring and a training plan:
 - Passport has demonstrated success in hiring and retaining qualified and experienced staff and will meet all requirements for sufficient staffing of the contract. All staff involved in the Kentucky SKY contract will receive training in the unique needs of Kentucky SKY members and other required content areas in keeping with the RFP and/or MCO contract requirements.
- Developing all required materials:
 - Passport has an existing library of approved required materials that will be updated accordingly based on new RFP and/or MCO contractual requirements. Specifically, in collaboration with the Department, Passport will develop materials for training of the Department and sister agencies, law enforcement officials, judges and providers per requirements of the RFP and/or MCO contractual requirements.
- Establishing interfaces to other information systems operated by subcontractors, the Department or others as required:
 - Passport has established interfaces with existing subcontractors and other relevant systems and will further design and implement an information management system for integrating all components of the delivery of care to Kentucky SKY members, including the DCBS TWIST system (The Workers Information System) based on new RFP and/or MCO contractual requirements.

Passport's team of dedicated implementation professionals have many years of experience with implementing Medicaid programs. Our ELT and program manager will leverage our seasoned Medicaid experts and do whatever is necessary to ensure the readiness review and go-live stages are on time and of high quality.

Passport's program implementation approach is grounded in project management industries' recognized methodology. The overall program implementation will be led by a program manager and broken into key operational component projects called workstreams with workstream leads. The overall program will be holistically overseen by an Executive Steering Committee charged with ensuring the successful implementation.

Our implementation plan includes a multipronged project approach that includes:

- **Initiating** – forming the project team, developing a project charter and initiating the project kick-off phase
- **Planning** – finalizing the project scope, defining the detailed work requirements, assessing any risks, identifying the resource requirements, finalizing the project schedule and preparing for the implementation
- **Executing** – performing the actual work required by the project definition and scope
- **Monitoring, control and project close** – delivering the project, performing project assessment and lessons learned, transitioning to ongoing Passport operations

Our program manager uses the program implementation plan as the primary planning and control framework by which to assess whether the project remains on time and meeting specifications. We create project work streams with highly talented professionals to accomplish the implementation plan goals. The Program Manager holds each work stream accountable to the implementation plan deliverables and ensures that team members are utilizing standardized measurement values, reporting methodologies, and templates to facilitate communication, analysis, and accountability.

The implementation team uses a color-coded system to clearly communicate whether each work stream is successfully on track. Additionally, the implementation team uses executive dashboards indicating the project's status to provide clear transparency to Passport's Executive Leadership team. Passport's ELT is ultimately accountable to our governing committees, Partnership Council and Board of Directors for ensuring that we execute a cost-effective and on-time implementation that is seamless to members and providers.

A project tollgate approach will be used to move the project from each phase at the workstream level. Key implementation and operational leaders will be required to sign-off to move the project to the next phase. This will include an in-depth review of documentation (i.e., project scope, resources, risks, issues, decisions, quality, communication and budget documents).

Passport aims to collaborate and partner with DMS with the goal of continuing to operate an excellent program for Kentucky SKY members, providers and DMS. As an operating plan, Passport understands the Commonwealth, members and providers, and it brings that knowledge and infrastructure in a way that should benefit a seamless implementation. Our dedicated implementation team ensures that all services and systems will be fully operational by readiness review and the new contract start date of January 1, 2021. The implementation plan will act as our primary framework for outlining the strategy for implementing the RFP and contractual deliverables.

Passport understands the full scope of work for Medicaid services as outlined in the Request for Proposal and Draft Medicaid Managed Care Contract. We have documented our abilities and capabilities in our proposal response to effectively meet the health care needs of Kentucky SKY members.

G.1.b. The Contractor's statement of understanding of the unique needs of Medicaid Enrollees in the Commonwealth enrolled in the Kentucky SKY program;

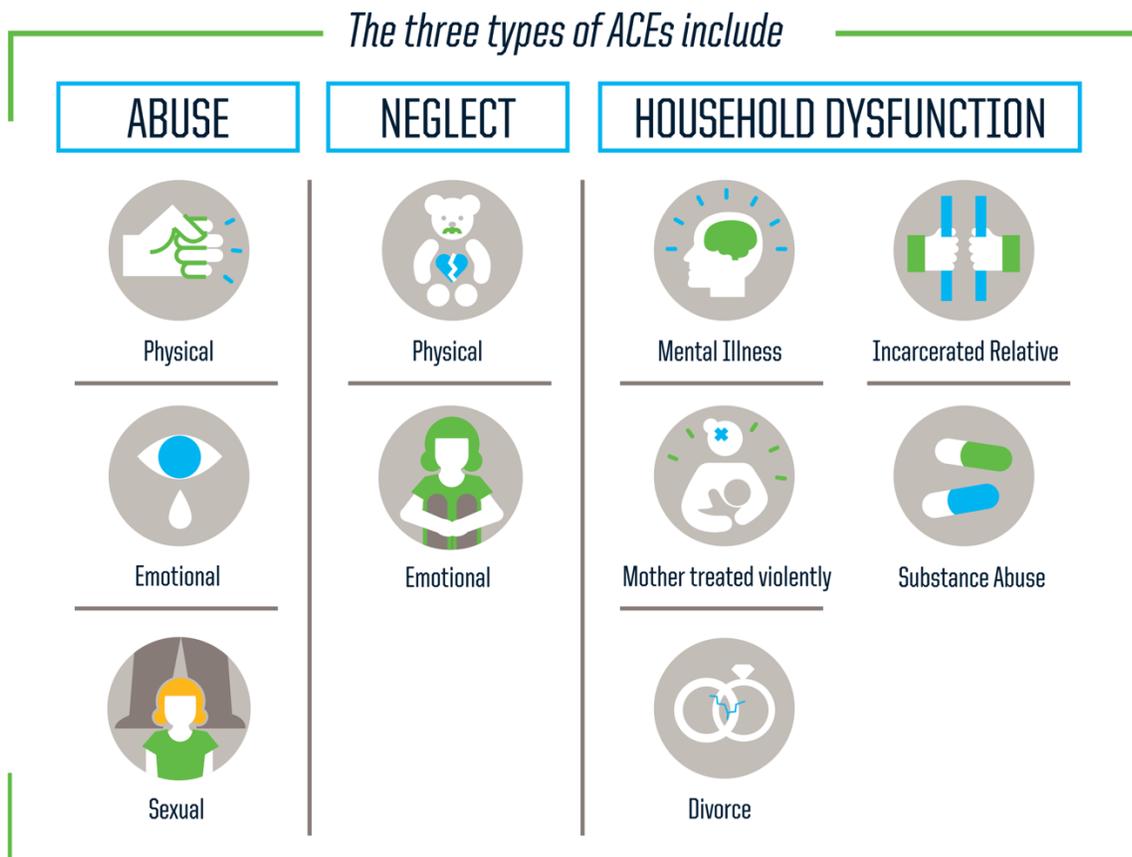
Understanding and Addressing the Unique Needs of Kentucky SKY Members

Passport understands that Kentucky faces challenges with the current foster care situation in the Commonwealth. We recognize that the number of foster children is currently hovering above 9,500, and an additional 14,000 are included in the Kentucky SKY program through adoption assistance, former foster youth and Department of Juvenile Justice (DJJ) dually committed. Many Kentucky SKY children and youth

come from environments where poverty and other barriers related to critical SDoH create barriers to them achieving a quality life.

As a result, these children often experience ACEs such as abuse, neglect and household dysfunction, as illustrated in **Exhibit G.1-1**. These ACEs cause significant and long-term health issues that can sadly continue throughout their lifetime. Furthermore, children with ACEs tend to not be able to regulate their emotions and behavior, and without proper treatment, they may resort to criminal activity, drop out of high school and suffer long-term health conditions when they become older.

Exhibit G.1-1: Foster Children and Adverse Childhood Experiences

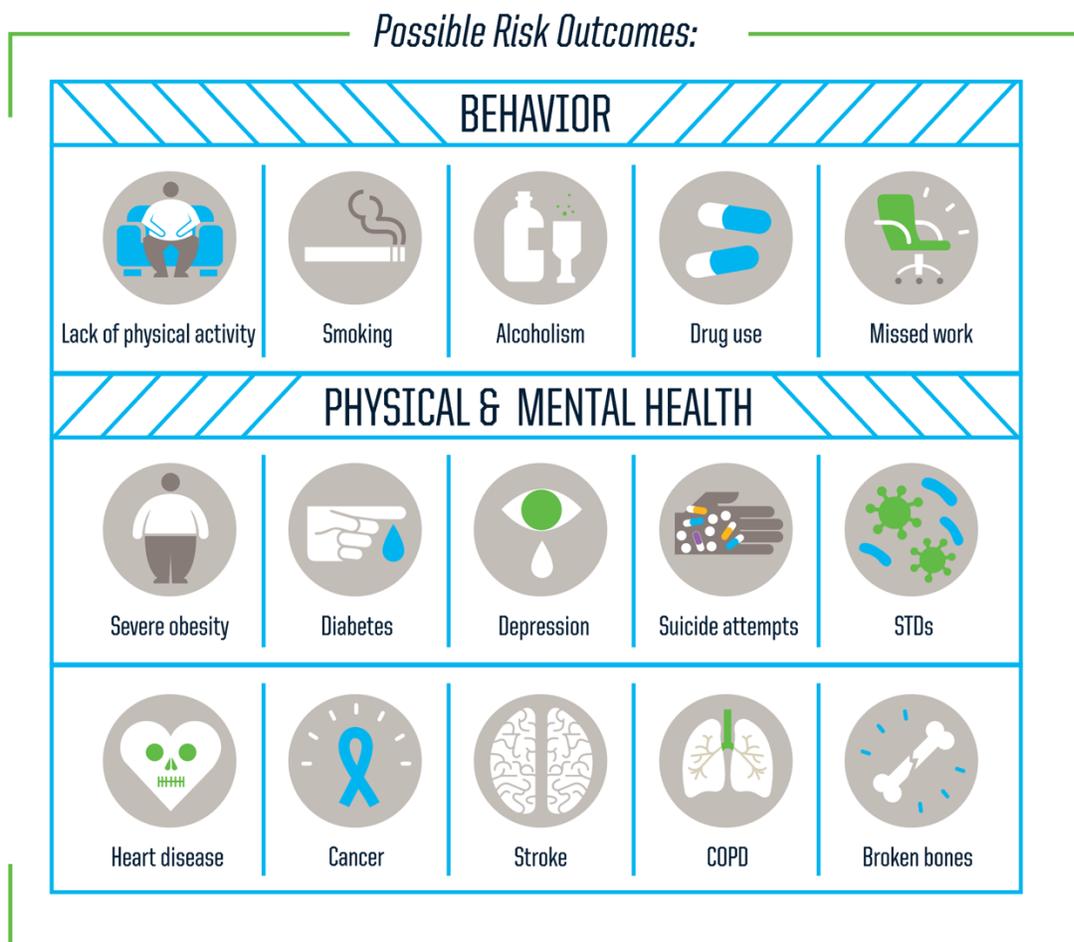


Passport understands that ACEs are the major contributing factors to children being placed in foster care. When parents are struggling with medical, BH or personal issues, it limits their ability to care for their children. Many times, the household situation becomes dysfunctional and becomes detrimental to the child’s safety, especially for infants and toddlers. Unfortunately, when this occurs, the child or youth must be removed from the home, and the children no longer have a place to call “home.” This is a traumatic and life-altering situation for them. They often become frightened, scared, worried and/or anxious without knowing where or when they will be placed. Some youth are fortunate to have their grandparents or other relatives to assume responsibility and take care of them. For others, this opportunity is not available for them, and they are placed in foster care.

As a result of their abusive or neglectful home environment, many children enter foster care with complex health needs. This includes higher levels of physical, oral and BH problems than the general pediatric population. The 2018 Kentucky SKY Advocate Report indicates that youth who have been abused or neglected are more likely to be diagnosed with a mental illness, such as oppositional defiant disorder, conduct disorder, depression, post-traumatic stress disorder and anxiety.

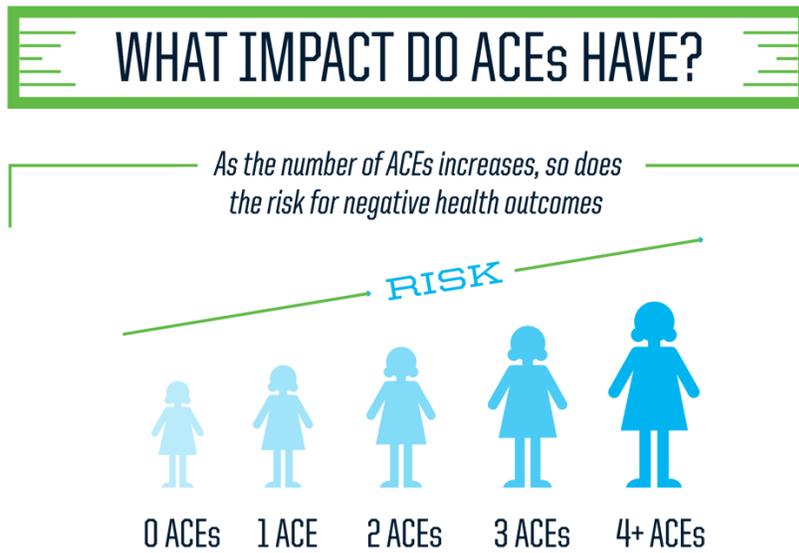
Unfortunately, many foster children are not able to be reunited with their biological families. Some are adopted into a new family, while many Kentucky youth experience frequent moves that can affect their overall health. Over the years, we know their drivers of poor health are often caused by combinations of malnourishment and developmental challenges, chronic illnesses and psychiatric struggles, as well as histories of disjointed and duplicative care resulting in unnecessary (and sometimes harmful) medications and procedures. If left untreated, these youth can develop possible long-term health problems, such as heart disease, cancer and stroke. To compound the situation, they can also have a high risk of developing risky lifestyle behaviors, such as smoking, drug use, alcoholism, etc., as illustrated in **Exhibit G.1-2**.

Exhibit G.1-2: Foster Children Are More Likely to Develop High-Risk Health Conditions Later in Life



It is also widely known that as a child or youth experiences more ACEs, the higher the risk for health issues increase as he/she ages, as illustrated in **Exhibit G.1-3**. Passports understands the negative impact that ACEs have on Kentucky SKY members. We believe that it is essential to obtain members’ health information as quickly as possible. Then, using our advanced technology and analytics, we can **identify** their medical, BH and SDoH risk factors. With the member and his/her care team working together, we can develop a tailored care plan, **engage** in the care planning process, properly **manage** the member’s care and **measure** the clinical results and outcomes.

Exhibit G.1-3: The Effects of ACEs Increase as Children and Youth Grow Older



There are other factors that contribute to the complexity of health care in this special population. Foster children many times do not have a stable home environment. They tend to move frequently in the foster care system to new environments and communities. These frequent transitions make it difficult for foster children to establish a stable medical home base, receive appropriate health care and have proper continuity of care.

Likewise, the individuals caring for foster children also face difficulties. Guardians and providers often do not know the child’s full medical and developmental history. It is challenging for guardians, without a medical history, to ensure that the foster child’s health care needs are met. As a result, foster children often do not receive the proper required care, go untreated or experience overutilization of health care services.

Research has shown that children in the foster care system have a higher rate of utilization of services than children in the general population, including a higher rate of utilization of the most expensive and most restrictive services available in the continuum of care. A 2005 study by the Center for Health Care Strategies, Inc., found that children in foster care were more likely than other high service utilizers (such as children on Temporary Assistance for Needy Families [TANF] or Supplemental Security Income) to use more

restrictive/expensive service types, including residential treatment/group care, inpatient psychiatric treatment, emergency department (ED) services and therapeutic foster care, as listed in **Exhibit G.1-4**.

Exhibit G.1-4: The Mean Health Expenditures Nationally for Children in Medicaid Using BH Services

	All Children Using BH Services	Temporary Assistance for Needy Families	Foster Care	Supplemental Security Income/Disabled
BH Services	\$4,868	\$3,029	\$8,094	\$7,264
Physical Health Services	\$3,652	\$2,053	\$4,036	\$7,895
Total Health Services	\$8,520	\$5,082	\$12,130	\$15,159

The CHCS also found children in foster care represented only 3.2 percent of children in Medicaid, but they represented 15 percent of children in Medicaid using BH services. They also represented almost 13 percent of Medicaid children using psychotropic medication and 42 percent of foster children using psychotropic medications who were prescribed antipsychotics.¹

For over two decades, we have supported and placed many foster youth across the Commonwealth. During this time, our team has interacted and provided services to thousands of youth members. Cases such as Kimberly, Shakira, Kirk, Enrico, Mary, Julie and Amanda (described in Section G.13) are unfortunately very familiar to us. Each one of them remind us of many actual Passport members in foster care and the juvenile justice system. With our vast experience, our team has the expertise to directly touch the lives of these vulnerable children and address the difficulties they face. Our Clinical Care Management team uses a holistic, member-centric approach, while providing unwavering compassion and support to our adoption, foster care, former foster care, juvenile justice, disability-related youth and Medically Complex members, their families and guardians.

¹ The Center for Health Care Strategies, Inc. (CHCS), is a nonprofit health policy resource center dedicated to advancing access, quality, and cost effectiveness in publicly financed health care. The 2013 CHCS Study, (Dec. 2013), “The Faces of Medicaid, Examining Children’s Behavioral Health Service Utilization and Expenditures”, can be accessed at <http://www.chcs.org/media/Faces-of-Medicaid-Examining-Childrens-Behavioral-Health-Service-Utilization-and-Expenditures1.pdf>

Supporting the Unique Needs of Kentucky SKY Members

A Passport Community Health Worker (CHW) received a referral from one of her embedded offices to help coordinate care for Isaiah*, an 8-month-old male with hemiplegia, who was violently abused as a newborn. His treatment plan was complex, and his mother was having difficulty caring for his needs, causing Isaiah to miss several appointments in a row. Our CHW was able to meet with Isaiah's mother in person and create a relationship with her. The CHW, along with a Care Advisor, were able to accompany them to primary care provider appointments and also to specialist appointments to ensure that Isaiah's mother understood what providers were telling her and to confirm that she was able to care for her child. The CHW made easy-to-understand medication lists for Isaiah's mother to keep with her, with instructions on how to administer each medication. After a swallow study, the CHW also helped Isaiah's mother become comfortable with his newly prescribed feeding techniques. Child Protective Services (CPS) was involved with the family, and the CHW made sure to coordinate with the CPS worker and helped Isaiah's mother to relay medical information to the worker as well.

Along with the medical complexity of the situation, SDoH issues were causing barriers in care. Passport's CHW worked with the member's mother on a weekly basis to coordinate therapy appointments for the member and his siblings and transportation to these and other appointments, as well as helping to ensure that she had food, clothing and household items. Isaiah is now being evaluated for a higher level of daycare or respite care to help his mother. Due to Passport's holistic approach, Isaiah was able to stay in his mother's care and is improving, and his mother feels more confident in caring for Isaiah's needs. *Member name changed due to privacy

G.1.c. An overview of the Contractor's proposed organization to provide coordinated services for the Kentucky SKY program;

As a provider-driven health plan, Passport's organizational structure is unique from other national health plans. We highly engage our provider partners at every level of the organization, from our Board of Directors to our ELT to our overarching provider governance body the Partnership Council and its Quality subcommittees. We understand that providers are the cornerstone and central touch point between our members and the health care system, and each provider is critical to Passport's ability to provide coordinated services to members. Passport believes that sharing ownership with providers and having their direct participation in governance and clinical policy setting is the most advanced form of provider engagement.

Passport's organizational structure has changed to meet the demanding needs of the health care system and its members' growing and complex needs. We recognized that it was imperative to improve outcomes and manage costs more effectively by adopting new methods and technologies to better manage our members' care. Our Board of Directors and ELT concluded that to better serve Kentuckians and providers, we needed an alliance with a strong, clinically-oriented company that had an extensive clinical knowledge base, technology platform and focus on PHM.

In 2019, Passport commenced a competitive process to select a partner to provide expanded management and operational support, as well as capital through joint ownership of the health plan. Due to Evolent's experience serving Kentuckians, clinical and administrative capabilities, as well as its aligned, provider-oriented mission, Passport chose Evolent from among several bidders to be a partner to help carry its provider-led legacy into the future. On December 30th, 2019, having procured all required state and federal regulatory approvals, the parties officially completed Evolent's acquisition of a 70% ownership in Passport. The remaining 30% continues to be owned by Passport's five provider owners, thus keeping Passport closely tied to its provider-owned, Kentucky roots.

The transaction described above was an asset acquisition transaction that resulted in all of the assets of University Health Care, Inc. ("UHC") (which conducted business under the name of Passport Health Plan) being transferred into the "new" Passport Health Plan, Inc. which is the bidder under this RFP. The transaction was structured as an asset sale because UHC is a Kentucky nonprofit corporation, and the Kentucky nonprofit corporation statutes do not permit other forms of acquisitions between for-profit and nonprofit companies. So, while the corporate entities are technically different, all the Medicaid assets, employees, executive leaders, provider agreements, vendors, policies and procedures, clinical and community outreach programs, and innovations of UHC now reside in Passport. In short, all twenty-two (22) years of Kentucky Medicaid experience remain engrained in Passport's operational fabric.

As outlined above, Passport is the successor to UHC. **It is important to note that the Kentucky Finance and Administration Cabinet approved the transfer of the current Medicaid contract from UHC to Passport** (that approval coming only after the Kentucky Department of Insurance and the Kentucky Cabinet for Health and Family Services stated that they had no objection to such assignment) and after approval of the transaction by the Kentucky Attorney General's Office. To that end, in certain sections of the RFP where financial information, historical reports, and experience are requested, Passport provides the historical financials, reports and the experience of UHC as that is Passport's predecessor.

The new Passport entity continues to operate as its own independent and legal organization, headquartered in Louisville, Kentucky, with an Executive Leadership Team that is focused on Kentucky Medicaid. The Executive Leadership Team provides oversight of all partners and subcontractors, including Evolent. Evolent's increased stake in Passport has enhanced Passport's capabilities with leading-edge analytics and technology that uses machine learning and artificial intelligence to assess risk-levels across the member population and execute on early interventions to prevent adverse events. Evolent's focus on population health, specialty care management, and supporting infrastructure that simplifies administration throughout the health care system lends itself to be a natural partner for a provider-oriented health plan such as Passport. This partnership helps patients to engage in their health and receive high-quality care that is cost-effective, evidence-based, and highly integrated.

The University of Louisville is the largest percentage provider-owner, and along with the other provider-owner Board members, has an equal say in key issues related to health plan strategy, operations and financial management.

UofL President Praises Passport’s History and Future Vision

“The University of Louisville helped create Passport Health Plan in 1997, paving the way for what has become a national model for managed care. Now, we are proud to partner with Evolent Health to begin a new chapter that will continue to spark innovation in the delivery of care,” said University of Louisville President, Dr. Neeli Bendapudi.

Passport’s Board of Directors and Governance

To succeed in the current health care environment and meet the needs of members, Passport believed it needed a governance structure that combined local providers and the support and resources of a national organization, so we intentionally created a structure that is reflective of these elements. To ensure that Passport’s legacy of local commitment to members and providers is sustained and nourished under the new Board, we have agreed upon a unique governance principle: all key strategic and operational governance issues, such as the hiring and firing of the health plan CEO, budgeting, and approval of significant innovations or resource extensions, must be approved jointly by the provider-owner Board members and the Evolent Board members. This voting structure is designed to ensure collaboration and critical decision-making remains local, Kentucky-focused, and member-centric.

As the governing body of the company, Passport’s Board is responsible for providing governance and strategic oversight of the company, including fiscal policy reviews, budgetary reviews, legal compliance reviews, and advising our executive officers on how to better serve our members. The Board is also accountable to all Commonwealth regulatory agencies who provide oversight of the company. At the highest level, the Passport Board of Directors provides close oversight of the operations of the health plan.

The current members of Passport’s Board of Directors are:

- **Kimberly A. Boland, MD, FAAP** – Professor of Pediatrics, Chair for the Department of Pediatrics at the University of Louisville, Chief of Staff of Norton Children’s Hospitals
- **Jennifer “Jenni” Davis, JD** – Associate Vice President for Strategy and General Counsel, University of Louisville
- **Kenneth P. Marshall, MBA** – Chief Operating Officer of University of Louisville Health
- **Seth Blackley** – President and Co-Founder of Evolent Health
- **Tom Peterson** – Chief Operating Officer and Co-Founder of Evolent Health
- **Jonathan Weinberg** – Evolent Health’s General Counsel
- **Frank Williams** – Chairman, CEO and Co-Founder of Evolent Health

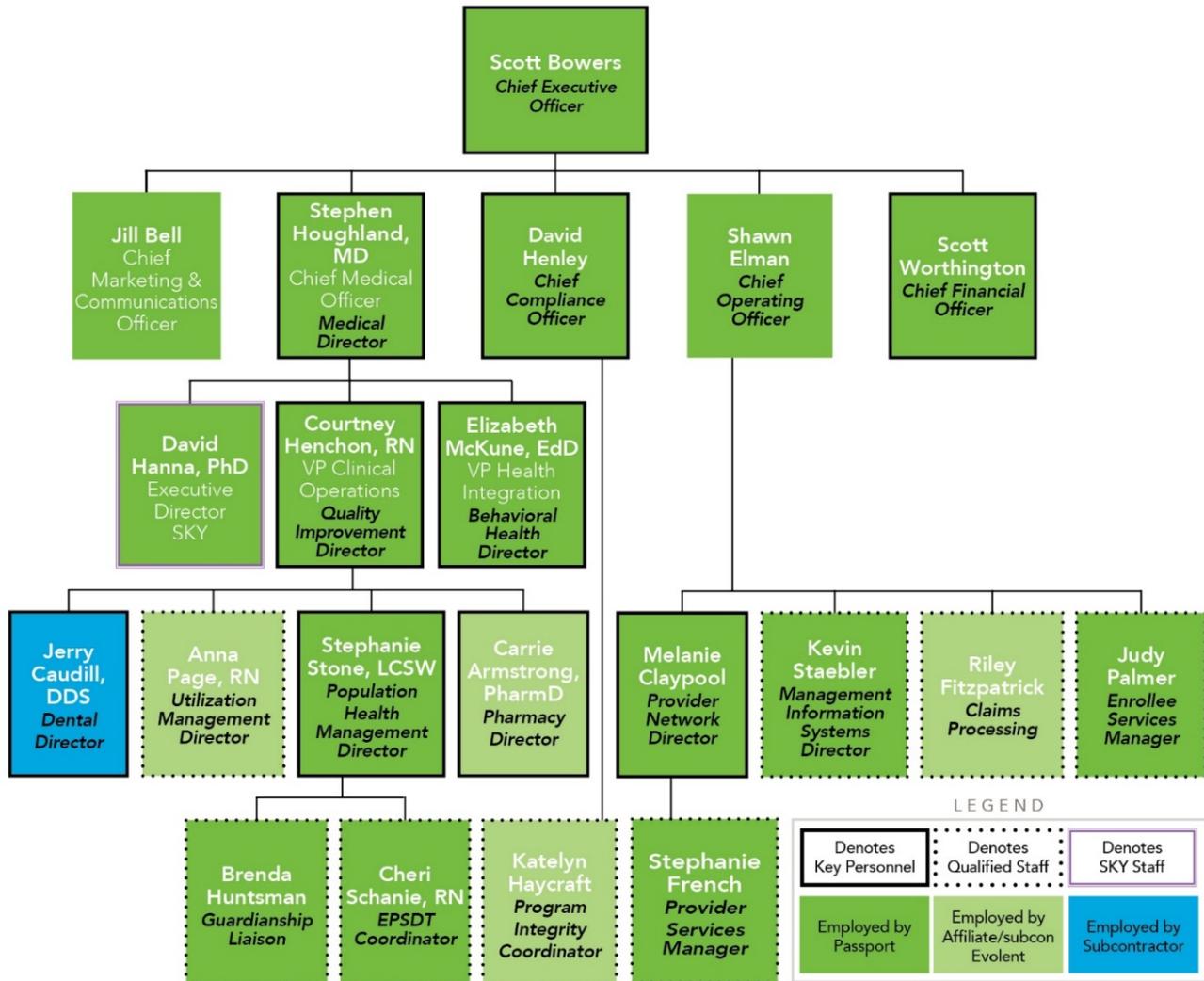
Passport's Executive Leadership Team

Passport is organized and staffed to serve the Kentucky Medicaid program. From all levels within the organization, we focus on delivering superior service to our members and providers, with a commitment to transparency and value creation for our stakeholders. Our team is comprised of dedicated executives, clinical experts and staff members who not only have local Kentucky knowledge but also have deep roots in the community and long tenures with Passport. In addition, we have recruited several nationally recognized health care executives to join our team to bring their expertise and experience in best practices and innovation to Passport.

Headquartered in Louisville, the ELT is designed to support our vision and goals for the Kentucky Medicaid and Kentucky SKY programs. Members of the ELT include CEO, Scott A. Bowers; VP and Chief Compliance Officer, David Henley; VP and CMO, Dr. Stephen Houghland; VP of Health Integration, Dr. Liz McKune; VP of Clinical Operations, Courtney Henchon; VP and Chief Financial Officer, Scott Worthington; Chief Operating Officer, Shawn Beth Elman; and VP/Chief Marketing and Communications, Jill Bell.

In **Exhibit G.1-5** is an organizational chart listing the members of the ELT, Contract Key Personnel and qualified staff pursuant to the Contract.

Exhibit G.1-5: Passport’s Organizational Structural



Local Knowledge, National Best Practices

Our leaders work together to embrace a holistic view of the organization and the constituencies that we serve. This allows for strong oversight and governance over company-wide operations and our contracted vendors. To bring appropriate scale and national best practices to Passport, we leverage best-in-class subcontractors to deploy proprietary analytics, clinical pathways, integrated BH, utilization management (UM) programs and advanced technology solutions. This allows us to deliver demonstrable improvements in health outcomes for members. With Passport’s deep local knowledge and community-based service model, we can combine our experience with the expertise and best practices from nationally recognized subcontractors to better serve the Commonwealth.

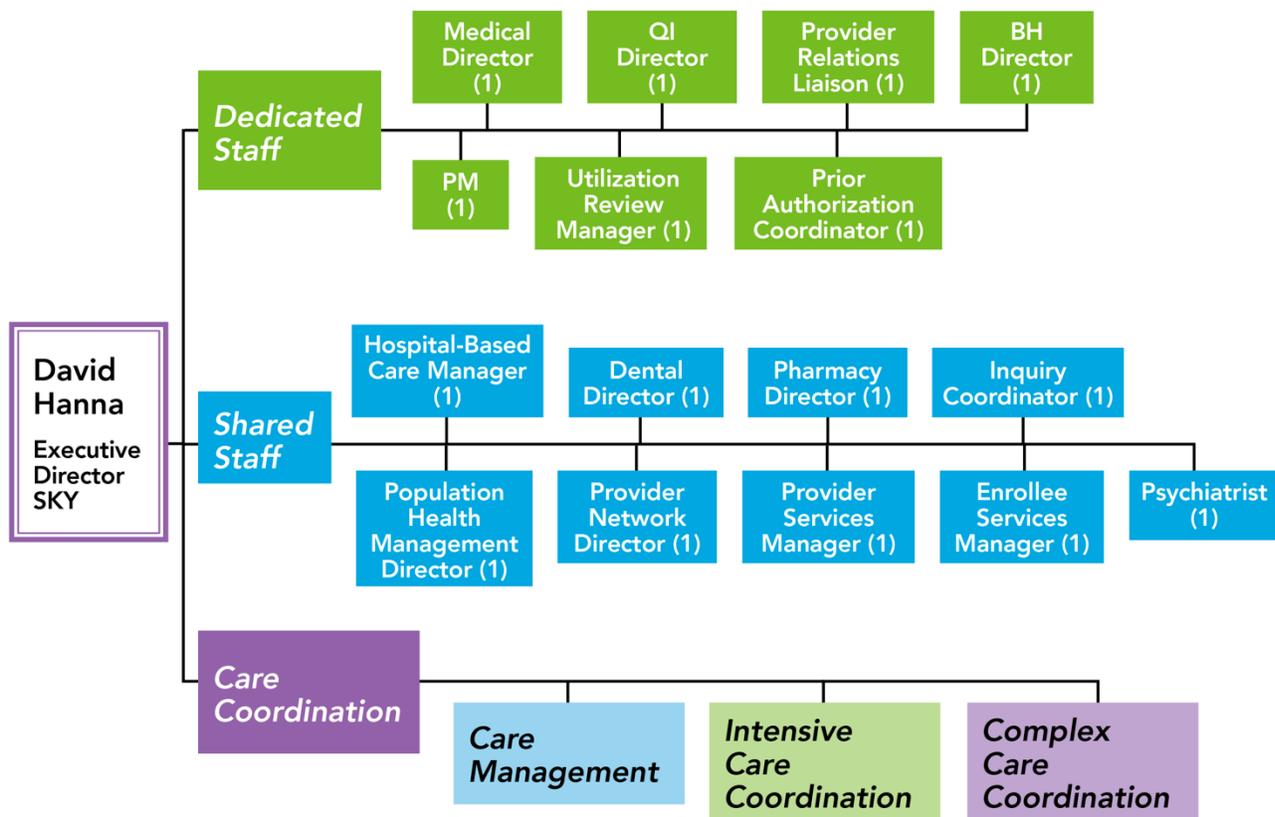
Passport is organized and staffed to monitor and deliver all aspects of performance under this contract with full local control of policies, processes and staff. The skills and experience of our ELT and staff allow us to continue our long history of providing intimate service and care for our members.

Kentucky SKY Key Personnel and Qualified Staff

As a part of our team, Passport has the required dedicated positions within the contract, which are Pharmacy Director, BH Director, Provider Network Director, Quality Improvement Director, PHM Director, Member and Provider Services Director, Claims Processing team, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) coordinator, Dental Director, Guardianship Liaison and a Program Integrity Director. These positions are dedicated to Passport to ensure that members have the support they need to achieve optimal health.

In addition, we plan to employ positions specific to the Kentucky SKY Contract that include a Project Management Director, Medical Director, Quality Improvement Director, BH Director, UM Manager, Nurse Case Manager, Prior Authorization Manager and a Provider Relations Liaison, all under the leadership of Passport’s Kentucky SKY Executive Director, Dr. David Hanna, as shown in **Exhibit G.1-6**.

Exhibit G.1-6: Kentucky SKY Key, Shared and Contractor Personnel



Passport plans to recruit, hire and train the required positions for the required Kentucky SKY Model of Care, including Care Management, Intensive Care Coordination and Complex Care Coordination teams, as illustrated in **Exhibit G.1-6**. The team member positions will serve in the appropriate capacities to meet the needs of our Kentucky SKY members. **Job descriptions for all Kentucky SKY roles shown can be found in Attachments G.2-1_Kentucky SKY Job Descriptions.**

Engaging Providers for Leadership and Oversight of Our Clinical Programs

As a provider-driven health plan, Passport's providers are a central component of the organizational structure. We benefit from their experience and insights, which we use to further advance the organization in improving our member's health outcomes and quality of life. We have more than 100 providers from all medical specialties and disciplines to participate in the following committee structures.

Partnership Council. The overarching provider governance committee is called the Partnership Council, which reviews quality management and improvement activities from Passport's Quality committees. Our structure enables us to effectively address quality throughout our organization, channeling DMS' goals through the Board of Directors, down to our Quality Medical Management Committee (QMMC), through every department in our organization. The Partnership Council, comprised of more than 32 leading local physician and advocates, is the approving body for our QMMC. In addition, the Partnership Council has oversight authority for Passport programs, including Quality, UM, Care Management, Pharmacy, etc.

QMMC. The QMMC provides direction, oversight and management of the clinical care and quality of care provided to members. The QMMC is chaired by our CMO and composed of participating providers (including medical and BH providers) appointed on an annual basis, along with representatives from non-clinical areas.

Credentialing Committee. Chaired by the CMO and including representation from community providers approved by the Board of Directors, the Credentialing Committee is responsible for oversight of the credentialing and re-credentialing process.

PCP Workgroup. Chaired by the CMO or his/her designee, the PCP Workgroup includes representation from primary care providers (PCPs) across the Commonwealth, including pediatricians, and identifies and addresses their needs and concerns. The PCP Workgroup is accountable for its reviews and approvals of recommendations regarding plan policies, procedures and programs, with emphasis on enhancing quality of care and access to care for all primary health care services.

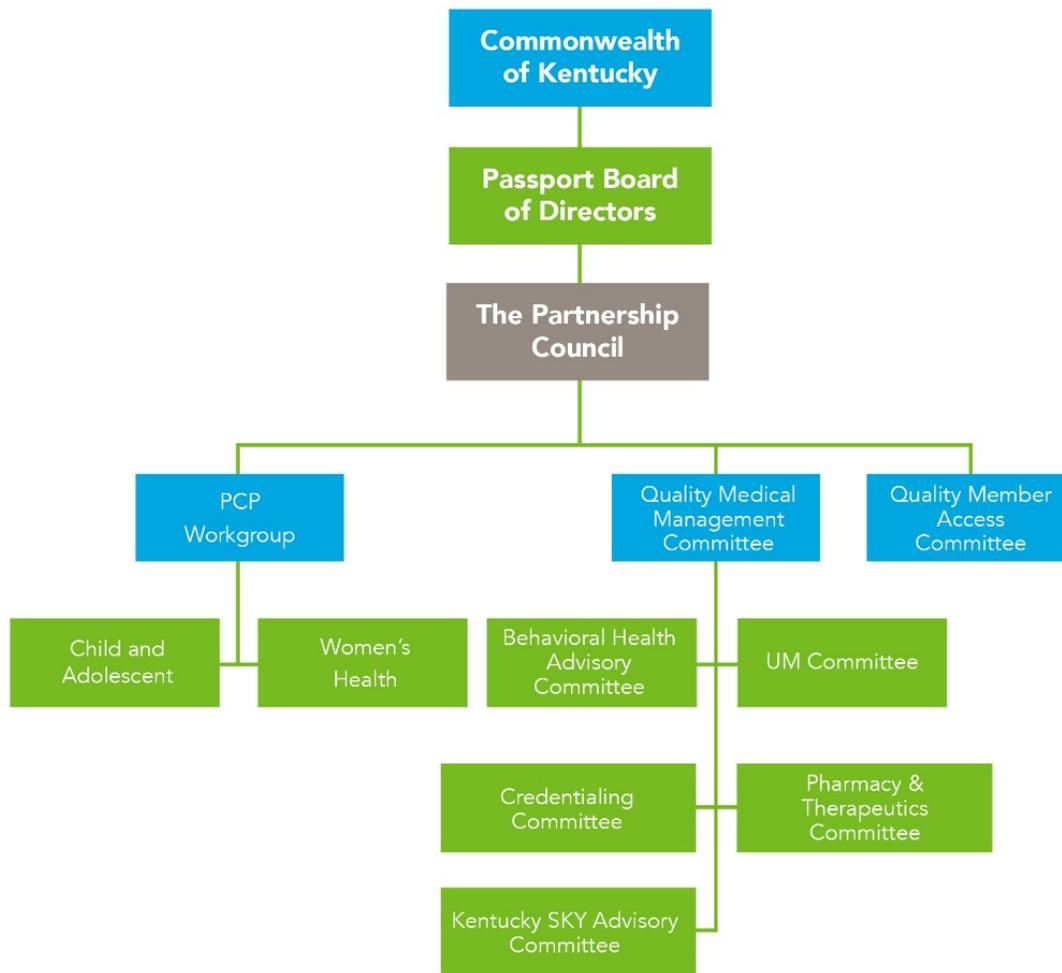
Passport's network providers are the heart of our health plan, and provider satisfaction has been a vital component to our success since it began serving Kentucky Medicaid members more than 20 years ago. We have providers throughout the Commonwealth that demonstrate their continued support of Passport, as illustrated in **Attachment G.1-1_Passport Letters of Support**. We have always had an open-door policy for providers to share their input, insights and feedback as we strive to continually streamline processes that enable us to reduce barriers to the best health outcomes of our members. Passport collects provider feedback through a number of channels, such as provider service call center trends, provider complaints and grievances, direct feedback received through Provider Relations Representatives (PRRs) or providers

themselves and our annual provider satisfaction survey. The results revealed that 81 percent of survey network providers would recommend Passport to other physician practices.

Creating and Establish the Kentucky SKY Advisory Committee

Upon award of the Kentucky SKY MCO contract, Passport’s quality organization structure will be enhanced to include a Kentucky SKY Advisory Committee that focuses on the specific needs of the Kentucky SKY population, as represented in **Exhibit G.1-7**. In addition to providers from the community and DCBS representatives, this new committee will include current foster care members, former foster care members, foster parents and adoptive parents and will be fully accountable for ensuring access to care as well as integration and quality of care for all Kentucky SKY members.

Exhibit G.1-7: Passport Health Plan Quality Organization with Kentucky SKY Advisory Committee



G.1.d. A summary of the Contractor’s strategy and approach for administering services for Kentucky SKY Enrollees;

Delivering a Seamless End-to-End Health Care Solution for our Kentucky SKY Members

Passport’s strategy and approach for administering services to Kentucky SKY members begins with clear and unequivocal accountability for the delivery of high quality services. We “put the needs of the member at the front of everything we do” – that is the Passport promise. To honor this pledge, we train and empower member-facing staff to do whatever it takes to ensure that members receive all covered and value-added services in a timely manner. The staff embraces and undertake our promise by treating each member in a compassionate and culturally appropriate manner.

As illustrated in **Exhibit G.1-8**, our service delivery model has seven interrelated elements to provide high quality services and a seamless health care experience for our members.

Exhibit G.1-8: Passport’s Approach for Administering Services for Our Kentucky SKY Members



Passport’s model and core elements for administering member services are:

1. Establishing the member’s **enrollment** to ensure timely access to necessary services.
2. Guiding the member, family and guardian on the use of his or her benefits through innovative member education and **member services**.
3. Establishing a broad and diverse **provider network** for covered services and supports, supplemented with a comprehensive community referral network for essential social services.
4. Making certain our providers receive accurate and timely **reimbursement** using a proprietary claims platform and dedicated PRRs.
5. Ensuring the member receives the right services through the first nationally NCQA-accredited **PHM** program. Concurrently, our provider-driven UM approach targets care interventions for our youth population in a way that integrates physical, behavioral and SDoH to treat the whole person. As part of our model, we also use the 10 High Fidelity Wraparound Principles, which have been proven by Passport and other health plans to improve health outcomes in a cost-effective manner.
6. Incorporating **quality** into each aspect of the member and provider experiences along with continuous quality improvement on all elements of the model to validate the performance of our approach.
7. Powering each component of the model through a comprehensive, integrated **information technology** infrastructure that enables real-time information sharing and supports informed decision-making by the member, provider and integrated care teams. Below, we describe our approach to service administration for each element.

1) Enrollment

The first element in the spectrum of service administration is to establish the member’s eligibility for services covered by Passport. We have the technical and procedural infrastructure in place to support member enrollment, disenrollment and changes. Our team of Enrollment and Coordination of Benefits (COB) specialists load the enrollment data into our integrated system through a series of controlled steps. We monitor each of these steps to ensure accuracy. **In 2019, 100 percent of Passport’s eligibility and enrollment transactions from the 834 files processed accurately.**

Passport processed 100% of the 834 eligibility and enrollment transactions accurately in 2019.

As part of the process, the Passport team makes certain that the member has a PCP assigned within two business days. We assign members to their previous provider if one is listed and the provider is participating in our network. The Kentucky SKY Care Coordinator team will be assigned within one business day of enrollment, and the Care Coordinator will confirm the PCP assignment with the member, caregiver or guardian during initial outreach calls.

All Kentucky SKY members will have the option, as do other Passport members, to request a change of PCP assignment. Change requests should come from the member (for former foster youth), guardian or current caregiver with permission of the guardian. Requests will go directly to the Passport Kentucky SKY team, which will coordinate with Member Services to complete the request.

If the Kentucky SKY member was a Passport member before entering the program, the Care Coordinator will complete a claims review to determine if the Kentucky SKY member is due for a comprehensive well-child exam (or an annual exam for Kentucky SKY members 21 or older). The results of the review will be sent to the member, parent, caregiver, and/or guardian/worker (depending on the member’s situation). If the member is new to DCBS care, the Care Coordinator will work with the SSW and guardian to facilitate access to needed medical, dental, vision and BH screenings for children/youth new to out-of-home care.

2) Member Education and Member Services

For newly enrolled Kentucky SKY members, their family members or guardians need to understand their benefits, find a provider to address their health care needs, and know how to access services under the plan. We address these needs through member education and member services.

Member Education

Once new members are enrolled, we mail them a Passport Welcome Kit, which includes a welcome letter and our Member Handbook. These documents contain important information about Passport, their benefits, and our processes and procedures to guide our members through their health care experience. We also provide our members an electronic copy of the Member Handbook via the Passport member website so they can print, search and download relevant content. To continue to enhance the new member’s user experience, Passport has launched several initiatives, which are as follows:

- Engaging Members upon Receipt of Their Member ID Card:** As part of the New Member Initiatives program, Passport redesigned our Member ID Card to include a sticker instructing members to call Member Services to confirm receipt of their Member ID card, as illustrated in **Exhibit G.1-9**. When new Passport members call to confirm receipt, we are able to engage with them to answer any questions, complete their health risk assessment (HRA), and ensure they understand the benefits available to them.

Exhibit G.1-9: Member ID Card



- New Member Engagement Videos:** Using local actors and filming in our Louisville headquarters, our in-house marketing team crafted a series of five new member videos as part of our new member experience strategy. Our new member videos cover topics such as the contents of the New Member Kit; the HRA form; seven simple steps for new members; the importance of having a PCP; how to sign up for texts, emails and social media; and how to earn member rewards. The videos are part of our new member web page, and we promote them through Facebook, Twitter, Instagram and LinkedIn. **In the fall of 2019, the new member videos were awarded both a silver and bronze Digital Health Award for excellence in crafting high quality digital health media. Exhibit G.1-9: Passport’s New Member ID Card Designed for High Member Engagement**
- Our New Member Onboarding 90-Day Plan brings together these and other member engagement activities into a simplified effort to enhance the enrollment and post-enrollment period for our new members, as illustrated in **Exhibit G.1-10**.

Exhibit G.1-10: Passport’s 90-Day Onboarding Plan

NEW MEMBER ON-BOARDING & RETENTION			
OBJECTIVES	TACTICS	METRICS	
DEEPER LEVELS OF ENGAGEMENT	Member makes a positive human connection with a Passport associate 	<ul style="list-style-type: none"> Welcome call Care Connectors outreach “Call to Confirm” sticker on ID card Signs up for texts / emails 	<ul style="list-style-type: none"> Member services reaches member Care Connectors reaches member % of members who call within 30 days
	Member learns about Passport 	<ul style="list-style-type: none"> Attends live member education class Watches new member video New member packet New Enrollee Survey 	<ul style="list-style-type: none"> Attends and receives reward Page via web and/or member portal Returned mail data Returned surveys
	Member tells us more about themselves 	<ul style="list-style-type: none"> HRA form Member portal registration 	<ul style="list-style-type: none"> % of forms returned within _____ % registered for portal within 90 days
	Member takes steps towards managing their health 	<ul style="list-style-type: none"> Uses benefits Visits PCP Earns a reward Stays enrolled 	<ul style="list-style-type: none"> Claims data within 1st 90 days Claims data within 1st 90 days Care Connectors sends reward Enrollment file

Member Services – “No Wrong Door”

Our Member Services team has transformed and grown from less than a dozen Member Services Representatives (MSRs) in 1997 to over 100 today, all working in our Louisville offices. We hire local and compassionate staff—a **member will never speak to an MSR outside of Kentucky**. We provide the MSRs initial and ongoing training to use our tools and techniques, which are recognized as best practice in managed care call center delivery. Our team is there to assist when our members need us the most.

The Member Services team works collaboratively with the Kentucky SKY Care team (a team of professionals who provide wraparound care coordination for Kentucky SKY members under the leadership of the Medical Director and the Executive Director) to assist members, their caregivers or legal guardians in accessing medical providers; schedule PCP visits and EPSDT services; make referrals to appropriate disease or case management programs; offer help with arranging medical transportation and locating community resources; and resolve all member grievances and appeals processes as necessary. The Kentucky SKY Care team includes the Care Coordinator, RN Care Connector/Case Manager, BH Care Connector/Clinician, Youth/Family Peer Support, and BH Specialist. Depending on the needs of the Kentucky SKY member, our Kentucky SKY Care team may also include a Pharmacist, Dietitian or a CHW.

In addition to our Member Services team, Passport offers a Care Connectors team who also works hand in hand with the Kentucky SKY Care team to provide specialized support for our members. Our Care Connectors help members with a variety of issues, including answering questions about the member's health; scheduling appointments with providers, including specialists; following up on provider appointments after ED visits and health screenings; assisting with pharmacy prior authorizations; providing information regarding community resources; and assisting with completing HRA forms.

Serving as true health navigators, our Care Connectors conduct welcome calls to introduce our new members or their guardians to Passport. The Care Connectors are among the first points of contact for our new members, and they ensure that our new members are set up for success within the plan. Care Connectors continue to provide support for our members throughout their membership by performing any outreach calls needed to our members.

Members are able to contact Passport through various means of communication. We want to make it convenient for them and to meet their individual needs. Our members can reach Passport through:

- Call Center: Locally staffed call center is available by telephone Monday through Friday, 7 a.m. to 7 p.m. EST
- 24/7 Medical Advice Line, CareforYou: Members can talk to a registered nurse (RN) or listen to health topics any time of the day or night
- Behavioral Health Access Line: Members have access to a toll-free BH line to assist in connecting members to services or case management that is available 24/7 every day
- Behavioral Health Crisis Line: Members have access to a toll-free BH crisis services hotline staffed by licensed BH clinicians that is available 24/7 every day
- Community Engagement and Outreach events attended and or sponsored by the Plan

Our **Community Engagement Department** drives our in-person education and outreach efforts. Passport has Community Engagement Representatives who are embedded throughout the Commonwealth to ensure that members in their communities have local access to services. When Passport talks about community, we are talking about *our* community—serving all members, no matter their race, ethnicity, language, gender identity or age.

In 2019, our Community Engagement team had over **5,000 outreach interactions in our communities**, where we assist members in addressing their barriers to care, which include:

- **SDoH** such as housing, clothing, food security, transportation, education, record expungement, accessibility and domestic violence/safety;
- **Health-related issues** such as dental, wellness and BH, prevention/health education, vision, nutrition, substance use, heart health, respiratory care, cancer care; and
- **Community-wide barriers** to well-being, such as early childhood education, kindergarten readiness, school supplies, workforce-ready skills and after-school care.

3) Provider Network

Passport supplements its broad, diverse network of providers for covered services with a comprehensive, engaged network of community and social services to address the full spectrum of member needs.

Comprehensive and Diverse Provider Network

Passport, founded as a provider-led plan and continuously governed by and responsive to providers, is a leader in network development. Our strategy to establish a comprehensive network begins with identifying the right mix of providers to round out a high-performing delivery system. Once we identify the right mix of providers to ensure that members will have appropriate coordination of services, we ensure network access and adequacy levels; increase member access to a high quality provider network; reward providers through value-based contracting arrangements; reduce provider abrasion and simplify administration; and engage providers for their leadership and oversight of our clinical programs. Our approach is described in more detail in Section C.1.e.

We ensure access within standards through monthly review of our network and quarterly external audits of provider availability within scheduling and response standards. This thoughtful approach has delivered a successful, comprehensive network across the Commonwealth of over **32,000 total providers**. In addition to our broad network of providers, members have access to additional support for access to care, such as telehealth services.

Teladoc. In the third quarter of 2020, Passport will be the first Medicaid-managed care plan in Kentucky to offer Teladoc virtual visits for primary care and dermatology to all members. Complete electronic notes on every virtual visit will be submitted to the member's assigned PCP to maintain continuity of care and a complete health record. We expect Teladoc to increase member access, especially in areas with a shortage of PCPs and to reduce member dependence on EDs.

4) Reimbursement

As a provider-centric health plan, Passport understands the impact that accurate and timely payments have on provider practice operations, practice finances and overall provider satisfaction. Passport's commitment to the community we serve is reflected in our **skilled claims-processing team located within the**

Commonwealth of Kentucky, with concentrations in both Louisville and Prestonsburg. Under the direction of Shawn Elman, Passport’s Chief Operating Officer, Passport’s dedicated Kentucky Claims Team currently includes over 130 staff members in Front End Claims Processing, Funding and Recovery, Root Cause, Provider Claims Rework, Quality Assurance, and Post-Payment Auditing.

Our PRRs leverage the expertise of our claims team to increase payment accuracy, process claims in real-time during provider calls, and educate provider office staff during collaborative, on-site provider visits.

We employ a reliable, proprietary claims processing system that is customizable and scalable to ensure accurate and timely payment of claims to providers. This technology—and our processes—delivers results:

- We routinely **exceed the DMS standard** for processing 90 percent of all claims within 30 days and our internal standard of processing 95 percent of all claims within 30 days.
- In 2019, we **processed nearly 6 million claims** in an average of 6.5 days from receipt to completion.
- During 2019, we completed **167,373 claims audits** to assure the financial and procedural accuracy of claims, for which we consistently exceeded the standards of 98 percent and 97 percent, respectively.

5) Population Health Management

Passport is fortunate to use the clinical program structure from the nation’s first NCQA-accredited PHM program. This program uses an integrated, evidence-based model considering all facets of the member—physical health (PH), BH and SDoH—to drive improved outcomes at lower cost. For example, **our Complex Care Management program reduced inpatient admissions by 32 percent, ED visits by 35 percent, and total cost of care by 20 percent** when compared to a matched control group. This impact was a result of years of measurement, refinement and continuous improvement driven by our:

Leading-edge analytics and technology that uses machine learning and artificial intelligence to assess risk-levels across the population and execute on early interventions to prevent adverse events. Central to the predictive modeling approach is identifying impactable members rather than merely identifying high-cost or high-risk individuals. *We focus on identifying members who require immediate intervention and support due to the presence of PH or BH indicators at risk for decline in the next 12 months.* By engaging these members in our PHM program, we can help change the trajectory of their health, improve outcomes and avoid costs.

Evidence-based clinical interventions by PHM risk level that is grounded in data-driven identification and an individualized, member-centric care-planning process. We have carefully designed targeted interventions to prevent adverse events—inpatient admissions, ED visits, readmissions, surgical complications, pregnancy complications, duplicate services and toxicity from medication regimens—across the population with an emphasis on the Commonwealth’s priority conditions and populations. *Our care team members participate in weekly integrated care rounds* to discuss cases that need extra attention. When a barrier arises for a member, these rounds provide the opportunity for the multidisciplinary team to bring its collective expertise together to locate available local resources.

- **Locally driven, community-based SDoH model** that tracks referrals to ensure the “loop is closed” and members receive the services they need when they need them to improve their health. In a sample of 2,000 members that we screened for SDoH (using our closed-loop referral application), preliminary results show that *per member per month (PMPM) costs dropped by approximately 22 percent* (or \$390 PMPM) in the six months after a member acted upon the referral.
- **Provider-empowering strategies** and Provider Incentive Plans to promote engagement in PHM programs and *accelerate the transition to value-based care* in our contracted network. Services include on-site support for clinical and administrative issues, access to care management services, and extensive analytic support.
- **Robust statistical methods to evaluate the effectiveness** of our PHM model, including propensity score matched case-control studies, the results of which are used to identify key drivers of impact, or Key Performance Indicators (KPIs). Over time, we have identified nearly a dozen KPIs that are highly correlated ($p < 0.05$) with positive outcomes, including reduced cost, lower inpatient utilization, lower ED utilization and higher PCP utilization. We have also observed statistically significant impact on total cost of care with higher KPI compliance. Those care teams that are more than 80 percent compliant with these KPIs show a *47 percent reduction in total cost of care* for their members as compared to a matched control group.

Utilization Management ensures members’ safety and confirms that they receive appropriate services. The goal of our UM program is to maintain the quality and efficiency of health care delivery by providing the appropriate level of care for our members, coordinating health care benefits, ensuring the least costly but most effective treatment benefit, and ensuring medical necessity.

Passport is NCQA-accredited and provides a full range of UM services, including prior authorization, concurrent review and retrospective review. These services ensure we address members’ needs holistically by applying evidence-based medical necessity, state-specific criteria, and results from review of members’ assessed needs, resources and living situation.

A particular focus for Passport is ensuring that those who have complex conditions, such as Kentucky SKY members, have the right services delivered in a coordinated way to maximize outcomes while effectively using resources. For example, our Precision Pathways is a web-based point-of-care tool that empowers providers with the latest evidence-based, innovative therapies and clinical compendia. Providers use Precision Pathways to identify the most effective, least harmful and least expensive treatment options for our members.

Value-based clinical pathways, such as Precision Pathways, reduce friction with both the member and provider because they prioritize regimens that will be most effective, with the fewest side effects. When a pathway is selected, the regimen is automatically approved. This eliminates the need for administrative burdens (i.e., prior authorizations) that can lead to long waits for treatment or even denial of reimbursement to specialists for drugs they already administered. At the same time, our Precision Pathways allows providers to have independence and autonomy in their treatment plans. For example, if providers believe a different evidence-based regimen is best given the member’s circumstances, they can choose this

course of treatment. At any point in the process, Passport offers our providers the opportunity for peer-to-peer consultation with our specialists to discuss treatment options that are best for the member.

6) Quality Management

Passport recognizes that each Kentucky SKY member has unique needs and health conditions. As a part of our quality management program, we have an adaptable model of care to meet the Kentucky SKY member's holistic needs. We serve every child/youth with a Care Management program that is individualized and tailored to address their PH and BH needs and any SDoH issues they may experience. Our goal is to wrap the Kentucky SKY members with a care team that coordinates high quality care in a timely and cost-effective manner. We also want to ensure that a foster child is placed in the least restrictive setting so that they have a better quality of life and can be a member of their community.

Passport's proven, evidence-based programs and care models blend clinical and social interventions to improve member outcomes. These clinical programs support a holistic wraparound approach to assessing, planning and implementing personalized care plans aimed at improving members' PH and BH, functional status and overall quality of life. Our programs are clinically proven and are tailored specifically to the needs of each population, while also integrating innovative community-based initiatives that account for local and cultural provider and regulatory dynamics. Our suite of programs is continually assessed for effectiveness through controlled studies used to determine the impact on total cost of care and return on investment (ROI) and to identify key operational drivers of impact for focused performance and member outcome management.

Passport has experience in providing a holistic High-Fidelity Wraparound approach for foster children. We partnered with two local provider organizations, Centerstone Kentucky (Seven Counties Services) and ResCare, to provide intensive care management services using a High-Fidelity Wraparound approach. The initiative was a pilot program serving 60 high-risk foster care children between the ages of four and 17.5 years old who experienced three or more placements due to their BH needs within 24 months and were at risk for entering a group home, psychiatric hospital or 24-hour BH treatment facility. Our goals were to increase the health and well-being of the child in foster care, increase his/her permanency in the family home, enhance community placement and provide needed support to the guardian. With this innovative model of interventions for children and youth in foster care, we were able to improve outcomes and decrease costs.

We plan to use our experience and learnings from the study and implement a holistic, wraparound care management approach to Kentucky SKY members across the Commonwealth. Our strategy is to create a model of care for foster children using the National Wraparound Initiative's 10 core wraparound principles: Family Voice and Choice, Care Team Based, Natural Supports, Collaboration, Cultural Competency, Individualized, Strength Based, Unconditional Care, Outcomes Based, and Community Based.

Providing Care Management and Care Coordination to Support Our Kentucky SKY Members

Currently Passport has a dedicated Foster Care program serving foster care (including transition-age youth), adoption subsidy and DJJ-involved members. We plan to expand the team to meet the needs of all Kentucky SKY members across the Commonwealth, including foster care children; former foster care youth; adoption assistance children; dually committed youth; and children eligible via Interstate Compact on the Placement of Children (ICPC) and Interstate Compact on Adoption and Medical Assistance (ICAMA). Our Kentucky SKY programs take a whole-person approach to care and are not limited to medical or BH care. They address the needs of the individual across the entire health and illness continuum and help to identify the least restrictive setting appropriate for the individual as well as any supports available to the member.

While we offer specialized Care Management and Care Coordination programs to support Kentucky SKY members, our standard PHM programs are also available to support these children in meeting their individual health needs.

Identifying and Stratifying Kentucky SKY Members

Upon assuming responsibility for the Kentucky SKY population across the Commonwealth, with the large influx of members initially, Passport will triage Kentucky SKY members using multiple techniques to ensure we have as much information as possible to identify those with the most immediate service needs. We understand that DCBS, DJJ and DMS will work closely with Passport to ensure access to member-specific information necessary to facilitate transition. To manage the influx of members more effectively, we will begin to perform this process for those members already assigned to Passport who will become Kentucky SKY members on January 1, 2021.

As required, Passport will offer three levels of care for Kentucky SKY members:

- Care Management
- Intensive Care Coordination
- Complex Care Coordination

Initially, all members will be placed in Care Management, unless they meet specific criteria:

- Identified by the Commonwealth as Medically Complex. These members will be placed in Complex Care Coordination from the start
- Identified through Passport's UM process as having a current or recent BH inpatient stay
- Identified by Passport's industry-leading risk stratification predictive models

Members identified through these means as having more immediate service needs will be placed in Intensive or Complex Care Coordination as their needs dictate.

Members in Care Management will be assigned to a Care Coordinator who will conduct an assessment to identify any needs that would place them in a higher level of care coordination. Foster care members age 17

or over will be prioritized for assessment so that care team meetings around planning for independence can begin as soon as possible.

After the initial influx of members, when members are newly enrolled in Kentucky SKY, a Care Coordination Team will be assigned within one business day of enrollment, and a Passport Care Coordinator or Care Connector will complete an assessment within 30 days of enrollment to identify members with high Physical and/or Behavioral Health needs who are appropriate for Intensive or Complex Care Coordination. New Kentucky SKY members will also be run through Passport’s predictive modeling process.

Providing Evidence-Based Care Management and Care Coordination

We currently serve over 5,000 members, made up of adoption, foster care, former foster care, Juvenile Justice and disability related youth. Around 3,200 of those are foster care members that are actively receiving care management and/or related services. Passport has a care coordination and management program designed specifically to support them that leverages a TIC model. To meet the needs of Kentucky SKY members, Passport will provide three levels of Care Management and Coordination, as illustrated in **Exhibit G.1-11**.

Exhibit G.1-11: Levels of Care Management and Care Coordination for Kentucky SKY Members

Level of Support:	Designed For:	Frequency of Contact:
Care Management Services	All Kentucky SKY members not meeting criteria for higher levels of support.	Outreach every 3-6 months or more frequently if warranted. Annual Care Plan Updates
Intensive Care Coordination	Kentucky SKY members identified through assessment or by risk stratification as needing Intensive support.	Per month: <ul style="list-style-type: none"> • One face-to-face visit; • One weekly contact; • One care team meeting including the member and guardian • One Care Plan Update
Complex Care Coordination	Kentucky SKY members identified by the Commonwealth as Medically Complex or with Special Health Care Needs. Kentucky SKY members identified through Passport’s UM process as having a current or recent BH inpatient stay. Kentucky SKY members otherwise identified by Passport’s industry-leading risk stratification predictive models.	Per month: <ul style="list-style-type: none"> • Two face-to-face visits; • One weekly contact; • A minimum of two hours per week of Care Coordination • One care team meeting including the member and guardian One Care Plan Update

Passport’s “core” Kentucky SKY Care team is made up of the Care Coordinator, member, guardian and SSW for foster care members. For members under adoption subsidy the core team will be the Care Coordinator, member and parent/guardian. The core team for former foster care members will be the Care Coordinator and the member. These core teams will be supplemented by providers, community supports, Passport Care Connectors (RNs or BH clinicians), BH Specialists, a Registered Dietitian, and/or Pharmacist as needed to support the member’s care. The Care Coordinator will work to ensure the active participation of the child and family and other individuals involved.

The role of Passport’s Care Coordinator will be to gather from the Care Team members perspectives on needs and concerns for the individual member and obtain a sense of the family voice and choice. The Care Coordinator will also coordinate wraparound services and supports to meet the goals of each members’ care plan. Throughout the program, the Care Connector will work with the Care Team to identify strategies to meet the member’s needs and ensure continuity of placement and care whenever possible.

Our Care Coordinators will ensure that the Care Team has the information it needs to make timely and appropriate authorizations and referrals to meet the member’s needs, including contacting prior MCOs and providers for information the team may need. The Care Coordinators will ensure that approved care plans, including Behavior Plans and authorizations, are developed in a timely manner with the provider and communicated to the Department, DCBS and DJJ as required. Additionally, the Care Coordinator will ensure that Kentucky SKY members, providers, foster parents, adoptive parents, fictive kin, guardians, DCBS and DJJ have the most current information regarding community resources available to assist the member with meeting their needs and will assist the member in connecting with these resources.

The Care Coordinator collaborates with the care team to provide information and assist with the needed care coordination services. If assistance is needed to locate providers or schedule/obtain appointments for primary, dental, or specialty care or support services, the Care Coordinator can make these arrangements on behalf of the Kentucky SKY member, family or guardian. The Care Coordinator can also coordinate Non-Emergency Medical Transportation (NEMT) services if needed to access these appointments or services. They can arrange community supports for Kentucky SKY members and arrange for referrals to community-based resources as necessary. Importantly, the Care Coordinator can work to expedite the scheduling of appointments for assessments and facilitate timely submittal of assessment results used to determine residential placements. The Care Coordinator will also compile these assessments for submission to the appropriate DCBS or DJJ staff within the timeframes identified by DCBS or DJJ.

Ensuring Provider Compliance with Evidence-Based Approaches, Including High Fidelity Wraparound Care

Passport has placed an emphasis on making sure our providers have the knowledge necessary to assess the needs and deliver the complex care our Kentucky SKY members require. We have an established onboarding, training, education and support program for our providers that is managed by our local, Kentucky-based PRSs and our Kentucky SKY Provider Relations Liaison. Our program is designed to ensure that all providers receive the training, tools and supports needed to deliver the highest-quality of care to our

members, while remaining compliant with our contract with DMS and applicable Commonwealth and federal requirements.

In order to assist providers in achieving or maintaining their competencies in delivering evidence-based approaches, including High Fidelity Wraparound services to Kentucky SKY Members, Passport's Provider Relations team and Kentucky SKY Provider Liaison will offer and coordinate additional educational opportunities for providers. Specifically, the educational opportunities will focus on evidence-based practices appropriate to Kentucky SKY members, such as trauma informed approaches, ACEs, behavior interventions in care plans, and the High Fidelity Wraparound principles. Our team will also connect providers to other trainings occurring around the Commonwealth, direct education either in-person or via webinar by experts featuring local providers, and our clinical team and national speakers, when appropriate.

Passport also supports providers in providing evidence-based care across the spectrum of care. Passport medical providers have access to IdentifiSM Practice, which offers physician practices workflow and analytics support to enable greater engagement in value-based care activities. Identifi Practice allows users to access actionable electronic intelligence at the point of care and provides a physician-centric view of real-time member insights, such as gaps in care and quality measures, care program engagement and current care plan. Identifi Practice's on-demand reporting gives providers access into insights regarding clinical, quality and financial performance. In addition, the system has the ability to drill into specific areas of opportunity and recommended actions for the providers to take to improve quality of care.

We have found that initial engagement and participation by the providers from the outset make the downstream performance improvement and behavior change more likely. Our providers participate in medical record review to ensure all required documentation is captured, engage in EPSDT file audits and education, and routinely review adherence to clinical practice guidelines. Passport provides outreach and engagement to provider practices focused on improving performance on specific measures, including Healthcare Effectiveness Data and Information Set (HEDIS[®]), Healthy Kentuckians and measures specific to the Kentucky SKY population. We supply providers with reports that illustrate necessary screenings due, and we use our Provider Recognition Program specifically to reward HEDIS[®] measure improvements. Where appropriate, we support providers with site visits by the Medical Director, Quality Director, Pharmacist, Provider Recognition Program Manager or Kentucky SKY Provider Relations Representatives.

Addressing Psychotropic Drug Usage Through RxSolve

Kentucky has one of the highest rates of psychotropic medications prescribed to children in the United States. Psychotropic medications are being prescribed to young children (under the age of six years) in the Commonwealth at levels above those approved for use in adults, and often in combination with other medications. In Kentucky, the rate of use of psychotropic medications in foster children is nearly six times that of TANF children receiving Medicaid benefits.

Passport has used a Psychotropic Drug Intervention Program (PDIP) for years. We soon will implement an updated version of the program, called RxSolve. It is a comprehensive and integrated quality management program focused on identifying claims-based, medication-related problems, including medication safety

issues, through the use of informatics, analytics and clinical review. The program will engage both prescribers and members, using innovative technologies to achieve an understanding and resolution of medication-related issues. Passport plans to implement the program to improve medication adherence among members and to support best-practices prescribing among providers.

The program will help both prescribers and members understand and resolve medication-related issues. The program provides support to PCPs who do a large percentage of psychotropic medication prescribing and have limited access to psychiatric specialists. The new RxSolve will address polypharmacy, suboptimal dosing, nonadherence, excessive dosing, (Substance Abuse Disorder (SUD) management and opioid management. Polypharmacy in particular is an issue of concern with the Kentucky SKY population. Instead of individual direct communications to providers and members, a monthly summary report will be shared with providers documenting all cases for greater continuity of care, so providers can address all components of care impacting a member at once rather than through multiple written communications. Providers will be better informed regarding trends impacting prescribing in their own practice for the now expanded six areas of focus.

Supporting Kentucky SKY Members into Adulthood

Passport currently serves a significant portion of the foster-care population, including transition-age youth. In Kentucky, approximately 600 youth per year age out of foster care in relations to the 594 who aged out in 2017. Based on our experience with this population and our familiarity with state specific data (Child Trends, 2015), we know that about a third of these youth will experience homelessness by the age of 21 and a similarly small percentage will be employed, either full- or part-time. Nearly 60 percent will use some type of public assistance.

Kentucky's aging-out population is unique in that it contains a higher number of youths who were committed to DCBS for behavior problems (56 percent in Kentucky vs. 38 percent nationally). Although Kentucky's transition-age, state-committed youth compare favorably in national comparisons for completion of high school by age 21 (80 percent to 76 percent and continuation of health coverage (eighty-81 percent to 75 percent), we understand that these results only come with quality care and case management.

Although some DJJ youth will have planned discharges to their families, Passport's clinical team's extensive experience with this population as well as research studies (e.g., Midwest Evaluation of the Adult Functioning of Former Foster Youth: Conditions of Youth Preparing to Leave State Care, Chapin Hall, 2004), find that over half of older youth feel close to their biological families and intend to re-establish relationships with them. Their efforts to maintain contact with their families often happen outside of the services provided by the DCBS and DJJ. Passport's plan is designed to address the realities of transition and SDoH for this population.

Natural family will be included in Care Coordination teams for transition-age youth except where prohibited by DCBS or DJJ.

Transitioning Members out of the Foster Care Program and into Independent Living

Passport aligns closely with DCBS on their process of preparing youth for transition beginning at age 17 or sooner and supports guardians in readying teenage foster children with an aim of reducing anticipatory anxiety about the process. For youth entering care on or after their 17th birthday, a transition plan is developed within one month of enrollment by the Care Coordinator as part of the youth's care plan. Any available assessments and other information are used to create the care and transition plans.

Empowering youth to be drivers of their health care experience and advocates for themselves within the health care system is key to the young person's ultimate success. Our aim is to serve as member advocates and help youth to become more comfortable navigating these systems themselves. When it would be helpful to the youth, a Passport peer support will be added to the care team to do direct skill teaching work with the member in this regard. Successful aging out of foster care or a juvenile justice setting requires the following core elements to be addressed: Specific plan for safe housing, health insurance and finding a PCP, education, workforce and employment supports that lead to financial independence and continuing relationships with supportive adults and peers, including mentoring opportunities.

Passport uses its access to specialized screening and referral tools to identify appropriate local resources statewide. Having a youth establish independence and self-autonomy in our culture is one of the primary developmental tasks of late adolescence. Our care team engages transition youth as equal partners to ensure that there is high member engagement levels and we are keeping aligned with his or her personal goals.

Passport will also develop specific written and electronically available educational materials that address topics that include, but are not limited to:

- the importance of having a trusted relationship with a primary care provider
- preventive care and maintaining a healthy lifestyle
- and the importance of safe and responsible sexual behavior

We will also provide opportunity for the youth to designate a health care proxy. Given that over half of the transition-age youth (56 percent) in Kentucky are in out-of-home care due to behavior problems, Passport care management will especially focus on assessing the need for and providing access to appropriate behavioral services.

As appropriate and in keeping with permission from DCBS and/or DJJ, Passport will incorporate family members (e.g., parents, grandparents, older siblings, fictive kin, etc.) into the transition plan and provide support to these members to facilitate a successful transition.

Independence Readiness Program

Passport has collaborated with the Boys and Girls Haven, along with other community groups, in developing an innovative initiative, called the Independence Readiness Program (IRP). As a member of the IRP advisory committee, Passport has assisted the group in creating opportunities for Kentucky SKY members to receive job and skills training. The program brings in local employers, such as the Kentucky Community and Technical College System (KCTCS) to provide job readiness training for members to prepare for their career of choice. Additionally, the KCTCS and local employers share entry-level employment positions with the youths. The Passport team provides direct consultation to help design outcome measures to help document programmatic success. The model includes training regarding career readiness, life skills, equine vocational services, case management services and a mentoring program. Each program is tailored and personalized to meet our members' needs. While the initiative is not exclusive, the majority of participants have been Passport members. We are proud to be a part of this program that supports former foster children in developing the education and life skills to enter into adulthood.

7) Information Technology

Our sophisticated MIS technology platform supports and integrates all of the elements of service administration for members. Our MIS is a suite of fully interoperable component layers that enable Passport staff and administrators, care teams, and providers to operate in a connected approach and work from a single view of the member. The platform represents an end-to-end, enterprise-level, integrated MIS and population management platform with functionalities and process flows that support the requirements of the Kentucky DMS and the Kentucky Medicaid Managed Care program. The MIS and its subsystems are fully operational and already configured to meet the needs of DMS, and they are currently functioning within the guidelines and specifications of the Commonwealth, including required interfaces. Our MIS meets or exceeds all Kentucky Medicaid Managed Care program subsystem requirements, including member/member, third party liability, provider, reference, claims/encounter processing, financial, utilization data/quality improvement, surveillance utilization review, reporting and testing. Our existing integration with DMS, providers and vendors provides continuity and reduces risk for all stakeholders, since a new implementation is not required with Passport.

G.1.e. A summary of the Contractor’s strategy and approach for establishing a comprehensive Provider network able to meet the unique physical and Behavioral Health needs of Kentucky SKY Enrollees; and

Establishing a Comprehensive Provider Network to Meet Kentucky SKY Members’ Unique and Holistic Needs

As a provider-driven health plan, we have strong relationships with our provider partners and have developed an extensive statewide provider network to better serve our members. Today, Passport’s network includes over include **32,000 total providers** with the following provider types:

- 17,000 specialists
- 9,100 PCPs (2,500 of which are pediatricians)
- 3,700 BH practitioners
- 2,200 ancillary providers
- 130 hospitals

Our strategy to establish a comprehensive network, begins with identifying the appropriate composition of providers to create a high-performing delivery system. Passport provides our members with access to care through our broad range of network providers, which includes freestanding birthing centers, primary care centers, local health departments, home health agencies, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHC), private duty nursing agencies, opticians, optometrists and audiologists. We also have provider partners that are hearing aid vendors, speech language pathologists, physical therapists, occupational therapists, chiropractors, dentists, pharmacies and durable medical equipment suppliers, podiatrists, renal dialysis clinics, transportation services, laboratory, radiology, and clinics providing EPSDT services and EPSDT special services.

Once the correct set up of providers is determined, Passport’s Network Contracting department conducts a review for network access and adequacy. We analyze the network for quality and cost efficiency to create a provider network focused on value to the Commonwealth. Using principles grounded in data analytics and tools, including value-based contracting, we integrate our network into our clinical programs. The clinical teams and network teams work in tandem to develop and support an optimal delivery system for our members. A governance structure of committees and accountable leaders manages our strategic approach and is designed to engage effectiveness through monitoring satisfaction levels.

Ensuring Network Adequacy

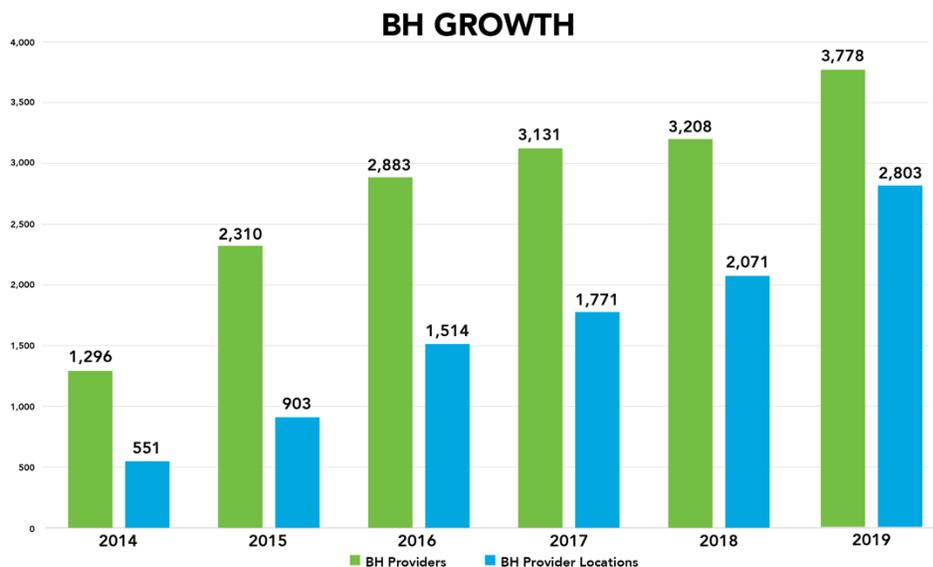
Passport’s approach assesses network adequacy on an ongoing basis, identifying gaps, increasing provider capacity and seeking opportunities to improve access for our members. Each month, our Provider Network team generates reports from Quest Analytics, an industry-standard software platform, that combines dynamic time and distance access standards with minimum provider requirements. We use the data to evaluate our overall network adequacy and identify gaps based on network standards. Passport reviews claims data on a quarterly basis to determine which out-of-network providers were seen by members during

the previous quarter. Our Provider Network team reviews all access-related feedback from members, referring providers, care managers and utilization managers.

Passport’s approach to a comprehensive network continues as we review referrals and collect feedback from care management, Member Services and the PHM departments regarding access issues and unmet clinical or social factors that affect members’ care, such as language, ethnicity, gender or special needs. In addition, quarterly a “secret shopper” and on-site access reviews identify access barriers to specific providers or practices, such as long wait times, lack of after-hour appointments, and closed panels. We escalate these access barriers to the Provider Network team and other relevant departments for action.

Passport has continued to increase the number of BH providers in our network. We understand that BH is an essential factor in improving the health outcomes of our Kentucky SKY members. Since 2014, we have significantly increased our number of BH specialists and now have 3,778 providers in 2,803 locations, as illustrated in **Exhibit G.1-12**.

Exhibit G.1-12: Passport’s Continued Growth in Our Behavioral Health Network



Identifi Network, our web-based provider data management tool, will maintain our provider file, populate the provider directory and support network adequacy analytics. Identifi Network enables our network administrators, managers and providers to create, track, maintain and access interactions with network providers. This tool will enable our ability to identify the need to tap into additional telehealth solutions or surrounding state providers, where needed, to enhance access to care.

Creating Greater Member Access to a High Quality Provider Network

Passport is committed to identifying and managing a high quality provider network. Our approach to managing a high quality network follows the national trend of building a high quality and high-performing provider network that emphasizes prevention, quality of care and cost efficiency driving toward value. We use this same approach in analyzing our providers' performance across our broad network to ensure that our members are getting the highest quality of care in the most cost-effective manner and measuring performance in a consistent way.

We assess provider performance using historical data. For each provider, we create two composite scores: the quality score, which is determined based on performance of quality measures; and the care coordination score, calculated from measures such as avoidable admissions, readmissions and inappropriate lower back imaging. These two factors identify provider value. The quality and care coordination measures are weighted by the number of members that qualify for each measure and the overall score is normalized by the relevant population size.

We evaluate cost efficiency of the providers using adjusted Medical Loss Ratio (MLR), defined as the ratio of a provider's expenses to its premiums for assigned members. Since this metric can be skewed due to population risk variation and high-cost outliers, we remove members with total medical expenses greater than \$50,000 per year from the calculation and set a minimum assigned member sample size of 100. This allows us to compare cost efficiency with greater reliability and consistency across providers.

Lower-performing providers are identified using a three-tiered value approach. This approach first sets a minimum threshold for quality and care coordination for providers with lower cost efficiency, or higher MLR. By doing so, we avoid unfairly comparing providers with low financial performance but high quality care and instead concentrate efforts and discussions on low-quality providers. While always keeping access and adequacy core to our strategy, we focused re-contracting efforts on providers in Value tiers 1 and 2 in 2019, which contained 75 practices, and plan to continue employing this approach using refreshed data to monitor physician performance and identify lower-performing providers.

Value-Based Contracting

Passport acknowledges that the alignment of financial incentives for providers is essential to achieving an effective and efficient health care system. We have deep experience in offering value-based contracting arrangements, and we are financially rewarding providers for high quality health outcomes. This helps control cost and drives toward the efficient use of Medicaid dollars by reducing expenditures on unnecessary, redundant or ineffective care.

The Passport Value-Based Payment strategy includes a suite of models to meet providers where they are and to encourage and reward both small and large practices. We offer providers a full range of value-based options recognizing that not all providers have the practice infrastructure to fully participate in some sophisticated models and to help advance providers along the risk continuum at their individual pace.

- **Patient-Centered Medical Home (PCMH) PassportPlus:** This program rewards dozens of existing provider groups incentivizing the core tenets of PCMH behavior in their practices. The incentive is paid monthly with a goal of moving these smaller practices closer to risk readiness and move them along the quality and value continuum at a comfortable pace without the resource jeopardy that risk often signals to small practices.
- **Care Management (CM) PassportPlus:** In working with our existing providers, we learned that some need additional practice investment for their infrastructure enhancements in order to participate in HealthPlus. This program extends compensation for CM services on a semiannual basis for participating providers who can then plan their resources accordingly.
- **HealthPlus:** This is an upside-only provider gain-share program that rewards providers for improved cost and quality outcomes after a quality gate has been achieved. The program provides different opportunities for gain-share reward based on services provided and improvement in the total cost of care of their assigned members. Quality measures are customized to each practice and adjusted for type of practice (e.g., adult primary care, pediatric care). Performance is measured on a calendar year and rewards are paid out the following years once claims have matured. The three opportunities for gain-share reward are:
 - **Medical Expense Ratio (MER) Improvement:** Providers improve the total cost of care by providing a full range of services to their assigned members. This is calculated through a comparison of year-over-year reductions of costs as a percentage of revenue.
 - **MER Attainment:** Providers maintain an already-reasonable total cost of care by providing a full range of services to their assigned members.
 - **Scorecard Performance:** Providers achieve high performance on the *Passport Quality Scorecard* related to the care of their assigned members.

G.1.f. A summary of innovations and Trauma-informed initiatives the Contractor proposes to implement to achieve improved health outcomes for Kentucky SKY Members in a cost effective manner. Include a discussion of challenges the Contractor anticipates, how the Contractor will address such challenges, and a description of the Contractor's experience with addressing these challenges for similar contracts and populations.

Offering Innovative Approaches to Improving Foster Children's Health and Well-Being

Passport is regularly working toward innovations to improve health outcomes in a cost-effective manner. At the request of the former Cabinet for Health and Family Services (CHFS) Secretary, Passport conducted a pilot program providing intensive CM for children and youth in foster care. For the initiative, we partnered with two local provider organizations, Centerstone Kentucky (Seven Counties Services) and ResCare, to provide intensive CM services using a high-fidelity wraparound approach. The pilot program served 60 high-risk foster care children between the ages of four and 17.5 years old who had experienced three or more placements due to their BH needs within 24 months and were at risk for entering a group home, psychiatric hospital, or 24-hour BH treatment facility.

Our goals were to increase the foster child's health and well-being, permanency in the family home, community placement and provide needed support to the guardian. The pilot program period was 24

months long with a six-month follow-up period. We deployed a unique team decision-making process promoting youth and family voice and choice in the health care process and clinical interventions. The program was facilitated by the Intensive Care Coordinator, and the care team members were made up of the child, identified family and/or foster family member, DCBS worker, treatment provider, Passport clinician and informal network support members. The Intensive Care Coordinator assisted the team in developing and carrying out a coordinated care plan specific to the needs of the child and family.

During this time, we observed the following trends:

- 13 percent reduction in total cost of care
- 27 percent increase in costs related to BH services
- 38 percent reduction in non-BH expenses
- Six percent reduction in pharmacy costs
- 150 percent increase in family placement
- Improvement in CAFAS scores

This pilot demonstrated the feasibility of a managed care company facilitating an innovative model of intervention for children and youth in foster care that resulted in improved participants' functional and placement stability outcomes while decreasing costs. Through this intensive effort, our dedicated team learned a great deal from the successes and failures that together inspired our proposed innovations specifically designed to accelerate successful implementation and to further improve outcomes for Kentucky's SKY members. These include, but are not limited to:

- Accelerating a cultural shift to team-based decision-making through a specialized training center
- Improving care delivery for Kentucky SKY members through integration of BH electronic health record data
- Measuring impact and ROI of the High Fidelity Wraparound approach, including the effect of community supports on participant outcomes
- Each of these proposed approaches is described in more detail below.

Our goal is to expand this effective initiative to all Kentucky SKY members across the Commonwealth, upon award of the contract.

Challenges:

Implementing High Fidelity Wraparound requires a commitment of DCBS and DJJ workers, natural and foster parents, and health care providers to using a team-based process to develop a joint plan. This is a challenge for staff who are used to working autonomously and not taking other perspectives into account when making decisions that affect the member. Passport learned to address this challenge during the pilot by (1) providing clear verbal and written guidance and a fidelity tool that provided impartial feedback during the implementation of High Fidelity Wraparound; (2) building relationships with supervisory staff that allowed for frank discussion and resolution of problems, including providing management support for direct-line staff to change their usual way of interacting; and (3) using a strengths-based approach, not only with youth, but also with staff, which celebrated their success in becoming proficient with a new evidence-based practice.

Assisting with Implementation of Statewide Member Crisis Service

BH crises pose the most common threat to the stability of placement for Kentucky SKY members. Passport has initiated conversations with providers around providing a 24/7 crisis response team that would be available to go to the location of the member (e.g., home, school, or community) to assess the risk present and use evidence-based crisis intervention skills to de-escalate and stabilize the situation. This project service would initially begin in the Louisville area, where one of our providers already has experience with such a program in a neighboring state. Passport plans to expand the service throughout the state in a rolling implementation developed in collaboration with DMS, DCBS and DJJ.

Unlike many current crisis services in the state, our intervention would also provide continuing involvement by the provider until the member was stable and participating in services needed to help him/her develop the skills to avoid future crises. In addition to de-escalation and therapy, our Care Coordination Team would work in conjunction with the crisis service to assess SDoH and other community factors that may be contributing to crisis development.

Passport is willing to partner with the DMS in assisting with this project in multiple ways. This would be a highly collaborative effort to understand the DMS' needs and how we can assist in deploying this initiative. For example, we envision our team developing a charter for the program outlining the goals, objectives, tactics, project members, timelines and results. We could provide resources for project management and use our advanced project management tools to track the progress of the project and identify any risks and issues for complete transparency to all stakeholders.

Challenges:

As we did with the Intensive Case Management Pilot for Foster Youth, our skilled team will rigorously evaluate the intervention to assist in refining its application. Implementation of an on-call mobile crisis service is likely to be challenging as services expand outside the Louisville area. In rural areas with fewer people, it is harder to achieve economies of scale in having staff available to respond to what may be a relatively infrequent event. Furthermore, transportation issues become more challenging outside of urban areas. It is only about 30 miles from downtown Prestonsburg, the population center in Floyd County, but it takes nearly an hour to drive to Wheelwright. To address these issues, Passport will explore contracting with providers who already offer some type of crisis response in communities (e.g., CMHCs), and we will also explore the use of telehealth in conjunction with local response capacity (e.g., EMTs) and occasionally law enforcement to provide support until we can arrive. Our goal is to develop a system that will provide the availability of BH professional assessing and intervening within an hour of receiving the call.

Conclusion

Passport is committed to continuing our long-standing partnership with the Commonwealth of Kentucky. We have demonstrated that we can successfully design and implement an end-to-end solution for foster care members to improve outcomes and lower costs. Through extensive research; partnering with providers and foster care experts; collaborating with DCBS, DMS, and the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID); and learning from other successful health plans, Passport ran through walls to better serve our foster care members with our pilot program. We do and will continue to act on our learnings from this experience and work hard alongside partners just as we have done before to take interventions based on a High Fidelity Wraparound Model to scale.

We should also note that there were sections and requirements within the Kentucky SKY Contract that may have not been addressed throughout the RFP. As such, and out of an abundance of caution, we affirmatively state that we will comply with all provisions of the MCO and Kentucky SKY Contract.

We understand that the stakes are high and the resources are limited. We are fully confident that we can ensure our foster children members receive the care they need with a family-centered, youth-driven, TIC approach that maximizes resources, creates efficiencies, and eliminates fragmentation and duplication. Passport's desire is for all foster care members to have the resources to improve their health and quality of life. It is our mission.

Passport has been honored to serve the Kentucky Medicaid and foster care populations for 22 years and will continue to comply with all provisions of the Medicaid Managed Care Contract and Appendices (including Kentucky SKY) as we continue to serve them in the future.

G.2 Company Background



G.2. Company Background

- a. Corporate Experience
 - i. Describe the Contractor's experience in the provision of managed care services similar to those specified in the Contract for the Kentucky SKY populations specified in this Contract. In addition, include the following information in the response:
 - a. Experience in coordinating and providing Trauma-informed services, and educating Providers on Trauma-informed Care, ACEs, and evidenced based practices applicable to individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance;
 - b. Three (3) examples of initiatives the Contractor has implemented for Medicaid managed care programs for individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance that have supported improved outcomes (e.g., greater awareness of Trauma-Informed Care, clinical outcomes, Discharge Planning between levels of care, etc.). Describe whether such initiatives were cost effective and resulted in sustained change;
 - c. A summary of lessons learned from the Contractor's experience providing similar services to the populations enrolled in Kentucky SKY; and
 - d. How the Contractor will apply such lessons learned to the Kentucky SKY program
 - ii. Provide a listing of the Contractor's prior and existing full risk Medicaid managed care contracts serving individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance for the previous five (5) years. Include the following information:
 - a. State name
 - b. Contract start and end dates
 - c. Number of covered lives
 - d. Whether the Contractor provides services regionally or statewide
- b. Office in the Commonwealth

For programs similar to Kentucky SKY, has the Contractor co-located staff in an agency regional office? If yes, describe the factors that influenced that decision and summarize the outcome of the co-location in coordinating of services for program participants.
- c. Staffing
 - i. Describe the Contractor's proposed approach to staffing for the Kentucky SKY program under this Contract, including the following information at a minimum:
 - a. Description of how the organizational structure provides innovative solutions for meeting programmatic goals specific to the Kentucky SKY program and Kentucky SKY Enrollees and supports stakeholder groups (e.g., Kentucky SKY Enrollees, providers, partners, among others).

- b. Description of how the organizational structure will support whole-person integrated care, population health and overall improvement in health outcomes in a cost-effective manner for the Kentucky SKY program.
- ii. What prior experience will the Contractor require staff to have had in serving populations similar to Kentucky SKY Enrollees?
- iii. Provide a narrative description of the Contractor’s approaches to recruiting staff for the Kentucky SKY program, including:
 - a. Recruitment sources;
 - b. Contingency plans if the Contractor is unable to recruit sufficient numbers of adequately trained staff in a timely basis or if the Contractor’s original staffing estimates are too low and for avoiding and minimizing the impact of personnel changes;
 - c. How the Contractor will assure the Department that sufficiently experienced, licensed and trained personnel are available to support implementation and ongoing administration of the Kentucky SKY program; and
 - d. How the Contractor will seamlessly transition staff, if necessary, from implementation to ongoing operations.
- iv. A listing of Full-Time Kentucky SKY Key Personnel identified in RFP Attachment C “Draft Medicaid Managed Care Contract and Appendices,” and as otherwise defined by the Contractor, including:
 - a. Individual names, titles, job descriptions, qualifications and full-time equivalents (FTEs) who are dedicated one hundred percent (100%) to the Kentucky SKY program under this Contract with no other responsibilities outside of the Kentucky SKY program, as well as their office locations for this Contract. An FTE is defined as the ratio of the total number of paid hours divided by the total number of working hours in the period. Annually, an FTE is considered to be 2,080 hours.
 - b. Whether each Full-time Kentucky SKY Key Personnel position will be filled by a Contractor’s employee or a Subcontractor. Identify the number of FTE Subcontractor staff who will be one hundred percent (100%) dedicated to the Kentucky SKY program.
 - c. Resumes, including information such as degrees, credentials, clinical licensure as applicable, years and type of experience. Include as an Appendix or Attachment to the Proposal.
- v. Overview of the Contractor’s proposed training of staff to fulfill all requirements and responsibilities of RFP Attachment C “Draft Medicaid Managed Care Contract and Appendices,” for all operational areas. Provide the Contractor’s proposed training program and curriculum for all staff specific to areas of responsibility. Include information about the topics for which staff will receive training, how trainings will differ for new staff members versus ongoing trainings and related training schedules.
- vi. Overview of Contractor’s approach to monitoring Subcontractors’ progress in recruiting and training of staff to meet all requirements of RFP Attachment C “Draft Medicaid Managed Care Contract and Appendices.”
- vii. Retention approach for Full-time Kentucky SKY Key Personnel.

- viii. Provide a detailed description of the Contractor’s organizational structure for the Kentucky SKY program under this Contract, including an organizational chart that displays the following:
 - a. Management structure, lines of responsibility, and authority for all operational areas of this Contract.
 - b. How the Kentucky SKY fits into the overall organizational structure of the Parent Company.
 - c. Where Subcontractors will be incorporated.
- ix. A summary of how each Subcontractor will be integrated into the Contractor’s proposal performance of their obligations under the Contract to ensure a streamlined experience for the Kentucky SKY Enrollees, Providers and the Department.
- x. Identification of staff positions that will be based (1) in the Contractor’s Kentucky office(s), (2) in the field, and (3) at a corporate office of the Contractor or Subcontractors. Information should include physical locations for all Contractor operational areas to support this Contract.
- xi. Number of proposed FTEs dedicated to the Kentucky SKY program, by position type and operational area and how the Contractor determined the appropriateness of these ratios.
- xii. Describe the roles and responsibilities of Care Coordinators and Care Coordination Team. How will the Contractor maintain adequate Kentucky SKY to Kentucky SKY Enrollee ratios and number of Care Coordination personnel and management staff having expertise in Physical Health, Behavioral Health, and the Kentucky SKY Enrollee to build Care Coordination Teams?

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

Introduction

As a Kentucky-based organization that has supported the Medicaid population for 22 years, Passport has extensive experience in supporting children and youth, including those in foster care, juvenile justice, adoption assistance and other categories that will be eligible for Kentucky SKY enrollment. Through this experience we have built strong provider relationships and community ties to support the delivery of trauma-informed care (TIC) to these individuals and their caregivers. Our deep understanding of this population has helped us to build out an organization, inclusive of subcontractors, that will fully meet contractual requirements while delivering culturally sensitive and appropriate care to Kentucky SKY members.

G.2.a.i. Describe the Contractor’s experience in the provision of managed care services similar to those specified in the Contract for the Kentucky SKY populations specified in this Contract. In addition, include the following information in the response:

Passport Experience Supporting Kentucky SKY–Eligible Members

Passport has 22 years of experience managing Medicaid services for youth in foster care and other groups eligible for the Kentucky SKY program. During this time, we have had a designated team, currently composed of six full-time staff led by a manager, dedicated to serving the Kentucky SKY–eligible population. Our team is composed of professionals with extensive experience working in a variety of settings, including therapeutic foster care programs, community mental health centers (CMHCs), residential treatment facilities, the Department of Corrections, the Health Access Nurturing Development Services (HANDS) program, state and private psychiatric hospitals, Norton Children’s Hospital, refugee resettlement programs and programs contracted by the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID). One of the members of our team is a former foster parent, and another is certified in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). They have established strong working relationships with providers, agencies and community resources that serve the Kentucky SKY population. Our deep understanding of these members grows out of these experiences.

We also understand the pressures within the child welfare and juvenile justice systems and the need to support these agencies and the children, youth and families they serve. This support comes through robust care management, strong provider networks, advanced data infrastructure, innovative leadership and extensive community relationships. Through the years, our team has built strong collaborative relationships with local Department for Community Based Services (DCBS) and Department of Juvenile Justice (DJJ) staff as well as with private foster care and residential agencies. These relationships allow for better coordination of care for our members. Caseworkers and agency staff do not hesitate to pick up the phone to call Passport when they have a need.

Our experience providing managed care services for these populations has helped us develop policies that ease access to care and services for these members. The following are some examples of these policies:

- Foster care and adoption assistance members do not require referrals to receive care from specialists.
- Prior authorization requirements are waived for all services for foster care and adoption assistance members, except for inpatient hospital admissions; private duty nursing; home health services; Early and Periodic Screening, Diagnostic and Treatment (EPSDT) expanded services; and any non-covered services.
- Providers are exempt from timely filing deadlines for services provided to foster care and adoption assistance members, though they are encouraged to submit claims as soon as possible.

G.2.a.i.a. Experience in coordinating and providing Trauma-informed services, and educating Providers on Trauma-informed Care, ACEs, and evidenced based practices applicable to individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance;

Experience Coordinating and Providing Trauma-Informed Services and Educating Providers to Support Kentucky SKY–Eligible Members

Passport has experience in coordinating and providing trauma-informed services through our care management programs and our work with our provider network. We also have experience educating providers on TIC, adverse childhood experiences (ACEs) and other evidence-based practices (EBPs) applicable to children and youth in foster care or juvenile justice, those receiving adoption assistance, and those otherwise eligible for enrollment in the Kentucky SKY program.

Throughout its history, Passport has recognized the need to help develop a provider network that is knowledgeable and responsive to the unique needs of Medicaid members, including those in Kentucky SKY. Today, Passport’s network includes approximately 32,000 providers across the following provider types: 9,100 PCPs (2,500 of which are Pediatricians), 17,000 Specialists, 2,200 Ancillary Providers, 3,700 Behavioral Health Providers, and 130 Hospitals. The sections that follow provide descriptions of our efforts to coordinate and deliver trauma-informed services, and the steps we have taken to educate providers.

Coordinating and Providing Trauma-Informed Services

Passport has taken an “inside-out” approach to ensuring members receive trauma-informed services, from their encounters with Passport through their experiences with our providers. Internal to Passport, we have provided multiple trainings to member-facing team members on the components of TIC. For example, Dr. Deborah Coleman, who provided TIC training within the Kentucky Department of Corrections, has made multiple presentations to Passport on how to work with members who have experienced trauma without triggering their trauma response. Question, Persuade, Refer (QPR) suicide prevention training is offered to new employees during their orientation and at other times during the year. Last year, more than 300 staff that support Passport completed the training. We also provide regular trainings for our care management team to ensure each of them has TIC training and can continue to hone their skills in this area. We send team members to external trainings when appropriate so that we can stay abreast of current knowledge in the trauma-informed realm. For example, one of our care managers attended a two-day TIC conference hosted by the University of Louisville and then shared knowledge gained with the team upon his return. Dr. David Hanna has completed the Training of Trainers in TIC and used his expertise to work with our provider relations staff to promote trauma-informed practices through our provider network.

Care management leaders, with input from members, providers and care management teams, consistently update training resources and process guides to assist our team members (from member services to care management) in taking a more trauma-informed approach with members. We instruct our teams on how to use inclusive and non-threatening language when asking sensitive questions or following up on sensitive

topics. Our call audit processes allow leaders to observe and provide one-on-one feedback to team members to continue to hone their skills.

Supporting Practice Transformation Through Education and Consultation

Our provider education and training program educates and informs new and existing providers on TIC, EBPs, ACEs and other topics relevant to serving the Kentucky SKY population. The training also reviews topics relative to providing comprehensive, wraparound care. Passport shares information that may be new to providers, as well updates and changes to existing information. We actively seek feedback from our providers to monitor the effectiveness of training and inform planning for future educational programs.

Passport currently collaborates with providers on practice transformation related to integrated approaches to health care from a step-wise approach that meets providers where they are. While mandating trauma education for providers will be new with Kentucky SKY, we currently review (when appropriate) TIC, ACEs and EBPs related to behavioral health (BH) screening and intervention.

Our current approach for providers assists them with motivation, education and implementation for TIC, and includes but is not limited to the following:

- Assessment of practice readiness for change and beliefs about trauma
- Training offerings and education related to screening
- Workflow and best practices
- Measures that help the practice assess how they are doing on implementation

Our approach incorporates the seven domains identified by the National Council for Behavioral Health as making up TIC practice:

- Early screening and assessment
- Consumer-driven care and services
- Nurturing a trauma-informed and responsive workforce
- Evidence-based and emerging best practices
- Creating safe environments
- Community outreach and partnership building
- Ongoing performance improvement and evaluation

Over the last several years, we have observed that providers are well intentioned and eager to embrace addressing trauma in their practices. However, they need guidance toward better understanding of the ACE studies and EBPs related to ACEs and trauma.

In addition, we have observed that many providers have heard of TIC, are moving toward adopting the model for their practice, or believe they have already achieved a high-fidelity approach to TIC. We offer resources and ongoing consultation to providers around screening, workflow and care coordination. Passport subject matter expert (SME) consultants have observed that some practices are eager to screen for

trauma using ACEs or other screening tools, but often do not have a protocol for what to do with a positive screen. Through consultation, we help providers better understand that ACEs screening is not a diagnostic tool and does not assess trauma symptoms, but is instead a predictive measure of the potential for longer-term health outcomes. Adding other BH screening tools (depression; anxiety; Screening, Brief Intervention, and Referral to Treatment [SBIRT]; etc.) helps the provider build a whole-person understanding of the current need to ensure that there is a next step in the process and that if a referral is needed, the right intervention is provided. We also model how providers should respond to a positive screen from a resilience or strength-based approach to ensure that the member does not feel stigmatized or discouraged by learning of a high ACE score.

Another approach currently used in consultation is to link TIC to member activation models in primary care, especially for those providers that feel they “are doing it all” already. Since both models focus on interaction of all staff with the member (from the front desk through check out), they allow the opportunity to address the training of all team members (some practices only think about their providers). We can also discuss de-escalation protocols for the office for crises or disruptive behaviors. We have found it helpful to connect for staff how their TIC approaches (nonjudgmental, asking what happened to the member, and asking permission for and defining the next action physicians will take in the exam room) are a component of member activation and a member-centered approach—putting the member in control of the situation in the presence of a “powerful other” (the primary care provider [PCP]) and demonstrating that disclosure is met with validation and empathy.

Dr. David Hanna has completed the Training of Trainers in TIC offered by Kristin Hankinson from the Kentucky Department of Public Health, and has collaborated with community and state partners on bringing to light the importance of ACEs and trauma-informed approaches to care. He has created a sample presentation for training providers in TIC. Past experiences with trainings offered by managed care organizations (MCOs) suggest that webinars are received better than in-person trainings, and we archive all webinars for providers on our website. More importantly, we have noted that providers often place more trust in trainings offered by experts in the community or in other states than those offered by SMEs within the MCO. We have had success sponsoring trainings by other experts and would continue to pursue this avenue for TIC, ACEs and EBPs applicable to the Kentucky SKY member population. Passport would continue to highlight, for example, our Clinical Practice Guidelines (CPGs) related to trauma, which includes post-traumatic stress disorder (PTSD) but also emphasizes the importance of ruling out trauma in other assessments for mental health conditions, such as our CPG for attention deficit hyperactivity disorder (ADHD).

While Passport has a long history of working with providers toward improved outcomes, for the Kentucky SKY population we will solidify our current recommendations to providers regarding ACEs and trauma screening in pediatrics, for example, with a focus on the American Academy of Pediatrics Resilience Project for screening tools and a toolkit for becoming a trauma-informed practice, including specifics for the foster

care population¹. Another example would be the Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) Concept of Trauma and Guidance for a Trauma-Informed Approach, which provides guidance for agencies to perform a self-study². These resources and others provide independent support for understanding and transforming health systems into trauma-informed systems of care.

Incentivizing Providers for Providing Appropriate Support

Passport intends to pilot incentives and other value-based arrangements that reward providers for achieving (1) stability in placement, and, when possible, (2) successful transition to a permanent family, with reduction in trauma, specifically in incidents of restraint and seclusion, (3) promotion of participation in developmentally appropriate community engagement, and (4) improved care coordination at the provider level. Furthermore, Passport will require all Kentucky SKY Care Coordinators to become trained and certified as High Fidelity Wraparound facilitators (described in detail later in the proposal), in part because it is an EBP that functions as a component of TIC.

Although the capacity of providers to participate in these arrangements will vary, Passport will explicitly address the need for youths’ sustained future success in contracts with all child-caring and child-placing agencies. This emphasis is intended to move the focus of our relationship away from day-to-day control of behavior problems and into one where services are designed with long-term success in mind.

Trauma-Informed Care for Caregivers

Passport also seeks to establish a collaborative partnership with the important adults in foster youths’ lives, including foster parents and childcare staff. Our trauma-informed approach recognizes and includes identifying and supporting caregivers’ strengths. We also are aware that caregivers may be affected by secondary trauma, that is, they may be negatively affected by their empathetic engagement with traumatized youth. We understand and will remain sensitive to the secondary trauma that can affect caregivers and will incorporate practices to make appropriate assessments and assist caregivers in accessing support services. Among the assessment instruments that Passport supports the use of are the Post Traumatic Stress Disorder Checklist for Civilians, the Trauma History Screen, the Trauma Symptom Inventory-2, and the Symptom Checklist 90 Revised (SCL 90-R).

¹Sources: www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/resilience/Pages/Clinical-Assessment-Tools.aspx and www.aap.org/en-us/Documents/ttb_addressing_aces.pdf

² Source: <https://store.samhsa.gov/system/files/sma14-4884.pdf>

Supporting System Change to Reinforce Trauma-Informed Care

Passport is engaged in multiple initiatives in the Commonwealth focused on supporting TIC and other EBPs appropriate to this population.

Building Bridges Initiative

Passport is committed to a collaborative approach to improving the overall system of care for our pediatric population and those specific members who will be included in Kentucky SKY. Passport has been fully engaged in and supportive of DCBS' Building Bridges Initiative (BBI), which emphasizes that "children grow best in families, within supportive communities and through empowering partnerships." We are committed to participating in a system of care that is youth guided and family driven. Passport believes that the Kentucky SKY contractor has a unique opportunity to support this effort by emphasizing the BBI principle of achieving "sustained positive outcomes" in our contracting relationships with providers.

Families First Preservation Services Act

Dr. David Hanna is part of a Family Focused Treatment Association (FFTA) committee focused on implementation of the Families First Preservation Services Act (FFPSA). This committee includes representatives from organizations across the country who are sharing ideas, successes and barriers regarding their state's plan for, or current implantation of, FFPSA. Dr. Hanna will share any insights gained from this committee with Kentucky DCBS leaders.

Bounce

One of Passport's foster care specialists currently participates with Bounce, an organization providing education, training and advocacy to help create a collective impact on improving resilience in children and families. Bounce works with community partners to address the root causes of poor health for vulnerable children and youth. Passport will continue to support Bounce's efforts to address the impact of ACEs and build resilience in youth to help them cope with trauma.

G.2.a.i.b. Three (3) examples of initiatives the Contractor has implemented for Medicaid managed care programs for individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance that have supported improved outcomes (e.g., greater awareness of Trauma-Informed Care, clinical outcomes, Discharge Planning between levels of care, etc.). Describe whether such initiatives were cost effective and resulted in sustained change;

Passport is proud to provide three examples of initiatives we have implemented for members in the foster care or juvenile justice systems, or those receiving adoption assistance, that represent success stories of improved outcomes and greater opportunities for persons eligible for the Kentucky SKY program.

Example 1: Pilot Program to Introduce High Fidelity Wraparound

Passport conducted a pilot program providing intensive care management for children and youth in foster care. For this initiative, we partnered with two local provider organizations, Centerstone Kentucky (Seven Counties Services) and ResCare, to provide intensive care management services using a High Fidelity Wraparound approach. The pilot program proposed to serve 60 high-risk children between the ages of 4 and 17.5 years old who experienced three or more placements within 24 months and were at risk for entering a group home, psychiatric hospital or 24-hour BH treatment facility. Our goals were to improve the foster children's health and well-being, promote permanency, increase community placement and provide needed support to the caregiver. The pilot program was designed to last for 12 months (later extended an additional year) with a 6-month follow-up period. During this time, we continuously monitored and measured progress toward the following goals:

- Reduced cost of care
- Improved clinical and functional outcomes
- Increased stability of living situations

The program assessed outcomes using a combination of claims and cost data analysis, care team participant interviews and the Child and Adolescent Functional Assessment Scale (CAFAS). The CAFAS uses information from eight life domains: school, home, community (delinquency), behavior toward others, moods and emotions, self-harm, substance abuse and cognitive thinking (irrational thoughts). The program participants were scored on the CAFAS at intake, every three months during the program, and at discharge.

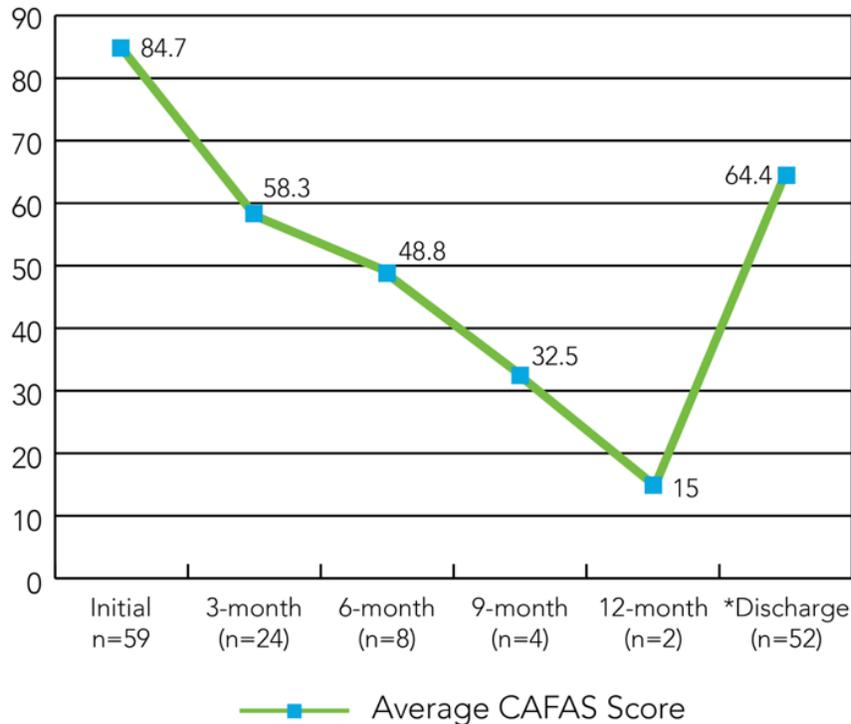
We deployed a team decision-making process based on High Fidelity Wraparound that promoted youth and family voice and choice in the health care process and clinical interventions. The wraparound process was facilitated by an Intensive Care Coordinator (employed by one of the two participating providers), and the care team members included the child, identified family or foster family member, DCBS social service worker (SSW), treatment providers and informal network support members.

Improved Outcomes with Cost-Effective, Sustainable Change

Improved Outcomes: The children's health and well-being improved during the program, as indicated by declining CAFAS scores. Furthermore, the longer a child participated in the program, the greater the scores improved, as illustrated in **Exhibit G.2-1**.

Exhibit G.2-1: Foster Care Intensive Care Management Pilot Study Improved CAFAS Scores

CAFAS Total Score Over Time

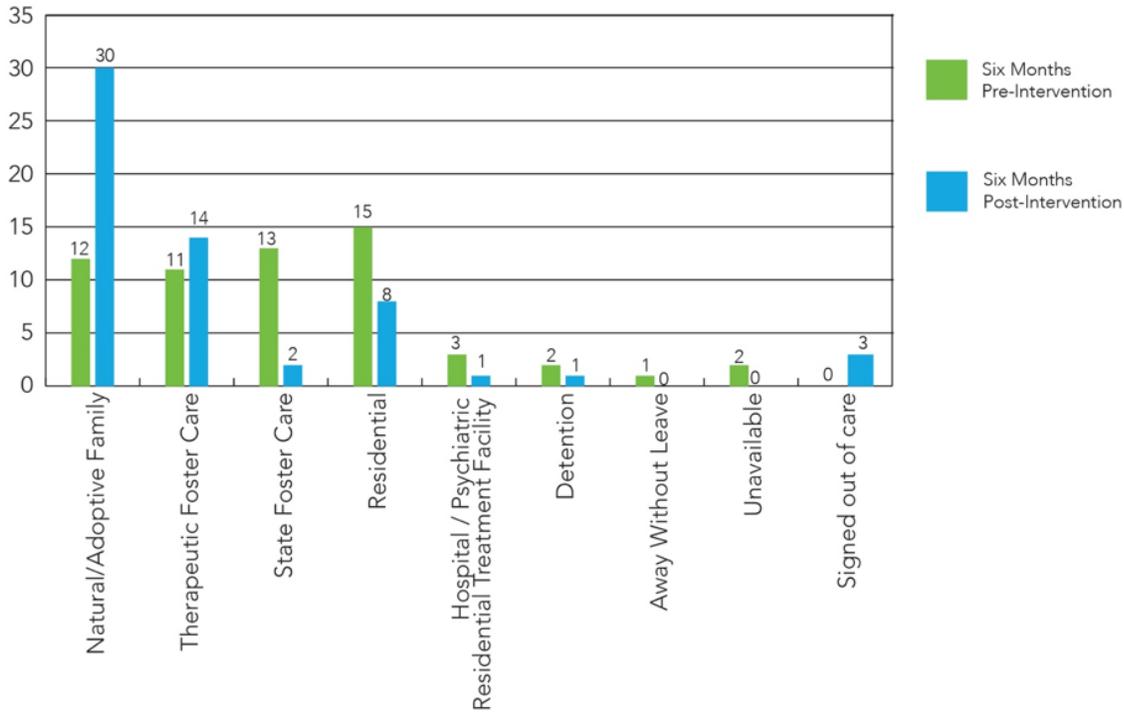


Cost Effectiveness: The pilot program demonstrated that by using an innovative model of interventions for children and youth in foster care, we were able to improve outcomes and decrease costs. Specifically, there was a \$160.45 per member per month (PMPM) decrease in overall spend for participants in the six months post-intervention compared with the six months pre-intervention. Pharmacy and non-BH claims, including emergency department (ED) claims, accounted for the decrease.

Sustained Change: Passport followed these children through six months post-intervention and found sustained change. As shown in **Exhibit G.2-2**, six months post-intervention, more than half of the participants were living with their natural or adoptive family. This was a 150% increase in children living with family members compared with six months prior to intervention. Therapeutic foster care placements also saw an increase of 27% post-intervention. All other placements decreased, some dramatically so. For example, there was a 47% decrease in participants in residential care. At initiation, our goal was for 80% of children served by the pilot to maintain their current placement or step down to a lower level of care. In the follow-up period, 82% of the youth served were either with natural family, in a DCBS foster home or in therapeutic foster care.

Exhibit G.2-2: Placements Six Months Pre- and Post-Intervention

Placements 6 Months Pre and Post Intervention



Passport’s Dr. David Hanna and Stephanie Stone presented the findings from our foster care pilot at the national FFTA Conference in July 2019. Passport plans to use its experience and lessons learned from the foster care pilot as a foundation for its work with the Kentucky SKY population. Having already experienced the implementation of High Fidelity Wraparound and the impact of the results on our members, we look forward to the opportunity to partner with DCBS, the Department for Medicaid Services (DMS), and DBHDID in taking the pilot to scale for the Commonwealth.

Example 2: The Independence Readiness Program

Passport has been collaborating with the Boys and Girls Haven, along with other community groups, to implement an innovative initiative called the Independence Readiness Program (IRP). The IRP provides job and skills training to Kentucky SKY members and brings in local employers to share job training and entry-level employment opportunities. Kentucky Community & Technical College System (KCTCS) also provides trade skills training and counsels Kentucky SKY members on affordable ways to get into college. There is also a life skills training component, mentor program and equine vocational training and career readiness program that uses a relationship with a horse to resolve trauma and promote healing. While this initiative is not exclusive to Passport, the majority of participants have been Passport members.

Improved Outcomes with Cost-Effective, Sustainable Change

At this point, 82 participants have been served by IRP and, as a result, 91% have maintained their current placement or stepped down to a less restrictive placement, thus avoiding homelessness. A full analysis has not been performed yet, as this intervention is still in the first phase of implementation. Future phases will involve a formal program evaluation component including cost analysis and longitudinal impact, as well as generating external funding to expand the program.

We are interested in working directly with DCBS to expand this program, channel more Kentucky SKY members into IRP and add new program components that would connect Kentucky SKY members to specialized housing. The effort is designed to help members achieve independence and leverage community support.

TF-CBT is an evidence-based treatment for children and adolescents impacted by trauma and their parents or caregivers. Research shows that TF-CBT successfully resolves a broad array of emotional and behavioral difficulties associated with single, multiple and complex trauma experiences (tfcbt.org).

Example 3: Trauma-Focused Cognitive Behavioral Therapy for Adolescents with a History of Trauma

Passport noticed a trend of adolescent members who were in and out of the hospital due to behaviors rooted in their trauma history. Members were sometimes sent out of state due to the inability to get needed trauma treatment in Kentucky. Passport determined that these members needed an extended length of stay in an acute environment to address their trauma using an evidence-based or evidence-informed practice. There were providers willing to partner in this effort, but there were some licensure issues that needed clarification. Passport worked with providers to identify evidence-based solutions for trauma, and we jointly determined that TF-CBT seemed appropriate. Passport accompanied providers to discuss the issue with DBHDID, including member needs and perceived licensure barriers. DMS gave approval for providers to deliver the needed service in an extended care unit (ECU) setting. Passport developed an authorization process and a rate to support participation. With those steps taken, River Valley Behavioral Health (River Valley) was able to begin serving Medicaid members in this unique program.

River Valley's TF-CBT program provides a unique service for children with trauma-related psychiatric symptoms. Passport contracts with this program for an extended care unit service and extended length of stay to monitor outcomes to ensure value for our members. Members who participate have typically tried other treatment modalities first that have failed.

The design of this program includes allowing additional time for members to address the impact of their trauma on their BH in a structured, evidenced-based manner. River Valley's TF-CBT program is situated within their Psychiatric Residential Treatment Facility (PRTF). During the program, members are guided in developing

a trauma narrative about their past experiences. Members then learn alternative ways of coping to apply to the past trauma experience. These new coping skills are designed to help address any recurrence of trauma symptoms and prepare the member with new strategies to address future stressful events.

On average, Passport members spend 123 days in the program. Among the services offered are individualized assessment and engagement, psychoeducation, relaxation, affect modulation, cognitive coping, developing a trauma narrative and developing skills for enhancing future safety. Weekly family involvement, if available, is also part of the program.

Exhibit G.2-3 shows the percentage of placement settings for members who have participated in the program.

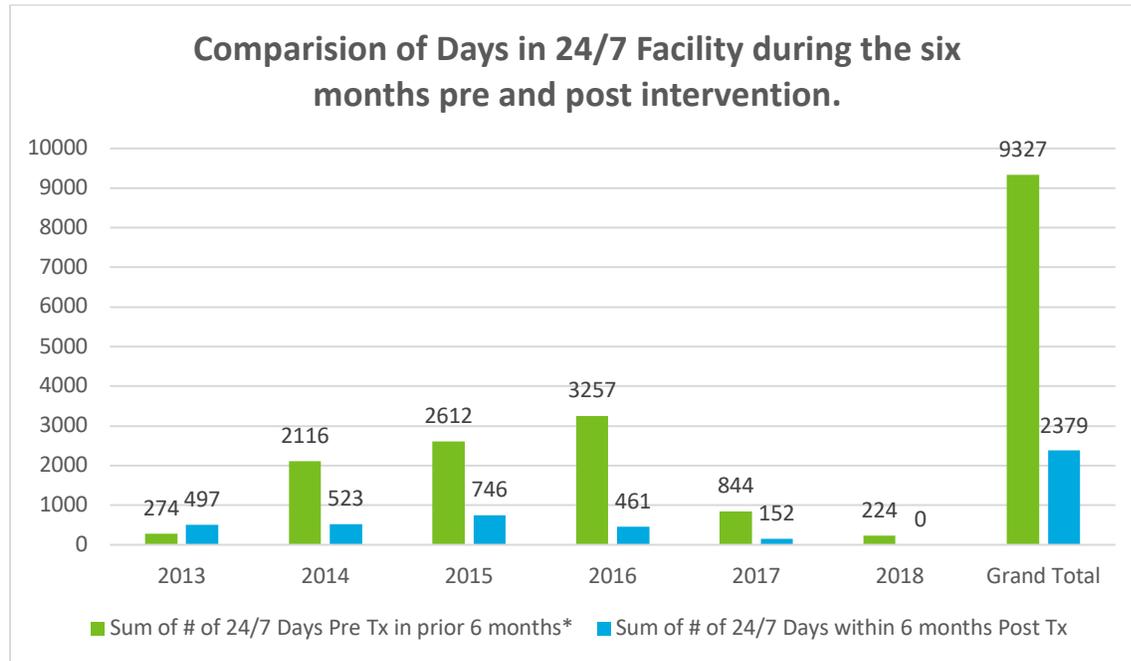
Exhibit G.2-3: Percentage of Placement Settings

Placement Prior to Intervention	Percentage of Participants
Foster Care	60%
Previously in Foster Care	18.67%
Natural Family/Legal Guardian	21.33%

Improved Outcomes with Cost-Effective, Sustainable Change

After initiating the partnership with River Valley, Passport was able to demonstrate significant reductions in out-of-home, residential and hospital placements for members served by the program. Of note, members entering this program had high rates of facility-based care prior to enrollment. Facility-based care includes psychiatric hospitals, PRTFs and similar settings. Pre- and post-intervention results by year are shown in **Exhibit G.2-4**. There was a 75% reduction in facility-based placements following participation in the River Valley TF-CBT program from 2013 through 2018. We value this partnership with River Valley and expect this effort to continue well into the future.

Exhibit G.2-4: Comparison of Days in 24/7 Facility



G.2.a.i.c. A summary of lessons learned from the Contractor’s experience providing similar services to the populations enrolled in Kentucky SKY; and

G.2.a.i.d. How the Contractor will apply such lessons learned to the Kentucky SKY program

Lessons Learned from Passport’s Experience, and Applying them to Kentucky SKY

This response addresses both RFP G.2.a.i.c and G.2.a.i.d.

Through Passport’s two decades of service to the Commonwealth and extensive work with Kentucky SKY members, we have a profound appreciation for this simple truth: Kentucky SKY members are diverse and they present unique challenges. What works for one region does not necessarily work for others. Valuable lessons from our experiences have influenced our service model, day-to-day activities and long-term planning, ultimately shaping our services to meet the needs of the Commonwealth, members and providers. Passport will continue to review and evaluate the lessons learned in Kentucky and across the nation in order to refine our services to improve the health and quality of life of our members while reducing costs for the Commonwealth. Thanks to this long-range perspective and dedication to Kentucky, our immersion in this market and spirit of continuous improvement have highlighted the following eight lessons.

- Coordination of Care Addresses Frequent PCP Changes
- Increased Access to Psychological Assessment Improves Diagnosis and Care Plan

- A Designated Team Is Better Suited to Coordinate Care for Kentucky SKY Members
- Unique Initiatives Are Required to Reduce Psychiatric Hospitalizations for Foster Care Children
- Pediatric Psychotropic Drug Use Is Improved Through Clinical Practice Guidelines and Member and Provider Education
- Restructuring our Model of Care Engages More Kentucky Medicaid Members
- Partnering Directly with Providers Achieves Better Coordination of Care
- Community Feedback Improves Processes to Meet Kentucky’s Unique Needs

1. Coordination of Care Addresses Frequent PCP Changes

Lesson Learned

While working with Kentucky’s foster care population, we have learned that these children move frequently and therefore regularly need to change PCPs. This can have a negative impact on coordination of care if not managed appropriately.

Application of Lesson for Positive Impact

To improve the coordination of care for Kentucky SKY members, we removed the requirement for foster children to use one PCP due to the frequency of their moves. We also waive referral requirements and removed the need for most prior authorizations, making access to care and services easier for this population. Since the SKY population will be required to have a PCP, Passport will make changing the PCP a seamless and quick process for members, legal guardians and caregivers as placement changes occur. Passport already has processes in place for this and will continue to work with our providers to understand changes as they occur.

2. Increased Access to Psychological Assessment Improves Diagnosis and Care Plan

Lesson Learned

Passport recognized that many of the children in foster care who were experiencing placement disruptions due to behavioral issues had vague diagnoses such as behavioral disruption disorder or had a long list of diagnoses that did not always make sense taken together. Passport recognized that we needed to increase access to psychological assessments to ensure accurate diagnosis of BH conditions. When we performed an analysis of why children were waiting for psychological assessments, we determined that our rates were set too low to cover the provider’s expenses in this area.

Application of Lesson for Positive Impact

Passport enhanced the rates for psychological assessments and outreached to psychologists to inform them of the change to encourage more participation in the network. We also spoke with some CMHCs about the need to increase access to psychological assessment services. Additional psychologists joined the network, and our largest CMHC added additional psychologists for assessment. Passport clinicians strongly encourage

the use of psychological testing to confirm diagnoses of children, especially those in the Kentucky SKY population.

3. A Designated Team Is Better Suited to Coordinate Care for Kentucky SKY Members

Lesson Learned

Due to added complexities related to privacy and custody within these populations, Passport learned many years ago that we can provide a better experience to our members, their caregivers and our Commonwealth agency partners by having a designated team responsible for coordination of all of the population's needs.

Application of Lesson for Positive Impact

While this team draws on resources, experience and relationships from across the broader Passport organization, our current foster care team is the one-stop shop for SSWs and foster parents. Whether the need is typically met by a member services professional, provider services liaison, pharmacy technician, utilization management (UM) nurse or other resource, our foster care team handles all efforts on behalf of the members of this population. This creates a more seamless experience for the member, DCBS workers and their team, and helps us to protect members' privacy.

4. Unique Initiatives Are Required to Reduce Psychiatric Hospitalizations for Foster Care Children

Lesson Learned

Passport has used its data analytics capability to better understand and develop interventions for children and youth in foster care. In a study focused in Jefferson County, we saw in our data that foster care children have a higher readmission rate for psychiatric hospitalization than non-foster youth. Furthermore, although most admissions were comparable to those for non-foster populations, a few foster youths with very long stays made the *average* length of stay considerably high.

Application of Lesson for Positive Impact

Using this data and in discussion with our community partners, we have identified four opportunities to reduce the use of hospitalizations: (1) preventing first-time admissions, (2) preventing readmissions after youth have been hospitalized, (3) reducing lengths of stays, and (4) intervening when youth are seen in the admissions office or ED but do not meet the criteria for admission. This last group is often at risk for admission in the near future. Passport is currently working with community providers to develop services and processes that will prevent psychiatric hospitalizations or other out-of-home placements.

Concurrently, the Passport Behavioral Health Integration and foster care teams began working directly with the Kentucky hospital with the highest number of inpatient stays to create more-targeted discharge planning for DCBS members. For example, we learned upon analysis that the average length of stay for

members in this hospital is 1.46 days longer than that for other facilities. We began collaborative discussions via regular team meetings between Passport, the hospital and DCBS to address qualitative concerns, adverse incidents, discharge planning and suggestions for resolution.

5. Pediatric Psychotropic Drug Use Is Improved Through Clinical Practice Guidelines and Member and Provider Education

Lesson Learned

Kentucky has one of the highest rates of psychotropic medications prescribed to children in the U.S. A study by the University of Louisville, funded in part by a grant from Passport, found that psychotropic medications are being prescribed to young children (under the age of six years) in the Commonwealth at doses above those approved for use in adults, and often in combination with other medications³. In Kentucky, the rate of use of psychotropic medications in foster children is nearly six times that of Temporary Assistance for Needy Families (TANF) children receiving Medicaid benefits. Passport has learned that the implementation of CPGs related to prescription of antipsychotic medication, as well as the education of providers, members and their caregivers, is essential to improving the appropriate prescription of psychotropic medications for children and youth.

Application of Lesson for Positive Impact: Performance Improvement Project for Children and Adolescents on Antipsychotic Medications

Between 2014 and 2016, Passport engaged in a Performance Improvement Project (PIP) to improve prescribing patterns and care management for children and adolescents on antipsychotic medications through a cohesive and coordinated approach. As part of this PIP, Passport adopted relevant CPGs to reduce variations in treatment and promote adherence to the appropriate forms of treatment for psychiatric disorders based upon those guidelines. Passport provided education and outreach to increase provider, member and caregiver awareness regarding appropriate prescribing and management of antipsychotics, specifically on the potential side effects associated with antipsychotic medications and the appropriate prescribing and management of children and adolescents on antipsychotic medications. As a result of this PIP, we saw significantly increased metabolic monitoring, decreased use of multiple concurrent antipsychotics, and other favorable changes related to antipsychotic use in children and adolescents and other relevant metrics.

Application of Lesson for Positive Impact: Passport Helps Members Manage Psychotropic Medication Use

Passport has discovered that a lack of communication regarding medication therapy to the member, caregivers and transition health care facilities is linked to poor member outcome and creates the potential for medication errors. Medication errors are also linked to members' lack of understanding regarding their pharmacy treatment regimen. Our Care Advisors perform an initial medication review with each member

³ Lohr WD, Brothers KB, Davis DW, Rich CA, Ryan L, Smith M, et al. (2017). Providers' behaviors and beliefs on prescribing antipsychotic medication to children: a qualitative study. *Community Mental Health Journal*. 54(1), 17–26.

and during each subsequent session with the member or caregiver. Care Advisors also educate caregivers about the importance of ongoing monitoring (metabolic monitoring, weight, body mass index [BMI], etc.) by a provider when members are taking certain psychotropic medications. Passport has also created educational brochures focused on pediatric BH that include important information about the management of psychotropic drugs. The brochures also include information on how to reach Passport for additional assistance.

6. Restructuring Our Model of Care Engaged More Kentucky Medicaid Members

Lesson Learned:

Passport's traditional reactive model for identifying members for care management emphasized what appeared to be the most obvious or pressing issue facing the individual (e.g., out of control A1c for people with diabetes) and tended to engage the member when it was too late to avoid admissions or unwanted episodes. By using machine learning and focusing holistically on all the underlying issues facing the individual, such as BH and social or environmental barriers, we can address and mitigate the true drivers of poor health outcomes much more effectively. Additionally, more traditional models don't maximize the member population that can be supported for better health outcomes, as they relied fully on inbound member or provider-initiated referrals or claims data for participation in a care management program.

Historically, Passport conducted disease management programs very similarly to other MCOs in that it was heavily reliant on referrals from providers or members themselves or on claims data seeking evidence of specific diagnoses. While this model had some impact and benefits, there was some bias in the selection process and it inherently limited enrollment growth in programs that could have a substantial impact on overall health outcomes. While the previous model led to high satisfaction among members enrolled in programs, graduation rates were not as high as expected. Also, when looked at critically, it became clear that many members who needed help were being missed by this inbound approach.

Application of Lesson for Positive Impact:

Passport took the following actions to restructure its model of care:

In 2016, Passport began to deploy a new comprehensive, member-centric population health model that fundamentally changed our model of care. It fully integrated the member's physical well-being, BH, oral health, pharmacy and social determinates of health (SDoH) services across the entire health care spectrum. We are acutely aware that medical and BH issues are tightly interconnected, and the effects of chronic medical conditions, prolonged stress, poverty and trauma can have direct and devastating effects on members and their families. Our experience indicates these factors are deeply rooted in SDoH that can contribute to physical and BH complications. We have used our experience to develop a model of care that addresses the "whole person" to better serve our members and improve their health and quality of life.

Passport established strong clinical leadership focused on forming and deploying this new model of care and establishing clear accountability and goals for member impact. As a result, all clinical and quality results are

the responsibility of the Population Health Management Director, the Vice President of Clinical Operations and the Vice President of Health Integration under the oversight of the Chief Medical Officer. The Chief Operating Officer (COO) has accountability for all health plan operations that are necessary to assure successful execution of this and all other Passport programs.

IT and data integration strategies were deployed for action and insights. This new program design also highlighted the need for actionable information to appropriately identify and stratify members for intervention. This has been accomplished via the integration of our data warehouse and will continue to evolve under the direction of our Chief Information Officer. This data model allows for a proactive approach based on predictive modeling to target outreach and engagement to a far larger population than traditionally reached, and early in the process when engagement can circumvent catastrophic health events and address root issues that increase the severity of co-morbid conditions. This metrics-based view also brings greater focus to key indicators such as graduation rates, decreasing admissions and cost avoidance.

Passport has realized positive outcomes because of this transformation in our care management program and overall model of care, including the statistics shown below. We have learned that integrating our services and approaching programs from a whole person perspective is well-received by members and results in a better experience for the member, the provider, for health outcomes and the bottom line financially. This is outlined in **Exhibit G.2-5** below.

Exhibit G.2-5: Impact of Programs in Six Months Post-Period

Impact of programs in 6 month post-period

	Total Medical Expense	Inpatient Admissions	ED Visits
Transitions Care (n=1016)	▼ 8%	▼ 14%	▼ 8%
Catastrophic Care (n=426)	▼ 16%	▼ 33%	▼ 16%
Complex Care (n=1322)	▼ 20%	▼ 32%	▼ 35%

7. Partnering Directly with Providers to Achieve Better Coordination of Care

Lesson Learned:

Without deep provider coordination, we cannot maximize member health outcomes and member engagement. A common theme we see behind low-cost, high quality Medicaid managed care is close collaboration with provider partners. As a historically provider-owned plan, Passport has always been a firm believer in collaborating with providers to improve the health and quality of life of our members, at both an individual and population level. We believe sharing and exchanging information and building positive relationships with our provider networks is central to this goal.

Application of Lesson for Positive Impact:

Examples of how Passport put this insight into action follow:

Community Health Workers Meet Face-to-Face with Members in Provider Offices: In 2018, we expanded face-to-face care delivery to include community health workers who conduct personal visits in members' homes, provider offices, community service organizations, and whatever community location is convenient for the member. Community health workers serve as advocates to schedule appointments, obtain necessary resources for SDoH needs, and offer personal health education and instruction. Community health workers are empowered to ensure the member has access to needed care.

Preliminary data on our program demonstrates a positive correlation between a member's involvement with a community health worker and their engagement in care programs. We found that members' engagement levels increased by 41% and their clinical and support program graduation rates improved by 110% compared to other members in care management.

Grant to SAFE Increases Pediatric Forensic Services in Kentucky: Passport provided a grant in 2018 to Sexual Assault Forensic Examiner (SAFE) Services, a nationally recognized forensic nursing program at the University of Louisville, serving victims of sexual assault and domestic violence. The program helps protect an average of 1,100 Kentucky children from further child maltreatment by providing comprehensive, timely medical evaluation for those suspected to be victims of physical abuse or neglect.

On a national level, SAFE Services is the only program of its kind that utilizes nurses as forensically trained physician extenders—a highly cost-effective and unique approach to meet the needs of such a large population. In purely monetary terms, just one prevented case of abusive head trauma can save insurers hundreds of thousands of dollars in hospitalization and rehabilitation costs. Approximately 75% of individuals served by SAFE Services are Medicaid beneficiaries.

Thanks to Passport's grant, in 2018 SAFE Services was able to:

- Increase the number of victims served to a record high 684, an increase of more than 137 individuals over the previous year
- Realize a record low of seven physician-performed Sexual Assault Nurse Examiners (SANE) exams at UofL Health, expediting sexual assault patient care, and improving the overall patient length of stay for the ED
- Achieve a record staffing level with six consecutive months of 100% SANE coverage, a first for the program

8. Community Feedback Improves Processes to Meet Kentucky's Evolving Needs

Lesson Learned:

Regular and proactive solicitation of feedback allows for continual program improvements and is critical as the needs of our community evolve. Passport believes strongly in the importance of gathering input and

feedback from stakeholders prior to implementing projects for added perspective and collective problem-solving. We approach every initiative with a sense of humility. Those who can help us determine how to best serve members are often the members themselves, the parents and foster parents who are navigating health care and social service systems, and those who work directly with them daily. We also work with providers and Commonwealth agency partners to better understand the problem and potential solutions before implementing new initiatives. Seeking this input allows us to understand members' unique challenges and barriers. We are then able to incorporate this perspective into our planning, thereby creating and continually adjusting our programs to better meet the unique needs of Kentucky SKY members and the providers and agencies serving them.

Application of Lesson for Positive Impact: Incorporating Feedback from Committees

Our Partnership Council and the Quality Member Access Committee (QMAC) are central forums to hear the voices of our wide variety of stakeholders, which includes providers, community partners and members in the decision-making process. In addition, we also leverage several smaller, more focused committees in our decision-making processes such as our Behavioral Health Advisory Committee (BHAC).

G.2.a.ii. Provide a listing of the Contractor's prior and existing full risk Medicaid managed care contracts serving individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance for the previous five (5) years. Include the following information:

G.2.a.ii.a. State name

As an MCO, Passport has served the Kentucky Medicaid foster care population for the past 22 years.

G.2.a.ii.b. Contract start and end dates

Passport has been contracted as an MCO in Kentucky from 1997 through the present (2020); our service includes foster care, juvenile justice-involved youth and members receiving adoption assistance.

G.2.a.ii.c. Number of covered lives

We currently serve over 5,000 members eligible for Kentucky SKY, including more than 3,200 who are in foster care.

G.2.a.ii.d. Whether the Contractor provides services regionally or statewide

Passport provides services statewide. We have offices located in Louisville and Prestonsburg and staff based all over the Commonwealth.

G.2.b. Office in the Commonwealth

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

Passport Successfully Co-Locates Staff in Community Agencies

Passport has been co-locating staff in community agencies since 1998. Although Passport has not co-located associates in a DCBS or DJJ regional office, we have had extensive success co-locating staff with other organizations to promote the coordination of care. We have embedded staff at provider offices, in EDs, homeless agencies, and refugee resettlement agencies and with a private child-serving agency to assist with needs related to continuity of care and care coordination. In these settings, we have seen the benefits of building relationships and having easily accessible and informal communication networks, and the value of coming to a deeper understanding of the work environment of our partners. Because many of our team members have worked in these settings before coming to Passport, we recognized that Passport would have much more success working face-to-face with providers and members at these agencies than via more traditional telephonic outreach efforts. What we have learned from the experience is that being down the hall from or in the same office as agency staff facilitates much more in-the-moment problem resolution. We also saw this dynamic at work in our Intensive Case Management Pilot in which regular oversight meetings held at the DCBS office were key to ensuring that a collaborative team plan was built for each member. Co-location ultimately resulted in fewer barriers to care for all members.

Passport intends to deploy members of the Care Coordination teams (e.g., Care Coordinators, Care Managers, Behavioral Health Specialists) across the state so that every DCBS region and every DJJ community district has co-located Care Coordination team members available. Specific locations for co-location will be developed jointly with DCBS and DJJ following the contract award. During his tenure as director of the Children's Review Program, Dr. Hanna was responsible for co-locating staff in DCBS offices in every service region of the Commonwealth. Based on his experience, he is confident that Passport will be able to recruit and manage a statewide co-located team.

- G.2.c. Staffing
- G.2.c.i. Describe the Contractor’s proposed approach to staffing for the Kentucky SKY program under this Contract, including the following information at a minimum:
 - G.2.c.i.a. Description of how the organizational structure provides innovative solutions for meeting programmatic goals specific to the Kentucky SKY program and Kentucky SKY Enrollees and supports stakeholder groups (e.g., Kentucky SKY Enrollees, providers, partners, among others).

Passport’s Organizational Structure Ensures Diverse Input to Power Innovation

Passport understands the needs of Kentucky SKY members are unique and will establish operational and oversight structures to drive innovative solutions that meet the specific goals of the Kentucky SKY program through support of Kentucky SKY members and stakeholder groups.



Passport is proposing to create a specific Kentucky SKY organizational unit with both dedicated and shared staff to empower employees to “get it done” for members and those who care for them, while ensuring systemic issues are quickly identified, escalated and resolved. By creating clear structure and accountability, we empower our frontline staff to engage with members and providers in a meaningful way and to solve their challenges in real-time, encouraging rapid communication to identify and solve problems throughout the organization. Passport’s organizational structure provides for close integration at all levels for all health plan operations, ensuring alignment in priorities as innovative solutions are identified, assessed and implemented. As noted in other sections, Passport’s Kentucky SKY project team is both completely dedicated to Kentucky’s foster care population and also deeply integrated within the larger Passport organization. This combination presents the “best of both worlds” for driving innovation since we pool our specialized expertise for the foster care population, but also have access to the broader Passport organization to develop new and innovative ideas.

Executive Leadership Team Promotes Communication Between and Within the Organization

Passport’s organizational structure provides for close integration at all levels and for all health plan operations, ensuring alignment in priorities as innovative solutions are identified, assessed and implemented. Passport’s President and Chief Executive Officer Scott Bowers reports to the Passport Board of Directors. Scott has ultimate accountability for Passport’s performance and meeting the requirements of the Medicaid Managed Care and SKY contracts. His executive team is responsible for all health plan functions and practices that ensure the integrated and coordinated delivery of services to our members. Passport’s executive leadership team (ELT) has a comprehensive understanding of Medicaid managed care and the interdependencies that exist among health plan functions. The ELT is comprised of highly talented and dedicated executives who have extensive experience with national health plans, evidence-based medicine and deep knowledge of Medicaid services. We also understand the

Commonwealth’s priorities. Whether it is addressing SDoH and barriers to access to care, combating Kentucky’s opioid epidemic or improving health outcomes for Kentucky SKY members, the leadership team is in-tune with Kentucky’s needs. We engage throughout the Commonwealth at regular agency meetings, provider meetings, health care-related forums and member listening sessions—here in Kentucky—to ensure our leadership team has the full local context to make the right Kentucky-focused decisions.

Executive Leadership Team Collaboration: Passport’s CEO chairs weekly ELT meetings to ensure all functional areas are integrated. The meetings are used to resolve issues, identify, assess, and monitor the implementation of innovative solutions, and review health plan performance. The ELT meeting agendas also routinely include functional subject matter experts to address current business issues.

Senior management and all other supervisory team members are included in onsite monthly forums where operational priorities and plan updates from ELT are provided and discussed. This cascading of information also happens in real-time; there is a clear expectation that leaders share information via calls, instant messages, emails, and office “drive-bys” so they can have face-to-face opportunities to discuss pertinent matters of business with department leaders. Additionally, in our more formal forum discussions, departments are invited to share important updates from their area which may potentially impact or require involvement from other areas. This meeting format further advances Passport’s ability to internally collaborate and develop holistic, innovative, cross-departmental solutions that ultimately benefit our members and providers.

Passport’s Governance Structure Integrates Stakeholders to Promote Innovative Solutions for Kentucky Communities

Because of our roots as a Kentucky-based, provider-led organization, Passport has strong existing partnerships with local provider groups, community advocates and members. To help us maintain these deep community ties and inform decision-making, we have implemented a unique governance structure that integrates stakeholders.

The Partnership Council and its supporting quality committees and sub-committees advance the development and oversight of clinical programs. By integrating into Passport’s organizational structure, these stakeholder-based groups help Passport better obtain input into solution designs as we identify and test new solutions directly with members, providers and community partners. We will take these lessons learned as data points as we innovative solutions that we bring to the DMS for larger-scale adoption.

- **Partnership Council**

Passport’s Partnership Council has deep ties to the community and allows us to develop innovative solutions through our 32 members representing major categories of providers, members and community services organizations. The Partnership Council assists in the development and oversight of Passport’s clinical programs, including care management, UM, quality and pharmacy. It receives and reviews management and improvement actions from Passport’s quality committees to continuously improve the quality of our team’s service delivery. Council members are nominated and elected to represent different categories of providers and community areas.

- **Supporting Quality Committees and Sub-Committees**

Passport also has quality committees and sub-Committees that report into the Partnership Council. Led by Passport leadership and staff, these committees partner with community leaders to focus on member health outcomes, SDoH and quality of care. They are an integral part of our governance process and provide an excellent platform for Kentucky communities to inform and facilitate implementation of strategic decisions that directly impact their constituents. In particular, the QMAC is a means for Passport members, consumers and advocates to provide input regarding access and quality of care for the membership, in addition to identifying opportunities for improvement.

The ELT and Partnership Council are based out of Louisville and designed to support the Department’s vision and goals for the Kentucky Medicaid program.

Kentucky SKY Integration into Passport’s Quality and Governance Structure

Specific to Kentucky SKY, Passport will form a new stakeholder committee called the Kentucky SKY Advisory Committee to focus solely on innovation and improvement within the Kentucky SKY program. This committee will be composed of DCBS and DJJ representatives, providers, advocates and, most importantly, foster and adoptive parents and former and current foster youth. It will be chaired by the Kentucky SKY executive director and the Passport medical director, and will report up to the Partnership Council and Board of Directors through the Quality Medical Management Committee (QMMC), which is Passport’s Quality Improvement Committee (QIC) and responsible for oversight of quality program deliverables. To support a high level of integration of services received by Kentucky SKY members, this committee will engage collaboratively to provide input on programmatic direction, policy discussion and implementation, and quality improvement initiatives to continuously improve the health outcomes and quality of life for the Kentucky SKY population. **Exhibit G.2-6** shows the proposed composition of our Kentucky SKY Advisory Committee.

Exhibit G.2-6: Passport Kentucky SKY Advisory Committee Membership

Members	Support Staff
Members Parents/guardians of members Foster parents State agency staff Practitioner representatives: <ul style="list-style-type: none"> • Pediatrics • Behavioral Health • Clinical Pharmacy • PRTF Consumer advocates	Kentucky SKY Executive Director (co-chair) Kentucky SKY Medical Director (co-chair) Kentucky SKY Quality Improvement Director Kentucky SKY BH Director Kentucky SKY Utilization Management Manager Pharmacy Director Provider Network Director

G.2.c.i.b. Description of how the organizational structure will support whole-person integrated care, population health and overall improvement in health outcomes in a cost-effective manner for the Kentucky SKY program.

Our Integrated, Member-Centric Organizational Structure

Passport’s Organizational Structure Ensures Whole-Person Integrated Care in a Cost-Effective Manner

Passport’s organizational structure supports whole-person integrated care, population health and cost-effective improvements in health outcomes through collaborative partnerships developed and fostered across many departments. Passport has created and nurtured collaborative relationships between clinical and BH departments, as well as Member Services, Operations, Provider Relations, Compliance, Community Engagement and Marketing and Communications, among others. Our leadership utilizes an integrated approach across our teams to deliver positive results and to improve our members’ health and quality of life in a cost effective manner. For example, our director of Population Health Management sits in the office next door to our director for Member and Provider Services. Our director of Community Engagement sits on the floor directly below. These leaders meet face-to-face nearly every day to discuss whole-person solutions to issues impacting our members and our communities. Our leadership culture encourages team members to work seamlessly together to effectively address the full spectrum of whole-person integrated care on:

- Health and Wellness issues such as dental, wellness, BH, prevention/health education, vision, nutrition, substance use, heart health, respiratory care and cancer care
- Community Engagement issues that create barriers to well-being, such as early childhood education, kindergarten readiness, school supplies, workforce-ready skills and after-school care
- SDoH issues such as housing, clothing, food security, transportation, education, record expungement, accessibility and domestic violence/safety

As illustrated in **Exhibit G.2-7**, Passport makes sure its entire organizational structure is focused on implementing our member-centric model of care. Our organizational and governance structure empowers employees at all levels to “get it done” for members and those who care for them, while ensuring systemic issues are quickly identified, escalated and resolved by our leadership team right here in Kentucky.



Exhibit G.2-7: Passport's Organizational Structure Centers Around our Members



The empowerment that Passport’s organizational structure gives to whole-person care can be illustrated by the care a foster care member recently received. LaDonna (not her real name) was hospitalized in an inpatient psychiatric setting where her repeated, extreme behavioral outbursts jeopardized her ability to transition from the facility. LaDonna was diagnosed with a severe hearing impairment which had stalled her language development. Her inability to communicate was interfering with her ability to benefit from treatment and the attendant frustration was contributing to her behavior issues. Her speech therapist recommended a speech tablet for symbol based communicators that would enable her to interact with staff and engage in treatment in new ways. Unfortunately, our Care Coordinator determined the claim would likely be denied due to the member’s inpatient status. Recognizing the need in this situation, our team members arranged for consultation between our medical director, our Utilization Management department, the Care Coordination supervisor, the facility and the durable medical equipment provider to arrange a special process whereby the tablet could be approved to evaluate its effectiveness. The facility reported that the member responded very well to the device. Her behavior improved almost immediately. Access to the

device enhanced her world in ways the staff did not think possible. For the first time, she was able to call staff by name, introduce herself, communicate needs to others, participate in treatment and self-soothe. She is still receiving therapy, but access to this device has opened the door to foster care placement options that were not previously available to her.

For years, we have recognized that a well-designed care management and care coordination program is crucial to improving the effectiveness and efficiency levels of health care. Our model has transformed over time, and today Passport uses an integrated, member-centric population health model by considering all facets of the member's health: physical health (PH), BH and well-being through SDoH. In fact, we have an entire team dedicated to population health management (PHM).

For example, our teams work together organically to produce positive outcomes for Kentucky SKY members. When issues arise with a Kentucky SKY member, the foster care team activates the applicable departments needed to resolve the situation, which could be Passport's Utilization Management team, Provider Contracting team, Provider Network Management and/or Member Services. These local teams then all work together quickly to solve whatever issue has arisen for the member.

In addition to our PHM program teams, we have also developed a health integration team that collaborates across departments to provide innovative solutions tailored to Kentucky Medicaid and geared toward improving health outcomes and reducing overall costs. Passport's model and the team members that support it are centered on the holistic needs of the member.

We are accustomed to navigating complex health and social conditions to assure the needs of members are addressed, including interfacing with important partners such as agencies of the Commonwealth, providers and community organizations.

G.2.c.ii. What prior experience will the Contractor require staff to have had in serving populations similar to Kentucky SKY Enrollees?

Passport has an existing team of Care Coordinators and Care Advisors along with other clinical and non-clinical staff with extensive experience working with the Kentucky SKY population. We will prioritize the hiring of Kentucky SKY team members who have experience working in fields related to foster care, juvenile justice, adoption, transitioning youth, BH, PH and/or addressing social needs of families. Lived experience in these realms is an appropriate substitute for work experience for many of the Kentucky SKY Care team roles. We have learned that prior experience with the impacted populations reduces learning time and increases compassion and empathy for the population compared to those without this experience. To staff this contract, Passport will make every effort to hire qualified candidates who have this essential experience. If a candidate is hired who lacks this experience, Passport will provide extended training to ensure understanding of the complexities of the population is gained as quickly as possible.

G.2.c.iii. Provide a narrative description of the Contractor’s approaches to recruiting staff for the Kentucky SKY program, including:

G.2.c.iii.a. Recruitment sources;

Passport understands the Kentucky SKY populations’ health needs and demographics, and will recruit with these needs in mind. We will recruit job candidates that have experience with local cultures, perspectives and relationships, which will strengthen our interaction with Kentucky SKY members, legal guardians, caregivers, and the providers and agencies who serve them.

Passport proposes to add more than 127 new team members to ensure we meet and exceed all services and contract requirements. The majority of our team, including executive leadership, will be located in Kentucky to boost the local economy and deliver a hands-on, community-based approach that supports the Commonwealth’s coordinated care goals. All Care Management team members supporting Kentucky SKY will be based in Kentucky.

Recruitment Sources

To bring on Kentucky SKY staff, we will leverage our team of Louisville-based human resources (HR) recruiting professionals to quickly seek and hire qualified candidates. In addition to our local recruiting efforts, Passport has access to national recruiting resources and a deep pool of qualified applicants through our affiliation with Evolent. Over the last two years, Evolent’s recruiting team has interacted with over 200,000 candidates. In addition, the relationship provides a unique opportunity to share talent between the two organizations, resulting in the ability for talent to move from Evolent to Passport if they meet the qualifications for the position at Passport.

Whenever possible, recruiters will rely heavily on employee referrals, which often lead to the hiring of high-performing, long-term employees.

We will also utilize local community events to recruit qualified staff. For example:

- Passport utilizes job boards (e.g., Indeed), community events (e.g., Pegasus Parade, Habitat for Humanity), job fairs and positive brand recognition to help attract top local talent.
- We have partnered with the Louisville Urban League. On July 6, 2017, we hosted a Job Fair at the Urban League offices.
- We have also set up hiring tables during two Passport Community Partnership meetings, listing our open position, discussing them with community members and encouraging them to apply.
- We participated in The Coalition for Workforce Diversity & Disability Career Fair to try to identify inclusion opportunities. We also hold annual meetings with coalition leadership to review candidates and discuss possible partnerships.
- Passport HR leadership has actively participated in Health Careers Collaborative of Greater Louisville.

- We have participated in local job fairs and speaking engagements at the University of Louisville (2016-2019, “Salary Ask” presentations to the Speed School of Engineering) and the Mellwood Art Center (2016, Job News Job Fair) to identify strong local talent.

Additionally, if appropriate, Passport will reference national job boards, including LinkedIn sponsored ads or job boards targeted toward diverse or niche fields. When needed, we’ll reach out to college social work programs around the Commonwealth to notify them of openings. We may also send notices of openings through professional licensing boards such as Kentucky Psychological Association (KPA) and Kentucky Board of Social Work (KBSW) to share with their membership, as well as through Kentucky chapters of professional organizations like the National Association of Social Workers (NASW).

Kentucky SKY Staff Recruitment and Hiring Process

Passport is committed to hiring individuals who demonstrate our values. During the hiring process, we screen applicants for education, experience and longevity in a similar position. We find candidates who are both highly qualified and a strong cultural fit.

We describe our recruitment and hiring process to build this team below.

- **Assemble Hiring Team.** A hiring team of experienced subject matter experts guides the recruitment, hiring, onboarding and training process.
- **Identify Hiring Needs.** The hiring team meets with all business areas to clearly identify the needed roles and anticipated start dates, and to create recruitment plans for each role.
- **Define Roles and Responsibilities.** The hiring team partners with business area leaders to define the roles and responsibilities of each team member, ensure that job descriptions for the Passport Kentucky SKY program are accurate, and discuss any other factors needed to complete a successful and timely recruitment, hiring and training process.
- **Devise Specific Recruitment Strategies.** The hiring team partners with the hiring manager to devise recruitment strategies that are carefully designed to select the right individual for each position. The team engages leaders and hiring managers in a review of the plan to ensure full alignment. We believe such careful planning on the front end ensures a smooth recruitment and hiring process, and helps us achieve excellence in services, positive health outcomes and cost savings for the Commonwealth.
- **Develop Hiring Action Plan.** We turn the strategy into an action plan that includes key steps, start and end dates, responsible persons and contingencies. The strategy begins with recruitment and ends with successful onboarding and training of staff and then transitions to a recruitment and staffing maintenance strategy where we continue to fill roles on an as-needed basis.

- **Recruit.** The hiring team will recruit externally on widely known websites (e.g., LinkedIn), local Kentucky job boards, and with local colleges and employment offices. Whenever possible, the team will also rely heavily on employee referrals, which often lead to the hiring of high-performing, long-term employees. More specifically, we will investigate local opportunities in the communities we serve, such as participating in or co-sponsoring job fairs.
- **Identify and Screen Candidates.** The hiring team identifies and screens quality candidates by discussing essential components of the position and our core values. In addition to the initial recruiter screen, we may administer various online assessments to the candidate if the position they are applying for requires proficiency in a specific language or skill set. These assessments help ensure that we are recruiting the best qualified candidates. All candidates who are identified as a good match are referred to the hiring managers for a phone interview. After an initial, high-level 30-minute phone interview with the hiring manager, we invite the most promising candidates to a follow up, in-person or virtual interview with the full interview team. We ensure our interview teams are diverse to support our focus on diversity as an organization. All hiring managers and members of the interview team are trained in behavior-based interviewing and use a behavior-based interviewing guide specifically tailored to the position they are interviewing for. The interview team makes every effort to put the candidate at ease, recognizing that they are also looking for the right cultural fit. We capture team feedback in an applicant tracking system immediately following the interview.
- **Select Candidates.** When an offer is made to a candidate, the hiring manager works closely with the hiring team to answer any additional questions, address any concerns and maintain a positive relationship with the candidate. If a candidate is not the best fit for the position they interviewed for, we maintain their information in case a better opportunity becomes available in the future. Candidates are notified in a timely manner over the phone or via email that, although they were not selected for this particular role, we still encourage them to apply for other positions that may better align with their skill set and experience.

G.2.c.iii.b. Contingency plans if the Contractor is unable to recruit sufficient numbers of adequately trained staff in a timely basis or if the Contractor's original staffing estimates are too low and for avoiding and minimizing the impact of personnel changes;

Contingency Planning to Ensure Sufficient Numbers of Adequately Trained Staff

Passport has developed a comprehensive contingency plan to ensure we are able to support Kentucky SKY members effectively, even in the event that our original staffing estimates and/or recruiting approaches are not sufficient. In most cases, Passport's dynamic staffing approach, combined with rigorous monitoring of service levels and trends, will ensure our ongoing ability to support members effectively. If needed, we will also leverage contract staff and temporary workers.

Use of Contract Staff and Temporary Workers

Passport has relationships with several staffing agencies that can provide temporary staffing support. We can leverage these relationships for positions ranging from customer service to medical management. We will use contract staff or temporary workers if needed to address rapidly increasing staff needs. Passport ensures all temporary workers have completed a rigorous background check prior to beginning their work. Our preexisting relationships ensure that Passport can quickly address staffing needs.

In addition to our local recruiting efforts, Passport has access to national recruiting resources and a deep pool of qualified applicants through our affiliation with Evolent. Over the last two years, Evolent's recruiting team has interacted with more than 200,000 candidates. In addition, this relationship provides a unique opportunity to share talent between the two organizations, resulting in the ability for talent to move from Evolent to Passport if they meet the qualifications for the position at Passport.

Passport Health Plan has the Flexibility and Resources to Adapt to Changing Staffing Needs

Passport's dynamic staffing approach is built on the foundation of a strong recruitment and hiring plan. We also carefully monitor service levels and other trends to anticipate and plan for changing staff needs. However, Passport recognizes that changes in program requirements, eligibility or other external factors, may require additional team members than was planned for. In these situations, we will lean on a very sizable pool of qualified external candidates to supplement staff on a temporary basis.

Our average timeframes to hire several of the key positions needed to serve the Kentucky SKY population are:

- Care Coordinator—35 days
- RN Care Advisor—25 days
- Provider Relations Representative—29 days

G.2.c.iii.c. How the Contractor will assure the Department that sufficiently experienced, licensed and trained personnel are available to support implementation and ongoing administration of the Kentucky SKY program; and

Passport's Recruitment, Training and Ongoing Monitoring Ensure Personnel Excellence

Passport will ensure we have sufficiently experienced, licensed and trained personnel to support implementation and ongoing administration of the Kentucky SKY program in the following ways. We ensure we have experienced team members by working with leaders to ensure the job descriptions for each role we hire include the necessary required and preferred experience, education and competencies for each role. Our hiring team reviews each applicant's resume against the job description requirements, and only passes

candidates on to hiring managers for consideration if they meet our requirements for the role. In addition, we will perform Kentucky SKY-specific training for all personnel working for the Kentucky SKY program.

When we are hiring employees to support Kentucky SKY, and the job description requires a valid professional license, the HR team will verify the license as part of the background check process. The licensure verification will verify the employee's name, type of license held, the state where the license is issued, whether or not there are any restrictions, license expiration date and the date of verification.

Licensures are maintained in our Human Resource Information System (HRIS). On a monthly basis, a HR team member will review and re-verify licenses that will expire during the month. If an employee no longer requires a license due to a change of role, HR will verify with his or her manager for confirmation. Passport will also provide the Commonwealth a monthly staffing plan for key positions, and will provide DMS with continual progress updates leading up to implementation and through the first quarter post go live.

Ensuring full staffing for the Kentucky SKY program is critical to business continuity and overall performance. To that end, the Kentucky SKY Executive Director partners with the HR team to develop succession plans for each key position. Succession plans include a combination of current employees who could step into the role as well as alternative solutions, including restructuring or using key talent with affiliate organizations.

Candidates with certifications and/or training that supplements their employment or lived experience with Kentucky SKY populations and/or conditions common to Kentucky SKY populations will be preferred above candidates with no specialized education or certification. Preferred certifications and training may be in EBPs that are supportive of positive health outcomes of Kentucky SKY populations (e.g., trauma-informed care).

Passport takes responsibility for ensuring personnel are sufficiently trained to provide excellent service to Kentucky SKY members. Newly hired staff with less experience and training will receive extended training to ensure they understand their role and the complexities of these populations. Ongoing training will be provided to all Kentucky SKY personnel to ensure our services stay abreast with current best practices for child- and youth-serving organizations.

G.2.c.iii.d. How the Contractor will seamlessly transition staff, if necessary, from implementation to ongoing operations.

Because Passport already has full-time staff members engaged with the Kentucky SKY population and related caregivers, providers and agencies across the Commonwealth, we are well-positioned to transition staff from implementation to ongoing operations. Passport's partnership with Evolent means that we will be able to draw from local and national resources to support this effort. We will be highly focused on recruiting additional team members at the level of quality and control described earlier.

Passport plans to hire Kentucky SKY personnel in Q4 2020 with the intention of having the team fully staffed prior to Jan. 1, 2021. We plan to begin implementing our new Kentucky SKY model in Q4 with some existing Passport members who will be part of Kentucky SKY (i.e., foster care, former foster youth, etc.). This will

allow us to streamline our processes and effectively train our teams on the model prior to the change from implementation to ongoing operations.

Passport executes a formal implementation-to-operations handoff plan to ensure the smooth transition from the implementation to the operations phase. The overall objective is to ensure operational stabilization through the execution of structured implementation closeout activities. The transition culminates in executive program reviews conducted as the 90-day post go-live milestone approaches to ensure operations are ready to assume control fully of the new program elements.

- G.2.c.iv. A listing of Full-Time Kentucky SKY Key Personnel identified in RFP Attachment C “Draft Medicaid Managed Care Contract and Appendices,” and as otherwise defined by the Contractor, including:
 - G.2.c.iv.a. Individual names, titles, job descriptions, qualifications and full-time equivalents (FTEs) who are dedicated one hundred percent (100%) to the Kentucky SKY program under this Contract with no other responsibilities outside of the Kentucky SKY program, as well as their office locations for this Contract. An FTE is defined as the ratio of the total number of paid hours divided by the total number of working hours in the period. Annually, an FTE is considered to be 2,080 hours.
 - G.2.c.iv.b. Whether each Full-time Kentucky SKY Key Personnel position will be filled by a Contractor’s employee or a Subcontractor. Identify the number of FTE Subcontractor staff who will be one hundred percent (100%) dedicated to the Kentucky SKY program.
 - G.2.c.iv.c. Resumes, including information such as degrees, credentials, clinical licensure as applicable, years and type of experience. Include as an Appendix or Attachment to the Proposal.

Kentucky SKY Key Personnel and Qualified Staff

This response addresses RFP requirements G.2.c.iv., a-c inclusive.

Passport’s dedicated Kentucky SKY unit will employ positions specific to the Kentucky SKY contract, which includes an experienced project manager, medical director, quality improvement director, BH director, UM manager, nurse case manager, prior authorization manager and a provider relations liaison. While co-located throughout the Commonwealth, the Care Coordination team managers and staff will also be administratively in the Kentucky SKY program. The entire program will be under the leadership of Passport’s Kentucky SKY executive director, Dr. David Hanna. The full organizational chart is shown in G.2 c.viii.

Exhibit G.2-8 displays all full-time Kentucky SKY key personnel, including position titles, incumbent names (where applicable), employment status, brief job descriptions, required qualifications and incumbent qualifications (where applicable). Following this chart is **Exhibit G.2-9**, which details the same information for shared resources identified as Kentucky SKY key personnel. Job descriptions for all roles shown can be

found in **Attachment G.2-1_Kentucky SKY Job Descriptions**. All resumes may be viewed in **Attachment G.2-2_Kentucky SKY Resumes**.

Exhibit G.2-8: All Full-Time Kentucky SKY Key Personnel

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Executive Director	David Hanna, Ph.D.	Passport Employee/ 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY
<p>Brief Job Description: An executive administrator or executive director who shall be a full-time administrator with clear authority over the implementation and general administration of the Kentucky SKY requirements detailed in the contract.</p>			
<p>Required Qualifications Including Clinical Licensure: Minimum B.A./B.S. in business, health administration or management (MBA or MHA preferred) with 10-15 years of progressive health care leadership experience. Ability to influence, collaborate and build strong relationships with executives, physicians, vendors and cross-functional teams. Experience leading value-based payment structures and/or alternative payment models.</p>			
<p>Incumbent Qualifications: Bachelor of the arts in psychology, master of science in clinical psychology and doctor of clinical psychology. Licensed clinical professional psychologist (clinical) in Kentucky. Twenty-plus years of progressive health care leadership experience.</p>			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Referral and Outreach Specialist (Care Technician)		Passport Employee/ 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY
<p>Brief Job Description: This care technician is dedicated to ensuring that every newly enrolled SKY member is assigned a Care Coordination team in a timely manner. Also makes telephonic outreach to the “yet-to-be-reached” and “lost contact” members and caregivers. Uses a variety of outreach strategies to engage families. Identifies the gaps in the use of services, such as physician access through discussion with patients. Educates and informs members and caregivers on the services/programs offered.</p>			
<p>Required Qualifications Including Clinical Licensure: Three to five years of experience in health care, preferably in a setting with patient contact and outreach efforts, service-oriented.</p>			
<p>Incumbent Qualifications:</p>			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Manager, Care Coordination Team		Passport Employee/ 5.0 FTEs	5100 Commerce Crossings Blvd., Louisville, KY
<p>Brief Job Description: This role will be responsible for hiring, onboarding and directing care management staff. Works collaboratively with Kentucky SKY Passport leadership, as well as DCBS and DJJ personnel to resolve issues and affect systemic and process changes as needed. Interact with providers and facilities to ensure proper utilization and discharge planning.</p>			
<p>Required Qualifications Including Clinical Licensure: Bachelor’s degree in a health-related field (degree in social work, nursing, business administration/hospital administration/public health strongly preferred). Three to five years of supervisory or management experience overseeing care management and/or specialty population operations. Active license as a registered nurse or licensed clinical social worker (LCSW), as required by the state. Master’s degree in a health-related field.</p>			
<p>Incumbent Qualifications:</p>			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Project Manager for Planning and Implementation		Passport Employee/ 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY
<p>Brief Job Description: An experienced project manager who shall lead the Kentucky SKY program planning and implementation and facilitate ongoing operations until such time as the Department and Kentucky SKY contractor mutually agree to discontinue the project management services. The project manager shall have experience with the implementation of new programs or products for a population of a similar size and complexity as Kentucky SKY. The project manager shall be located at the Kentucky SKY MCO’s Kentucky office and be on-site at the Department and DCBS offices in Frankfort, Kentucky, at times specified by the Department and DCBS during the planning, implementation and deployment phases of the contract.</p>			
<p>Required Qualifications Including Clinical Licensure: Bachelor’s degree in health care or business management-related field preferred. Formal process improvement/management training preferred. Two to four years of experience in health care delivery with clinical or service quality/process improvement preferred. Three to five years of experience as a project manager or comparable experience preferred. Project management professional (PMP) project management certification. Certified associate in project management (CAPM) preferred.</p>			
<p>Incumbent Qualifications:</p>			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Medical Director		Passport Employee/ 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY
<p>Brief Job Description: The medical director shall be a physician licensed and in good standing to practice in the Commonwealth of Kentucky. The medical director shall be a pediatrician certified by the American Board of Pediatrics. The medical director shall be actively involved in all major health programs of the Kentucky SKY contractor. All clinical directors, including those employed by subcontractors, shall report to the medical director for all responsibilities of the Kentucky SKY contract. The medical director shall also be responsible for treatment policies, protocols, quality improvement activities, population health management activities and UM decisions related to the Kentucky SKY program and devote sufficient time to ensuring timely clinical decisions. The medical director shall also be available for after-hours consultation if needed.</p>			
<p>Required Qualifications Including Clinical Licensure: Licensed pediatrician in Kentucky. Certified by the American Board of Pediatrics. Six years of experience in pediatrics.</p>			
<p>Incumbent Qualifications:</p>			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Quality Improvement (QI) Director		Passport Employee/ 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY
<p>Brief Job Description: A QI director with appropriate education, training and licensure, as applicable, who shall be responsible for the operation of the QI program for the Kentucky SKY program. The QI director shall have experience with strategic planning, the foster care and juvenile justice systems and trauma-informed care. The QI director must have and maintain training and experience in rapid cycle improvement.</p>			
<p>Required Qualifications Including Clinical Licensure: Bachelor's degree in health care or equivalent required. Three to five years in a health care or managed care setting. Three to five years' experience working with the Medicaid population.</p>			
<p>Incumbent Qualifications:</p>			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Behavioral Health Director	Jessica Beal, Psy.D.	Passport Employee/ 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY
<p>Brief Job Description: The behavioral health director shall lead the BH services for Kentucky SKY members. The behavioral health director shall also coordinate efforts to provide BH services by any subcontractors. The behavioral health director is responsible for the planning, coordination and management of overall BH services, including leading the integrated coordination of all foster care/guardianship/adoption members' health care management. Responsibilities include provider identification and engagement, assessment of member health needs, measurement and improvement of the quality of care received by members and direct member service functions. The behavioral health director will provide oversight of regulatory compliance with contractual obligations, including applicable laws, regulations and policies that govern the BH aspects of Medicaid. The behavioral health director will assure excellence in customer service, innovation in care delivery and build collaborative relationships with providers, advocates and governmental partners to benefit members.</p>			
<p>Required Qualifications Including Clinical Licensure: Doctoral degree preferred, master's degree acceptable. Seven to 10 years of clinical experience. Five to seven years of experience as a behavioral health director or comparable experience preferred. Licensed psychologist, licensed clinical social worker, licensed marriage and family therapist or licensed professional clinical counselor preferred. M.S. in nursing with psychiatric experience acceptable. Must possess a currently active state license to practice authorized BH discipline.</p>			
<p>Incumbent Qualifications: Bachelor of art in psychology and master of art in clinical psychology. Ten-plus years of clinical experience. Eleven years of experience as a behavioral health director or comparable experience preferred. Current Kentucky licensed psychologist.</p>			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Utilization Management Manager		Passport Employee/ 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY
<p>Brief Job Description: The utilization management manager shall be responsible for oversight of the UM functions for the Kentucky SKY program and any subcontractors performing services relevant to UM. This position is responsible for the coordination and efficient utilization of health care resources for the provision of quality care for Kentucky SKY members. The utilization management manager will be responsible for oversight of a team of clinicians who will conduct UM services for a Medicaid population, including prior authorization and concurrent review. The goal is to provide the right services in the right setting at the right time within the parameters established by the various Medicaid managed care programs.</p>			
<p>Required Qualifications Including Clinical Licensure: Bachelor’s degree required, master’s degree preferred. Minimum of three years of direct clinical patient care. Minimum of three years of experience with medical management activities in a managed care environment. Minimum of three years of personnel management experience, preferably in a health care setting. Proven leadership qualities, including the ability to train, motivate, manage and supervise a staff of professionals. Knowledge of managed care principles, health maintenance organization (HMO) and risk contracting arrangements. Knowledge of Medicaid guidelines and standards. Experience with clinical decision-making criteria sets (i.e., Milliman, InterQual). Ability to perform trending, forecasting and analysis of UM data and development of action plans to identify opportunities for improvement. Licensed registered nurse (active and unrestricted). Experience with BH services, foster care and juvenile justice systems, crisis intervention services and trauma-informed care.</p>			
<p>Incumbent Qualifications:</p>			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Community Health Worker		Passport Employee/ 5.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY or Co-located
<p>Brief Job Description: Community health workers are an integral part of the Care Management team who are focused on providing an integrated approach to member support, management and access to community resources. Community health workers are an extension of the clinical Care team under the guidance of the Care Advisor. Community health workers provide in-person, telephonic and electronic communications and coordination. They are responsible for helping members and their caregivers navigate and access health plan and community services and resources, as well as adopt healthy behaviors.</p>			
<p>Required Qualifications Including Clinical Licensure: High school diploma/General Education Development (GED) certificate or equivalent. Experience working with Medicare, Medicaid or special needs populations in a community setting. Proficient with Microsoft Office. Must have excellent organizational, written and oral communication and time management skills. Must have the ability to interact positively with individuals of varying levels of education and background. Ability to travel up to 75% and work a flexible schedule if business need requires, may need to work evenings/occasional weekends to provide member/caregiver access and/or follow-up. Ability to work with minimal supervision. Valid driver’s license. Reliable transportation and active automobile insurance, as travel to multiple locations is required.</p>			
<p>Incumbent Qualifications:</p>			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Care Technician		Passport Employee/ 22.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY or Co-located
<p>Brief Job Description: A care technician is a non-licensed member of the interdisciplinary Care Management team working to improve health and quality of life for Kentucky SKY members. The care technician engages members, their caregivers and guardians and providers, community supports and others involved in the care of members enrolled in Kentucky SKY. The role includes completion of health risk assessments and collaboration with Care Coordinators and other team members to ensure that members have access to needed care. The care technician will participate in the quality initiative to help measure and determine the effectiveness of interventions and outcomes for members in meeting their needs.</p>			
<p>Required Qualifications Including Clinical Licensure: High school diploma required. One to three years of experience in a health care field required. Associates degree preferred. Certification as a paraprofessional, medical assistant, home health aide or nursing assistant preferred. Valid driver’s license with car insurance required.</p>			
<p>Incumbent Qualifications:</p>			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Behavioral Health Clinician (Behavioral Health Care Advisor)		Passport Employee/ 7.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY or co-located
<p>Brief Job Description: A behavioral health clinician is a licensed BH provider in good standing in Kentucky who fulfills their role as a clinician on an interdisciplinary Care team in an effort to help members achieve improved health and quality of life. The behavioral health clinician engages members, as well as internal and external Care teams, including providers, state agency partners, community supports and others involved in the wraparound care of members with BH needs. The role includes completion of assessments to identify needs and to ensure that members have access to the care and support they need to meet their needs. The behavioral health clinician will participate in quality initiatives to help measure and determine the effectiveness of interventions and outcomes for members in meeting their BH needs.</p>			
<p>Required Qualifications Including Clinical Licensure: Minimum training includes a master’s degree in the BH field, such as social work, psychology or equivalent. Experience providing behavioral interventions to children or adolescents for at least five years. Licensure in Kentucky as an LCSW, LPP or equivalent.</p>			
<p>Incumbent Qualifications:</p>			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Behavioral Health Specialist		Passport Employee/ 2.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY or co-located
<p>Brief Job Description: A behavioral health specialist is a licensed behavioral health provider in good standing in Kentucky who models, trains and evaluates behavior care plans for members with behavioral issues, including diagnoses of autism spectrum disorders, developmental and intellectual disabilities and trauma responses or other behaviors that have been disruptive and would benefit from a behavior-specific intervention. The behavior specialist serves as a resource for internal and external Care teams, including providers, state agency partners, community supports and others involved in the wraparound care of members with behavioral needs. The role includes at least an annual evaluation of all behavior plans for all members to ensure quality and that plans include evidence-based interventions and document progress toward goals or reevaluation of the plan. The behavior specialist will monitor reporting by provider partners regarding follow-up after hospitalization, readmission rates and use of physical and chemical restraints.</p>			
<p>Required Qualifications Including Clinical Licensure: Minimum training includes a master’s degree in a BH field, such as applied behavioral analysis, psychology or equivalent. Five years of experience providing behavioral interventions to children or adolescents with behavior needs. Licensure in Kentucky as an applied behavioral analyst or licensed psychological associate or equivalent.</p>			
<p>Incumbent Qualifications:</p>			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Family or Youth Peer Support Specialist		Passport Employee/ 3.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY or co-located
<p>Brief Job Description: To serve in the capacity as peer support specialist for the Kentucky SKY program. The family or youth peer support specialist will be co-located with Care Coordination teams either in our Louisville office or other regional or community offices in Kentucky. This person will use “lived experience” to assist members and their caregivers in accessing and navigating the care system. The family or youth peer support specialist will act as an advocate as appropriate and promote members’ confidence in their own self-advocacy. A key role will be to promote an understanding of youth and/or family perspectives throughout the operation of the Kentucky SKY program internal to Passport and also externally among providers and community resources.</p>			
<p>Required Qualifications Including Clinical Licensure: Be 18 years of age or older. For a family peer support specialist, be a self-identified parent or other family member who has lived experience with a client who has received services related to a mental health, substance use or co-occurring mental health and substance use disability from at least one child-serving agency. For a youth peer support specialist, have lived experience and be receiving or have received from at least one child-serving agency a state-funded service that is related to the youth’s emotional, social, behavioral or substance abuse disability. Have a minimum educational requirement of a high school diploma or GED certificate.</p>			
<p>For Family Peer Support Only Have successfully completed Kentucky Community & Technical College System (KFLA) training approved by the Department. Successfully complete Kentucky Family Peer Support Specialist (KFPSS) core competency training approved by the Department. Successfully complete, maintain and submit to the Department documentation of a minimum of six hours of related training or education in each subsequent year.</p>			
<p>For Youth Peer Support Only Have successfully completed KFLA training approved by the Department, including discussion of the experience of receiving state-funded services from at least one child-serving agency on the applicant’s responses on the short-essay form. Must have a valid driver’s license. Must have an active Kentucky health insurance license or successfully obtain within 90 days of employment.</p>			
<p>Incumbent Qualifications:</p>			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Care Coordinator		Passport Employee/ 52.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY or co-located
<p>Brief Job Description: The Care Coordinator serves as the key point of contact between Passport Health Plan and the Kentucky SKY member, adoptive parent(s), caregivers, fictive kin and providers. Coordinates member-specific contacts with DMS, DCBS and DJJ. Responsible for conducting member outreach to complete basic health surveys, including the Child and Adolescent Needs and Strengths (CANS), to identify member needs for care coordination activities, to implement selected interventions according to program guidelines for members, to track and document members’ status and progress and to refer to clinical staff as appropriate.</p>			
<p>Required Qualifications Including Clinical Licensure: Associates degree in a related field or equivalent combination of education and experience preferred. Proficient with Microsoft Outlook, Word, Excel and PowerPoint. Bachelor’s degree in a related field preferred. One to three years of health plan experience preferred. Demonstrate knowledge of NCQA, Healthcare Effectiveness Data and Information Set (HEDIS) and program goals preferred. Certification as a medical assistant, home health aide, nursing assistant or other similar health care paraprofessional preferred (if the candidate holds a degree in social work, a license or certification is required.)</p>			
<p>Incumbent Qualifications:</p>			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Nurse Case Managers and Nurse Care Managers (Medically Complex) (RN Care Advisor)		Passport Employee/ 7.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY or co-located
<p>Brief Job Description: This position is responsible for triaging and managing Kentucky SKY members who may be high-risk, high-using, at significant clinical risk or underusing services. Under the supervision of the manager of care coordination, the Care Advisor identifies and assesses care plans and coordinates and implements services for Kentucky SKY members with more complex needs. Responsible for outreaching to members, caregivers and legal guardians; completing comprehensive assessments; and creating care plans to help members improve health and quality of life. The goal is to provide an optimal outcome for the member through collaborating with the member, physician, family and other members of the Care team.</p>			
<p>Required Qualifications Including Clinical Licensure: Associates degree in nursing required. Three to five years of nursing experience, preferably with pediatric populations, ambulatory care, community public health, case management and coordinating care across multiple settings and multiple providers. Current KY registered nurse license required. Commission for case manager certification (CCMC) or ability to sit for the exam within 24 months of employment required. Fluency in a foreign language preferred. Bachelor’s degree in nursing preferred.</p>			
<p>Incumbent Qualifications:</p>			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Prior Authorization/Pre-Certification Coordinator		Passport Employee/ 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY
<p>Brief Job Description: A prior authorization/pre-certification coordinator shall be a health professional licensed in the Commonwealth of Kentucky and experienced in the delivery of BH services. This position shall be responsible for coordinating prior authorizations and pre-certifications and convening meetings with DCBS and DJJ professionals at the service region and community district level as needed to ensure appropriate and timely care for Kentucky SKY members.</p>			
<p>Required Qualifications Including Clinical Licensure: Licensed Kentucky health professional. Experience in BH services and managed care experience.</p>			
<p>Incumbent Qualifications:</p>			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Provider Relations Liaison		Passport Employee/ 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY or co-located
<p>Brief Job Description: The provider relations liaison shall be responsible for supporting the resolution of provider access and availability issues. The provider relations liaison will conduct on-site visits, familiarize providers with the Provider Manual and ensure contract service-level agreements (SLAs) are met. The provider relations liaison must also have knowledge of Kentucky providers, including behavior health providers, and patterns of care/referral in Kentucky.</p>			
<p>Required Qualifications Including Clinical Licensure: Bachelor’s degree or equivalent years of service. Two years’ experience with provider relations, field experience strongly preferred. Working knowledge of Medicaid and/or government managed care products and terminology. Familiarity with region providers and hospitals preferred. Requires strong competency with Microsoft Office (specifically Microsoft Excel).</p>			
<p>Incumbent Qualifications:</p>			

Exhibit G.2-9 displays all shared Kentucky SKY key personnel, including position titles, incumbent names (where applicable), employment status, brief job descriptions, required qualifications and incumbent qualifications (where applicable). Note that the hospital-based care manager is not listed in **Exhibit G.2-9**, as this position is covered in the nurse care manager role listed in **Exhibit G.2-8**.

Exhibit G.2-9: Kentucky SKY Shared Key Personnel

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Provider Network Director		Passport Employee/ 0.25 FTE	5100 Commerce Crossings Blvd., Louisville, KY
<p>Brief Job Description: The provider network director shall be responsible for oversight of Provider Services and provider network development. This position will provide strategic and operational leadership, manage financials and lead a team. The provider network director shall be responsible for ensuring access to and availability of Provider Services to meet the needs of the Kentucky SKY program and for educating network providers on the Kentucky SKY program.</p>			
<p>Required Qualifications Including Clinical Licensure: Bachelor’s degree in a business- or health-related discipline, such as health care administration or health care management required. Master’s degree preferred. Minimum 10-12 years of progressive experience in business, preferably health care. Minimum seven to 10 years of managing teams/project management. Minimum six to eight years of managed care experience, including provider contracting and provider relations experience.</p>			
<p>Incumbent Qualifications:</p>			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Provider Services Manager		Subcontractor Employee/ 0.25 FTE	5100 Commerce Crossings Blvd., Louisville, KY
<p>Brief Job Description: The provider services manager position is responsible for coordinating network development and all communications with network providers, out-of-network providers (as applicable) and subcontractors who are involved in clinical services, as well as implementing new procedures within the Department, keeping up to date on Medicaid and Medicare changes within the state, investigating provider issues for the director and troubleshooting issues.</p>			
<p>Required Qualifications Including Clinical Licensure: Bachelor’s degree preferred. Minimum of six to eight years in customer services preferred. Three to five years of experience in a supervisory position preferred. Three to five years of experience in provider claims preferred. Three to five years of managed Medicaid experience preferred. Three to five years of experience as a manager of customer service or comparable experience preferred.</p>			
<p>Incumbent Qualifications:</p>			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Chief Financial Officer		Passport Employee/ 0.25 FTE	5100 Commerce Crossings Blvd., Louisville, KY
<p>Brief Job Description: The chief financial officer (CFO) is responsible for directing the fiscal functions of the company in accordance with generally accepted accounting principles issued by the Financial Accounting Standards Board, the Securities and Exchange Commission, the Kentucky Department of Insurance and other regulatory and advisory organizations in accordance with financial management techniques and practices appropriate within the industry.</p>			
<p>Required Qualifications Including Clinical Licensure: Bachelor’s degree in business required. Master’s degree in business administration or related field preferred. Ten or more years of experience in health plan financial management, with significant experience as a health plan CFO preferred. Medicaid managed care plan experience preferred. CPA preferred.</p>			
<p>Incumbent Qualifications:</p>			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Chief Compliance Officer		Passport Employee/ 0.25 FTE	5100 Commerce Crossings Blvd., Louisville, KY
<p>Brief Job Description: The chief compliance officer’s primary duties are planning, implementing and monitoring the Compliance program. The Compliance program includes activities that involve enterprise risk management, Health Insurance Portability and Accountability Act (HIPAA) privacy, program integrity and delegation oversight. In addition, the chief compliance officer is the culture leader and the custodian of records.</p>			
<p>Required Qualifications Including Clinical Licensure: Minimum of 12 years of relevant work experience in compliance and management of a compliance program and at least five years related to federal or state regulatory/compliance activities required. Skills and experience sufficient to identify potential issues within a variety of company departments and business units required. Knowledge of health insurance regulatory standards required. Experience managing a compliance program for a health insurance or health care company preferred. Strong knowledge of managed care operations preferred. Familiarity with federal and state Medicaid and Medicare regulatory environment preferred. Professional work experience with or for federal and state agencies preferred. Experience conducting complex compliance investigations preferred.</p>			
<p>Incumbent Qualifications:</p>			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Psychiatrist		Subcontractor Employee/ 0.25 FTE	5100 Commerce Crossings Blvd., Louisville, KY
<p>Brief Job Description: A psychiatrist licensed and in good standing in the Commonwealth of Kentucky, certified by the American Board of Psychiatry and Neurology and specializing in child and adolescent services. The psychiatrist shall collaborate with other medical directors and BH leadership within the plan and at state agency partners. The psychiatrist will interface directly with providers in the community to align and shape care to evidence-based guidelines and provide expert consultation to providers. The psychiatrist shall also be available for after-hours consultation if needed.</p>			
<p>Required Qualifications Including Clinical Licensure: Specializing in child and adolescent services. Psychiatrist licensed and in good standing in Kentucky. Certified by the American Board of Psychiatry and Neurology.</p>			
<p>Incumbent Qualifications:</p>			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Pharmacy Director		Subcontractor Employee/ 0.25 FTE	5100 Commerce Crossings Blvd., Louisville, KY
<p>Brief Job Description: This position will function as the delegated director of pharmacy for client health plans, including Medicaid and Medicare (including Special Needs Plans [SNP]), for all Kentucky SKY members. The pharmacy director will provide pharmacy subject matter expertise during the start phase (e.g., ongoing Medicaid operations, interactions with the state and Medicare Advantage application and submission process, state regulatory application process for commercial health plans) of client health plan operations. The pharmacy director will coordinate, manage and oversee the provision of pharmacy services to Kentucky SKY members. As a member of the pharmacy services leadership team, the director will also collaborate with the pharmacy benefits manager (PBM) of Operations and Clinical Product Development to build and lead a highly effective, integrated pharmacy services platform.</p>			
<p>Required Qualifications, Including Clinical Licensure: Pharmacy degree required (either B.S. in Pharmacy or Pharm. D.). 5-10 years of Medicaid experience. More than three years of PBM account management experience. Pharmacy benefit and pharmacy health plan operations experience, including areas such as health plan pharmacy leadership, clinical UM, or benefit consulting. Advanced business degree (e.g., MBA, MHA) preferred. More than two years as health plan pharmacy director or PBM clinical operations leadership experience preferred. More than two years Medicare Advantage health plan pharmacy experience preferred. Start-up experience with Medicare Advantage, Medicaid or commercial plans preferred. Knowledge of polypharmacy patterns related to the Kentucky SKY populations required. Active Pharmacy License in the Commonwealth of Kentucky required.</p>			
<p>Incumbent Qualifications:</p>			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Dental Director		Subcontractor Employee/ 0.25 FTE	5100 Commerce Crossings Blvd., Louisville, KY
<p>Brief Job Description: The dental director will lead the clinical oversight for all aspects of the dental program, including plan design, review of new methodologies and appropriateness of care. The dental director will be actively involved in all Kentucky SKY oral health programs and devote sufficient time to ensuring timely oral health decisions.</p>			
<p>Required Qualifications, Including Clinical Licensure: Bachelor’s degree required. DDS or DMD required. Completion of credentialing process following NCQA guidelines required. Minimum of 10 years of experience required. Must be licensed in the Commonwealth of Kentucky.</p>			
<p>Incumbent Qualifications:</p>			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Population Health Management Director		Passport Employee/ 0.25 FTE	5100 Commerce Crossings Blvd., Louisville, KY
<p>Brief Job Description: This role includes developing and driving an annual clinical initiative plan, monitoring key program and population metrics, participating in QI efforts and working directly with the Care Management staff, including registered nurse (RN) care managers, PCPs, community health workers, health coaches, BH specialists, social workers, and pharmacists, in delivering optimal results. In addition, this individual will contribute to the ongoing development of clinical guidelines and protocols used in delivery of population health services, as well as the ongoing design and commercialization of the company’s integrated population analytics and care management workflow technology platform.</p>			
<p>Required Qualifications, Including Clinical Licensure: Bachelor’s degree required. Master’s degree in public health, public policy health administration or other related health care field preferred. Three to five years of experience in health care change management/process improvement, outpatient-focused operations or other relevant experience required. Strong ability to analyze and evaluate relevant data and apply it to diverse market needs related to savings initiatives and total medical expense reduction. Ability to develop contextually rich and visually compelling presentations to communicate complex concepts related to PHM roles. Process improvement/change management training and certification (e.g., Lean or Six Sigma) preferred.</p>			
<p>Incumbent Qualifications:</p>			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Inquiry Coordinator		Subcontractor Employee/ 0.25 FTE	5100 Commerce Crossings Blvd., Louisville, KY
<p>Brief Job Description: An inquiry coordinator will have ombudsman-like responsibilities for Kentucky SKY members, foster parents, adoptive parents, relatives, fictive kin, caregivers and providers, as needed. This position must have the authority to make independent decisions in a timely manner and provide reporting to the Department, DCBS and DJJ on inquiries and complaints made by or on behalf of Kentucky SKY members and providers. The responsibilities of this position shall not conflict with the requirements set forth in Section 24.2 “Enrollee Grievances and Appeals” and Section 27.10 “Provider Grievances and Appeals.” The inquiry coordinator shall inform Kentucky SKY members, foster parents, adoptive parents, relatives, fictive kin, caregivers and network providers of the protocols for submitting grievances and appeals.</p>			
<p>Required Qualifications, Including Clinical Licensure: Associate degree required. Four or more years of progressively responsible customer service experience within the managed care insurance industry, preferably within a call center environment, or an equivalent combination of education and experience required. Experience with foster care, guardianship, Medicare or Medicaid products benefits, guidelines and policies required.</p>			
<p>Incumbent Qualifications:</p>			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Management Information Systems Director (and analysts)		Passport Employee/ 0.25 FTE	5100 Commerce Crossings Blvd., Louisville, KY
<p>Brief Job Description: This position is responsible for providing leadership, vision and management to the technology and analytics team. The focus of this role is to map technology, reporting and data science capabilities to strategic priorities, serve as the executive sponsor for technology process innovation, develop and administer the technology and analytics project portfolio, measure new efficiencies and return on investment (ROI), and replace manual processes with technology to drive both cost savings and revenue generation.</p>			
<p>Required Qualifications, Including Clinical Licensure: Master’s degree preferred. Minimum of seven years progressive health care or IT project management experience. At least six years directing, managing and leading an IT team. Five to seven years of experience as a director of IT or comparable experience preferred.</p>			
<p>Incumbent Qualifications:</p>			

Key Personnel Title and Internal Title	Incumbent Name	Employment Status/FTEs	Office Location
Enrollee Services Manager		Passport Employee/ 0.25 FTE	5100 Commerce Crossings Blvd., Louisville, KY
<p>Brief Job Description: This position is responsible for Member Services and tracking and reporting on issues and problem resolution for Kentucky SKY members. This includes implementing new procedures within the department, keeping up to date on Medicaid and Medicare changes within the state, investigating issues for the director and troubleshooting issues.</p>			
<p>Required Qualifications, Including Clinical Licensure: Bachelor’s degree preferred. Minimum of six to eight years in customer services preferred. Three to five years of experience in a supervisor position preferred. Three to five years of managed Medicaid experience preferred. Three to five years of experience as a manager of customer service or comparable experience preferred. Proficient experience using Outlook, Word, Excel and PowerPoint in a Windows operating system.</p>			
<p>Incumbent Qualifications:</p>			

G.2.c.v. Overview of the Contractor’s proposed training of staff to fulfill all requirements and responsibilities of RFP Attachment C “Draft Medicaid Managed Care Contract and Appendices,” for all operational areas. Provide the Contractor’s proposed training program and curriculum for all staff specific to areas of responsibility. Include information about the topics for which staff will receive training, how trainings will differ for new staff members versus ongoing trainings and related training schedules.

Passport’s Training Program Supports Staff in Fulfilling All Contract Requirements and Responsibilities

Passport will take a comprehensive approach to ensuring all Passport associates are aware of and understand the Kentucky SKY program and its requirements by adding curriculum to new hire training, offering information on the internal Passport SharePoint site, and creating ongoing trainings to address knowledge gaps and provide refreshers. Our process for training, educating and supervising staff leverages industry best practices in learning strategy, instructional design and training delivery to ensure that our training plan results in employees who are able to successfully perform in their roles and continue to develop in their careers. In executing our training plan, we also ensure contract compliance, service excellence and a deep understanding of the populations we serve. The principles we use to develop our competency-based, role-specific training are evidenced-based and industry-recognized as the standard for training course development. Each phase of the development process aids our team in the development of

sound instructional content that educates participants involved in the development process while also providing a framework for an evaluation of the training impact on our learners. This approach ensures that our staff are fully trained to support all requirements and responsibilities of the draft contract for all operational areas.

In addition to a foundational education curriculum, staff members engaged with the Kentucky SKY program will receive specific training to ensure that all staff receive the training, tools and support needed to help our providers deliver the highest quality of care to our members while remaining compliant with our contract with DMS and applicable Commonwealth and federal requirements. It also will address the unique needs of this very vulnerable population, the role of the caregiver, and the requirements of the Kentucky SKY program.

Passport also provides a comprehensive training program to ensure all team members are sufficiently trained to meet performance expectations in their respective roles. Our training program spans three major segments:

- Mandatory Training
- Business Operations Training
- Clinical Operations Training

Each training segment includes learning objectives to prepare employees who support Passport, to successfully perform their job duties and fulfill all requirements and responsibilities of the contract.

Passport Ensures Staff Are Educated About Kentucky SKY

In addition to the new employee orientation, compliance training and cultural competency training discussed below, Passport Provider Network specialists serving Kentucky SKY providers will complete comprehensive training and update/refresher programs to best serve our providers. The required training takes place over the course of approximately thirty (30) days and includes systems training, job shadowing and quizzes/tests to gauge level of knowledge. Important topics for Kentucky SKY and Medicaid are covered, for example:

- Claims Processing and Provider Data
- Kentucky Health Information Exchange (KHIE)
- Passport Provider Portal
- Passport Website
- Passport Provider Manual
- Provider Contracting
- Passport’s Policies and Procedures
- Kentucky HealthNet
- DMS/Fee Schedules
- Provider Site Visits

Passport also requires its extended provider support team to complete the same training as its providers serving its Kentucky SKY members. In addition to a foundational education curriculum on Medicaid, the cross-functional Passport associates who support our providers will participate in initial and ongoing training that incorporates the five guiding principles of TIC: safety, choice, collaboration, trustworthiness and empowerment. This program will be designed to ensure that all staff receive the training, tools and support needed to help our providers deliver the highest quality of care to our members while remaining compliant

with our contract with DMS and applicable Commonwealth and federal requirements. It also will address the unique needs of this very vulnerable population, the role of the caregiver, and the requirements of the Kentucky SKY program.

Kentucky SKY-Specific Trainings for Staff

This Kentucky SKY-specific training module will be included as part of Passport's new hire training. This training will be structured to be delivered in a classroom setting and also will be available as a webinar for easy access at any time.

The training will cover a range of topics that include the following:

- An overview of the foster care system
- An understanding of adoption assistance and which foster care members may qualify for a subsidy upon adoption finalization
- Challenges faced by former foster care members
- An appreciation of the circumstances Kentucky SKY members may have experienced, such as:
 - Multiple and frequent changes in placement
 - Changes in caregivers
 - Traumas experienced in their short lifetime and post-traumatic stress
 - BH and complex medical issues
 - Substance abuse issues—either personally or experienced in their home
 - Disruptions in education
- Challenges when aging out of foster care and the risk of homelessness
- An understanding of the caregiver's challenges and supports within the foster care system
- The Kentucky SKY covered services and requirements of each program and how they differ from other Medicaid populations, such as the providers' responsibilities for providing or coordinating health care services and BH services, including medical consent, timelines and assessments, appropriate utilization of psychotropic medications and more, as required by DMS
- Compliant HIPAA information exchange
- Business processes and workflows
- Coordinating with foster parents, caregivers, fictive kinship, SSWs and adoptive parent

- Coordinating with Commonwealth DCBS and DJJ professional personnel, court-appointed special advocates (CASAs), judges, law enforcement officials, schools, private child-caring and child-placing agency staff, other Cabinet sister agencies and other stakeholders
- The role and responsibilities of DMS, DCBS and DJJ and the collaboration process with Passport
- The role and availability of Passport’s Kentucky SKY Care Management team and how to access the Care Coordinator
- The aging out process and Passport’s support in transitioning its members
- BBI

Passport will also provide this training to staff who serve its Kentucky SKY members, with a focus on compliant and collaborative care. Passport often conducts its trainings in collaboration with community partners who are considered experts in the curriculum being delivered. Examples of community partners who may collaborate to provide trainings are:

- Kaplan Barron Pediatrics and Physicians to Children—experience providing a medical home for foster care and adoption assistance members
- BH professionals who have experience in TIC, common diagnoses and misdiagnoses in the Kentucky SKY population
- Former foster youth, such as Dr. Jay Miller at University of Kentucky
- Pastor Edward Palmer or V. Faye Jones, MD, for training on racial disparity in health equity
- Kent School of Social Work, Spalding School of Social Work, Western Kentucky University (WKU) School of Social Work and University of Kentucky School of Social Work—TIC
- Former foster youth, adoptive parents, foster parents and fictive kin—lived experiences and perspectives

Mandatory Training—All Employees

New Employee Orientation Basic Training

All new hires attend new employee orientation sessions, which emphasize the Passport mission and cover a variety of topics, including company history, organizational culture, functions of major departments, trends in the health care market, and compliance with federal and state laws and regulations. Managers attend additional training that emphasizes the role they play in supporting the success of their team members.

Compliance Training

Compliance training is a top priority for all employees supporting Passport. Passport emphasizes its commitment to compliance by providing both initial and ongoing (annual) compliance training. For new employees supporting Passport, compliance training must be completed within 90 days of the date of hire. Mandatory compliance training course content includes:

- Code of Business Conduct and Ethics
- Preventing Discrimination and Harassment
- General Compliance and Fraud, Waste and Abuse
- HIPAA Privacy and Security of protected health information (PHI) and personally identifiable information (PII)
- Deficit Reduction Act: False Claims
- Cybersecurity

Passport uses Cornerstone Learning Management System (LMS), an e-learning software system, to support administration of its mandatory compliance training program and maintain the requisite documentation about course completion. Every level of management is responsible for ensuring their team members complete all required compliance training by the due date. The Learning Center tracks training completion dates and alerts managers to any overdue required training. Team members and their managers receive regular reminders of their training obligations, as well as personalized email reminders of outstanding compliance training requirements. Failure to complete required compliance training results in performance actions, up to and including termination of employment.

We provide additional specialized compliance training and refresher training when staff are appointed to a new position, when the requirements of their job change, as a part of corrective action for noncompliance, or to address an issue of noncompliance. In addition, we use a variety of communication strategies to distribute new regulatory guidance, communicate areas of concern or noncompliance, and incorporate compliance into daily work routines.

Cultural Competency Training

At Passport, we understand all team members play an integral role in breaking down barriers to improving member health outcomes, including barriers that may be compounded by language, ethnicity and other differences. As a result, we have developed a strong cultural competency training course curriculum to promote understanding of the unique needs of our diverse membership. We empower and expect our team members to be culturally competent in all encounters.

Our Cultural Competency course teaches ways to deliver culturally and linguistically competent care. The training course content includes:

- National Culturally and Linguistically Appropriate Services (CLAS) Standards and the reasons for their development
- Need for and ways to develop self-awareness in culturally competent care
- Communication tools and tips to use when caring for members of different cultural backgrounds, disabilities, and other unique SDoH needs
- Health care considerations for various cultures

In addition to the mandatory training described above, we also maintain strong business and clinical operations training programs that are unique to each function or job role. This training, which is led by our departments, familiarizes each new hire with the essential duties of his/her job.

At the onset of every new contract, Passport’s compliance and implementation manager leads a cross-functional contract review to identify changes and identifies key operational leaders to develop operational training to fulfill all contract requirements.

Business Operations Training—Claims/Member Services/Provider Services/Benefits Operations Staff

Passport has designed specific training paths for each business operations position. For example, the training path for member service representatives (MSR) encompasses the following high-level course curriculum:

- MCO and Medicaid Concepts and Contract Requirements
- Systems and Applications
- Plan Benefits
- Daily Operations—tailored training to each role
- Telephone Skills

We enhance each person’s learning experience by implementing a variety of training methods to ensure our operations personnel successfully perform their job duties to fulfill all requirements and responsibilities of the contract. These methods include:

- Traditional adult learning—classroom style with trainer and exams
- Creative techniques to make the information memorable and effective:
 - Role playing
 - Simulated work (calls, claims, etc.) to prepare for the transition from training to the operations team
 - Games (trivia, bingo, etc.)

- Focused training/collaboration rooms for small group training, skill paths and special project work
- Mentoring—side-by-side training for very specific or technical job functions (e.g., throughout the training process, the trainee is paired with a training partner to observe phone calls, workload and team interaction to reinforce training instruction and provide hands-on experience with members and providers)
- Guest speakers—KHIE, local diversity experts, and smoking cessation trainers (who certified our teams so that we can also conduct this training in the future)
- Cross-functional training (e.g., community outreach providing training to service and claims teams)
- SDoH training (e.g., poverty simulation training that provides a highly interactive experience intended to help participants begin to understand what a typical low-income family experiences from month to month)

Clinical Operations Training—Care Management Team Staff

Passport also implements a comprehensive core curriculum for clinical operations team members to establish a baseline level of knowledge and training about the health care landscape, industry compliance, the health system and health plan, and the people it serves.

Our Clinical Implementation, IT and Training teams work collaboratively to develop and conduct role-specific training for PHM program staff. We use a combination of training methods, including instructor-led virtual and classroom, computer-based and e-learning, video, hands-on learning, coaching and mentoring. The training course content is focused to ensure each PHM Care team member has the foundational information, knowledge and skills to be successful in his or her role. Care team training course content includes:

- Population health and value-based care
- Use of Identifi, our proprietary predictive modeling and care management platform
- Roles and responsibilities of Care team members
- Clinical program overviews, workflows, and program graduation requirements
- Documentation standards and performance expectations
- Member engagement skills, including motivational interviewing techniques and self-management support strategies
- Line of business (LOB)-specific overviews

When PHM Care team members have completed new hire training with the Clinical Implementation team, Passport’s clinical trainer becomes responsible for meeting their ongoing training needs. Content that is reinforced for new staff, as well as ongoing for existing staff, include the following:

- Clinical manager training, including performance management and quality audits
- SDoH
- Home visit safety
- Suicide response
- Conducting care conferences
- Care Management policies and procedures
- BH
- Health literacy
- Integrated, whole-person care
- Substance use disorder
- TIC, ACEs and the effects of trauma on member health
- Diversity and inclusion

When we observe trends in our member population or challenges our Care team staff are facing, our clinical trainer develops or adapts training content to address the identified need. These trainings may be about specific conditions (e.g., obesity), SDoH needs (e.g., transportation), or EBPs policy updates. Our licensed Care team members are able to receive free continuing education credits for trainings focused on clinical topics.

G.2.c.vi. Overview of Contractor’s approach to monitoring Subcontractors’ progress in recruiting and training of staff to meet all requirements of RFP Attachment C “Draft Medicaid Managed Care Contract and Appendices.”

Monitoring Ensures Subcontractors Recruiting and Hiring Meet Contract Requirements

Passport has a comprehensive monitoring process for its subcontractors to ensure they meet all requirements in the draft contract, including recruiting and training of staff.

Passport closely monitors the hiring practices of resources assigned to support its membership or providers. Subcontractors will submit weekly reports on the recruitment and training status for staff to meet their responsibilities. These reports will be reviewed in our monthly oversight committee meetings with all subcontractors. Subcontractors are contractually held to maintaining appropriate staffing levels to support the Passport contract through the inclusion of SLAs during contracting and will incur fee penalties if SLAs are not met regarding staffing. Under the SLAs, subcontractors must report to their Passport contact if an issue

arises with staffing that affects their performance. All subcontracted staff must undergo a background check (including clearance through the Office of Inspector General) and verification that they have the right to work in the U.S.

Passport reserves the right to review resumes or interview subcontractor key personnel associated with its account. Additionally, Passport performs delegation oversight audits of its subcontractor facilities and requires access to staff for questioning, if desired. Passport reviews and approves the training programs used by subcontractors for staff who support the Passport LOB. Passport also has access to all training curriculum materials and staff handouts for review and comment. Sign-in sheets, either manual or electronic, are required to be delivered to Passport within 30 days of any contractually required training classes. This close oversight and cooperation between Passport and subcontractors ensures that everyone who supports our members is appropriately trained.

All Passport subcontractor agreements require compliance with all DMS requirements and a commitment to implementing and administering DMS required changes. For subcontractors supporting Kentucky SKY, Passport requires completion of training in TIC, the unique needs of the Kentucky SKY population, and other training that Passport mandates for all staff interfacing with Kentucky SKY members. Subcontractors are required to provide recruiting, staffing and training data and reporting to Passport, which is regularly reviewed for completeness, accuracy and compliance.

Regular Forums for Recruiting, Staffing and Training Performance Reporting and Management

Performance monitoring is a critical task performed through the subcontractor oversight processes and committees as discussed in Section G.2.c.ix. Passport uses several methods to review and discuss performance (e.g., recruiting, staffing and training) and collaborate with our subcontractors to sustain or improve performance, including:

- Weekly, monthly or quarterly meetings with dedicated subcontractor business owners to review service-level objectives and overall performance satisfaction. Meeting frequency can vary based on subcontractor and type of service.
- Weekly operational meetings to track important projects, issues with service impact and any outstanding Performance Improvement Plans. We determine next steps and key milestones and work through obstacles. In these forums, subcontractors are required to self-report any potential issues, including staffing.
- Quarterly compliance collaboration calls hosted by Passport's compliance team with its subcontractors' compliance teams to discuss adherence to contracts and share best practices.
- Monthly Delegation Oversight Committee (DOC) meetings to review metrics and issues and make recommendations for corrective actions.

- Monthly operations review for overall Passport performance SLAs to determine where subcontractor performance is supporting or affecting overall SLA achievement and member/provider experience.

G.2.c.vii. Retention approach for Full-time Kentucky SKY Key Personnel.

Passport Culture Supports the Individual to Ensure Retention

Employee Engagement Surveys

Passport is passionate about creating and maintaining a culture that supports the engagement and retention of staff. In support of that goal, Passport conducts an annual survey measuring indicators of employee engagement and retention risk. Our most recent survey, conducted in April 2019, found:

- 86% of respondents indicated that Passport encouraged them to develop their skills
- 95% of respondents felt that Passport cared about their health and well-being
- 86% of respondents were satisfied working for Passport
- 97% of respondents reported they were willing to give extra effort to help Passport succeed

Passport has a history of having low turnover, and many of our team members have been with us for years. Our average tenure is seven years.

Robust Benefits and Cultural Practices Support Employee Well-Being

Passport provides our teams a comprehensive benefits package that helps them and their families maintain their health, support work/life balance and provide security for their future. We believe that employees work hard to help Passport achieve its goals and live its values, and, in return, Passport should provide them with comprehensive benefits. Taking care of our teams' health and overall well-being is of the utmost importance.

The following are highlights of some of our most progressive cultural practices and formal benefits offerings:

- Unlimited time off for salaried employees (including key personnel); hourly employees receive 15 days of paid time off (PTO) and can accrue up to 25 days of PTO, based on tenure
- Four additional paid days off each year for volunteer work (individual or team-based)
- Ability to telework based on role requirements
- Flexible work hours
- Incentives for wellness activities, such as weight loss programs, race fees, sports team participation, fitness classes (yoga, barre, cycling, etc.), personal trainer, smoking cessation
- Casual dress is welcomed
- Quarterly all-employee town hall events and departmental social events
- Holiday volunteer activities and drives for those in need

Executive Leadership Focus Encourages Retention of Key Personnel

Passport also has a specific focus on its ELT and the key personnel listed in Section G.2.c.iv . On an annual basis, Passport conducts a Leadership Talent Review facilitated by HR with Passport’s CEO, reviewing the ELT’s individual performance, potential and retention risk as well as identifying any potential successors. Our goals in this exercise are as follows:

- Assess and understand talent and leadership bench strength for Passport’s ELT, including all key personnel.
- Generate targeted development plans that drive key personnel retention levers.
- Identify our succession gaps and develop action plans to respond to key personnel transitions.

Passport also provides industry-leading executive coaching opportunities to its executives and key management staff. This displays a strong investment in our leaders by supporting their continued growth and development of the skills needed to provide Passport with a solid foundation of competent leaders guiding our organization’s ability to consistently meet the needs of our members and providers throughout the Commonwealth.

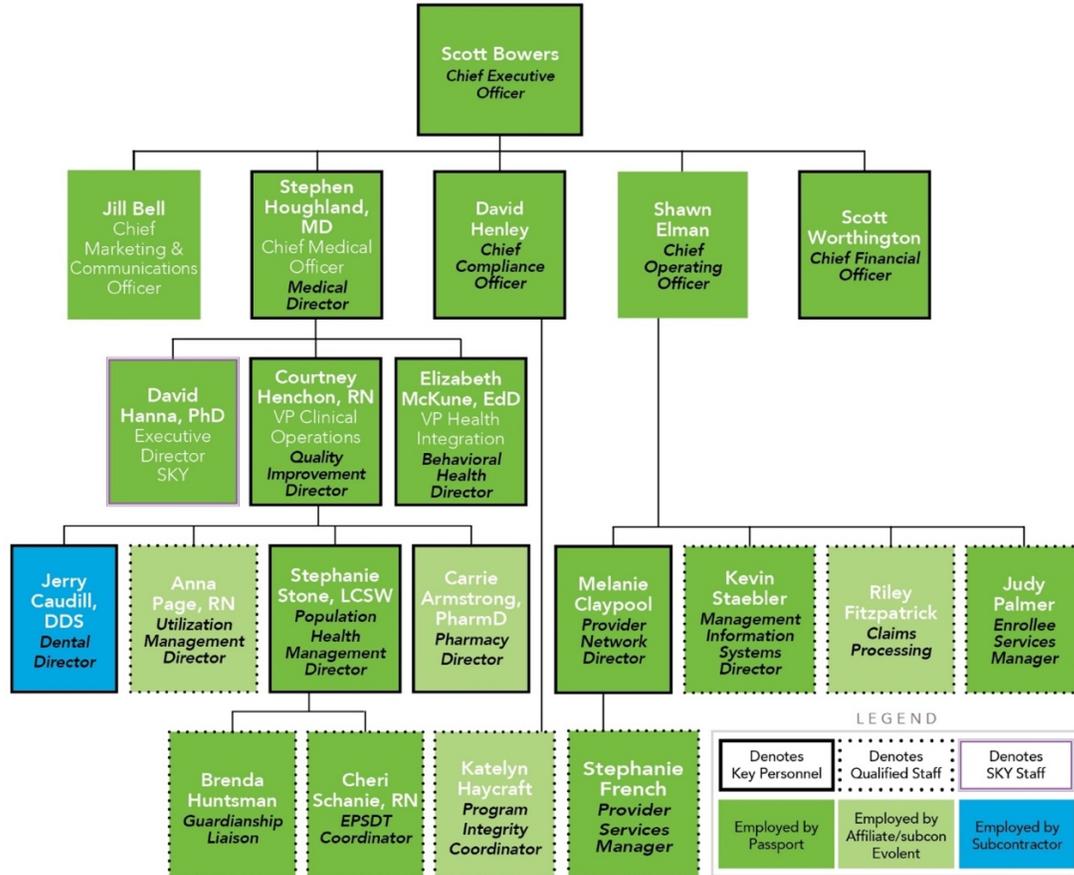
G.2.c.viii. Provide a detailed description of the Contractor’s organizational structure for the Kentucky SKY program under this Contract, including an organizational chart that displays the following:

G.2.c.viii.a. Management structure, lines of responsibility, and authority for all operational areas of this Contract.

Passport’s Organizational Structure Supports the Kentucky SKY Program

Passport’s organizational structure is provided in **Exhibit G.2-10**. Chief Executive Officer, Mr. Scott Bowers reports to the Board of Directors and, as described elsewhere, provides overall leadership to Passport.

Exhibit G.2-10: Passport’s Organization



Because Passport is singularly focused on being a Kentucky Medicaid health plan, Passport’s organizational structure for this contract is the same as its overall organizational structure, previously described in Section a.i and in more detail in G.2.c.i.a . Lines of responsibility and authority for all operational areas of this contract outside the Kentucky SKY-specific staff are the same as for the Medicaid contract.

Board of Directors

In 2019, Passport Health Plan and its provider owners (University of Louisville Physicians Inc., University Medical Center Inc., Norton Healthcare Inc., Louisville/Jefferson County Primary Care Association Inc., and Jewish Heritage Fund for Excellence Inc.) commenced a competitive process to select a strategic affiliate, assessing multiple national and regional potential partners. Ultimately, the Board of Directors and provider owners chose Evolent Health to become a partial owner of Passport and, in doing so, to provide expanded management and operational support. This decision was based on Evolent’s national reputation as a leader

in population health and its aligned mission focused on provider-driven and community-based care as the most effective strategy for engaging vulnerable populations. On December 30, 2019, having procured all required state and federal regulatory approvals, the parties officially completed Evolent's acquisition of a 70% ownership stake in Passport. The remaining 30% continues to be owned by the University of Louisville, Norton Healthcare and other Kentucky-based provider organizations, thus keeping Passport closely tied to its provider-owned, Kentucky roots. The University of Louisville is the largest percentage owner and, along with the other provider owners, has an equal say in key issues related to health plan strategy, operations and financial management.

After completion of the transaction, Passport continues to operate as its own independent and legal entity, headquartered in Louisville, Kentucky, with an ELT that is solely focused on Kentucky Medicaid, and continues to provide oversight of all subcontractors, including Evolent. The Board governance structure, designed to maintain Passport's local perspective and provider guidance, is at the helm of all critical decision-making regarding operation of the plan. Passport's local provider owners hold three Board seats. They include Jennifer Davis, University of Louisville Physicians, Associate Vice President for Health Affairs and Strategic Initiatives; Ken Marshall, UofL Health, COO; and Kimberly A. Boland, MD, University of Louisville Professor and Chair of Pediatrics.

Executive Leadership Team and Key Personnel

At the next level, the CEO has clear authority over the administration of the contract with oversight of the ELT, consisting of the COO, chief medical officer (CMO), VP of health integration, VP of clinical operations, CFO, chief compliance officer (CCO), chief marketing and communications officer (CMCO) and key personnel under the contract to ensure appropriate, compliant performance of Passport's responsibilities to members, providers and DMS. The CEO chairs weekly team meetings to review health plan performance, compliance with contractual requirements, operational performance, metrics, subcontractor performance and staffing issues, as well as organizational and cultural topics. These team meeting agendas routinely include various functional subject matter experts to address current business issues. The practice of conducting a weekly forum to review and discuss operational issues with members of the ELT and key personnel who represent all the functional disciplines in the health plan facilitates a clear holistic understanding of current relevant business issues and promotes broad communication across the disciplines that supports the contract.

In addition to the ELT and key personnel, Passport has the appropriate number and type of staff to meet the unique needs of the Kentucky SKY population. Our expanded partnership with Evolent will also allow us to draw upon best practices and resources from other Medicaid clients across the nation.

Please see **Exhibit G.2-11** for a proposed organizational chart for Passport Kentucky SKY key shared contractor roles; **Exhibit G.2-12** shows a proposed organizational chart for the Passport Kentucky SKY Model of Care.

Exhibit G.2-11: Proposed Organizational Chart for Passport Kentucky SKY Key Shared & Contractor Roles

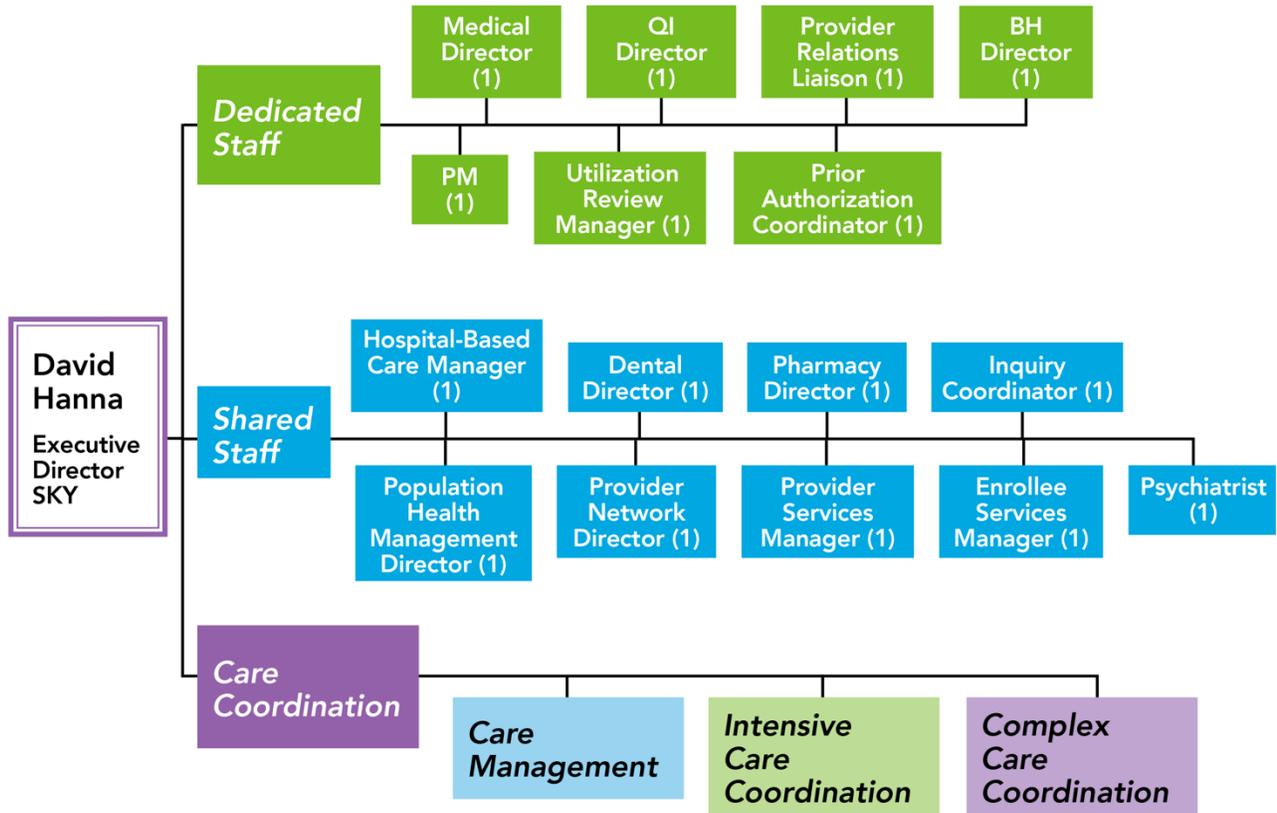
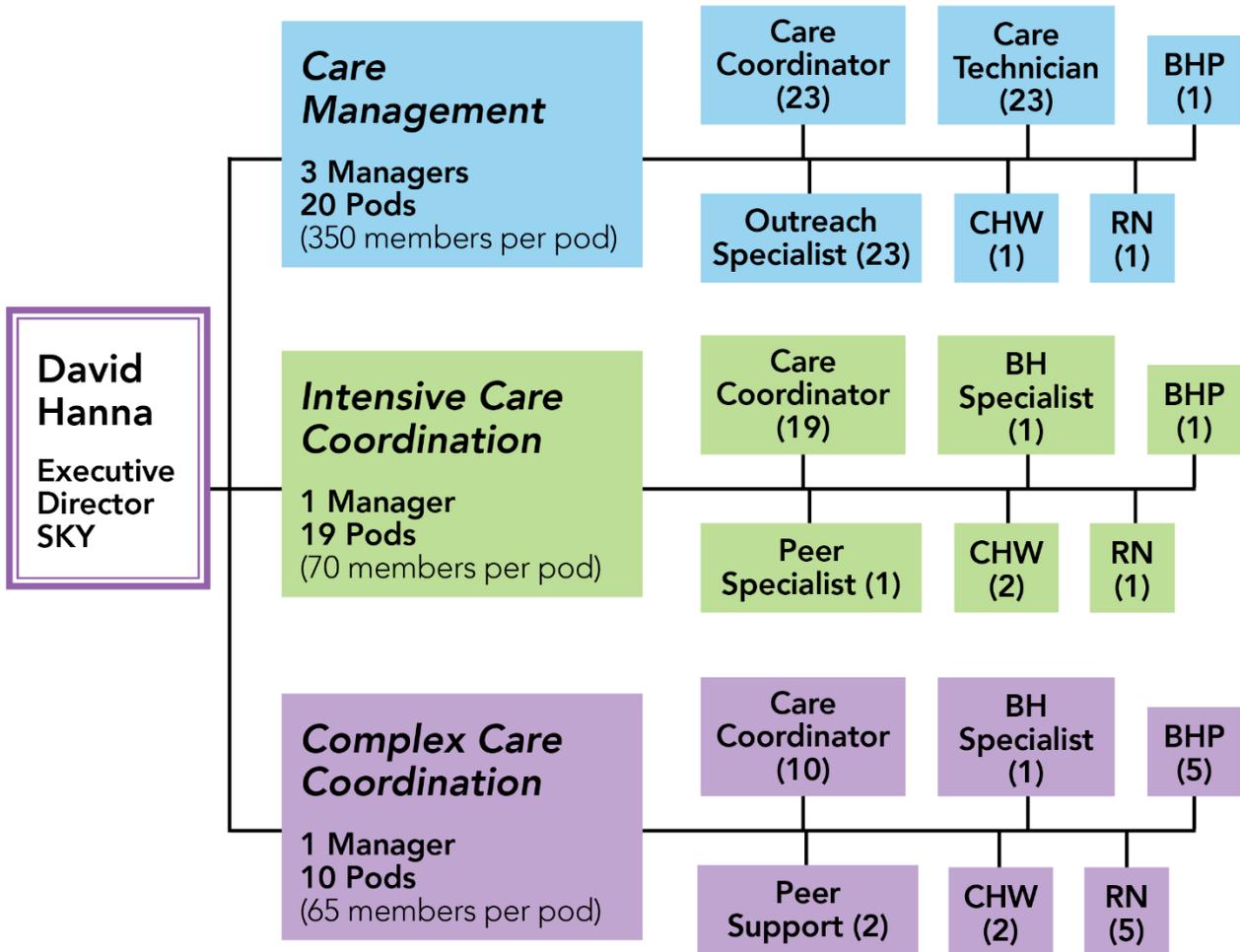


Exhibit G.2-12: Proposed Organizational Chart for Passport Kentucky SKY Model of Care



Members of the ELT have oversight and accountability for the performance of 10 highly coordinated teams across 15 operational areas who work collaboratively to ensure that all functions and services are integrated seamlessly to better support internal monitoring of operations, including timely resolution of any issues, to ensure compliance with the contract. These executive sponsors and business owners work closely with the CCO on all compliance-related issues that may arise. **Exhibit G.2-13** shows Passport’s oversight over operational areas pertaining to Kentucky SKY.

Exhibit G.2-13: Passport Executive Oversight

Operational Area	Business Owner
Overall Compliance/Monitoring & Oversight	David Henley, Chief Compliance Officer
Claims	Riley Fitzpatrick, Manager, Claims
Pharmacy	Carrie Armstrong, Pharmacy Director
Call Center	Judy Palmer, Enrollee Services Manager
Eligibility	Judy Palmer, Enrollee Services Manager
Population Health	Courtney Henchon, Quality Improvement Director
Quality	Courtney Henchon, Quality Improvement Director
Utilization Management	Dr. Stephen Houghland, CMO
Program Integrity	Tracy Bertram, Compliance Director
Provider Enrollment/Credentialing	Melanie Claypool, Provider Network Director
Analytics/Insights	Meredith Norris, Operations Manager
Data and Systems	Kevin Staebler, Management Information Systems Director
Enrollee/Provider Portals	Melanie Claypool, Provider Network Director
Finance	Scott Worthington, CFO

Passport’s organizational structure ensures that Passport retains full control over all aspects of performance under this contract and ensures that Passport employees are performing the oversight of subcontractors. This staffing model also ensures that Passport’s regular internal monitoring of operations identifies and addresses issues before they escalate to be out of compliance with the contract. The staffing model further provides clear accountability over each operational area by Passport’s leadership team, up to the CEO all the way to the Board of Directors.

G.2.c.viii.b. How the Kentucky SKY fits into the overall organizational structure of the Parent Company.

Passport Has a Dedicated Department for Kentucky SKY

Kentucky SKY will function as a separate dedicated service line within Passport but will be fully integrated with the larger company. Dr. David Hanna, the proposed executive director of Kentucky SKY, will be dedicated full time to providing leadership and administrative oversight to the staff and functions of the program, including all the Kentucky SKY positions required by the draft contract. He will serve on the ELT of Passport and report to Dr. Steve Houghland, Passport’s CMO. Care coordination teams, including clinical and support staff, will be fully contained within the Kentucky SKY administrative structure.

Kentucky SKY providers and members will benefit from the full resources of Passport. Members will have access to disease-specific condition care programs and the expertise of Passport teams. Passport community engagement staff throughout the Commonwealth will assist in identifying and helping Kentucky SKY members access local resources when needed. Provider relations staff not specifically assigned to Kentucky SKY will nevertheless provide support to the statewide network of providers who serve Kentucky SKY members. All Passport staff who interface with the Kentucky SKY program will be fully trained in the unique needs of the Kentucky SKY population.

G.2.c.viii.c. Where Subcontractors will be incorporated.

Passport’s Use of Subcontractors

Our subcontractors will be incorporated into the contract to provide the services delineated in **Exhibit G.2-14**.

Exhibit G.2-14: Description of Services Passport Subcontractors Will provide

Subcontractor	Description of Services	Why We Engaged
Avesis Third Party Administrators, Inc.	Dental and Vision	Forty years as a national administrator, backed by Guardian, a 150-year-old insurer
Infomedia Group, Inc. d/b/a Carenet Healthcare Services	24-hour nurse line	History of solid member engagement, with 70,000 consumer interactions daily, nationally
Beacon Health Strategies LLC	BH	Industry leader and in-house staffing for direct engagement
Conduent Payment Integrity	Subrogation	Extensive MCO experience with 150 commercial and MCO plans
CVS/Caremark Pharmacy	PBM	Largest PBM in 30 managed care markets
Evolent Health LLC	Management and operational services, including specialty UM	Leader in health stratification and data analytics solutions

In fulfilling the requirements of the DMS contract and servicing members and providers, Passport currently uses a carefully selected and tightly controlled small set of subcontractors that are integrated as part of the service and operational model only in scenarios where their focus maximizes and supports better access, care, quality outcomes and financial results. These relationships bring access to particular expertise and support efficient service delivery. Additionally, Passport only selects subcontractors who demonstrate alignment with our mission to improve the health and quality of life for our members in close coordination with network providers. We also ensure that all subcontractors receive Kentucky SKY-specific trainings.

Passport is fully accountable for the end-to-end delivery of our obligations to DMS, members, providers and the community. This accountability informs carefully vetted selection and due diligence of subcontractors that is done in collaboration within our provider- and community-led governance structure, managed implementation for smooth movement and an uninterrupted service continuum, and deep ongoing governance and performance management through a multilayered oversight function. Each subcontractor will “plug into” the organizational structure in three distinct ways. There will be operational oversight reporting up through the COO, compliance oversight reporting up through the CCO and clinical oversight (in relevant cases) by the CMO.

G.2.c.ix. A summary of how each Subcontractor will be integrated into the Contractor’s proposal performance of their obligations under the Contract to ensure a streamlined experience for the Kentucky SKY Enrollees, Providers and the Department.

Subcontractor Oversight

To meet our DMS commitments, a straight line of accountability exists within the Passport organizational structure, beginning with our DOC. The DOC is comprised of the director of compliance, the delegation oversight manager, the COO and appropriate operational or clinical leaders. The DOC reports through our compliance organization and is central in overseeing subcontractors to which utilization and/or quality management, credentialing, member services, provider services, claims operations and other administrative functions have been delegated. The DOC reviews all contractual metrics for each subcontractor, including SLAs, performance reports and quality improvement/UM reports (if applicable). It also reviews the NCQA-required annual delegation audit to ensure compliance with all federal, Commonwealth, Department and contract requirements, as well as any pre-delegation assessments prior to the effective date of new delegation contracts.

Our QMMC oversees all activities of our DOC as they pertain to subcontractors relevant to our NCQA accreditation. The QMMC is comprised of our CMO, quality director, NCQA coordinator and various Passport clinical leaders. The QMMC provides oversight and input for QI and accreditation activities throughout the health plan, as well as for the provider network and subcontractor relationships. With its focus on quality, the QMMC ensures that these delegated entities work as one, so neither members nor providers experience abrasion as a result of engaging with delegates. We want every interaction to be seamless, whether

Passport directly provides the service or it is provided by a subcontractor. Our Board of Directors gives the QMMC clear authority and accountability for subcontractors relevant to NCQA accreditation.

At Passport's highest operational levels, the ELT oversees appropriate, compliant performance of responsibilities to members, providers and DMS. Our structure supports a comprehensive approach to meeting Passport's quality goals, and our commitment flows from the Board of Directors through the CEO and spreads throughout the organization.

Integrated to Create Streamlined Approach

We monitor subcontractors through our provider- and community-led governance structure, using multilayered oversight to ensure satisfactory subcontractor performance. Our operational processes provide a streamlined, coordinated approach to serving members and providers, presenting services and interactions as provided by Passport even when supporting subcontractors exist. Examples include:

- Passport's director of Member and Provider Services oversees all call center activities. The Passport-based Member and Provider Services teams act as the primary intake and support unit, facilitating resolution on behalf of members or providers across subcontractor operations as needed. Members and providers are always initially directed to the Passport call center for assistance.
- Our Passport-based member call center intakes all member calls regarding services, providers or benefits (including dental, vision, etc.). MSRs are trained for first-call resolution as a goal. A Special Support team can address escalated issues and facilitate coordination and resolution with all subcontractors.
- Passport provider network management representatives have counterparts at each subcontractor to serve as their resource. Passport representatives can facilitate resolution among subcontractors and Passport staff always respond directly to provider inquiries.
- Protocols are in place across all subcontractors in the event a member eligibility discrepancy arises, so that access to care issues for services or medications are avoided, for example, by leveraging Kentucky HealthNet to verify eligibility status and conducting a manual member addition.
- If a member or provider calls a subcontractor, warm transfer protocols are used to connect them back to Passport for assistance.
- Provider appeals for claims are managed by the Passport Appeals team, which manages all subcontractor components and provides a centralized response. In the event an appeal denial letter is distributed, it is cobranded to include Passport's logo.
- Subcontractors attend provider forums such as the Kentucky Hospital Association meeting, BH events such as Annual Pediatric and Behavioral and Mental Health Symposium, DMS forums and Passport's annual workshops to directly hear issues and feedback from providers, closing the feedback loop and identifying opportunities to further strengthen service.

Oversight Management Structure

For each subcontractor, Passport created an oversight structure composed of individuals responsible for subcontractor performance. Each subcontractor oversight committee, focused on the business functions of the relationship, includes:

- Passport executive sponsor
- Passport business owner
- Operational leadership
- Compliance liaison
- Subcontractor manager providing direct monitoring of the vendor's performance and adherence to contractual requirements

Together, these staff members oversee the performance of their assigned subcontractor through contract metrics and SLAs.

Contract Measurement

Passport holds subcontractors accountable to metrics and SLAs in line with DMS contractual expectations, as well as the desire to support a smooth provider and member experience, with accountability to quickly drive resolution for any temporary disruption.

SLAs are integral to each subcontractor agreement and vary based on the services being performed and DMS contractual requirements. For example, we hold our subcontractors to the same high standard (100% completion) for DMS inquiries to which DMS holds Passport. Passport also holds each subcontractor responsible for additional reporting beyond SLAs. This additional reporting measures various operational indicators such as:

- Authorization decision timeliness
- Authorization decision notice timeliness
- Authorization volume
- Service authorization outcomes
- Call center metrics
- Credentialing activity
- Appointment availability and access
- Financial
- Care management
- Network status
- Appropriate staffing to meet SLAs
- Utilization

Collaborative Coordination with Strong Oversight Drives Integration

Passport – Beacon Health Strategies, LLC. (Beacon Health Options, LLC.)

All care management/care coordination activities for Kentucky SKY will be performed by Passport team members, and Beacon Health Strategies LLC will manage all BH UM activities for Kentucky SKY members. The integration of medical and BH care is critical to serving those members who have significant BH needs. To provide this integrated, member-centric level of care (and thereby ensure access to care and quality care plan development), Passport’s care management teams work closely with Beacon Health Strategies LLC staff on a daily basis.

Passport has partnered with Beacon Health Strategies LLC since 2014. Beacon Health Strategies LLC is the largest independently held BH organization in the country, serving more than 36 million individuals across 50 states. Beacon Health Strategies LLC has experience working with providers and members with Medicaid benefits across the country. They bring experience partnering with providers to reduce barriers to integrated BH nationwide. Under a recent revised agreement, we have fundamentally transformed our relationship, increasing Beacon Health Strategies LLC’s level of accountability and creating incentives to outperform in the areas of access and care standards. Under our new capitated arrangement:

- Passport and Beacon Health Strategies LLC will build and deliver an integrated whole-person care model
- Passport will maintain control of the provider network
- Passport will have authority over UM changes
- Passport will hold Beacon Health Strategies LLC accountable for successful delivery of administrative services through a rigorous oversight structure that includes more stringent SLAs with higher penalties tied to termination
- Passport will increase the accountability of our integrated whole-person model by reporting progress on this structure with more stringent SLAs to the BHAC, which would report up through the governance structure to the highest level of our Board of Directors
- Passport will increase the accountability of Beacon Health Strategies LLC’s operational performance by reporting on the more stringent SLAs to the DOC, which also has a pathway ending with the Board of Directors

Passport – CVS

Passport has been subcontracting with CVS/Caremark as its PBM since 2016. As the largest PBM in the nation, CVS/Caremark serves 21 million members in 30 managed Medicaid markets and is one of the largest national PBMs for Medicaid members. On behalf of Passport, CVS/Caremark contracts and manages a network of more than 1,200 pharmacies in Kentucky and is responsible for credentialing and management, processing pharmacy claims at the point-of-sale, providing administrative and encounter reporting,

managing rebate agreements, and producing and distributing Passport's pharmacy explanation of benefits. The primary goal of Passport's Pharmacy program is to ensure that members have access to timely, necessary and appropriate pharmaceutical services. The Passport Pharmacy program focuses on the safety of members while managing an effective and efficient pharmacy benefit design founded on evidence-based medications, regulatory requirements and contract provisions.

Passport and CVS/Caremark recently took steps to improve the member, provider and DMS experience. We amended our contract to create a transparent PBM, removing some of the confusion around the economics of pharmacy services. Passport continues to work collaboratively with DMS and CVS/Caremark on pharmacy-related initiatives such as the Pharmacy Lock-In program, which is designed for members to receive medically necessary medical and pharmacy benefits at the appropriate time.

Passport – Avesis

Passport partners with Avesis for its dental and vision services and network. Avesis has been servicing plans for nearly 40 years, initially as a family-run business and more recently acquired by Guardian Insurance. Guardian has been in the insurance industry for 150 years, providing financial and structural stability to the Avesis organization. Avesis presents Passport with integrated solutions along with managing its own network:

- HbA1C diabetic testing of dental patients in the office, expanding access to preventive services for members at risk of or diagnosed with diabetes
- IV sedation and anesthesiologist teams in dental offices so that more advanced surgeries and procedures can be performed without going to a hospital, allowing members to receive their care in a familiar setting with reduced wait times and lower costs
- Opioid Prevention program to reduce the opioid prescribing routines of providers by monitoring prescribing patterns, providing education and communication to ensure that providers stay within recommended prescribing guidelines and offering peer-to-peer instruction on appropriate prescribing
- Dental Delivery™ to reduce the impact of periodontal disease on pregnant women and their children by offering incentives to encourage pregnant women with the disease, or at risk for the disease, to receive standard office therapies throughout their pregnancy

Passport – Infomedia Group, Inc. dba Carenet Healthcare Service

Passport originally signed an agreement with McKesson Health Solutions in 2012, and through a series of acquisitions and a name change, the 24-hour nurse line is now provided by Infomedia Group, Inc., dba Carenet Healthcare Services. Nurse lines serve an essential function for a Medicaid MCO, providing access and extended patient-centric service to members, both within and outside of normal Passport member service operating hours. The service functions 24 hours a day seven days a week to provide immediate symptom assessment, referral services and patient education services. Carenet, in combination with its national partner, averages 70,000 member interactions per day through its Intelligent Engagement model, which uses technology solutions to drive continuous improvement in the health of members.

Passport – Conduent

Conduent is the world’s largest provider of diversified business process services for businesses and governments, specializing in health care and regulatory compliance. Passport contracted with Conduent as a delegate to handle its subrogation needs. Part of being a good steward of Medicaid dollars is having a robust subrogation program in place to support Medicaid’s role as the payer of last resort. Over the last three years, Conduent has recovered over a half-billion dollars on behalf of its subrogation clients. Conduent offers:

- End-to-end subrogation and recovery services
- On-site attorneys and expert recovery specialists
- Nationwide network of outside counsel
- Experience with a wide array of commercial and HMO insurers

Passport – Evolent Health

Initially partnering with Evolent in 2016, Passport selected the company to form a strategic alliance due to its deep experience and knowledge in Medicaid managed care and to leverage best practices and proven experience in care management, network performance, risk adjustment, pharmacy benefit management, performance analytics, value-based health care and technology platforms. Evolent also shares our core value of collaborating with providers and focusing on member-centric care.

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

Passport’s Kentucky-based Staff

As a Kentucky-based organization, Passport’s corporate office is in Louisville. The dedicated staff supporting Kentucky SKY will be located either in the Louisville, Kentucky, office or in the field diversified across the Commonwealth. These potential staff locations are denoted in **Exhibit G.2-15**.

Exhibit G.2-15: Location of Proposed Kentucky SKY Staff

Proposed Kentucky SKY staff descriptions (by team)	Staff based in Passport’s corporate office in Louisville, Kentucky (1) and (3)	Staff based in the field (2)	Staff based in subcontractor office (3)
Pod (350 members per pod)			
Care Coordinator	X	X	
Care Technician	X		
Manager	X	X	
RNs	X		
Behavioral Health Professional (BHP)	X		
Community Health Workers (CHW)		X	
Pod (70 members per pod)			
Care Coordinators	X	X	
Manager	X		
RNs	X	X	
BHP	X	X	
CHW		X	
Peer Support		X	
BH Specialist		X	
Pods (65 members per pod)			
Care Coordinator	X	X	
Manager	X	X	
RNs	X	X	
BHP	X	X	
Peer Support		X	
CHW		X	
BH Specialist		X	
Project Manager for Planning & Implementation	X		
KY SKY Executive Director	X		
Medical Director	X		
QI Director	X		

Proposed Kentucky SKY staff descriptions (by team)	Staff based in Passport’s corporate office in Louisville, Kentucky (1) and (3)	Staff based in the field (2)	Staff based in subcontractor office (3)
BH Director	x		
Utilization Management Manager	x		
Nurse Case Manager	x	x	
Prior Authorization Coordinator	x		x
Provider Relations Liaison	x	x	x
Behavioral Health Clinician	x	x	
Nurse Care Manager	x	x	
Behavioral Health Specialist	x	x	
Family Peer Support	x	x	
Care Coordinator	x	x	
Psychiatrist	x		
Pharmacy Director	x		
Dental Director	x		x
Hospital-based Care Manager	x		
Provider Network Director	x		x
Provider Services Manager	x		x
Population Health Management Director	x		
Member Services Manager	x		x
Inquiry Coordinator	x		x

Beyond the dedicated Kentucky SKY staff noted above, Passport’s overall Medicaid staff is also dispersed as appropriate and located either in our Louisville, Kentucky, office or in the field diversified across the Commonwealth as in noted in **Exhibit G.2-16**.

Exhibit G.2-16: Passport Medicaid Staffing and Locations

Department	Staff based in Passport’s Corporate Office in Louisville, Kentucky (1) and (3)	Staff based in the field (2)
Accounting	X	
Population Health Management	X	X
Clinical Programs	X	X
Community Engagement	X	X
Compliance	X	
Executive	X	
Facilities	X	
Health Integration	X	
Human Resources	X	
Information Technology	X	
Marketing	X	
Medical Affairs	X	
Medicare	X	
Member and Provider Services	X	
Pharmacy	X	X
Process Consultants/Project Managers	X	
Provider Claims and Reimbursement	X	
Provider Enrollment and Credentialing	X	
Provider Network Management	X	X
Quality/HEDIS Clinical	X	
Utilization Management	X	

G.2.c.xi. Number of proposed FTEs dedicated to the Kentucky SKY program, by position type and operational area and how the Contractor determined the appropriateness of these ratios.

Passport Will Add 127 Full-Time Employees to Support Kentucky SKY

We will bring on 127 full-time employees to support Passport’s Kentucky SKY program. Passport routinely analyzes the demographics of its membership, including geographic distribution and health needs. Through this analysis, Passport identifies any staffing changes necessary to better serve members and providers and to support community partners.

Passport believes that its staffing plan will ensure continued success in managing the lives of Kentucky members. Passport has a strong core of current staff who have contributed to the 22-year partnership with DMS. Passport will build on the experience of both current and new team members as well as existing administrative policies and procedures to ensure that all requirements are met.

We determined the appropriateness of these ratios based on our current experience with the Kentucky SKY population through over 20 years of experience working with these members across the Commonwealth and by estimating how many members would require intensive outreach versus basic assistance. For example, we looked at how many members might not stratify for complex care or require in-depth assistance due to recent hospitalizations, etc. We presume that these members will not have as many health problems and will not need as much intervention. We also considered how many meaningful interactions a Care Coordinator can realistically make in one day, and we considered how many members would require frequent vs. less frequent contact. These ratios supported our decision to add outreach specialists as support staff to assist with members and families who have less-intensive needs and who potentially cannot be reached or may have declined to participate but must still be attempted to engage. Kentucky SKY staff positions are noted in **Exhibits G.2-11** and **G.2-12** above. **Exhibit G.2-17** shows our staffing ratios.

Exhibit G.2-17: Ratios of Kentucky SKY Staff

Description	Ratio
Total Kentucky SKY staff per member for each Kentucky SKY member	1:196
Kentucky SKY Care Management Care Coordinator for each Medicaid member	1:350
Kentucky SKY Intensive Care Coordinator for each Kentucky SKY member	1:70
Kentucky SKY complex Care Coordinator for each Kentucky SKY member	1:65

- G.2.c.xii. Describe the roles and responsibilities of Care Coordinators and Care Coordination Team. How will the Contractor maintain adequate Kentucky SKY to Kentucky SKY Enrollee ratios and number of Care Coordination personnel and management staff having expertise in Physical Health, Behavioral Health, and the Kentucky SKY Enrollee to build Care Coordination Teams?

Utilizing a Team Approach to Impact Member Outcomes

Passport has extensive expertise in the delivery and implementation of High Fidelity Wraparound services. As part of our expanded Care Coordination program for the Kentucky SKY population, we are committing to training and certifying all Care Coordinators in the High Fidelity Wraparound process. Based on our experience, we believe using only High Fidelity Wraparound-trained Care Coordinators will promote placement permanency, improve overall functioning for Kentucky SKY members and limit crises. Core to the wraparound approach is the presence of a Care Coordinator who serves as a central coordinator or hub of all team activities. This commitment includes, as required by the contract, any member with complex BH needs being supported by a Care Coordinator who is certified and trained in the delivery of High Fidelity Wraparound services, with a BH Care Advisor assigned to assess the member and create a care plan. Any member identified as being a Medically Complex foster child has an RN Care Advisor (aka nurse case

manager) to assist them. Together with the Care Coordinator, the RN Care Advisor will team with an SSW to obtain the child's medical records and conduct the initial home visit to identify medical and BH issues and needs.

After the Care Advisor, always a licensed professional such as a nurse or BH practitioner, completes an assessment, the Care Coordinator convenes the Kentucky SKY Care team. Members in foster care are supported by a core team comprised of the Care Coordinator, member, caregiver and SSW; the core team for members under adoption assistance are the Care Coordinator, member and caregiver; the core team members for dually committed DJJ members are the Care Coordinator, member, caregiver and SSW; and the core team for former foster care members are the Care Coordinator and member. These core teams are supplemented by providers, community supports, Care Advisors (RNs or BH professionals), psychiatrists, BH clinicians, behavior specialists, a registered dietitian and/or a pharmacist as needed to support the member's care. The Care Coordinator works to ensure the active participation of the child, the family and any other individuals involved.

The Care Coordinator and Care Advisor work together to gather Care team members' perspectives on needs and concerns for the individual member and obtain a sense of the family narrative. The initial meeting of the Care team focuses on developing a plan with the intent of getting or maintaining the Kentucky SKY member in the least restrictive setting possible. Documentation of input from (or attempts to obtain input from) PCPs, dental providers, BH providers, specialists and other providers is part of the care planning process. The Care Coordinator also coordinates wraparound services and supports to meet the goals of each member's coordinated care plan. Throughout, the Care Advisor works with the Care team to identify strategies to meet the member's needs and ensure continuity of placement and care whenever possible.

The Care Coordinator ensures that the Kentucky SKY Care team has the information it needs to make timely and appropriate authorizations and referrals to meet the member's needs, including coordinating with previous MCOs and providers for information the team may need. The Care Coordinator ensures that approved care plans and authorizations are communicated timely to providers, the Department, DCBS and DJJ as required. The Care Coordinator ensures that Kentucky SKY members, providers, foster parents, adoptive parents, fictive kin caregivers, DCBS and DJJ have the most current information regarding community resources available to assist the member with meeting their needs and will assist the member in connecting with these resources.

The Care Coordinator also convenes recurring monthly meetings of the Care team to assess progress. To supplement Care team meetings, the Care Coordinator or other team member also outreaches to members on a weekly basis as follows:

- Intensive care coordination: weekly outreach with one face-to-face contact per month
- Complex care coordination: weekly outreach with two face-to-face contacts per month

The Care Coordinator also provides information to team members to assist them with care coordination services. If assistance is needed to locate provider or schedule/obtain appointments for primary, dental or specialty care or support services, the Care Coordinator is available to help. This person can also coordinate

non-emergency medical transportation services if needed to access these appointments or services. The Care Coordinator also arranges community supports for Kentucky SKY members and arranges for referrals to community-based resources as necessary.

Importantly, Care Coordinators work to expedite the scheduling of appointments for assessments and facilitating timely submittal of the assessment results used to determine residential placements. The Care Coordinator also compiles the results of these assessments and submits the results to the appropriate DCBS or DJJ staff within the timeframes identified by DCBS or DJJ or otherwise specified in the contract. The Care Advisor may involve the BH specialist on the team if the member has symptoms or a diagnosis that would benefit from a behavior plan. The BH specialist assists with ensuring that behavior plans are developed to meet the tailored needs of each child requiring behavior interventions.

The Care Advisor assists the Care team in evaluating the effectiveness of interventions, modifying the care plan as needed and removing any barriers to success. The Care Advisor coordinates the care team in regularly updating the care plan (at least monthly via Care team meetings) to change and redirect interventions as appropriate. Whenever possible, the ultimate goal of the plan is to develop a transition for the child and family from intensive or complex care coordination to the Care Management program to foster long-term support and stability.

To that end, Passport conducts a formal Discharge Planning program that includes a comprehensive evaluation of the Kentucky SKY member's health needs and identification of the services and supplies required to facilitate appropriate care following discharge from an institutional clinical setting or when transitioning between levels of care.

All care coordination and care management activities are documented within Identifi, Passport's PHM system. Identifi is our predictive modeling and condition-specific member profiling tool which stratifies members into risk levels using medical diagnoses, emergency or hospital visits, national standards/evidence-based clinical guidelines and gaps in care. Identifi's ability to combine multiple member specific health information with publically available SDoH data outperforms the industry standard and has resulted in increased identification of members for care management services with improved health outcomes and decreased cost. This documentation will include efforts to obtain provider appointments, arrange transportation, establish meaningful contact with the member's PCP, dental provider, specialists and other providers, and arrange for referrals to community-based resources. This documentation includes details on any barriers or obstacles to arranging or obtaining these services.

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

Passport’s Care Coordinators Are Part of Their Community

Passport has always been a community-focused health plan, and it is committed to locating Care Coordinators and other team members in the communities they serve. Passport has current experience in recruiting and supporting health educators, community engagement staff and provider network representatives in communities across Kentucky. Dr. Hanna, the proposed executive director of Kentucky SKY, previously served as the director of the Children’s Review program, where he oversaw placement coordinators co-located in the DCBS office statewide. In keeping with DMS, DCBS and DJJ expectations, Passport will locate team members in all service regions and community districts served by this contract. As noted earlier, Dr. Hanna will work with the DCBS and DJJ Commissioner’s Office staff and regional administrators for each agency to determine the best offices for co-location.

Conclusion

Passport offers a unique combination of Kentucky-based staff who bring a wealth of historical knowledge and experience combined with team members from across the nation who bring innovative best practices in the Medicaid industry. We are developing our staffing model to better serve the needs of the Commonwealth now and for many years to come.

Passport has been honored to serve the Kentucky Medicaid and foster care populations for 22 years and will continue to comply with all provisions of the Medicaid Managed Care Contract and Appendices (including Kentucky SKY) as we continue to serve them in the future.

G.3 Kentucky SKY Implementation



G.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 the Department 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.
- 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.

Introduction

Passport has collaborated with DMS for the past 22 years with the common goal of operating an excellent program for Kentucky foster care (SKY) and other members included in the SKY program and for providers, DCBS, DJJ, and DMS. The Passport team first implemented Medicaid health plan operations in Kentucky in 1997 and continues to serve Kentuckians today. We are a low-risk, high-value option for DMS, with a mature provider network, trained and experienced staff, with operational systems and technology and are successfully providing services to our members today. We are Kentuckians, with deep roots in our communities and over two decades of experience with Kentucky Medicaid.

Accordingly, for the January 1, 2021 Go-Live, our implementation efforts are primarily focused on: a) delivering a suite of enhancements designed to optimize the experience for our providers and members; b) being compliant with new requirements within the RFP; and c) executing on a comprehensive communication, training and readiness plan for all operational staff, subcontractors, members and providers. We will employ the same detailed approach to project management as outlined in the Medicaid proposal with adjustments based on the needs of the SKY population and the draft SKY contract.

G.3.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:

Approach

Passport has long partnered with DMS with the shared common goal of operating a successful program for Kentucky members, providers, and DMS. To continue this partnership, we have developed a Program Implementation Plan (please see **Attachment G.3-1_SKY Implementation Plan**), that is based on a thorough review of the RFP deliverables and draft MCO contract to ensure that all services and systems will be fully operational by Readiness Review and ultimately Go-Live. Passport has also identified what is already in place, what is in place that might require additional refinement, and what is new pertaining to our systems, processes, clinical programs and our operations. Our many years of working with you in Kentucky, with these members, taught us that less transition and disruption to the system is better. It also provides DMS with less risk than a full transition to a new entity that would have to implement all systems and processes, potentially at a high cost to the program.

Passport’s program implementation approach is grounded in the Project Management Institute’s Project Book of Knowledge, found at www.pmi.com. The internationally-recognized framework provides guidance and best practices for planning, measuring and overseeing complex projects and programs over their entire lifecycle. Our flexible, capable approach ensures appropriate capacity and internal controls are in place to accommodate the enhancements needed for the new contract.

The program implementation is led by an Implementation Lead and program management office. The effort is organized by domains as illustrated in **Exhibit G.3-1** to bring together end-to-end functions and create

connection points between implementation, operations and IT. The overall program is overseen by an Executive Steering Committee charged with ensuring successful implementation.

Exhibit: G.3-1: Implementation and Operations Domains

	Claims	Configuration (Benefits, Pricing); Provider Data Management; Claims Workflow; Accumulators; Encounters; Payment Integrity
	Customer Service	Call Center (Member & Provider); Portals (Member, Provider); Fulfillment
	Enrollment/Finance	Eligibility & Enrollment; Client Finance
	Clinical	Utilization Management; Appeals; Care Management
	RASQ	Risk Adjustment; Quality
	Reporting & Analytics	Operational; Financial; Regulatory/Compliance; Actuarial Services
	Data Integration	EDI, Interfaces with Subcontractors, Enterprise Data Warehouse, Data Extracts
	Platform	Identifi SM Population Health Management System & Identifi SM Health Plan Administration (HPA), Technology Infrastructure
	Operational & Market Readiness	Network Development, Provider Contracting & Services, Community Engagement, Marketing, Compliance

Our Implementation Lead uses a program implementation plan as the primary planning and control framework to monitor progress and ensure that the project remains on time and is meeting specifications. Subject matter experts, project managers, business analysts and integration quality testers are assigned to each Domain and are responsible for delivery from project initiation to project close.

Our implementation plan includes a seven-phase project approach as described in **Exhibit G.3-2**, including Initiation, Requirements, Execution, Testing & DMS Readiness, Training & Operational Readiness, Go-Live, and Warranty/Transition to Operations, beginning immediately through ninety (90) days post go-live.

Exhibit G.3-2: Implementation Phases

Phase	Activities
1. Initiation	Project team formation, project chartering and kick-off
2. Requirements	Finalizing the detailed requirements for the defined project scope, outlining specific timelines for each set of requirements, and preparing for execution. Developing comprehensive operational and market readiness plans, including development of comprehensive change management & communications strategy.
3. Execution	Developing the solution designs and building & configuring the solutions as per the defined project scope and business requirements. Developing and refining program policies and training/communication materials.
4. Testing & DMS Readiness	Conducting system and end-to-end testing to validate build and configuration against requirements and solution design. Finalizing desktop procedures, training/communication materials and policies. Conducting compliance review, mock readiness reviews, and full DMS readiness review.
5. Training & Operational Readiness	Communicating changes to providers and other external stakeholders. Onboarding new staff and training current Passport team members on new P&Ps and enhancements to the provider and member experience. Initiating the transition from implementation to operations process.
6. Go-Live	Operational Launch. Launching the Command Center and continuing execution on transition from implementation to operations process.
7. Warranty/Transition to Operations	Conducting daily Command Center, actively monitoring performance against SLAs and projections, with focus on rapid issue resolution. By the end of the warranty period, completing the transition from implementation to operations process, assessing lessons learned and adjourning the implementation team.

The Implementation Lead holds each domain accountable to hitting the key milestones for all deliverables and ensures the team members use standardized measurement values, reporting methodologies, and templates to facilitate communication, analysis, and accountability. A project tollgate approach will be used to move the project from each phase to the next at the domain level, ensuring that the critical deliverables for each phase have been completed as required. Key implementation and operational leaders will be required to signoff to move the project domain to the next phase. This will include an in-depth review of documentation (ex: requirements, solution design documents) prior to build and configuration to mitigate risk.

Additionally, the implementation team uses executive dashboards indicating the project’s status to provide clear transparency to Passport’s Executive Steering Committee. Our Executive Dashboards use a color system comprised of Red, Yellow, Green (RYG) to clearly communicate whether each workstream is on track or requires immediate mitigation. A sample of this Executive Dashboard is included in **Exhibit G.3-3**.

Exhibit G.3-3: Sample Implementation Dashboard-Status/Progress by Domain

Passport Status Report for Week Ending X/X/XX

Overall Status: ● On Track
Implementation Lead: Rich Rutherford

Summary:

Domain	Status	% Complete	Next Key Milestone (Target Completion)	Comments, Risks & Blockers
Claims	● On Track	90%	Sample milestone – X/X/XX	
Customer Service	● On Track	90%		
Enrollment & Finance	● On Track	90%		
Clinical	● On Track	90%		
RASQ	● On Track	90%		
Reporting & Analytics	● On Track	90%		
Data Integration	● On Track	90%		
Platform	● On Track	90%		
Operational & Market Readiness	● On Track	90%		

We are open and transparent about progress. This is accomplished through status meetings, dashboards and risk and issue reports provided at an agreed-upon cadence. Examples may include:

- **Summarized Progress Updates:** As noted, updates are provided in the form of an Executive Dashboard, outlining overall status of each domain, progress against key milestones, key dependencies needed to accomplish the milestones, critical risks and leadership actions required.
- **Risk & Issue Report:** The implementation team will maintain a risk & issue log and will review it with the Executive Steering Committee weekly to ensure rapid mitigation.
- **Action Item Tracker:** The identification, management and closure of action items will be maintained to ensure successful implementation. Action items will be captured as part of meeting notes and tracked in the Action Item Tracker. They will then be reviewed weekly in the weekly project meeting. Action items will be escalated as necessary and will follow the Change Management/Risk Escalation process.
- **Decision Tracker:** Key decisions will be logged in a Decision Tracker, maintained by Passport’s Implementation team. Decisions will be reviewed by the Executive Steering Committee to ensure decisions are communicated at all levels. Final decisions regarding scope and implementation approach will be signed off on by the Executive Steering Committee.

Passport will use an enterprise Portfolio/Project Management tool, Clarizen, to manage the full implementation lifecycle across all domains. Clarizen is a secure, scalable platform that allows for seamless management of complex projects. The platform has been used to create our Program Implementation Plan (**Attachment G.3-1_SKY Implementation Plan**) and will be used to maintain detailed project schedules; document risks, issues, and decisions; assign specific tasks; and develop audience specific reports across all work items that can be utilized by Passport and DMS (e.g. milestones, key tasks, due dates, etc.).

Clarizen will provide transparency and visibility in the implementation through real-time updates and links to reports and dashboards.

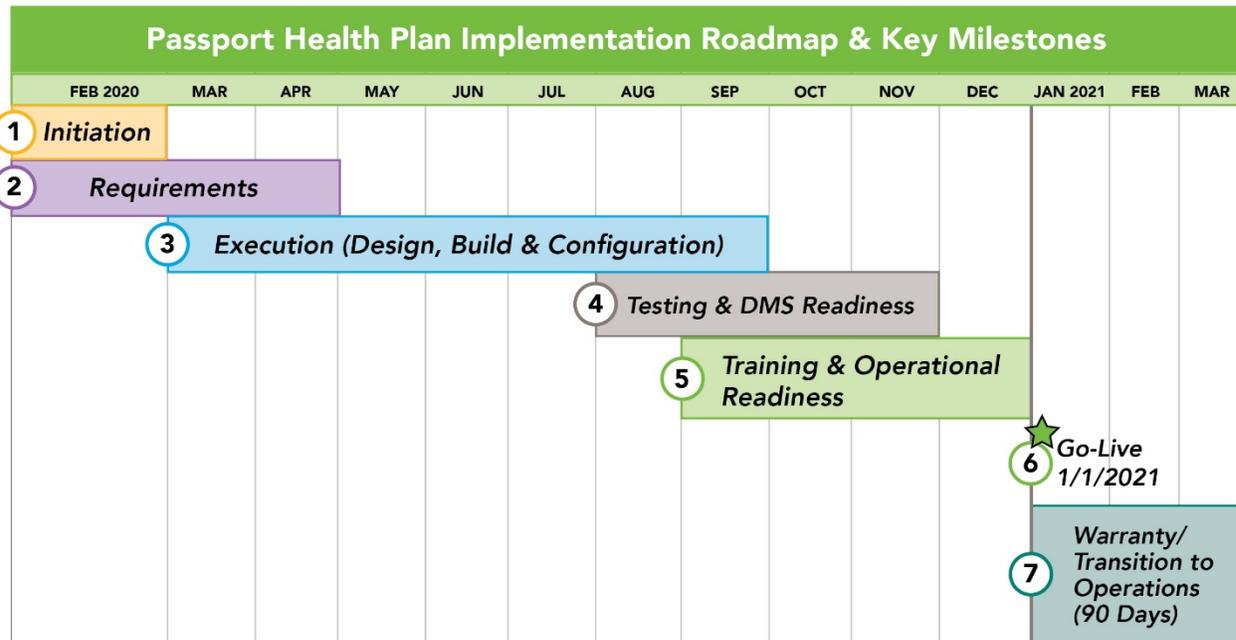
Passport is honored to have served the Kentucky Medicaid population since 1997 and will comply with all provisions of the MCO contract as we continue to serve these members in the future. As an operating plan, Passport understands the Commonwealth, our members, and providers, and brings that knowledge and infrastructure in a way that guides a seamless implementation. Our dedicated implementation team ensures that all services and systems will be fully operational by Readiness Review and the new contract start date of January 1, 2021.

Program Implementation Plan

As noted, the Program Implementation Plan acts as our primary framework for outlining the strategy and tasks for implementing new RFP and MCO contract deliverables. The Program Implementation Plan includes all elements set forth in the contract and enables Passport to quickly bring our current SKY operations up to revised 2021 compliance. Given our existing footprint, we believe we are well positioned to leverage our present infrastructure and operating experience to enable a seamless, low-risk implementation.

Passport's implementation efforts are focused on delivering a suite of high-impact initiatives designed to improve health outcomes, enhance the provider and member experience, and comply with the new 2021 MCO requirements. **Exhibit G.3-4** illustrates our key Program Implementation Plan phases.

Exhibit G.3-4: Implementation Roadmap & Key Milestones



Attachment G.3-1_SKY Implementation Plan exhibits the full Program Implementation Plan, covering the comprehensive set of tasks required to ensure a successful implementation of the new regulatory requirements and planned provider and member experience enhancements for the 1/1/21 Go-Live. While Passport does not require a full-scale implementation for the 2021 MCO Contract, we are investing in initiatives across every domain to improve health outcomes and enhance our provider and member experience. Our Program Implementation Plan is thorough and ensures that we will address all operational areas potentially impacted in the implementation of these high-impact initiatives.

Attachment G.3-2_SKY Program Implementation Plan Phases and Key Milestones illustrates our Program Implementation Plan phases and key milestones in each domain.

G.3.a.i. Establishing an office location and call centers;

Establishing Office and Call Center

Passport has strived to achieve the Commonwealth’s goals by engaging approximately 600 highly dedicated and skilled resources to support our mission. Our team of talented professionals are primarily located within Kentucky to provide a local, high-touch member experience. Our training programs reinforce our commitment to delivering exceptional provider and member and are outlined in greater detail in the Staff Hiring and Training section below.

Plan operations are located at 5100 Commerce Crossings Boulevard in Louisville. We also maintain a primary call center with over 120 staff in the same location that first went live in 1997. In Prestonsburg, we maintain a satellite office that houses some claims, community engagement and provider network management staff.

We also acquired a 20-acre site in West Louisville at 18th Street and Broadway and are creating a state-of-the-art Passport Health and Well-Being Campus to serve the needs of the local community. When complete, it will also provide a new corporate headquarters for Passport's staff and operations.

We will leverage our 20+ years of experience to evaluate the anticipated total impact on our operations and call center after the MCO contracts are awarded to ensure that we can maintain the same high standards for serving our provider and member stakeholders throughout the go-live period and beyond.

As part of our Program Implementation Plan, we will establish and implement detailed provider & member outreach and call center plans for the enrollment period, warranty period, and post-warranty period:

- **Provider and Member Outreach:** We will develop and implement a comprehensive communication plan for both providers and members for the transition to 2021 to proactively answer anticipated questions resulting from program changes. As part of this plan, our provider relations team will engage directly with providers to ensure we are meeting their needs and can rapidly adjust our communications to address any issues surfacing. We will also leverage existing processes for onboarding new members enrolling with Passport from other MCOs and for new providers contracting with Passport.
- **Tools & Technology:** In addition to utilizing personalized individual communications, we will customize messaging on the provider portal, member portal and the IVR to share key messages and address issues. We will monitor all incoming contacts and refine messaging real-time as needed.
- **Call Volumes:** We anticipate an uptick in call volumes in the weeks prior to Go-Live, and the early part of 2021 as it is historically our busiest time. We will evaluate historical annual call trends as well as data from past transitions (e.g. ACA expansion) to estimate expected call volumes.
- **Staffing:** We will determine what level of staffing is needed to meet our call center SLAs (e.g. average speed to answer, % answered within 30 seconds, abandonment rate) given expected call volumes and our proven Passport staffing ratios. Should additional staff be needed, we will onboard and train the staff needed to ensure we can remain in compliance as we are today.

G.3.ii. Provider recruitment activities

Provider Recruitment Activities

As a trusted DMS partner for over two decades, we already have a provider network in place with longstanding relationships. Passport currently serves more than 300,000 Kentuckians statewide with a provider network that includes approximately 9,200 PCPs, 17,000 specialists of which nearly 2,500 are pediatricians, 3,800 behavioral health providers, and 128 hospitals. Our locally-based provider contracting and provider relations representatives continue to provide in-person, one-on-one education and assistance to facilitate contracting, credentialing and accurate and prompt claims payment. These factors, coupled with

our historical provider ownership and focus, will reduce potential provider abrasion often present in a full-scale provider network build, and substantially lower risk to DMS.

Passport, founded as a provider-led plan and continuously governed by and responsive to providers, is a leader in provider network development. Our strategy to ensure a comprehensive statewide network across all provider types includes extensive analysis, personal recruiting and contracting with a variety of quality and value reimbursement Programs.

Passport assesses network adequacy on an ongoing basis to identify and close gaps, increase provider capacity by provider type, and seek opportunities to improve access for members. Monthly, our Provider Network team applies Quest Analytics tools, an industry-standard platform that combines dynamic time and distance access stands with our minimum contractual provider requirements to evaluate our overall network adequacy and identify gaps based on standards. Quarterly, we review claims data to identify all out-of-network providers seen by members during the period, which further helps identify gaps. The Provider Network team also reviews access-related feedback from members, referring providers, care managers and utilization managers, as an early warning system of changes in member need that may necessitate network recruitment response.

To address any specific network gaps identified and to maintain its high-quality network, Passport is offering a suite of Value-Based Payment models to encourage and reward both small and large practices.

Passport also relies on traditional recruitment tactics in its overall network development such as meetings, email and traditional mail contact, telephone calls, meet-and-greets, and formal presentations. We develop target lists of providers from our analysis of specific geographic areas and specific provider types, leveled by our monthly analysis described above. We also target providers using a variety of sources including existing Passport provider recommendations, member requests, direct provider inquiry, and focused geographic & specialty searches.

Passport's commitment to continuous evaluation, innovative value-based payment offerings, relationship development and in-depth provider support will enable Passport to continue delivering on its commitment to network adequacy, value and high-quality care.

G.3.iii. Staff hiring and a training plan;

Staff Hiring

Passport understands the Kentucky SKY populations' health needs and demographics, and will recruit staff with these needs in mind. We will recruit job candidates that have experience with local cultures, perspectives and relationships, which will strengthen our interaction with Kentucky SKY members, legal guardians, caregivers, and the providers and agencies who serve them.

Passport proposes to hire more than 127 new staff to ensure we meet and exceed all services and contract requirements. The majority of our team, including executive leadership, will be located in Kentucky to boost the local economy and deliver a hands-on, community-based approach that supports the Commonwealth's coordinated care goals. All Kentucky SKY Care Management staff will be based in Kentucky.

Recruitment Sources

To hire Kentucky SKY staff, we will leverage our team of Louisville-based human resources (HR) recruiting professionals to quickly seek and hire qualified candidates. In addition to our local recruiting efforts, Passport has access to national recruiting resources and a deep pool of qualified applicants through our affiliation with Evolent. Passport will give priority to candidates with professional or lived experience with the Kentucky SKY population. We will also seek candidates with degrees or certifications specific to working with Kentucky SKY members. We also will use our connections with academic programs and professional associations to recruit for Kentucky SKY staff.

Kentucky SKY Staff Recruitment and Hiring Process

Passport is committed to hiring individuals who demonstrate our values. During the hiring process, we screen applicants for education, experience and longevity in a similar position. As noted in our job descriptions, for some positions, experience with foster care, former foster care, or other members of the Kentucky SKY population is essential. We find candidates who are both highly qualified and a strong cultural fit.

We describe our recruitment and hiring process to build this team below.

- 1. Assemble Hiring Team.** A hiring team of experienced subject matter experts guides the recruitment, hiring, onboarding and training process.
- 2. Identify Hiring Needs.** The hiring team meets with all business areas to clearly identify the needed roles and anticipated start dates, and to create recruitment plans for each role.
- 3. Define Roles and Responsibilities.** The hiring team partners with business area leaders to define the roles and responsibilities of each team member, ensure that job descriptions for the Passport Kentucky SKY program are accurate, and discuss any other factors needed to complete a successful and timely recruitment, hiring and training process.
- 4. Devise Specific Recruitment Strategies.** The hiring team partners with the hiring manager to devise recruitment strategies that are carefully designed to select the right individual for each position. The team engages leaders and hiring managers in a review of the plan to ensure full alignment. We believe such careful planning on the front end ensures a smooth recruitment and hiring process, and helps us achieve excellence in services, positive health outcomes and cost savings for the state.

5. **Develop Hiring Action Plan.** We turn the strategy into an action plan that includes key steps, start and end dates, responsible persons and contingencies. The strategy begins with recruitment and ends with successful onboarding and training of staff and then transitions to a recruitment and staffing maintenance strategy where we continue to fill roles on an as-needed basis.
6. **Recruit.** The hiring team will recruit externally on widely known websites (e.g., LinkedIn), local Kentucky job boards, and with local colleges and employment offices. Whenever possible, the team will also rely heavily on employee referrals, which often lead to the hiring of high-performing, long-term employees. More specifically, we will investigate local opportunities in the communities we serve, such as participating in or co-sponsoring job fairs.
7. **Identify and Screen Candidates.** The hiring team identifies and screens quality candidates by discussing essential components of the position and our core values. In addition to the initial recruiter screen, we may administer various online assessments to the candidate if the position they are applying for requires proficiency in a specific language or skill set. These assessments help ensure that we are recruiting the best qualified candidates. All candidates who are identified as a good match are referred to the hiring managers for a phone interview. After an initial, high-level 30-minute phone interview with the hiring manager, we invite the most promising candidates to a follow up, in-person or virtual interview with the full interview team. We ensure our interview teams are diverse to support our focus on diversity as an organization. All hiring managers and members of the interview team are trained in behavior-based interviewing and use a behavior-based interviewing guide specifically tailored to the position they are interviewing for. The interview team makes every effort to put the candidate at ease, recognizing that they are also looking for the right cultural fit. We capture team feedback in an applicant tracking system immediately following the interview.
8. **Select Candidates.** When an offer is made to a candidate, the hiring manager works closely with the hiring team to answer any additional questions, address any concerns and maintain a positive relationship with the candidate. If a candidate is not the best fit for the position they interviewed for, we maintain their information in case a better opportunity becomes available in the future. Candidates are notified in a timely manner over the phone or via email that, although they were not selected for this particular role, we still encourage them to apply for other positions that may better align with their skill set and experience.

Staff Training

The Passport team will collaborate with Kentucky experts, including those in DMS, DCBS, and the Department of Juvenile Justice (DJJ) to identify training needs. In compliance with the draft Kentucky SKY contract, Passport's education and training plan will be submitted within one hundred twenty (120) days of contract execution, as referenced in our Implementation Plan. We will ensure that DMS has a minimum of ten (10) calendar days to review Passport's education and training materials and that the final materials are

submitted to DMS within five (5) days of DMS review. The materials will be evaluated for needed revisions on an annual basis, or as required due to law or policy changes.

In-Depth Training on the Kentucky SKY Program for Passport Staff

All Passport staff who might interface with Kentucky SKY members or providers, not only those directly assigned to the Kentucky SKY Team, will be trained specifically to serve the Kentucky SKY population. This includes all customer service representatives, all provider relations staff, and all of our clinical team.

Kentucky SKY Training

Passport will provide a foundational Kentucky SKY education curriculum. This program will be designed to ensure that all staff receive the training, tools and supports needed to deliver the highest quality of care to our members while remaining compliant with our contract with DMS and applicable Commonwealth and federal requirements. It will also address the unique needs of this very vulnerable population, the role of the caregiver, and the requirements of the Kentucky SKY program.

This Kentucky SKY-specific training module will be included in the orientation training or, for existing employees, provided in separate training sessions. This instructor-led training will be offered in person and accompanied by written materials that reinforce the most important content.

The training will cover a range of topics, including the following:

- Overview of the foster care system
- TIC
- Adoption subsidy and how foster care members may qualify upon adoption finalization
- Challenges faced by former foster care members
- Common circumstances Kentucky SKY members experience, such as:
 - Multiple and frequent changes in placement
 - Changes in caregivers
 - Traumas experienced in their short lifetime and post-traumatic stress
 - Behavioral health and complex medical issues
 - Substance abuse issues—either personally or experienced in their home
 - Disruptions in education
 - Challenges when aging out of foster care and the risk of homelessness
- Caregiver’s challenges and supports within the foster care system

- The Kentucky SKY covered services and requirements and how they differ from other Medicaid populations, such as the providers' responsibilities for:
 - Providing or coordinating health care services and behavioral health services, including medical consent, timelines, assessments, appropriate utilization of psychotropic medications and more, as required by DMS
 - Business processes and workflows
 - Coordinating with foster parents, caregivers and fictive kinship, social service workers, and adoptive parents
 - Coordinating with state DCBS and DJJ professional personnel, court-appointed special advocates (CASAs), judges, law enforcement officials, schools, private child-caring and child-placing agency staff, other Cabinet sister agencies, and other stakeholders
- The role and responsibilities of DMS, DCBS and the DJJ and the collaboration process with Passport
- Passport's staffing and infrastructure to support the Kentucky SKY program
- The role and availability of Passport's Kentucky SKY Care Management team and how to access the Care Coordinator
- The aging out process and Passport's support in transitioning our members
- The Building Bridges Initiative

The following training schedule will apply:

- All Kentucky SKY management team staff – hired and trained by August 1, 2020
- All Passport staff interfacing with Kentucky SKY members and providers – hired and trained by October 1, 2020
- All Kentucky SKY Care Coordination staff – hired and trained by December 1, 2020

G.3.iv. Establishing interfaces to information systems operated by the Department and DCBS; and

Interfaces to Other Information Systems

Our core business interfaces are longstanding and in place, lessening the risk associated with a full-scale implementation. We will validate any new or modified interfaces through extensive testing as part of our internal readiness review prior to the Commonwealth's Readiness Review.

As part of our core business over 250 data interfaces have already been set up to support the Kentucky business. This includes data exchanges to the subcontractors discussed in Section C.1, Subcontractors. During implementation process at Passport the dedicated Data Integration team works through extensive and detailed requirements and discovery sessions where requirements are gathered. Internally these requirements are then solutioned to ensure every requirement is satisfied and presented as part of the Implementation Solution sessions. These solution sessions are held internally with our SMEs from each of

the domains to provide a complete and thorough end-to-end solution. These requirements and solutions are reviewed and approved before entering the execution phase.

Once approved the requirements and solution documents are analyzed at a deeper technical level and detailed design/tech spec/gap analysis documentation is generated by our Systems Analysts. These detailed design documents are then provided to the software engineers to build out the interfaces. Once developed these interfaces are first tested by a group of functional testers who focus on the specific data level requirements of each interface. Once tested and approved by the functional testers the interface is then handed over to the Integration Quality team which then manages the end-to-end testing of the data flow using the interconnected interfaces.

End-to-end Testing (E2E) focuses on the validation of Inbound/Outbound interfaces by ensuring that data (Provider/Contract, Member, Claims, etc.) accurately flows to/from the interfaces in accordance to the Business Requirement and Technical Specifications documents. Additionally, Interface E2E testing entails testing with Vendors/Subcontractors. The testing engagement involves a common test strategy (scenarios) and data set that both entities review and execute against and where the execution results are collectively reviewed. Testing occurs in multiple iterations until a mutual determination of success is agreed to, that will thereby result in the closure of the joint testing cycle.

Enhancements to the Passport Program for 2021 as described in this RFP (including the Kentucky Health Information Exchange and the behavioral health claims insourcing) will follow the process outlined above for any Interface enhancements/updates.

Staffing to Support Implementation and Readiness Reviews

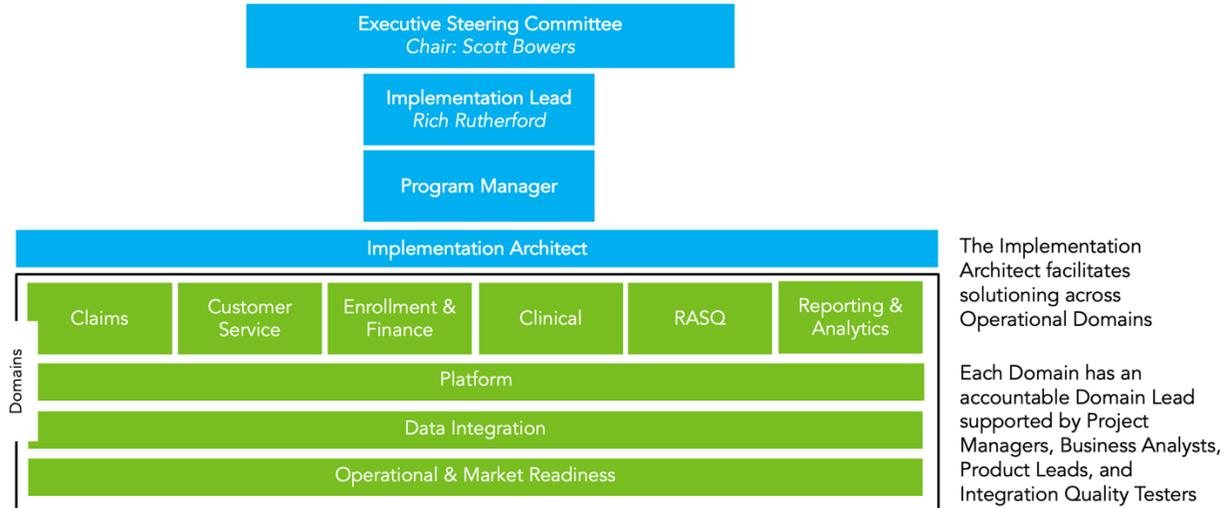
Passport draws from its talented team of health plan experts in every area of the current operations to support the implementation and readiness review effort. This includes the Implementation PMO to manage the overall readiness effort, Domain teams staffed with seasoned operational and technical experts, and an Implementation Architect to ensure the overall solution designed will effectively meet the needs of the market, all overseen by an Executive Steering Committee of Passport executives. Members of the Executive Steering Committee have oversight and accountability for the performance of their assigned operational areas and ensure that new contract requirements are seamlessly implemented in their operations. They are also accountable for ensuring that provider and member interests are reflected in decisions made through implementation. Collectively, we will continue to apply our deep health plan knowledge and local expertise to ensure successful delivery and readiness.

Implementation Lead Rich Rutherford, RN, BSN, PMP oversees our implementation and Readiness Review activities. Rich is a seasoned Project Management Professional and has leveraged his nursing background to lead several successful healthcare program implementations. Rich draws from his 20 years of experience to ensure a successful Readiness Review and Go-Live, minimizing risk to DMS, members and providers.

Rich is supported by a Program Manager, our Implementation Program Management Office (PMO) and receives oversight from our CEO, Scott Bowers and an Executive Steering Committee charged with ensuring the successful implementation. Rich and our Program Manager manage implementation activities, but

ultimately responsibility and authority for the implementation rest with Scott Bowers. **Exhibit G.3-5** depicts our implementation program’s organization.

Exhibit: G.3-5: Implementation Program Organization



Implementation Lead and Program Manager responsibilities are reflected in **Exhibit G.3-6**.

Exhibit: G.3-6: Implementation Lead and Program Manager Responsibilities

Role	Responsibility
Implementation Lead	<p>This resource serves as primary point of contact for executive leadership on the implementation. This role oversees a Project Management Office (PMO), Program Managers and Project Managers dedicated to the implementation. This role also drives the collaboration amongst the key stakeholders across domains to:</p> <ul style="list-style-type: none"> • Drive accountability for the quality of overall service delivery for the implementation • Oversee the development of the end-to-end project plan • Ensure deliverables are met as per contractual agreements • Oversee the communications of the overall implementation progress, risks and mitigation plans <p>Leads the coordination of all delivery resources and activities across the implementation domains through a coordinated set of project management tools.</p>
Program Manager	<p>This role serves as the primary day-to-day point of contact for implementation teams across the operational domains. This role is accountable for the oversight of the following:</p> <ul style="list-style-type: none"> • Facilitates the development of consolidated project plan across operational domains • Manages the production of deliverables and the delivery timeframes across the domain project managers • Brings rigor to risk management to identify and communicate project risks early in the process, and facilitate subsequent issue resolution • Oversees the overall implementation progress, risks and mitigation plans and identifies and mitigates impacts across domains and workstreams <p>Interfaces with project and domain teams to maintain consistent understanding of project status and identify variances to plan.</p>

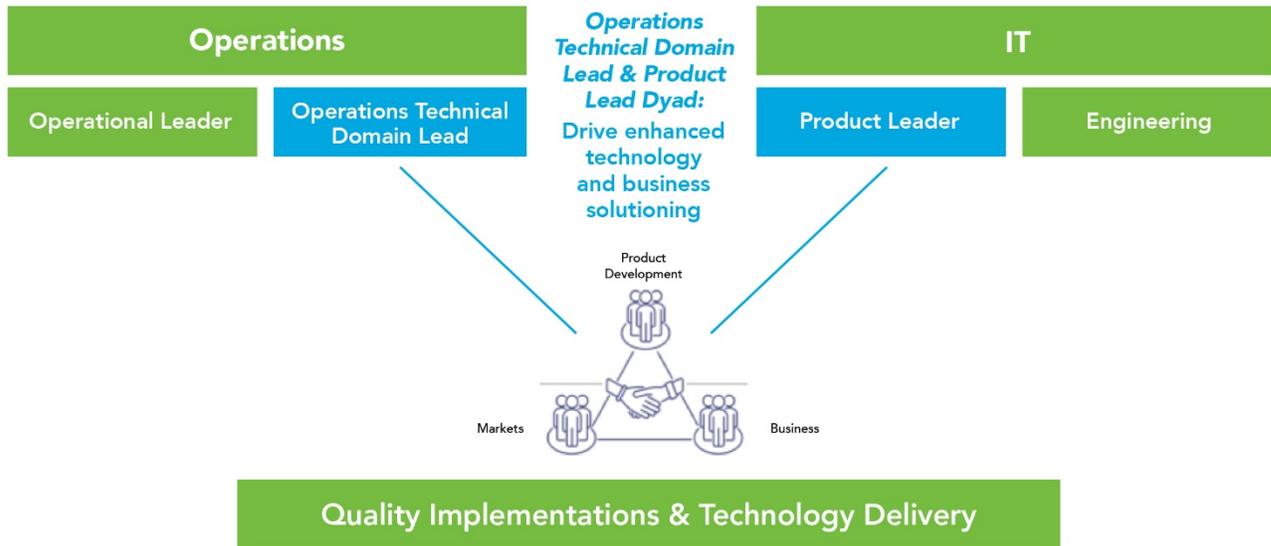
Each of the domains will have one or more individuals serving in each of five key PMO roles, as outlined in **Exhibit G.3-7**.

Exhibit: G.3-7: Implementation Lead and Program Manager Responsibilities

Role	Responsibility
Operations Technical Domain Lead	Responsible for leading the success of individual domains by providing subject matter expertise for operational functions and technology by collaborating with the operations and IT teams. The role is accountable for: <ul style="list-style-type: none"> Guiding the implementations through the definition of requirements, solutioning and testing with the product manager, project manager, business analyst and testers Defining and standing up the operations, including training, reporting needs, SOPs, SLAs, etc. Facilitating domain-specific implementation committees and driving decisions during the implementation
Product Lead	Responsible for the design and development of product enhancements by collaborating with the Operations Technical Domain Leads and Business Analysts
Domain Project Manager(s)	<ul style="list-style-type: none"> Coordinates the day-to-day delivery of the team members of the domains within the implementation structure Supports the communications and collaboration between implementation and operations teams Drives the maintenance of the overall domain plan, risk and issue log and status reports
Business Analysts	Supports the domains through requirements gathering and documentation, authoring solution designs and building solutions: <ul style="list-style-type: none"> Create Business Requirements Documents Define Acceptance Criteria Collaborate on design definition/documentation Create inventory of current state process flows Document new state process flows
Integration Quality Testers	Responsible for testing the configurations and all related components, data loads, infrastructure and workflow(s)

The **Operations Technical Domain Lead** and **Product Lead** play central roles in ensuring alignment between Operations and IT as part of a dyad as depicted in **Exhibit G.3-8**. As a senior level operational lead, the Operations Technical Domain lead, supported by domain-specific Business Analysts and Testers, will serve as the operational subject matter expert to guide requirements and operational stand-up, thus ensuring operational accountability and expertise are engrained in the implementation. The Operations Technical Domain Lead and the Product Lead for the domain will collaborate prior to and during implementation to identify any capability gaps and to determine solutions to close them.

Exhibit: G.3-8: Operations and Technical Delivery Alignment



Lastly, connecting the domains together to ensure the overall solution meets the needs of the Kentucky providers and members is the Implementation Architect, as described in **Exhibit G.3-9** and depicted in **Exhibit G.3-10**.

Exhibit: G.3-9: The Role of the Implementation Architect

Role	Responsibility
Implementation Architect	This role will be filled by the senior market operations leader and acts as the hub for the overall solution being delivered, by spanning across all domain teams: <ul style="list-style-type: none"> • Responsible for driving solutioning across domains to ensure processes are designed using holistic, end-to-end approach. Includes facilitating business owner and domain lead signoff on all non-standard processes to ensure seamless execution upon go-live. • Ensures sustainable processes are developed during the implementation phase, and the correct staffing model is identified to execute on all new and refined processes. Allows Market Leader to assess any non-standard processes and make determination of potential staffing impacts. • Ensures processes put in place enable adherences to both service level agreements and regulatory requirements • Responsible for establishing plan to transition progressively to operations.

Exhibit: G.3-10: Implementation Architect as the Hub Connecting All Domains



The PMO collaborates with the Executive Steering Committee to champion specific member and provider needs within their functional areas. The PMO will support implementation activities. Readiness reviews will be supported by all hands—the PMO, Executive Steering Committee, and MCO clinical and operational staff.

To ensure stable post-go-live operations, we will stand up a Command Center at least 15 days prior to go-live to serve as a centralized entity to track status, identify issues, and mitigate risks. This solution groups key resources to speed the identification and resolution of issues.

The Louisville-based Command Center will be comprised of business owners, key stakeholders and delegate points of contact (POCs) for each operational team and will operate throughout the 90-day warranty period post go-live. The Command Center has an established escalation path to ensure efficient communication and involvement of appropriate business owners and support teams for issue resolution.

Each solution team will monitor the health of operations using a set of reports with key operational metrics to aid in the rapid identification of issues as shown in Exhibit G.3-11. Sample report templates are shown in Exhibit G.3-12 and Exhibit G.3-13.

Exhibit: G.3-11: Command Center Operational Metrics Monitored

Command Center Metrics Monitored

Solution Team	Report	Report Content/Metrics	
Call Center	Call Performance Report (member and provider)	# call received # called answered (CSR, IVR) # calls abandoned Abandon rate # calls answered in 30 seconds	% of calls answered in 30 seconds Average hold time Average call time Call backs
Enrollment & Eligibility	Enrollment Processing Dashboard	# of eligible members # of terminated members # of ID cards mailed	% of members with PCP assigned Date of last eligibility file load
Claims	Claims Aging Report Claims General Summary Report	# of claims received # of claims processed # of claims in inventory Inventory dollar amount Claims aging (0-7 days, 8-14 days, 15-21 days, etc.)	Claim level detail # of paid claims # of pending claims/line count Total claims/line count
Pharmacy	Claims Summary Report Plan Performance Report CVS Call Center Report	# paid claims # rejected claims % paid # reversed claims	Top rejection codes UM coverage determinations (approved, denied) and TAT (hours) Pharmacy call center stats (ASA, talk time, abandoned calls, hold time, etc.)
Utilization Management	Daily summaries of UM activities	# of calls received # of calls handled Turnaround Time / Queue Status Average speed of answer Abandon rate SVC Level	# of calls for Identifi issues # of calls for phone line issues # of requests received # of approvals # of adverse determinations
Appeals & Grievances	Identifi Appeals Detail Report Identifi Complaints Detail Repot	Case details for appeals and complaints	
Care Management	Report of issues logged in JIRA related to Care Management	Access issues Care team training issues	Workflow issues Functionality issues

Exhibit: G.3-12: Sample Report Template for Call Center Operations Monitoring

Member Daily Call Stats															
Date	Total Calls Received	Total Calls Answered BY CSR	Total Calls Answered by IVR	Total Calls Answered	Number of Calls Abandoned	Number of Calls Answered within 30 Seconds	% of Calls Answered in 30 Seconds	Abandonment Rate	Average Hold Time min.sec	Average Call Time min.sec	Number of Members who Elected Call Back	Number of Successful Call Backs	Average Talk time of Call Backs (min:sec)	Average wait time of Call Backs (min:sec)	Longest time in queue of Outbound Calls
30-Dec															
31-Dec															
1-Jan															
2-Jan															
3-Jan															
4-Jan															
5-Jan															
Week 1															
6-Jan															
7-Jan															
8-Jan															
9-Jan															
10-Jan															
11-Jan															
12-Jan															
Week 2															
Jan															

Exhibit: G.3-13: Sample Report Template for Pharmacy UM Operations Monitoring

UTILIZATION MANAGEMENT - COVERAGE DETERMINATIONS											
CVG DETERMINATIONS	JAN 07	JAN 08	JAN 09	JAN 10	JAN 11	JAN 12	JAN 13	JAN 14	JAN 15	JAN 16	YTD
TOT DETERMINATIONS	0	0	0	0	0	0	0	0	0	0	0
APPROVED	0	0	0	0	0	0	0	0	0	0	0
DENIED	0	0	0	0	0	0	0	0	0	0	0
EARLY CLOSE	0	0	0	0	0	0	0	0	0	0	0
TURNAROUND (HRS)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
APPROVAL RATE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

APPEALS	JAN 07	JAN 08	JAN 09	JAN 10	JAN 11	JAN 12	JAN 13	JAN 14	JAN 15	JAN 16	YTD
TOT DETERMINATIONS	0	0	0	0	0	0	0	0	0	0	0
APPROVED	0	0	0	0	0	0	0	0	0	0	0
DENIED	0	0	0	0	0	0	0	0	0	0	0
EARLY CLOSE	0	0	0	0	0	0	0	0	0	0	0
TURNAROUND (HRS)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
APPROVAL RATE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

All issues identified are logged into our JIRA tracking system. The POCs will be the intake points for all known issues and responsible for logging and maintaining them throughout the day. The Command Center will have a dedicated room for the team to congregate and hold stand up meetings and calls. During Command Center operations, the PMO will facilitate regular communications to interested stakeholders to minimize external distractions and keep the Command Center team focused.

While the market and plan operations teams are deeply embedded in the implementation, Passport executes a formal implementation-to-operations handoff plan to ensure the smooth transition from the implementation to the operations phase.

Planning and execution of the plan take place in tandem with the implementation and continues until 90 days after Go-Live. Exhibit G.3-14 describes the high-level components of the plan. The overall objective is to ensure operational stabilization through the execution of structured implementation close-out activities. The transition culminates in Executive program reviews conducted as the 90-day post go-live milestone approaches, to ensure Operations is ready to fully assume control of the new program elements.

Exhibit: G.3-14: Implementation to Operations: Key Components for 2021 Go-Live

Milestone	Owner	Timing	Description
Training	Training & Development, PMO	Start up to 90 days pre go-live	Series of training sessions focused on Behavioral Health claims processing, clinical program enhancements, SDoH, mobile application support, expanded provider network and changes in policies and procedures.
Reporting	Analytics Implementation Team	Up to 30 days before go-live to 60 days post go-live	Transition new and refined reports to Analytics Operations team after reports tested with live production data post go-live
Clinical	Clinical Implementation & Operations Teams	Up to 30 days before go-live to 60 days post go-live	Transition new and refined programs to Clinical Operations teams, and ensure that providers and members are well-cared for throughout and beyond the transition to operations
Interfaces	Data Integration	Up to 60 days post go-live	Transition new and refined interfaces to IT Operations team after interfaces tested with live production data post go-live
Integration Quality Go-Live Review	Integration Quality, PMO	30 days pre go-live	Review of testing status, critical defects and any outstanding tasks
Command Center Reporting	PMO & Market Operations	Start 15 days prior to go-live and continue 90 days post go-live	Daily command center reporting, post go-live issue resolution
Domain Status Review	PMO, Operational Domain Leads	Up to 30 days post go-live	Review Implementation Domain status with Market Operations, outlining any outstanding tasks or issues requiring resolution
Maintenance Meetings	Market Operations	Up to 60 days post go-live	Incorporate expanded 2021 capabilities into weekly, bi-monthly & monthly maintenance meetings: Market Operations, Operational Performance Reviews
Executive Program Reviews	PMO, Executive Steering Committee	90 days post go-live	Executive Review of Implementation Retrospective and formal Warranty Period Closure (with handoff of Implementation to Ongoing Operations)

G.3.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.

Effective Communications for Providers and Members Supports Program Participation and Program Goals

Passport leadership recognizes that Kentucky SKY is an ambitious and innovative approach to integrating and coordinating child welfare, juvenile justice, and Medicaid services. Such system change will require support and constant communication between Passport and its provider network and between Passport and its members.

Within two weeks (with approval by DMS, DCBS, and DJJ) of award notice, Passport will establish a web site dedicated to Kentucky SKY. It will contain resources for members, state agency staff, providers, guardians and family members, and the general public. The web site will contain basic information about the Kentucky SKY program and during implementation will be expanded to include the provider manual, the member handbook, contact information for customer service, provider relations, etc. Training materials including webinars and links to external resources also will be available.

Shortly after award notification, Passport will also use its e-news capacity to begin to inform our current provider network of the specific requirements of being a Kentucky SKY provider and the opportunities to improve care. Our provider relations staff will begin individual visits with existing and new providers to orient them to Kentucky SKY.

We will initiate a campaign to inform our current members about Kentucky SKY. The campaign will focus on new opportunities within Kentucky SKY, e.g., care coordination, and also on reassuring members that their existing Medicaid health benefits will continue. This outreach will be extended as we receive contact information for new enrollees transitioning into Passport. We will also focus on building partnerships with TAYLRD (Transition Age Youth Launching Realized Dreams) programs across the Commonwealth to connect with and educate late teens and former foster youth. Passport has an extensive presence on social media including Facebook, Twitter, and Instagram which will be used to supplement educational efforts for members. Some of our content, e.g. new member videos, were recognized with Digital Health Awards for Excellence in 2019.

Furthermore, our statewide network of community engagement professionals will be working through professional, advocacy, and community coalition contacts to make sure information about Kentucky SKY is widely available to our providers and members. This education will occur through booths at professional meetings and community events as well as through informal contacts in the course of community activity.

Provider Outreach

Education and Support for Kentucky SKY Providers

Our orientation activities begin with an introductory phone call from the Provider Relations team, which coordinates the on-site orientation training. Our Kentucky SKY-specific training module will be included in our orientation training for providers new to the Passport network, to providers who are new to serving our Kentucky SKY membership, and as part of Passport’s new hire training requirements.

At the foundation of our initial touch point, the Passport Provider Relations specialist confirms that the provider has been able to successfully access Passport’s provider website, provider portal and Kentucky HealthNet, all of which are critical in the provider’s relationship with Passport and the DMS, including connection information with the Kentucky Health Information Exchange.

Assistance is offered to the provider if there have been any barriers to accessing any of these websites. The provider is also made aware of the tools available to them on the provider website, such as the Provider Orientation Kit, which includes information on Passport’s special programs and how to access them (demonstrated in **Exhibit G.3-15**) as well as Passport’s Provider Manual.

The Provider Manual includes helpful information that details all of Passport’s plan benefits, policies and administrative procedures, as well as a dedicated section on requirements for Kentucky SKY providers. Information specific to the care of our Kentucky SKY members includes the following: eligibility primary care

provider (PCP) exceptions, focus of Passport’s Special Populations team and the agencies that Passport collaborates with for the care of our members, such as the DCBS. Our Provider Manual also describes the nuances of the guidance and requirements for our members in foster care; for example, children may receive services from a specialist without a referral and require prior authorization for the following services

Exhibit G.3-15: Provider Orientation Kit

This Provider Kit Includes ...	
WELCOME LETTER	2
ALL ABOUT BENEFITS	3
• Summary of Benefits for Passport Health Plan Members	3
• Cost Sharing	4
• Utilization Management	4
• Prescription Medications and Prior Authorization	5
• Lock-In Program	6
• Urgent Care Services	9
RIGHTS & RESPONSIBILITIES	10
• Member Rights & Responsibilities	10
• Provider Responsibilities	11
PROVIDER RESOURCES	15
• Electronic Services	15
• Online Resources for Providers	15
• Cultural and Linguistic Services Program	17
BILLING AND REIMBURSEMENT	20
• Paper and Electronic Claim Submission	20
• Electronic Funds Transfer (EFT)	21
• Family Planning Claims	22
• Billing for EPSDT Services	23
• Submission of NDC Information for Drug Codes	24
• Corrected Claim Submission Procedures	25
• Encounter Submission	26
• Third Party Liability	26
SPECIAL PROGRAMS	28
• Care Management Programs	28
• Catastrophic Care Management	28
• Complex Care Management	29
• Condition Care Management	29
• Transition Care Management	32
• Care for You 24/7 Nurse Advice Line	32
• Remote Care Monitoring Program	32
• Maternity Care Management	33
• Specialty Populations Team	33
• Population Health Management	33
BEHAVIORAL HEALTH	34
PROVIDER REFERENCE GUIDE	37

Please note this information is important and to be used to help you become more familiar with Passport Health Plan. However, this doesn't replace the Provider Manual. The Provider Manual is available on our website and is an extension of your contract with Passport Health Plan.

PROVIDER
 Kit
 Passport
 Health Plan

only: inpatient hospital admissions, private duty nursing, home health services and any noncovered services, including early and periodic screening, diagnosis and treatment (EPSDT) expanded services.

Provider Relations Representatives (PRRs) visit providers at their offices on a regular basis. Dependent upon the providers' needs, the PRR may schedule monthly on-site visits and be available on an ad hoc basis to visit providers at any time. PRRs stay engaged with providers via telephone, email or other provider-preferred methods. Upon request, the PRR will return to the provider's office to conduct an in-person orientation refresher course or onboard new provider staff at any time.

Passport Continually Educates and Updates Providers

Passport *eNews* is a key communication method that the Provider Relations team uses to share timely information with participating providers in our network. Timely operational updates, announcements and information are shared with providers in real time via email. The distribution can be tailored to specific provider types, including Kentucky SKY providers for targeted messaging, or sent to all providers with communications that have a broader impact. Passport *eNews* communications are sent out weekly, on average. In 2018, approximately eighty (80) Passport *eNews* emails were sent to our provider community with information relevant to their practices. Passport also offers annual provider workshops at accessible locations across Kentucky so that providers from all regions have the ability to attend. Topics presented at previous workshops have included fraud, waste and abuse detection, Social Security Act Title XI, the role providers have in quality and Healthcare Effectiveness Data and Information Set (HEDIS) measures, third-party administrator transition training, DMS initiative training (i.e., Kentucky HEALTH) and billing and reimbursement practices. To ensure all providers have access to the training information at any time, Passport facilitates and then posts a webinar version of the workshop available on the provider portal.

Passport's Member Outreach

Passport's approach to member outreach and education centers around its philosophy of compassion, personalized communication, early engagement and face-to-face contact, focused on achieving integrated, whole-person care for its members. As we will describe throughout this section, we deploy numerous strategies across multiple teams to achieve higher engagement from members.

We work one-on-one with members in person in the community, at their provider offices and in their homes to help empower them to engage in their health care. Our goal is to persuade members to take control of their health and trust that we will be there to support them every step along the way, in any way that influences their health and well-being. We want them to know that we are there for them in their own community, especially when they need us most.

In addition to meeting members where they are, we believe the first ninety (90) days of their membership is a critical time to build trust and set expectations. Our initial engagement and education of the member is described below.

Kentucky SKY New Member Web Page

Though Passport's website provides its members with tools and information to keep them healthy. Passport's Kentucky SKY New Member Web Page will be tailored to specifically meet the needs of new Kentucky SKY members. It will walk Kentucky SKY members and their caregivers through what kind of outreaches they can expect to receive from Passport in their first days with the plan, such as a new member welcome kit containing a Member Handbook, a separate mailing with a Passport ID card and a phone call from Passport personally welcoming members to the plan and answering any questions the member or their caregivers may have. The Passport New Member Web Page also contains a checklist that members or their families or guardians can use to take charge of their health and their family's health from the start and get the most from their benefits. The checklist contains seven (7) easy-to-follow steps with instructions for our members to follow:

- Knowing the name of their PCP
- Scheduling their first PCP visit
- Learning more about their pharmacy benefits
- Saving the 24/7 Nurse Advice Line phone number
- Filling out their HRA
- Setting up an account on Passport's member portal
- Calling Passport with questions about how to better manage their health

Telephonic Outreach to Kentucky SKY Members and Their Guardians

Through multilingual telephone outreach programs, we provide information to Kentucky SKY members about their benefits, how to access them and focused reminders to children and their families about preventive health benefits and screenings, including information about disease progression and incentives for obtaining the screenings. These calls often serve as a basis for engaging members or their guardians in additional care coordination activities, for example assistance in scheduling appointments, transportation, or referral to community resources.

The SKY Care Coordinator also will outreach to members, their guardians and caregivers to deliver EPSDT-related messages. These outreach discussions will reinforce the availability of preventive care, the recommended schedule for EPSDT screenings and immunizations, as well as the importance of follow-up when referred for a service identified as the result of an EPSDT screening. Care Coordinators also confirm that the member, caregivers, and guardian knows who the assigned PCP is and how to access care.

Kentucky SKY High Fidelity Wraparound Care Management

Basic Care Management

All Kentucky SKY members will have access to care coordination. A Care Coordinator will develop an individual care plan with the member and/or caregiver that will detail interventions, therapies and action steps the member and/or other members of the care team will undertake.

Care plan development will always include attempts to obtain input from a member's PCP, dental provider, BH providers, specialists and other providers.

Kentucky SKY Care Management will take a holistic and member-centric approach. This approach is designed to provide support and resources for members and their families. Examples of this support include:

- Functioning as a health care advocate
- Helping to close gaps in care
- Locating and scheduling provider appointments
- Facilitating and/or arranging transportation
- Connecting the member to community-based organizations and resources
- Resolving barriers to access for needed care and services
- Addressing challenges related to SDoH, health disparities and health literacy

Passport will leverage a team-based model to support members. Members in foster care will be supported by a core team comprised of a Care Coordinator, the member, caregivers and social service worker (SSW). For members under adoption subsidy, the core team will be comprised of a Care Coordinator, the member and parent/caregiver. The core team for former foster care members will be the Care Coordinator and the member. As needed to support a member's progress toward his or her care plan goals, these core teams will be supplemented by providers, community supports, nurse Care Advisors, Passport BH clinicians, Passport psychiatrists, Passport's medical director, Passport's BH director, Passport behavior specialists, Passport registered dietitians and/or a Passport clinical pharmacist.

Our Community Engagement Department

Passport's member engagement strategy is best captured in the phrase "Better Health Together" reflecting our fundamental belief that the best health outcomes result when Passport, its members, and providers work together. Passport has Community Engagement representatives embedded throughout the Commonwealth connecting members with Passport sponsored targeted community events and other health resources to meet individual needs.

Passport Community Engagement staff actively provide health and benefit education to members, participate on many local boards and collaborate with agencies that support DMS goals and its mission. Here are some locations/events where we outreach to and educate members in our community and meet them where they live, work, play, pray, learn and connect.

- Community area ministries

- Schools and school events
- Homeless shelters
- City and community development centers
- Substance use disorder recovery centers
- Prisons
- Community kitchens
- Community centers
- Libraries
- Pregnancy centers
- Health departments and other health care facilities
- Community action agencies
- Apartment complexes
- Mental health and substance abuse facilities
- Churches
- Reentry facilities
- Extension offices
- Colleges
- Career centers
- Goodwill and other thrift centers and food pantries
- Salvation Army
- Numerous other advocate locations

Community engagement representatives use these opportunities to further engage and educate members about their health and their health care benefits.

Other Member Communication Methods

In addition to the communications specifically targeted toward Kentucky SKY members and their families, Passport engages in extensive communication with all members. We communicate with our members in person, by phone, by email, by mail, by text message, through online chat, and through social media such as Facebook, Twitter, Instagram, and others. A high-level overview of Passport's communications methods are included in **Exhibit G.3-16** Communication Methods, Strategies, and Key Messages below.

Exhibit G.3-16 Communication Methods, Strategies, and Key Messages

Communication Method/Strategy	Key Messages and Objectives
<p>Broadcast Media</p> <ul style="list-style-type: none"> Local and cable TV Local and public radio <p>Print</p> <ul style="list-style-type: none"> Local, county newspapers Provider and professional publications Lifestyle magazines Flyers and brochures <p>Outdoor</p> <ul style="list-style-type: none"> Mass transit ads, bus shelters, vehicle wraps Billboards and mobile billboards Signage at key Kentucky venues 	<ul style="list-style-type: none"> Promote Passport’s Mission: To Improve the Health and Quality of Life of Our Members Promote and Improve Access to Health Benefits
<p>Targeted Events and Sponsorships with representation by Passport Community Engagement Team</p>	<ul style="list-style-type: none"> Provide In-Person Access to Community Engagement Representatives Collaborate with Advocate Agencies to Ensure Access to Needed Services
<p>Web/Social Media</p> <ul style="list-style-type: none"> Facebook Twitter Pinterest Instagram YouTube Text messaging Mobile-friendly website Digital advertising Search-engine marketing 	<ul style="list-style-type: none"> Increase education for prevention and disease management Reinforce Department for Medicaid Services (DMS) messages through various social media mediums
<p>Direct-to-Member Messaging</p> <ul style="list-style-type: none"> Direct mail Email Text messages Outbound calls Newsletters On-hold messaging 	<ul style="list-style-type: none"> Send educational information directly to members Invite member participation at community events Remind members to seek preventive care Reminders about appropriate use of the emergency department

Development of Material to Support the Program

Passport has an existing library of approved, award-winning materials developed by our in-house, Kentucky-based Communications teams that we use to engage with providers, members, staff and the community and to support program requirements. These materials are broad-based and include:

- Member Education and Communications:
 - New Member On-Boarding 90-Day Plan
 - New member videos
 - PHM Program Collateral including brochures, letters & videos
 - Regulatory letters
 - Member Handbook
 - Additional member educational materials specific to Kentucky SKY
- Provider-facing Materials
 - Provider manual
 - Materials on PHM Programs and engagement approaches
 - Regulatory letters
- Employee Training & Compliance Materials
- Program policies & procedures
- Desktop procedures & job aids
- Training modules

We will evaluate all existing materials in our planned Transition Communications Center to optimize impact, to align with Passport's latest programs and to ensure compliance against the latest regulations.

Passport also uses various methods to continually adapt our materials to reach Kentucky's various populations and audiences effectively, such as:

- Use of local focus groups
- Using best practices to meet the needs of various Kentucky stakeholders (such as specific cultural nuances and language needs)
- Collaboration between internal subject matter experts and teams
- Use of data from past communications to determine effectiveness
- Use of local talent and visuals
- Kentucky Medicaid/SKY Regulations

Communications experts in individual departments are typically responsible for helping determine the content and distribution method of their requested materials. However, our Transition Communications Center & central creative services teams will assist in the content review, printing and fulfillment process throughout the implementation.

Our extensive, existing supporting material, coupled with our depth and breadth of experience in Kentucky, means that we are ready as needed to deploy new and refined materials to successfully support the new contract. The development of new and refined materials, focused on critical updates and program enhancements, is built into our Program Implementation Plan. New and updated materials will be coordinated with DMS for approval.

G.3.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.

Passport recognizes the importance of building trusting relationships and promoting open communication as key to the success of the SKY contract. As such, Passport anticipates locating care coordinators and other designated SKY staff throughout the state to promote strong and supportive collaboration. As agreed to by DCBS and DJJ, we will look to co-locate staff in DCBS Service Region and DJJ Community District offices. This plan mirrors our current foster care team which has been successful at building relationships with DCBS staff at the county and Service Region level through the assignment of team members to specific DCBS offices.

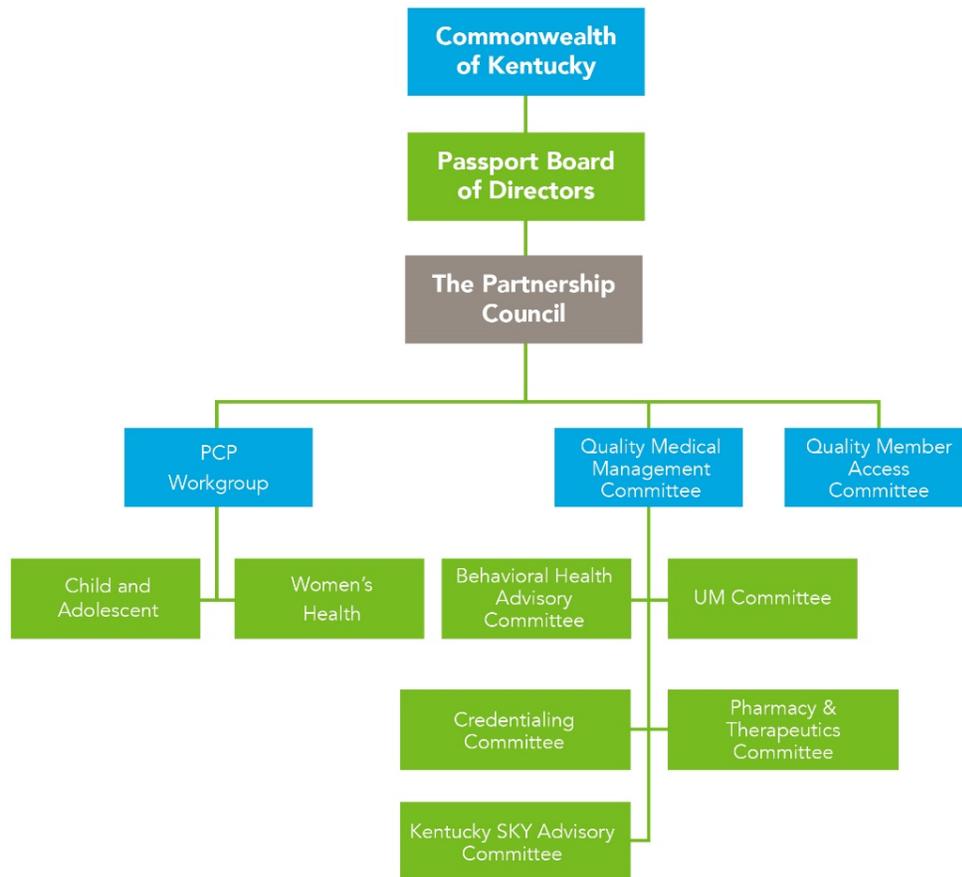
The assigned team member is responsible for meeting on a regular basis with each of their assigned regions. In their day to day work, they make contact with Service Region Clinical Associates, DCBS Family Service Office Supervisors and Social Service Workers on behalf of foster care members to obtain and share information, understand needs, and coordinate care. One of our passions is around avoiding duplicative care (such as repeat immunizations of children) due to lack of medical history available to caregivers and providers. We work hard to establish and maintain relationships with staff at county/Community district level to promote the best interests of the members. We understand from our experiences that these relationships are key to successful ongoing collaboration for process improvement and, more importantly, vital to providing care coordination for our members.

While our work with DJJ has not been as extensive as it has with DCBS, we have worked with them to share member medical history and other information when needed. We are already working to build our relationships with DJJ, beginning at the regional level with a first meeting scheduled to reestablish connections and listen to how we can currently be of service to them.

To insure a voice for state agency staff in the governance of the SKY contract, upon award of the Kentucky SKY MCO contract, Passport’s Quality Organization Structure will be enhanced by establishing the Kentucky SKY Advisory Committee, a sub-committee to the Quality Medical Management Committee (our Quality Improvement Committee (QIC)) focused specifically on Kentucky SKY population. The Kentucky SKY Advisory Committee’s relationship to overall Passport governance is shown in **Exhibit G.3-17**. In addition to

providers from the community and DCBS representatives, this new committee will include current foster care members, former foster care members, foster parents, and adoptive parents and would be fully accountable for ensuring access to care, integration of care, and quality of care for all SKY enrollees.

Exhibit G.3-17: Passport Health Plan Quality Organization with Kentucky SKY Advisory Committee



This committee will report up to the Quality Medical Management Committee (QMMC). The QMMC is Passport’s Quality Improvement Committee (QIC), chaired by Passport’s Chief Medical Officer, and is responsible for ongoing oversight of quality program deliverables. As our QIC, the QMMC serves as the primary conduit for achieving our holistic organizational goals for quality which flow from DMS’ stated priorities of transforming the program; engaging individuals to improve their health and engage in their healthcare; significantly improving quality of care and healthcare outcomes; and reducing or eliminating health disparities. Through its oversight of quality for the entire Passport organization, the QMMC facilitates our organization’s focus on whole-person care across the full spectrum of needs and services, regardless of whether these services are delivered directly by Passport, or via a subcontracted arrangement. The Partnership Council is an approving body for the QMMC and ultimately reports to Passport’s Board of Directors.

Education and Training

Due to the unique needs of foster youth and other SKY members, Passport recognizes the need for a strong training component. As described elsewhere in this response, Passport's SKY team will work with the Department, DCBS, DJJ and other state agencies to identify and provide training throughout the Kentucky SKY system of care.

We are committed to ensuring that services delivered through SKY will be trauma-informed, use evidence-based practices, and take into account the impact of ACES in the lives of our members. In addition to state agency staff and providers, Passport is reaching out to law enforcement and judges. Furthermore, through our community engagement efforts, we are offering educational events directed toward the broader community within the Commonwealth to promote a wide understanding of the needs of Kentucky SKY members. Section G.7 contains an extensive description of the training materials that we will use.

Passport will submit its educational and training plan and materials to the Department for review and feedback. Training materials will be updated at least annually, and more often if a change in law or policy alters the content of the training materials.

Communication

In addition to the availability of SKY care coordination and other staff to the county and Regional DCBS offices, the Project Manager, the Executive Director, and the SKY management team will be available to meet with state agency staff at their offices in Frankfort throughout the planning, implementation, and deployment phases of the SKY contract to strengthen relationships and address any challenges that develop.

Process Development

Passport has proposed structures at the county, regional service and community district, and state-wide level to promote full participation of all stakeholders in the development of processes to achieve the goals of the SKY program. As described in this section, these structures include extensive project management resources as well as formal and informal mechanisms to seek input, negotiate standards, and monitor outcomes.

Conclusion

Our many years of serving Kentuckians has provided us with extensive implementation advantages, proven operating systems, a large, statewide provider network, a high-performing local team, and significant experience working with members and stakeholders throughout the Commonwealth. Even so, Passport employs standard project management techniques and a carefully prepared project implementation plan to ensure a low-risk, smooth transition to the new contract. We are committed to delivering a successful implementation to deliver on 2021 SKY program requirements and to providing an exceptional experience to our Kentucky SKY members and providers alike.

Passport has been honored to serve the Kentucky Medicaid and foster care populations for 22 years and will continue to comply with all provisions of the Medicaid Managed Care Contract and Appendices (including Kentucky SKY) as we continue to serve them in the future.

G.4 Kentucky SKY Contractor Educational and Training Requirements



G.4. Kentucky SKY Contractor Educational and Training Requirements

- a. Describe the Contractor’s proposed approach for collaborating with experts including the Department, DCBS, and DJJ to identify Provider training needs. Please include examples from other Contractor programs exhibiting collaboration with state agencies to identify training needs.
- b. How will the Contractor ensure that the Contractor’s staff and Network Providers (including but not limited to hospitals, pharmacies, and specialty Providers) receive in-depth training on the Kentucky SKY program, including what is and is not allowable exchange of information in a HIPAA-compliant organization, to preserve and support continuity of care. Describe how the Contractor will ensure Network Providers are aware of the requirements of the Kentucky SKY program, and how the needs of this population may differ from those of the Medicaid managed care population?
- c. Describe how the Contractor will educate Law Enforcement Officials, the courts, judges, attorneys, and judges about the Kentucky SKY program.

Introduction

Passport is committed to improving services to foster youth, former foster youth, adoption assistance members and dually committed youth through a targeted program of initial and ongoing training for our staff and our large and diverse network of providers. We ensure that all Passport staff and our network providers understand the unique needs of the Kentucky SKY population and the importance of incorporating trauma-informed care (TIC) into every interaction with members, their families and caregivers. This section describes our plan to accomplish these goals, which includes strategies and partnerships to assess, monitor and address the training needs of Passport’s provider network and staff serving Kentucky SKY members.

- G.4.a. Describe the Contractor’s proposed approach for collaborating with experts including the Department, DCBS, and DJJ) to identify Provider training needs. Please include examples from other Contractor programs exhibiting collaboration with state agencies to identify training needs.

Passport’s Collaborative Approach with Experts for Provider Training Needs

Throughout its history, Passport has worked closely with state agencies and community experts to improve services for its members, including in the development of training resources. Our current foster care team works closely with the Department for Medicaid Services (DMS) and the Department for Community Based Services (DCBS) to ensure the needs of our foster care members are met. For example, through these relationships we identified a gap in knowledge about managed care processes for many therapeutic foster care and residential agencies in the commonwealth. In response, our foster care team proactively reached out to agencies, establishing relationships and training staff on how they could work with Passport for the

benefit of members placed in their care. Many of these agencies now regularly contact our foster care team for information and assistance.

Passport has a seasoned Health Integration team that has an extensive history of formal and informal training provisions. Four (4) of the members of the Health Integration team and the chief medical officer have all had faculty appointments with universities to provide formal training. The fifth member of the team was responsible for the training of the behavioral health (BH) team and non-BH staff in BH issues affecting offenders at Kentucky's Department of Corrections before joining the Passport team. As a provider-driven organization, Passport holds many relationships with providers in the community who have expertise and experience in providing training about their areas of practice.

In compliance with the draft Kentucky SKY contract, Passport's education and training plan will be submitted within one hundred twenty (120) days of contract execution, as referenced in our Implementation Plan. We will ensure that DMS has a minimum of ten (10) calendar days to review Passport's education and training materials and that the final materials are submitted to DMS within five (5) days of DMS review. The materials will be evaluated for needed revisions on an annual basis, or as required due to law or policy changes.

Gaining Wide-Ranging Insights for Effective Provider Training

The Passport team will collaborate with Kentucky experts, including those in DMS, DCBS, and the Department of Juvenile Justice (DJJ) to identify provider training needs. Based on this collaboration, we will develop and promote a provider education program that leverages the strengths, insights and abilities of all participants to successfully deliver on the goals of the Kentucky SKY program. Passport has identified topics to include in our comprehensive Kentucky SKY education curriculum, including the topics listed below in the "Passport Ensures Provider and Passport Staff are Educated about Kentucky SKY" section of this response. Passport will further develop curriculum content to address knowledge gaps based on input from representation of county, regional and Kentucky experts. The experts that Passport will consult with include:

- DCBS social service workers and Central Office team members
- DJJ workers
- DCBS Recruitment and Certification workers
- Therapeutic foster care agency staff
- Residential treatment facility staff
- Providers
- Court designated workers
- Adoptive parents
- Foster parents
- Fictive kin
- Former foster youth

We have learned during our long tenure of training providers that partnering with outside experts can lend added importance and credibility for the training curriculum, thereby maximizing provider attendance and participation. For example, Passport has partnered with the University of Kentucky College of Social Work's Training Resource Center (TRC) to administer TIC trainings with law enforcement, providers and other stakeholders around the commonwealth. The mission of the TRC is to provide training, technical assistance, service and evaluation to professionals and caregivers working to improve the well-being of families, children and communities. The TRC has been designing and implementing child welfare training, evaluation and service programs across the commonwealth for nearly three (3) decades.

A variety of provider types will be queried for knowledge gaps and barriers to delivering services to Kentucky SKY members. Insights and feedback from providers will help direct the mode of delivery of the training. Provider representation includes primary care providers, BH providers, other specialists and dental providers, as examples. The expertise of foster parents, adoptive parents, fictive kin and former foster youth are also essential to understanding how providers can be more effective in the delivery and coordination of care for Kentucky SKY members. We have learned that it is critical to get individuals with lived experience in the system (both youth and parents) to ensure the voice of these experts are brought forward as part of the foundation of what is developed and updated over time. Their input will be key in determining where gaps exist.

To minimize disruption to stakeholders' day-to-day responsibilities, Passport will use regularly scheduled meetings or events whenever possible to obtain training input and feedback.

Passport's Collaborative Experience with State Agencies to Identify Provider Training Needs

Passport looks forward to working collaboratively with DMS, DCBS and DJJ to identify training needs for those providing services to the Kentucky SKY population, and to address these needs with targeted educational programs. The discussions may occur during regularly scheduled meetings with state agency staff or as a result of a specific issue that arises, such as the need for increased TIC, as exemplified in Kentucky SKY Use Case 1. As part of this collaboration, Passport will share provider monitoring data with state agencies to provide insights that might not otherwise be available to them and work jointly with the state agencies to address any issues that are identified through new or modified training. We are confident that Passport's partnership with DMS, DCBS and DJJ will result in a training curriculum that improves the quality of services throughout the Commonwealth. Furthermore, as described below, we have engaged known and reputable content experts to help plan, create and deliver the comprehensive training that providers need to better serve the Kentucky SKY population. These experts are critical components of our plan to serve the Kentucky SKY population.

As part of our collaboration activities, Dr. David Hanna, Ph.D., a licensed clinical psychologist and BH manager with Passport, worked with the Social-Emotional Health Subcommittee of the State Interagency

Council (SIAC) in 2019 to plan and deliver training on TIC at the annual System of Care conference. He also participated as a panel member for a discussion of the film *Paper Tigers*.

In 2017, Dr. Liz McKune, Passport’s vice president of Health Integration, partnered with Dr. Melissa Currie, professor at the University of Louisville School of Medicine Department of Pediatrics and director of Forensic Medicine of the University of Louisville, to conduct a presentation for clinicians and law enforcement officers at the Focusing on Treatment and Care Conference titled, “Child Forensics: A Collaborative Effort.” Dr. McKune was previously the director of Mental Health for the Kentucky Department of Corrections and was responsible for implementing a TIC initiative for the Department of Corrections, including the implementation of trauma-informed treatment options for offenders across Kentucky. She previously received a GAINS Center grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), multiple grants from the Greater Cincinnati Health Foundation, and a Bureau of Justice Administration grant to help bring case management and TIC to offenders as part of reentry to the community for Kentucky. Dr. Currie and Dr. McKune combined forces at the Adanta Community Mental Health Center Conference to provide training for clinicians and first responder law enforcement providers across Eastern Kentucky.

This workshop, a Passport-sponsored program from 2010-2019 for physicians, other providers, emergency departments and emergency responders, focused on educating first responders about how to identify signs of trauma and child abuse in infants and children. Dr. Currie’s experience educating on this topic includes hundreds of workshops and trainings across Kentucky regarding signs of abuse through her role as director of Forensic Medicine.

The DJJ and the Administrative Office of the Courts (AOC) recently adopted a risk assessment tool for youth in DJJ to identify criminogenic factors and needs of DJJ youth. While at Kentucky’s Department of Corrections, Dr. McKune was the lead trainer for the implementation of the risk assessment tool for all offenders, which identifies the criminogenic factors and needs of offenders to prevent recidivism of offenders returning to jail or prison after leaving, and can leverage this involvement in the adoption of the risk assessment tool for youth. Dr. McKune’s experience also includes being a presenter at national conferences for the GAINS Center, the American Correctional Association and the National Commission on Correctional Health Care about Kentucky’s experience in this area with adult offenders. Through her faculty role with Spalding University’s School of Professional Psychology, she assisted doctoral candidates in conducting dissertations on the effectiveness of these programs in Kentucky. In addition, Dr. Cheryl Hall served as a program administrator with the Department of Corrections and has been active in Passport’s work with the transition of adult offenders from facilities into care in the community. Both Dr. McKune and Dr. Hall will provide trainings for internal and external teams about criminogenic factors that lead to recidivism and how they closely align to Social Determinants of Health (SDoH) to support effective treatment plans that include addressing the factors identified through the DJJ/AOC risk assessment tool to reduce recidivism.

Passport has continued to partner with others in an effort to identify and provide training for providers. Using his experience as a provider of publicly funded services and working for a managed care organization

(MCO), Dr. Hanna presented at the Cabinet for Health and Family Services (CHFS) 6th Annual Systems of Care Academy in June 2019. He presented on working with MCOs from a provider perspective.

Passport has participated in conferences and conducted training for providers, including the following:

- Integrated Care Models for the Kentucky Primary Care Association
- Navigating Value-Based Agreements for the Kentucky Psychological Association
- Screening, Brief Intervention, and Referral to Treatment (SBIRT) training provided one-on-one with providers
- Training about Project ECHO with Kentucky Primary Care Association in an effort to create a Project ECHO in Kentucky to target improving the quality of medication-assisted treatment (MAT) services
- Creating Integrated Care Models for the Kentucky Psychological Association
- Innovations in Medicaid Behavioral Health for the 10th Annual Innovations in Medicaid Conference
- Addressing SDoH for the 10th Annual Innovations in Medicaid Conference
- Elevating the Health and Safety of the Community for the 45th Annual Dr. Joseph H. McMillan National Black Family Conference
- Impact of Medicaid on Service Access for the Judicial Symposium on Addiction and Child Welfare
- Improved Health Outcomes: Youth Suicide for the SIAC
- Improving Health Outcomes by Addressing SDoH and Partnering in Community for the Louisville Veteran Affairs Staff
- Changing Landscape of Health for the University of Louisville Psychology Department Training Symposium

In addition to regular interactions with DCBS staff about the needs of foster care members, Passport regularly attends and participates in quarterly meetings with DCBS regarding a variety of topics that affect providers and our members in foster care and collaborates with providers to resolve issues affecting access to care. These interactions also serve as an opportunity to recognize potential education and outreach needs or possible training gaps and the opportunity to work jointly with the appropriate state agencies to address them.

Passport's Governance Model Ensures Provider Trainings for our Kentucky SKY Population

Further expert insight on training needs will be obtained through the proposed Kentucky SKY Advisory Committee, which will operate as a subcommittee of the Quality Medical Management Committee (QMMC), Passport's Quality Improvement Committee. This committee will include providers, foster parents, state agency staff, Kentucky SKY members and advocates. The committee will review training curriculum and provide feedback on needed training topics and how to best reach the target audiences.

G.4.b. How will the Contractor ensure that the Contractor’s staff and Network Providers (including but not limited to hospitals, pharmacies, and specialty Providers) receive in-depth training on the Kentucky SKY program, including what is and is not allowable exchange of information in a HIPAA compliant organization, to preserve and support continuity of care. Describe how the Contractor will ensure Network Providers are aware of the requirements of the Kentucky SKY program, and how the needs of this population may differ from those of the Medicaid managed care population?

Passport Ensures Providers and Passport Staff Are Educated About Kentucky SKY

Training and education are a cornerstone of Passport and vital in ensuring that its members have access to the care and services they need and deserve. This becomes even more important for the often medically and behaviorally complex members of Kentucky SKY. Caring for this very vulnerable population requires an in-depth knowledge of the Kentucky SKY requirements and a full appreciation for their unique needs and circumstances. Our structured training and education program ensures that Passport staff and the Passport providers that serve its Kentucky SKY members participate in initial and ongoing training that addresses the unique needs of Kentucky SKY members, the role of the caregiver, and the requirements of the Kentucky SKY program.

In-Depth Training on the Kentucky SKY Program for Passport Staff

All Passport providers are assigned a Provider Relations Representatives, whose job is to communicate Passport expectations in the delivery of care and to help resolve any difficulties that occur. With consultation from the Kentucky SKY Provider Relations liaison, all Provider Relations Representatives will receive training in expectations for Kentucky SKY providers. This training will include information about the unique needs of Kentucky SKY members, TIC and evidence-based practices appropriate for this population. Provider Relations Representatives are also trained to support providers in areas essential for successful practice within a managed care environment, including:

- Claims processing and provider data
- Kentucky Health Information Exchange
- Passport Provider Portal
- Passport website
- DMS/fee schedules
- Health Insurance Portability and Accountability Act (HIPAA)-compliant information exchange
- How to preserve and support continuity of care
- Provider contracting
- Passport Provider Manual
- Kentucky HealthNet
- Passport’s policies and procedures
- Provider site visits
- What is and is not allowable exchange of information

Passport’s employees serving Kentucky SKY members and provider support team staff will receive ongoing quarterly in-service training and education on new or relevant topics. **Additionally, we require our Passport Kentucky SKY employees and provider support team to complete the same training our providers serving our Kentucky SKY members receive, as described below.**

Initial Kentucky SKY Training for Providers

Passport will provide a foundational Kentucky SKY education curriculum to our providers serving our Kentucky SKY members. This program will be designed to ensure that all providers receive the training, tools and supports needed to deliver the highest quality of care to our members while remaining compliant with our contract with DMS and applicable Commonwealth and federal requirements. It will also address the unique needs of this very vulnerable population, the role of the caregiver, and the requirements of the Kentucky SKY program.

This Kentucky SKY-specific training module will be included in the orientation training for existing providers (including hospitals, pharmacies and specialty providers), providers new to the Passport network, providers who are new to serving our Kentucky SKY membership, and as part of Passport’s new hire training requirements. This instructor-led training will be offered in person and via webinar and accompanied by written materials that reinforce the most important content.

The training will cover a range of topics, including the following:

- Overview of the foster care system
- Overview of the juvenile justice system
- TIC
- Adoption subsidy and how foster care members may qualify upon adoption finalization
- Challenges faced by former foster care members and dually committed youth
- Common circumstances Kentucky SKY members experience, such as:
 - Multiple and frequent changes in placement
 - Changes in caregivers
 - Traumas experienced in their short lifetime and post-traumatic stress
 - Behavioral health and complex medical issues
 - Substance abuse issues—either personally or experienced in their home
 - Disruptions in education
 - Challenges when aging out of foster care and the risk of homelessness
 - Caregiver’s challenges and supports within the foster care system
- The Kentucky SKY covered services and requirements and how they differ from other Medicaid populations, such as the providers’ responsibilities for:

- Providing or coordinating health care services and BH services, including medical consent, timelines, assessments, appropriate utilization of psychotropic medications and more, as required by DMS
- Business processes and workflows
- Coordinating with foster parents, caregivers and fictive kinship, social service workers, and adoptive parents
- Coordinating with state DCBS and DJJ professional personnel, court-appointed special advocates (CASAs), judges, law enforcement officials, schools, private child-caring and child-placing agency staff, other Cabinet sister agencies, and other stakeholders
- The role and responsibilities of DMS, DCBS and the DJJ and the collaboration process with Passport
- Understanding the roles of DCBS and DJJ for daily committed use, including
- The role of each department in terms of custody and guardianship, and how DCBS's legal custody supersedes DJJ's in terms of legal and health decisions
- How discharge planning is determined for dually committed youth from each department
- The appropriate contacts within each agency and how those contacts work with each other
- The role of the court vis a vis the requirement of both agencies
- The limits of SKY oversight for DCBS committed youth placed in a DJJ lock down facility
- Passport's staffing and infrastructure to support the Kentucky SKY program
- The role and availability of Passport's Kentucky SKY Care Management team and how to access the Care Coordinator
- The aging out process and Passport's support in transitioning our members
- The Building Bridges Initiative

Tracking Passport's Initial Kentucky SKY Training for Providers

Passport's Kentucky SKY providers will be separately identified within our provider database to allow for monitoring of completion of all training requirements. Providers with existing contracts with Passport will complete contract addendums spelling out the required elements of providing services to Kentucky SKY members. New providers will have these elements incorporated into their contracts. Provider Relations Specialists will provide Kentucky SKY Initial Training to new providers within 30 days of being active in the Passport provider network. Through regular outreach via email, phone and in-person visits, Provider Relations Specialists will track and monitor to ensure trainings are completed. When web-based trainings are completed as part of Passport's Kentucky SKY Initial Training program, a record of completion of each training will be created and stored in a database.

Ongoing Kentucky SKY Training for Providers

Passport will also provide ongoing training to primary and specialty medical providers, BH providers and dental providers who serve our Kentucky SKY members with a focus on compliant and collaborative care. Passport’s trainings are often conducted in collaboration with community partners who are considered experts in the curriculum being delivered. Examples of community partners Passport would seek to collaborate with to provide trainings are:

- Kaplan Barron Pediatrics and Physicians to Children—“Experience providing a medical home for foster care and adoption subsidy members”
- Dr. Hanna with TIC—“Common diagnoses and misdiagnoses in the Kentucky SKY population”
- Pastor Edward Palmer, V. Faye Jones, MD, and other experts for trainings on racial disparity in health equity and child-serving systems
- Dr. McKune and Dr. Hall with DJJ and AOC staff on integration of criminogenic risk factors that impact and enhance SKY care plans
- Kent School of Social Work, Spalding School of Social Work, Western Kentucky University (WKU) School of Social Work and University of Kentucky School of Social Work—“Trauma-informed care”
- Former foster youth, adoptive parents, foster parents and fictive kin for foster life experiences and perspectives

Training topics for ongoing education sessions build on the foundations received during Kentucky SKY Initial Training. Ongoing training modules include the following:

- Passport’s High Fidelity Wraparound Approach
- The Impact of Adverse Childhood Experiences (ACEs)
- Child and Adolescent Needs and Strengths (CANS)
- Screening for and identification of BH needs
- Crisis intervention services
- Passport’s care coordination and how to access the care coordinator
- Covered services
- Neonatal abstinence syndrome
- Substance exposed infants
- Screening for and identification of BH disorders
- Performance measures and health outcomes
- Criminogenic Factors and Reduction of recidivism

Tracking Passport’s Kentucky SKY Ongoing Training for Providers

We track attendance of our ongoing training sessions in several ways. When a Provider Relations Representative delivers a training session in person in a provider office, the Provider Relations

Representatives records the date the training session was completed for each provider. When webinar or web-based trainings are completed, an attendance log is created and stored in an internal database that Passport’s Provider Relations team can refer to as needed. We will also offer interactive online trainings to providers. These web-based trainings have knowledge checks throughout, ensuring that providers are engaged with the material being presented to them. At the end of both online and in-person education sessions, providers must sign an attestation stating that they completed the training. This attestation shows the name of the course, the name of the provider and the date completed. Passport stores copies of these attestations in an internal database.

Passport’s Workshops and Webinars for Additional Training

In addition, providers are invited to in-person workshops or educational webinars hosted by Passport throughout the year. Passport engages departments throughout the health plan to contribute to and help facilitate our webinars. For example, Passport has hosted the webinars, such as “Opioid Use Disorders TeleECHO Clinic,” “Targeted Case Management” and “Passport Behavioral Health: Autism Services and Behavioral Analysts Webinar,” as illustrated in **Exhibit G.4-1**, that were conducted in collaboration with subject matter experts from cross-functional teams within Passport.

Exhibit G.4-1: Passport Behavioral Health: Autism Services and Behavioral Analysts Webinar



Ensuring the Effectiveness of our Trainings

At the end of each provider training session or workshop, Provider Relations Representatives ask participants to complete a survey to assess provider satisfaction with the presenters, training materials, content of the training and its effectiveness. The Provider Network team uses this feedback to constantly improve Passport’s provider training program. Provider Network team leadership also conduct random audits of provider training visits to determine whether on-site trainings meet Passport’s objectives. We administer surveys online after trainings have been completed. Survey results, along with a roster of training attendees, are stored in a Passport database.

Training Follow-Up to Ensure Attendance and Adherence

As a follow-up to training sessions and workshops, Passport Provider Relations Representatives review attendance against reservation rosters to identify any provider not in attendance. After identifying providers who reserved but did not attend a training session, a Provider Relations Representative contacts each provider to reschedule training, offering the option of a one-on-one training session. Provider Network Representatives work with each provider’s preferences, and one-on-one training can be completed in person or via webinar or conference call.

Additionally, we regularly monitor adherence to the Passport training. For example, Passport is committed to all Kentucky SKY providers taking a trauma-informed approach in care, using evidence-based practices and adopting clinical practice guidelines. Our dedicated Kentucky SKY provider liaison reviews our provider file to make sure that all providers have completed the required trauma-informed training. To help us more closely monitor the provision of TIC by our providers, Passport implements member, legal guardian and foster parent/caregiver surveys specific to provider experiences. These surveys are specific to each provider, allowing for targeted support when needed. These member/family surveys supplement our ongoing monitoring of TIC, including pop quizzes and provider audits.

G.4.c. Describe how the Contractor will educate Law Enforcement Officials, the courts, judges, attorneys, and judges about the Kentucky SKY program.

Educating the Kentucky Judicial System About the Kentucky SKY Program

Passport’s cross-functional team of associates has deep and diverse experience in Kentucky Medicaid managed care as well as with the foster care and judicial systems (professionally and as foster parents and adoptive parents). Collectively, our employees bring to Passport first-hand knowledge and proficiencies working with:

- New Vista of the Bluegrass
- Community Mental Health Centers
- The family court system
- DJJ law enforcement
- Therapeutic foster care agencies
- Residential treatment facilities
- Children’s Review Program
- AOC, Kentucky Court of Justice
- Kentucky Department of Corrections

Through this shared knowledge and experience, the Passport team appreciates the benefits that a thorough understanding of the Kentucky SKY population and systems can bring to affected Commonwealth employees in the judicial system and their civilian counterparts. A focused, yet comprehensive education about the Kentucky SKY program can assist Commonwealth employees in facilitating care and services for Kentucky SKY members more efficiently, helping ensure members have more timely access to the appropriate resources they need and deserve.

Passport’s Approach for Justice System Outreach and Education

Passport will develop educational materials intended for all branches of the justice system that are involved in the well-being of Kentucky SKY members, including:

- Law enforcement officials
- Judges
- Court designated workers
- District and county attorneys
- The Kentucky AOC
- The Kentucky County Attorneys Association
- The Kentucky Department of Public Advocacy
- The Kentucky Justice and Public Safety Cabinet
- Others as applicable to the content of the training session

Our approach will be to use applicable content from the provider training referenced in this response, but through the perspective of the judicial system and what would be beneficial for them to know. For example, topics will include an overview of Kentucky SKY and the needs of this vulnerable population, Passport’s role as a MCO for Kentucky SKY benefits, the High Fidelity Wraparound concept of care, TIC, impact of ACEs, the process for when a member ages out of foster care, and resources available to Kentucky SKY members. In addition, we will have co-located staff statewide to work in collaboration with the DJJ and the court system and ensure that they have the needed timely support and guidance to navigate the managed care process efficiently and effectively.

In addition, our education and training curriculum for this population is detailed in **Exhibit. G.04-2 Curriculum for Justice System Education.**

Exhibit. G.04-2 Curriculum for Justice System Education

Training Topic	Curriculum
Kentucky SKY Program Overview	Purpose, roles and responsibilities of DMS, DCBS, DJJ and the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), and how these agencies coordinate and collaborate with Passport’s Kentucky SKY team
Passport’s Kentucky SKY Team	Passport’s roles and responsibilities within the Kentucky SKY program, how to contact a Care Coordinator, and how to participate in a care team meeting
Kentucky SKY Population	Unique attributes, resiliencies and needs of the population

Our quarterly education program for the Kentucky Judicial System will include a set curriculum as well as trainings created to address specific needs. We will respond to feedback from education sessions and information provided by Passport’s field-based associates or through data that informs us that additional education is needed to support a seamless process or more timely access to care.

Passport-Led Kentucky SKY Education Session

Passport welcomes the opportunity to conduct Passport-led Kentucky SKY education sessions in person or via webinar at the availability and convenience of the participants. By using already scheduled opportunities to address groups of individuals, such as regular professional meetings, new hire orientation, staff meetings or resource fairs, we can minimize personnel downtime. Passport’s Community Engagement team, as appropriate, will contribute to the outreach effort for providers, including presenting the course content and answering questions. In-person sessions offer the opportunity to ask and answer questions and gain feedback that can inform needed changes to materials or processes.

Passport and Kentucky SKY Education Materials

In addition to in-person education sessions and webinars, Passport will develop resource materials that can be accessed and referred to as needed. These reference documents will be available online at passporthealthplan.com in the form of printable brochures, fact sheets and resource guides. All educational materials will be developed in a manner that is:

- Direct
- Easy to read
- Complementary information presented at in-person workshops or meetings

Passport’s Education Program Will Extend to Community Supports and Safety-Net Providers

In addition to the education programs outlined in this response, Passport’s education outreach program on the Kentucky SKY program will be made available to resources in the community, such as in the areas of housing, employment, schools and parenting with community organizations. Groups and associations may include Youth Aging Out, Family Scholar House, the Office of Resilience and Community Services and Louisville Youth Group to list just a few. We will also more deeply engage with the safety-net providers in our network, including Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Behavioral Health Service Organizations (BHSOs), public health departments, and community mental health centers (CMHCs) to ensure they have the specialized education and support needed in the care of our Kentucky SKY members. The community and our safety-net providers are integral in making sure that Kentucky SKY members have access to the benefits and services they need and deserve.

Safety-Net Provider Education

Working with foster care helps ensure member’s continuity of care, such as educating schools on transition of care planning for the summer months.

Proposal to Further Expand Kentucky SKY Training

Passport believes the more that individuals are informed about the Kentucky SKY program, the stronger the program will be. We propose making education about managed care and how it serves the SKY population available on a regular basis to DCBS and DJJ workers in a manner that is convenient and easily accessible.

The training would include an overview of the Kentucky SKY program:

- The Kentucky SKY covered services and requirements
- The role and responsibilities of the DMS and how DCBS and the DJJ staff can collaborate with Passport to obtain the best services for their clients
- Passport’s staffing and infrastructure to support the Kentucky SKY program
- The role and availability of Passport’s Kentucky SKY Care Management team and how to access the Care Coordinator
- Passport’s support in transitioning aging SKY members

Passport will also be available for ongoing trainings, scheduled at times and locations designated by DMS. Ongoing training topics will include information shared in the new hire education as well as additional topics determined to be needed or relevant based on Passport’s Kentucky SKY team’s collaboration with DMS, DCBS, the DJJ, DBHDID and Cabinet sister agency personnel. Trainings will be customized, as needed, and can be conducted in person or via WebEx based on the preference of DMS and other agencies. To accommodate new hires, changes in staff or changes in the roles of agency personnel, material will be developed in a manner that can be used repeatedly through various channels and is not dependent on face-to-face training.

Conclusion

For twenty-two (22) years, we have ensured that our members in foster care have access to the supports and resources they need, and this continues to be a priority for Passport. We have the expertise and structure in place to collaborate with experts from the DMS, DCBS, DJJ and others to further develop a comprehensive and compliant training, outreach and education program for providers, facilities and others that could have positive judicial system upstream and downstream impacts for the unique needs of our Kentucky SKY members, including criminogenic factors.

Passport has been honored to serve the Kentucky Medicaid and foster care populations for 22 years and will continue to comply with all provisions of the Medicaid Managed Care Contract and Appendices (including Kentucky SKY) as we continue to serve them in the future.

G.5 Kentucky SKY Enrollee Services



G.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.
- 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.
- 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
 - ii. Work with the Department, DCBS, DJJ, Foster Parents, and Adoptive Parents to assign PCPs
 - iii. Track data to confirm that every Kentucky SKY Enrollee is assigned to a PCP.
 - iv. Inform PCPs of new Kentucky SKY Enrollees within the required timeframes.
 - v. Confirm that PCPs received the list of assigned Kentucky SKY Enrollees
 - vi. Provide a sample of the report the Contractor will use to notify PCPs of their assigned Kentucky SKY Enrollees.
- 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.
- 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.
- 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.
 - ii. Conducting surveys with AA Enrollees to determine the reason for opting out of the Kentucky SKY program.
 - iii. Attempts for periodic re-engagement after Disenrollment.

- iv. Include how the Contractor will use results from the survey to improve the program.
- 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.
- h. Describe how the Contractor will address and manage crisis calls during business hours as well as after hours.
- 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.
- 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.

Introduction

Passport understands that accessible and effective health care begins with strong communication between the managed care organization (MCO) and the member, smooth administrative procedures, and easily accessible support for any problems that might develop. These factors are especially important when children and youth become members in the chaotic circumstances often surrounding entry into foster care. Passport's approach to member services is designed to quickly connect with individuals becoming members and make the connection to providers easy and in keeping with member and family preferences. We have also designed processes for addressing unexpected problems that arise, whether that is a crisis jeopardizing the member's stability, difficulty locating a provider or something as simple as a lost Medicaid ID card.

G.5.a. Describe the Contractor’s proposed approach for coordinating with the Department, DCBS, 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.

Kentucky SKY Immediate Response for Foster Care

In 22 years of experience in serving foster children in Kentucky, we have learned that regardless of how we become aware of a youth’s foster care status, we need to respond immediately to connect them with services including care coordination, medical screenings and primary care, and behavioral health (BH). Passport uses a “no wrong door” approach to (1) identify members, (2) enroll members in the program, (3) identify acute and ongoing needs, and (4) connect to services. Under this philosophy, members may call Member Services, Passport’s main line, or any other number such as Provider Services – the member will be soft transferred to a member services representative (MSR) for assistance. Members may also email us through the website or contact us through the member portal. They may walk into our office for face-to-face assistance or speak with a local Passport representative at a number of our community engagement outreach events. By having staff located within the community they can be approached at any time or anyplace. For example, many have assisted restaurant workers standing in line at the grocery or upon a member’s request.

Frequently, our first notification occurs through a phone call from a Department for Community Based Services (DCBS) worker, foster parent or school. All Passport staff who answer phones are trained to identify potential new foster care members and conduct a warm transfer to the Kentucky SKY dedicated Care Coordination team. We also become aware of new foster care members through routine monitoring of the updated 834 file as described below.

Eligibility File Load Overview

When enrollment data regarding member eligibility is received from DMS through the Health Insurance Portability and Accountability Act (HIPAA) 834 transaction file (834), it is ingested into the system via a series of controlled steps with monitoring oversight to ensure accuracy.

File Load Monitoring

The file load process has end-to-end monitoring in place. Automated monitoring jobs track expected receipt of 834s from the Commonwealth and send triggered notifications to data operations if not found for investigation and confirmation. See **Exhibit G.5-1** for an example of our alerts received during the file load monitoring process.

Exhibit G.5-1: Passport’s File Load Monitoring Sample Alerts

Details of Missed Execution Jobs

JOB_ID	JOB_DESC	FREQUENCY	START_TIME	END_TIME	SERVER_NAME	MISSEDEXECUTION_DATE	MISSEDEXECUTION_TIME
PH834DAILY	Eligibility Load and Processing	Every Day	0	23	ALDPRDDBPHKYALDERA_SANDBOX	2019-04-16	00:15:00
PH834DAILY	Eligibility Load and Processing	Every Day	0	23	ALDPRDDBPHKYALDERA_SANDBOX	2019-04-16	00:30:00
PH834DAILY	Eligibility Load and Processing	Every Day	0	23	ALDPRDDBPHKYALDERA_SANDBOX	2019-04-16	00:45:00
PH834DAILY	Eligibility Load and Processing	Every Day	0	23	ALDPRDDBPHKYALDERA_SANDBOX	2019-04-16	01:00:00
CCHHS837	837 Daily	Every Day	0	1	ALDPRDDBPHKYALDERA_SANDBOX	2019-04-16	00:15:00

Eligibility File Validation and Quality Assurance

Upon receipt of the 834, eligibility file loading immediately begins and includes a multistage quality assurance (QA) process with checkpoints throughout to ensure accuracy. During these standardized quality checkpoints, we will not proceed in our loading stages until we have received technical and business validations and approvals.

The technical team quality checks the record counts overall and by line of business; counts of expected additions and terminations; verifies the number of members on the 834 file against what is to be loaded; and provides validation and analysis of each file. For monthly, quarterly and reconciliation loads or any loads connected to times of significant program change, we apply added layers of deep audit, quantification and QA checks. The eligibility team reviews the results from a preliminary loading process to monitor and validate loading results, as well as address member record-level issues. If a member record is flagged for rejection or warning, the eligibility team reviews and determines the appropriate steps to take to repair the account if possible, with corrections that can be made using Kentucky Health Net for verification. Discrepancies at the member level that cannot be corrected are communicated back to the DMS via the 200 Report. The 200 Report is also used to inform DMS of a member’s date of death or if it has been discovered that a member may live out of state. The 200 Report is sent to DMS monthly by the tenth (10th) of the month.

Passport will notify DMS of any known enrolled members who were not included on 834. Further, if we become aware of any changes in demographic information, we will advise the member to report the information to the appropriate source. In the event that the demographic information change does not appear on the 834 within sixty (60) days, Passport will report the conflicting information to DMS.

After a thorough preliminary review and completion of these technical and business quality checks, the second phase of finalization occurs to commit the file into IdentifiSM HPA and officially load the updated member eligibility.

Continuous Process Improvement Advances Passport’s Data Loading Speed and Reliability

We prioritize a sound, high-performing technical foundation for consuming 834 files. Over the past two (2) years, we have made significant investments in infrastructure to support rapid 834 file ingestion for daily, monthly, quarterly and reconciliation files well within DMS time-bound load requirements. In 2019, our

average file load time for a daily 834 was approximately ten (10) hours, within DMS's requirements for rapid loading. These investments and upgrades include the following:

- Developed and implemented a new 834 eligibility and enrollment parser to drastically reduce load time
- Upgraded data centers with new networking (firewalls, routers, etc.), providing greater platform stability and faster data access
- Migrated to new server farm enabling access to faster computers, more and faster storage, and higher maximum memory configurations, as well as benefiting from greater distribution of shared services onto broader virtualized servers
- Implemented multiple database configuration and maintenance changes
- Migrated to new SAN, enabling access to larger data storage and faster I/O speeds
- Built a new application QA team (20 resources) focused on full automated regression testing against configuration
- Invested in architecture improvements of the code that drives plan assignment which significantly reduced the processing time for loading the large 834 files
- Implemented replicated server for eligibility loading and extracts for improved performance of eligibility loading and extract generation
- Built a network operating center which provides around the clock IT operational monitoring and support
- Enhanced pre-production environments to support more comprehensive testing prior to code deployments, by running additional scenarios and load test through, and
- Simplified data structures for faster loading and added reliability

Member Plan Assignment

The 834 file load process involves ingesting the raw data via an eligibility pipeline process to determine record-level program participation by using indicators from the 834 information to map the members to the correct "plan" in our core system (where the "plan" correlates directly to the benefits the program allows). Distinct plan types also support the benefit and coordination requirements of varying eligible member categories, and distinct member groups are placed into categories such as Kentucky Children's Health Insurance Program (KCHIP), newborn, family and children, and dual eligible members. Additional identifiers are loaded in our front-end database for reconciliation and reporting. The maintenance code given on the 834 will determine if the member information on file will be an addition, termination or change to the member record. A history of all changes to a member's eligibility record is maintained on the system for reference.

Retroactive Eligibility Processes

Retroactive eligibility indicators are also shared on the 834 and our existing plan structures support retroactive eligibility loads, assigning distinct retrospective eligibility segments aligned with appropriate claims processing behaviors. In addition, for members determined to have retroactive eligibility, authorization requirements are lifted for the period a member was retroactively eligible to prevent challenges to claims payments for providers during this period. For terminations and/or retro-terminations, specific processes assess prior claims payments for recoupment of funds when retro-termination activity occurs. Passport follows the same process to reconcile claims payments for eligibility claims that are pending for retroactive enrollment.

Reenrollments

Upon consumption of an 834 file, our system logic has a member-match component to review if the member is active or has previously been in our system. When matches are found, the logic will reinstate members with their original IDs and primary care providers (PCPs) if they reenroll within a twelve (12)-month time period to support continuity of care. Our process adheres to all requirements of Attachment C – Draft Medicaid Managed Care Contract and Appendices, Section 26.12.

Distribution of Eligibility Information to Subcontractors

Our core eligibility system is also used to disseminate Passport's member eligibility to subcontractors providing services, such as CVS/Caremark (pharmacy), Avesis (dental and vision) and Beacon Health Strategies LLC (BH). Eligibility is automatically extracted on a daily basis and sent to each subcontractor. The creation and successful distribution of these extracts are monitored through our data operations team and subcontractor operations teams to ensure regular and timely delivery. Subcontractors then load these extracts into their systems on a daily basis for the most updated view of member eligibility. Passport also works with subcontractors on a monthly and quarterly reconciliation schedule and is available to consult and partner with subcontractors to ensure the proper consumption methodology of the data. This collaboration is especially evident when new data elements are expected on the 834, and we jointly coordinate on readiness and testing of any file changes.

Enrollment in Passport Triggers ID Card and New Member Welcome Kit Generation

Passport will continue to provide for a continuous open enrollment period throughout the term of the contract for newly eligible members. Passport does not and will not discriminate against potential members nor use any policy or practice that has the effect of discriminating on the basis of an individual's health status, need for health services, race, color, religion, sex, sexual orientation, gender identity, disability or national origin. Passport understands that the individuals listed in Attachment C –Draft Medicaid Managed Care Contract and Appendices, Section 26.8, Persons Eligible for Enrollment and Retroactivity, shall be eligible for enrollment and agree to the associated terms for eligibility and retroactive coverage.

We similarly understand that the individuals listed in Section 26.11 of the draft contract shall be ineligible for enrollment.

Passport understands enrollment packets will be developed by DMS for potential members. We understand that we will have an opportunity to review and comment on the information to be included in the enrollment packet and may be asked to provide material for it.

Upon receipt of new membership information from DMS in the eligibility files, automated processes identify these individuals and initiate distribution of ID cards and new member welcome kits within the five (5)-day requirement. These time sensitive documents contain critical information and begin plan engagement. We understand and acknowledge the enrollment period timeframes, including those related to newborns and presumptive eligible individuals. We also understand that we will be responsible for the provision and costs of all covered services beginning on or after the beginning date of enrollment and the associated requirements related to continuation of medically necessary covered services.

An extract is generated from the core eligibility system based on triggers of new members needing these new member materials. Automated monitoring built by our data operations team ensures that the extract is created as expected daily. Our eligibility team adds a second layer of monitoring of this extract process and validates extract content, performing QA checks to confirm that the number of ID cards to be distributed matches expectations from the core eligibility system. After validation, the ID card extract is provided to Clarity, the ID card vendor. Quality checks are also done in the Clarity system prior to cards being mailed. When multiple members of the same family enroll at once, ID cards are sent grouped by family rather than in individual envelopes to avoid any delivery time differences that may cause member confusion.

The ID cards and New Member Welcome Kit communications include all required components using approachable, welcoming language. When SKY members enroll in Passport, Passport mails a Welcome Kit within five (5) business days, by a method which will take no longer than three (3) days to reach the member or other appropriate recipient. For foster care (FC) members, the Welcome Kit is sent to the social service worker (SSW), while JJ Members Welcome Kits are sent to the Department of Juvenile Justice (DJJ) children's benefit worker. Adoption Assistance (AA) Members Welcome Kits are sent to the member or adoptive parent. Upon request from the SSW or children's benefit worker, Passport will mail the Welcome Kit to the foster parent, caregiver or DJJ residential treatment facility. The Welcome Kit is the SKY Member Information Packet and contains a confirmation letter with the name and contact information for the Passport SKY Care Coordinator, a copy of the Passport SKY Member Handbook; a SKY identification card; and other required information, such as information on selecting and changing PCPs and dental providers; information about the Care Coordination team, including about the role of the Care Coordination team, how to seek assistance in scheduling appointment and accessing care coordination services, how the SKY member can share special health care needs and specific services that the Care Coordination team may need to coordinate services; information about the role of the SKY call center and how to access the call center; information about the role of the inquiry coordinator; and an explanation of the disenrollment procedures for AA members. An electronic copy of the SKY Member Handbook is always available on the Passport

website. The contents of the Handbook are carefully organized to highlight important calls to action, emphasizing how to access care through clear and concise directions on:

- The roles of DCBS and DJJ in consenting to the FC members' and JJ members' health care services
- The role of the PCP and dental provider
- The Kentucky SKY identification card
- How to access the SKY Member Services Call Center
- How to select or change PCPs and dental providers
- Role of the Care Coordination team
- How to access the Passport website
- How to access the Care Coordination team
- Continuity of care and transition issues, and
- The aging out process

Clinical Processes to Ensure Timely Connection to Care

Passport understands the importance of expeditiously providing care to Kentucky SKY members. For this reason, assessment and care coordination are initiated at the time of enrollment in the Kentucky SKY program. Our process to manage these needs involves:

- Assessment
- Care Coordination

Assessment

Within one (1) business day of notification of a new Kentucky SKY member, a Care Coordination team is assigned to the member. The Care Coordination team will consist of, at a minimum, the Care Coordinator, member, caregiver (when applicable), and a DCBS social service worker or DJJ worker (when applicable). Depending on the needs of the member (as determined through the assessment process), additional team members will be added. These additional team members will include providers, including PCPs.

Upon assignment of the new member to the Care Coordination team, the Care Coordinator will work to identify the current or needed PCP, dental, BH and other specialists, and other providers. Information and input will be sought from each of the providers for assessment and care plan development purposes. The Care Coordinator will contact the member, caregiver, and/or DCBS/DJJ worker to complete a Health Risk Assessment (HRA), if a recent HRA is not already on file for the member. The Care Coordinator will also begin to assemble available reports, assessments, criminogenic risk factor assessment if available, and documentation from DCBS, DJJ and providers. The Care Coordinator will schedule a Care Coordination team meeting to take place within thirty (30) days of enrollment. We understand that the ability to access needed services right away is particularly critical for members of the SKY population.

Within thirty (30) days of enrollment, the Passport Kentucky SKY team will complete the Kentucky SKY Pediatric Assessment or the Kentucky SKY Former Foster Youth Assessment (Member Needs Assessment). Please see **Attachment G.5-1_SKY Pediatric Assessment** and **Attachment G.5-2_SKY Former Foster**

Assessment. Both of these assessments include Adverse Childhood Events screeners. Based on the findings from that assessment and any other available information, the team will develop a care plan for the Kentucky SKY member, which will be updated by the team at a frequency determined by the risk level of the member.

By leveraging the Identifi platform, all Passport employed Care team members will have real-time 24/7 access to any documentation (including assessments and care plans) which are completed by Passport Care team members. Identifi contains a suite of reports which give insight into care management programs and interactions with members occurring within the programs. These reports can be run daily by Passport Care Team members and by their managers to help ensure timely completion of program requirements. Retrospectively, monthly chart and call audits are conducted for each Care Coordinator and Care Advisor on the team to ensure they are meeting program requirements with the members they are serving. Passport Care Management team managers participate with directors in a monthly performance management meeting, which includes review for each Care Management team member of monthly quality audit results, maintenance of workload and any other feedback received about the employee. During this meeting, the leadership team determines what corrective action should be taken to address any areas of need. These actions can be at the individual or team level, such as retraining on program requirements, engagement skills, etc.

Care Coordination

Kentucky SKY members who have had their health information analyzed (i.e., records, results) and are determined to be at a lower risk of future complications will be enrolled in the Kentucky SKY care management program. Care coordination is an important component of all care management interventions and includes addressing barriers to care; like transportation, adequate housing and nutrition needs.

The Care Management team will determine, working with the foster family and child, and foster child's medical home provider, the ongoing intensity of care coordination support. The child and foster family/caregiver will have access to their assigned Kentucky SKY care coordinator when they ever need additional support.

Care coordination focuses on:

- Connections to school-based, community and state agency resources
- Psychosocial issues – interventions address factors that impact a child's or caregiver's adherence to the child's health care plan, such as social, emotional, or financial barriers including any needs identified and shared with us in the DJJ and Administrative Office of the Courts (AOC) criminogenic risk factor assessment
- Caregiver support – interventions support caregiver's emotional resources, providing external/community-based resources such as caregiver support groups, respite, and development of coping skills

- Health behaviors/interventions encourage children and their families to develop healthy behaviors (e.g., nutrition and activity) and reduce unhealthy behaviors (e.g., quit tobacco use)
- Monitoring and closing gaps in care
- Avoidance of duplicative immunizations and tests – to do this, we leverage the Kentucky Immunization Registry and any administrative data that we receive from DMS as part of the eligibility file; Passport works closely with agencies like Brooklawn, Ramey Estep Homes, and Boys and Girls Haven to ensure records are transferred and accurate

The Care Coordinator ensures completion of an assessment and care plan to support the member’s Care team in providing care, removing barriers to treatment and ensuring the member is connected with the PCP and that communication between providers is established.

Expedient Enrollment in Other Markets

Throughout our history, Passport and the Department have worked hand in hand for the Kentucky SKY population. Our Member Services team includes Special Support Technicians who are trained to regularly update eligibility. They are equipped to handle any access issues as they arise in a real time environment. They also work closely with members, their guardians and providers to alleviate access to care issues. Across departments and with our state agency partners, we work in coordination so the concerns can be addressed on each side.

Our partner, Evolent Health, is also active in the state of Florida for three different health plans, including coverage of foster care members. Their national innovation arm continually evaluates new approaches and optimizations for foster care programs throughout the country. Passport will leverage the project management resources of Evolent to ensure it meets timeliness requirements. We and our partners are centrally focused on providing the highest quality experience to our members.

G.5.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.

Passport’s Approach to Kentucky SKY Member Eligibility

Passport recognizes that maintaining accurate eligibility files will be critical to serving the Kentucky SKY population well. Children and youth in DCBS or DJJ custody may abruptly become members, have frequent changes of address, or unexpectedly be removed from state custody. Former foster youth may not maintain stable addresses, have difficulty keeping up with member ID cards or staying in contact with their health plan. Passport’s process is designed to be maximally supportive of the unique needs of these groups. We have a flexible process for collaborating with DCBS and DJJ to resolve enrollment and eligibility issues. This process includes the following steps:

- If a member does not show as active in KyHealthNet, a specialist contacts DCBS regional Children’s Benefits Worker (CBW) and/or Title IV-E Specialist and notifies them that the member is showing inactive. They are asked to confirm that this is correct. If not correct, the DCBS employee escalates the issue to DMS and lets the Passport specialist know when the status has been corrected.
- If a state worker, provider or foster parent notifies Passport that a member is not active, the same steps as above are followed. Once corrected, the specialist notifies the entity that brought the issue to their attention originally.
- Occasionally, the specialist will receive notification from a DCBS worker or case manager that a youth on extended commitment is not active. The specialist goes through the above steps. If confirmed that the member is not active, the specialist explains that member is eligible until age twenty-six (26), but that they must re-enroll once reaching age nineteen (19). Specialists details steps to re-enroll with the state (usually presenting at a benefits office) and also provide the name of a regional independent living specialist to provide additional guidance in the process.
- Currently, DJJ has “administrative” custody of a member in DJJ, but the parent retains guardianship. However, the MCO is allowed to speak with DJJ about eligibility issues. While we have not historically received eligibility requests from DJJ, just questions about ID numbers and cards, the process would be similar to the process described above. We would reach out to or receive questions from a DJJ Benefits Specialist instead of the DCBS personnel mentioned above.

We prioritize providing an excellent member experience as individuals transition in or out of the plan and will meet the Department’s expectations and requirements outlined in Attachment C –Draft Medicaid Managed Care Contract and Appendices. Passport will accept all members without restriction and maintain appropriate levels of staffing and service delivery to ensure an excellent member experience. Our eligibility processes and infrastructure serve as the foundation and core drivers of these critical functions, and are especially significant with their immediate critical implications, such as member access to care, claims processing, provider panels and capitation and subcontractor services and operations. Our eligibility operations are highly controlled for accuracy and timeliness, with established processes to identify, investigate and address eligibility issues quickly. Dedicated leadership and technical teams are actively driving and overseeing these operations and are positioned to lead any troubleshooting or modifications that may arise. In addition, Passport has in place the technical and procedural infrastructure to support member enrollment activities, as well as changes and disenrollments that occur over time.

- G.5.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:
- G.5.c.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

Passport’s Approach to Helping Foster Care Members Identify and Select a PCP

Passport’s One-on-One Assistance in Selecting a PCP

Passport’s commitment to High Fidelity wraparound is evident in our support of youth and family/guardian “voice and choice” in selecting their own preferred provider. Passport’s Kentucky-based MSRs are available to help members select or change a PCP and to help coordinate their medical care. Passport’s Care Coordinator (who has to be assigned within one business day) will call the SSW, caregiver, foster parent or member to ask their preference for a PCP. If they do not select one or we are unable to reach them, then we will auto assign the PCP. During our welcome call, if the member indicates the auto-assigned provider is not the best fit, we will inquire about previous providers, familiar providers, family members’ providers, cultural and linguistic needs, and office locations close to the member’s work, home or school to help find the provider that best meets his/her unique needs. Upon PCP assignment or validation, we offer assistance in scheduling an initial PCP visit to promote continuity of care. We have efficient processes for assigning PCPs to SKY members. These streamlined assignment rules include:

- SKY members already enrolled with Passport prior to Jan. 1, 2021 will be assigned to their current medical home, unless a different preference is indicated
- SKY members new to Passport as of Jan. 1, 2021 will have the opportunity upon enrollment to select their PCP
- **SKY members who do NOT select a PCP upon enrollment will have a provider auto-assigned for them within two (2) business days, in accordance with the terms of the Contract.** Auto-assignment for foster care members will be based on where the member’s DCBS case is located, while AA members’ region of residence is determined by the adoptive parent’s official residence. For JJ members, assignment will be based on the member’s DCBS case location or location of their DJJ residential facility. Finally, for former foster care members, assignment will be based on the county where the member is residing.
- Passport will assess PCP access, and assign a new PCP as necessary, for Foster Care, Adoption Assistance (AA) and Juvenile Justice Kentucky SKY members who have a placement change

All SKY members will have the option, as other Passport members do, to request a change of PCP assignments if they choose. Change requests should come from the member, adoptive parent, DCBS staff, caregiver, DJJ staff, foster parent or kinship caregiver. Requests will go directly to the Passport SKY team, which will coordinate with Member Services to complete the request.

If the Kentucky SKY member was a Passport member before entering the program, a claims review will be completed to determine if the SKY member is due for a comprehensive well child exam (or annual exam for SKY members twenty-one (21) or older). The results of the review will be shared with the DCBS social service worker. Furthermore, gaps in care will be addressed telephonically with the member's current placement. In the case of DJJ Kentucky SKY members, emails will be sent to the DJJ benefits worker, and a call will be made to the guardian and/or placement. Notification will also be given via phone, email or letter to adoptive parents. For former foster youth, this information will be communicated to the member directly through text, email, telephone and/or letter.

In all situations, Passport attempts to provide a personalized and person-centered experience. Care Coordinators will confirm the selection of the PCP in their initial contact with Kentucky SKY members. Our Care Coordinators will assist in selection of a PCP if needed using a DMS plan-approved protocol. This process walks the member or the member's guardian through PCP selection and offer assistance in scheduling an initial visit. The script includes a stepped approach for determining member preferences for optimal PCP assignment. We will ask about previous providers the family has visited, cultural and linguistic needs, and office locations close to the member's home or school. We will identify a list of high quality providers who meet each member's needs within their geographical areas. In all cases, our teams will ensure that the member or the member's guardian knows how to access the member website, which also lists current providers.

Making sure that our foster care members have a medical home is at the heart of Passport's approach to population health. The PCP in their role as the medical home provides our members with primary and preventive care, and arranges other medically necessary services that the member needs. Therefore, Passport acts quickly to make sure that members are linked with a medical home through a rapid initial assignment, and a flexible model that allows for choice and change.

At the time of enrollment, the assigned PCP will be confirmed via a letter in the New Member Welcome Kit. The member and member's guardian will also be notified at this time of his or her right to change the PCP if the member is not satisfied with our assignment. The member and member's guardian will also receive a member ID card with the practice name and phone number printed on the ID card.

Passport encourages members to self-select PCPs and ensures that all members who are required to have a PCP have one selected or assigned within the required timeframes. Our panel of providers will reflect to the extent possible, the cultures, languages and ethnic backgrounds of the members we serve. Our contracting efforts have laid the groundwork for a robust provider network to ensure members have adequate access to a qualified, diverse network of PCPs (and other health care providers). For example, Passport meets one hundred percent (100%) of the adequacy standards for PCPs statewide. Passport allows any willing provider who is located within our geographic coverage area and who is willing to meet Passport's terms and conditions (including the Kentucky Medicaid program and Medicaid partnerships) to participate in our network.

Every Passport member, especially former foster youth in this case, is encouraged to choose his or her primary care health professional from among those available in Passport’s extensive provider network. Ensuring the member has an assigned PCP is a critical component of our mission to improve the health and quality of life of our members. A member’s established relationship with a PCP fosters coordination and continuity of care as well as consistent and ongoing communication and health education.

G.5.c.ii. Work with the Department, DCBS, DJJ, Foster Parents, and Adoptive Parents to assign PCPs

As described in our response to c.i above, Passport auto-assigns PCPs within two (2) business days to SKY members who do not select a PCP upon enrollment. We recognize the usual indicators used in auto-assignment may not be appropriate for children and youth in state custody. For example, a child’s assigned DCBS office may be in Clinton County, but their actual placement in a therapeutic foster home may be in Hardin County. Therefore, an address, a common indicator for auto-assignment, would not be appropriate. Passport will use the best available information about the child’s location to auto-assign the PCP if no choice is made. We will also confirm assignment with the SSW or other guardian, and Care Team members will be able to make alternative assignments if more convenient or appropriate for the member. Similarly, for former foster youth, we recognize that addresses may change frequently and we will outreach the member to ensure that their assigned PCP is accessible to them if they express no preference. For AA members, the adoptive parent’s official residence will usually be the basis for locating a PCP, but subject to change based on input from the parent.

We acknowledge that in most cases, appropriate PCP assignment for members who are moving frequently and unpredictably will be less than perfect. Therefore, we will work closely with DCBS, DJJ, FP, etc. to resolve the issue quickly.

Passport will assess PCP access and assign a new PCP as necessary for foster care, former foster youth, AA and Juvenile Justice Kentucky SKY members who have a placement change. We notify DCBS workers and foster and adoptive parents (and members) of their assigned PCP via phone or email from the Kentucky SKY team. The member will also receive an updated member ID card in the mail every time a change is made.

G.5.c.iii. Track data to confirm that every Kentucky SKY Enrollee is assigned to a PCP.

Passport generates a daily report that identifies all members without an assigned PCP. This report is shared with the Care Coordination team who outreaches the member to initiate the PCP selection process outlined above. If the member cannot be reached, we auto-assign the PCP and provide written notice to the member and the PCP.

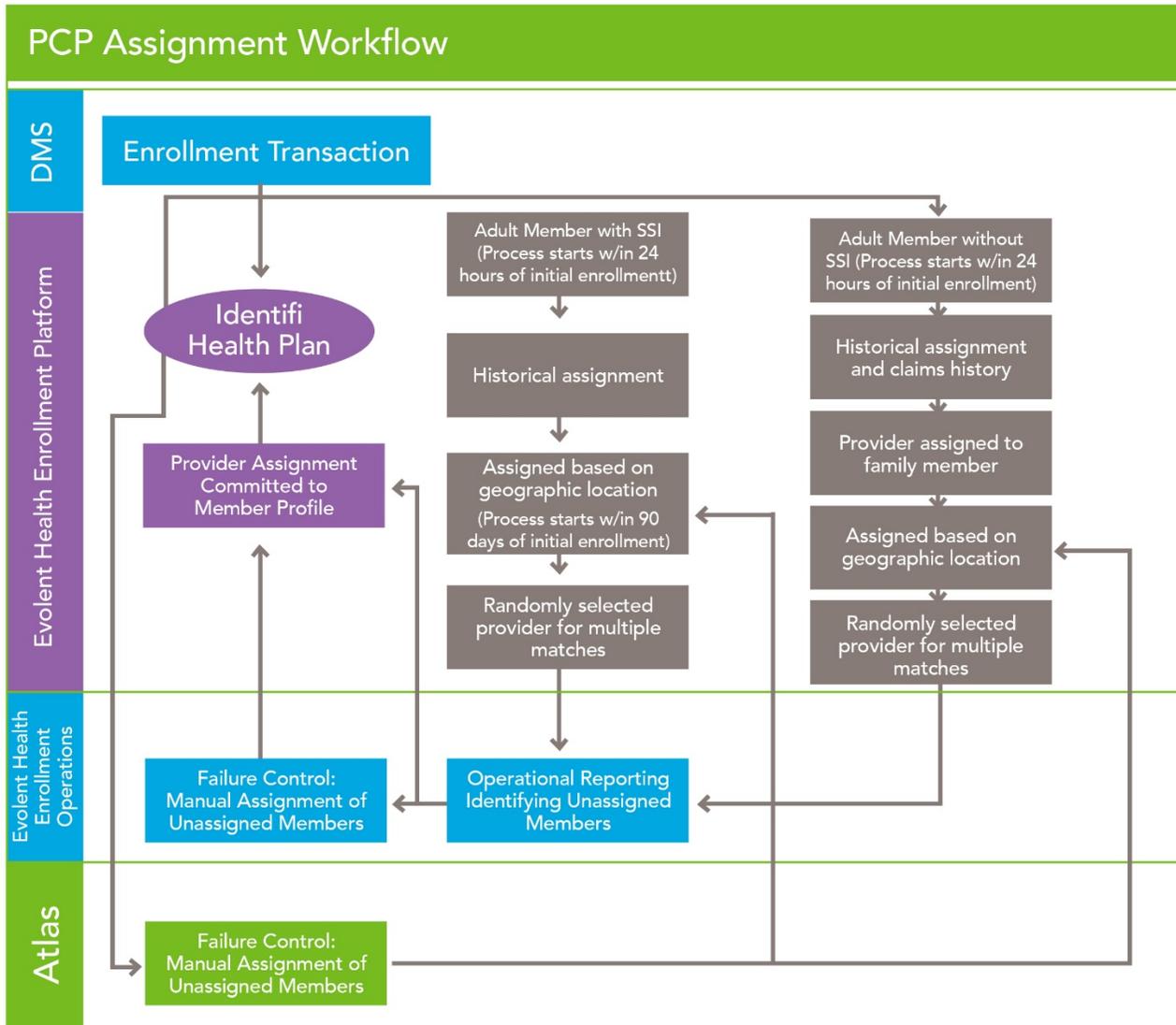
To confirm that every Kentucky SKY member is assigned to a PCP, Passport uses a PCP algorithm. The algorithms Passport deploys for PCP assignment contemplate several criteria to align our members with the PCP that best meets their needs, whether the member is new to Passport or has regained Medicaid eligibility, as illustrated in **Exhibit G.5-2**. Criteria include:

- Previous or historical PCP assignment
- PCP assignments for like family members
- Geographic algorithms

We appreciate the positive impact that a relationship with a PCP can have on a member's best health. Therefore, we strive to connect members to their previously assigned PCP if they have had Passport eligibility within the past year through a review of available claims data or prior PCP assignments, as described in **Exhibit G.5-2**. Assigning members to their historical PCP also helps ensure continuity of care. Children under sixteen (16) are assigned to a pediatrician.

In the event that an eligible PCP cannot be found in the member's claims data the algorithms for a PCP based on geographical location is applied. Geographical assignments consist of a search of providers in five-mile increments from the member's home until the maximum distance is reached. For members living in urban and non-urban areas, the search is a maximum distance of thirty (30) miles or thirty (30) minutes from the member's home or work. Assignments take into account the need for children under sixteen (16) to be assigned to a pediatrician, pregnant women the opportunity to be assigned an obstetrician, language needs known to the plan, as well as access to transportation. If more than one eligible PCP is found in the search, the member is assigned to a PCP that is chosen randomly from this list of eligible PCPs. Passport has one-hundred percent (100%) success aligning a member to a PCP using these algorithms.

Exhibit G.5-2: PCP Assignment Workflow



G.5.c.iv. Inform PCPs of new Kentucky SKY Enrollees within the required timeframes.

Tracking and Communicating PCP Assignments

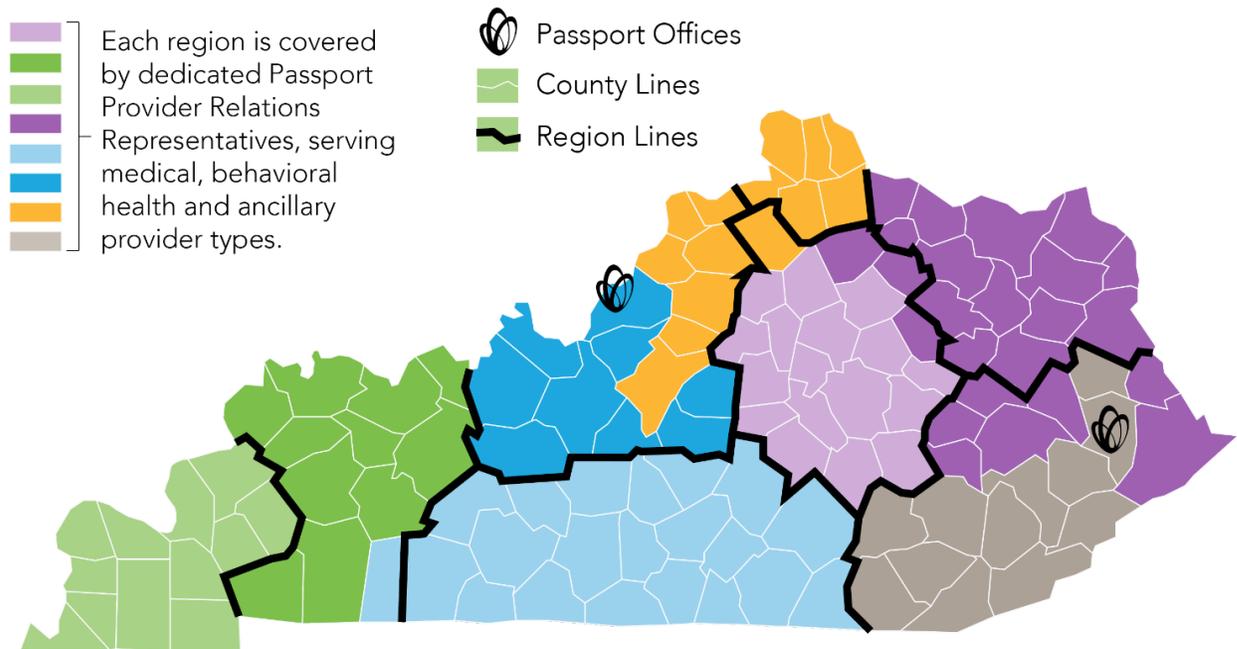
In order to inform providers of new Kentucky SKY members within the required timeframes, the Director of Provider Network Management (PNM) will generate a report for PCPs that identifies SKY members assigned to their panel. These PCP panel rosters, updated daily, are available to providers 24/7 via our online provider portal. All in-network PCPs may access their their panel roster at anytime by using their unique, secure provider portal login and password.

In addition, the dedicated SKY Provider Relations Liaison will distribute these monthly reports to the PCPs (see **Attachment G.5-3_Sample PCP Roster**), with the help of Passport’s statewide Provider Relations staff. This team, combined with our Population Health Managers, aids in bridging the transition between operations and clinical quality.

The map in **Exhibit G.5-3** shows how dispersed our team is throughout the Commonwealth.

Exhibit G.5-3: Passport’s Provider Relations Specialists across the Commonwealth

Provider Relations Representative Regions



G.5.c.v. Confirm that PCPs received the list of assigned Kentucky SKY Enrollees.

As noted in our response to c.iv. above, Passport will confirm that PCPs receive the list of assigned Kentucky SKY members through frequent contacts made by our dedicated SKY Provider Relations Liaison and Passport’s statewide staff.

G.5.c.vi. Provide a sample of the report the Contractor will use to notify PCPs of their assigned Kentucky SKY Enrollees.

The Director of Provider Network Management will generate a report for PCPs that identifies SKY members assigned to their panel (see **Attachment G.5-3_Sample PCP Roster**). The dedicated SKY Provider Relations

Liaison will distribute these monthly reports to the PCPs. This report includes the member ID, first/last name, gender, phone number, address, county and region.

G.5.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.

Helping Kentucky SKY Members to Adhere to Their PCP Assignments

Passport understands that SKY members may face barriers and complications in maintaining their regularly scheduled appointments. We engage the SKY member and their caregivers in a variety of methods and stages to encourage them to keep up with their appointment schedules. These include:

- New SKY member welcome packets, notifications and calls
- Telephonic outreach to children and their guardians
- Monitoring for PCP visits
- Supporting adherence with dental visits
- Providing assistance with transportation arrangements

New Member Welcome Packets, Notifications and Calls

We send new members a welcome packet that includes a welcome letter, Member Handbook and member ID card with the member’s selected or assigned PCP’s contact information. The Member Handbook includes an array of preventive care information, including the early and periodic screening, diagnosis and treatment (EPSDT)/child health check-up periodicity schedule and services, who to call for help accessing services, how to access our audio health library, and more. Passport will seek regional or state permission to send these materials to members’ placement settings as well. If blanket permission is not given, placements may individually request these materials, subject to guardian approval.

In addition, DCBS guardians will receive a secured email containing the member’s ID number and the name of his or her PCP. For DJJ SKY members, a secured email containing this information will be sent to the member’s benefits specialist, unless otherwise instructed by DJJ.

Kentucky SKY Care team representatives also make outbound calls to all members or their guardians to welcome the member to the Kentucky SKY program. During this call, we review covered benefits, confirm the member’s selected or assigned PCP, and reinforce the value of completing scheduled preventive care, as well as the follow-up treatment recommended by the member’s PCP or specialist.

We use the welcome call as an opportunity to help the member or guardian make the initial PCP appointment and arrange transportation. We also work with organizations like Family Scholar House and the True Foundation to provide educational sessions and benefits materials.

Telephonic Outreach to Children and Their Guardians

Through multilingual telephone outreach programs, both automated and live, we provide focused reminders to children and their families about preventive health benefits and screenings, including information about disease progression and incentives for obtaining the screenings.

- Our Care Coordinators conduct outbound calls to each household with Kentucky SKY members under the age of 21. They reinforce the availability of preventive care, the recommended schedule for EPSDT screenings and immunizations, as well as the importance of follow-up when referred for a service identified as the result of an EPSDT screening.
- Our Care Coordinators will outreach members to remind them about needed appointments. We refer guardians who need additional help or who have clinical questions to their local Care Management team for follow-up and assistance, which may include home visits from a member of the local Care Management team community health worker (CHW).
- The SKY Care Coordinator will notify the member and/or caregiver and legal guardian after the PCP is assigned.

Monitoring for PCP Visits

Passport understands that a member's relationship with a PCP is important for managing and maintaining a member's best health and controlling rising health care costs. Our Kentucky SKY Care team actively monitors member claims/encounter data to identify gaps in care, high or avoidable emergency department (ED) utilization, and other information that encompasses receipt of services from the member's PCP. Kentucky SKY members' claims will continue to be monitored regularly, and gaps in care will be addressed with outreach to caregivers or guardians.

After the Kentucky SKY care coordinator contacts the current caregiver or legal guardian to establish a suitable PCP and assist in setting up an appointment, a letter will be sent to the appropriate address (guardian, benefits worker, member or placement) providing guidance on how to use the PCP, including:

- Your PCP is the main doctor who gives you most of your care and makes referrals when you need them. Think of your PCP as your medical home—the place that knows you the best.
- Make an appointment with your new PCP right away, even if you are not sick. The purpose of this visit is to get set up as a new patient. Your PCP will get to know you and get an idea of how to treat you.
- The more your PCP knows about your health history, the more he/she can help you. Getting set up as a patient before you get sick is important. When you are an established patient, you can get your

medicines and referrals more quickly.

For members with a care gap, after an appointment is confirmed as scheduled, the Kentucky SKY Care Coordination team will call the member (or former foster youth), guardian, placement or provider at regular intervals to confirm that it was kept.

If an appointment is not kept, our Kentucky SKY Care Coordination team will follow up with the member (or former foster youth or placement) to identify and address any barriers contributing to the missed appointment by engaging additional community resources. Reasons for missed appointments could include lack of transportation, language, physical limitations, hours and so on. Barriers will be addressed through solutions including arranging Medicaid transportation, changing PCPs, arranging interpreter services or identifying other community resources that can mitigate the barrier.

During this call, the team member will inquire about the possible reasons that the member has not visited their PCP and help them resolve those issues and schedule a PCP appointment. The Kentucky SKY Care Coordination team will reinforce the reasons why establishing and maintaining a relationship with the PCP is so important to their overall health. Caregivers and former foster youth will also be educated to the incentives in form of gift cards attached to well-child exams for members ages seven to twenty (7-20) years.

Passport will work collaboratively with SSWs, Family Service Office supervisors, MCO liaisons, Office of Children with Special Health Care Needs (OCSHCN) nurses, independent living specialists and service region clinical associates to collaborate and coordinate care for the member. Similar communication through the DJJ Benefits Specialist and case workers will also be utilized. Ongoing communication between appropriate parties regarding care gaps and other health issues (hospitalizations and ED visits, use of psychotropic medication and utilization of BH benefits) will occur regularly.

Tracking Completion of Scheduled Appointments and Gaps in Care

We track completion of scheduled appointments to ensure children receive the full range of timely EPSDT screenings and treatment as specified in the ACIP Recommended Immunization Schedule, the American Academy of Pediatrics (AAP) Bright Futures guidelines, and DMS guidelines, and identify children who are more than two (2) months behind based on claims reports for outreach. Kentucky SKY Care Coordinators contact guardians or foster parents with a SKY member who has gaps in care for services related to preventive health screenings and chronic care. They also review the child's needed screening or care and help schedule the appointments and eliminate any barriers to keeping the appointment, such as arranging transportation.

Identifi, Passport's care management, utilization management (UM) and communication platform, allows Care Coordinators and other Passport team members to easily view claims/encounter information for Passport members because that data is stored within the member's record. Identifi alerts Passport Care team members to potential gaps in care, such as a missed EPSDT well-child visit, allowing the team to know upon login to a member's record that a discussion about that particular needed services should occur during the next outreach. If a claim is received for that needed service, the alert for the care gap will disappear and it will show within the record as closed.

Supporting Adherence with Dental Visits

Regular dental care is important to our Kentucky SKY members' health and well-being. We encourage adherence with dental visits by educating our members and guardians on the importance of dental care. In addition, we work diligently to overcome any barriers to receiving dental care, such as transportation.

Guardians or caregivers and members (including former foster youth) will receive assistance from their Kentucky SKY care coordinator in locating a dentist close to their home. The Kentucky SKY team can also identify dental providers who offer specialized care for children with diagnoses such as post-traumatic stress disorder (PTSD) and autism. A similar process as above to address care gaps for dental exams will be utilized. Claims/encounters review will focus on six (6) month exams and annual X-rays. When a member is one (1) year old or older and shows care gaps for dental care, caregivers and guardians will be notified of those gaps. Caregivers and former foster care members will also be educated about incentives attached to attending regular dental appointments.

For both medical and dental provision, Passport Provider Network representatives will continue to address availability by adding providers to the network, regardless of whether a specific provider has been requested. For dental benefits, we subcontract with Avesis. Avesis has provided essential vision and dental care programs for millions of members for over thirty-five (35) years and is recognized today as one of the fastest growing managed ancillary health administrators in the nation. Their success can be attributed to fully understanding the needs of their clients, in addition to its proven ability to cost-effectively deliver exceptional quality and visionary solutions. Avesis has proven expertise in designing and administering innovative vision and dental programs; in-depth knowledge of the ever-changing landscape of government sponsored programs; and regulatory insight into the unique challenges facing the Medicaid, and Children's Health Insurance Plan (CHIP) healthcare populations. Passport interfaces with Avesis throughout the organization to make sure that the dental network is adequate and that dental needs are integrated. Regardless of direct or subcontractor services, Passport retains full accountability for network adequacy.

G.5.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.

Helping Kentucky SKY Members Navigate Placement Changes

Changes in placement are common occurrences among Kentucky SKY members. These changes are disruptive to the member’s overall continuity of care and can threaten individual well-being. Passport works to support the member and the guardian throughout the placement change process, including the assignment of new PCPs and dental providers.

We prioritize the following tasks to support the member in getting timely access to their new providers:

- Processing the assignment of new providers
- Ensuring member access to care
- Connecting the member with dental providers

Processing the Assignment of New Providers

Notification of a member’s change in placement happens through a range of avenues (e.g., call from placement, call from SSW or DJJ worker, notification through coordinating conversations with CRP). However, notification occurs, our support of the member and helping him/her remain connected to needed health services begins immediately. Upon notification of a placement change that may require a change in PCP, the Kentucky SKY Care Coordination team will contact the new caregiver and determine if it is feasible for the member to stay with their current PCP. If not, the team will discuss what the caregiver’s preference is for a provider. Depending on the response, we will respond as follows:

- **There is a preferred provider in network:** If the preferred PCP is in network and has an opening on their panel, the Kentucky SKY team will work with Member Services to make the change to the new PCP, issue a new card to the member, and notify the PCP’s office that the member has been assigned to the new provider.
- **There is NOT a preferred provider:** If the placement has no preference in a PCP, a PCP will be auto-assigned based on the placement’s ZIP code, a new card will be issued to the member, and the caregiver and provider will be notified.
- **There is a preferred provider out of network:** If a caregiver requests a provider who is not in network, Passport PNM will reach out to the provider to determine if the provider will come into network or if the nonparticipating provider will continue to see the member. If an agreement cannot be reached, the Kentucky SKY team will go back to the caregiver asking for an in-network preference. If this is not provided, an auto-assignment will occur as described above.

In each case, our team will facilitate the transfer of records, including the provider and placement claims history, as needed. We will also inform the new placement of any current care gaps, based on claims review.

The new Passport Kentucky SKY ID will be issued to new placement as requested, and with guardian's permission.

Connecting the Member with Dental Providers

To facilitate the member's selection of a new dental provider, our Kentucky SKY Care Coordination team will work with the new caregiver to select a dental provider accepting new patients based on the caregiver's preference or, if no preference, based on ZIP code. The process for assigning a dental provider to a Kentucky SKY member varies, depending on the eligibility group of the member. For FC or JJ members who change placement, Passport will assess the member's access to their currently assigned dental provider within one (1) business day of receipt of notification of the changed placement. If the assigned dental provider no longer meets the geographic access standards, the guardian or appropriate caregiver will be notified within the same business day. The guardian or caregiver must select a new dental provider within two (2) business days, or Passport will assign the Kentucky SKY member an appropriate dental provider.

Passport will also identify providers who specialize in interacting with traumatized children, children with autism, and children with other developmental concerns.

In all cases, our team will ensure that the new caregiver knows how to access the member website, which has a provider directory and helpful resources.

FC members, AA members and JJ members and their guardians or caregivers will have the option, as other Passport members do, to request a change of dental provider based on the needs of the member. Requests will go directly to the Passport Kentucky SKY team, which will coordinate with Member Services to complete the request.

G.5.f. Describe the Contractor's process for engaging Adoptive Parents who request to opt out of the Kentucky SKY program to stay enrolled, including:

G.5.f.i Process for outreach and engagement of Adoption Assistance (AA) Enrollees.

Engagement of Adoption Assistance Members

Adoption Assistance members and their families receive the same level of service described above in terms of welcome, choice of providers and access to care coordination. We will conduct outreach to them within the first week of enrollment and use motivational interviewing to gain a clear understanding of the child's and family's needs and preferences. During the process, we work closely with the family to provide assessment, care management and referrals to community services. During these interactions, our goal is to let these families know that we are here and available as a resource to support them on behalf of the state.

Engaging Adoptive Parents Who Request to Opt Out

There are various reasons why an adoptive parent may plan to opt out of the Kentucky SKY program, despite the wealth of resources it provides the member. Passport believes in doing everything we can to strengthen the health outcomes of our Kentucky SKY members. When we receive an opt-out request, we contact the parents immediately to:

1. Understand the reasoning behind the opt-out request
2. Reengage the family with outreach
3. Evaluate the family's feedback to continuously improve our programming

G.5.f.ii. Conducting surveys with AA Enrollees to determine the reason for opting out of the Kentucky SKY program.

Surveys to Understand the Reasons for Opting Out

Passport's outreach specialists conduct a brief phone survey of all adoptive parents who opt out of Passport coverage. The survey asks about general satisfaction, reasons for the opt-out request, and other issues relevant to obtaining feedback for improving services. If we are unable to reach the family, we mail the survey.

When an adoptive parent expresses interest in opting out, we make contact to understand the reasoning behind their request. We respect the family's decision, but we also want to make sure the disengagement is not a result of a fixable issue. After working to understand the reasoning behind the request, we attempt to reengage the family with outreach and care management activities. We also take care to offer alternative community resources to the family and, as indicated, connect them to other adoptive parents for peer support.

G.5.f.iii. Attempts for periodic re-engagement after Disenrollment.

Reengage the Family with Outreach

In our experiences, we have found that well-executed reengagement efforts are effective. We use outreach specialists to contact AA members and attempt to reengage them. During this discussion, our specialists will describe the program and its value to them, with the goal of the family remaining in the program.

If the family ultimately decides to opt out, the outreach specialist would set action items for follow-up in Identifi (our medical management platform). These periodic attempts to contact and engage the families would take place at least twice per year.

G.5.f.iv. Include how the Contractor will use results from the survey to improve the program.

Evaluate Feedback for Continuous Improvement

Information from the surveys will be analyzed and shared with the Kentucky SKY management team. The data will also be shared with the SKY Advisory Committee and through them reported to the Quality Medical Management Committee (Passport Quality Improvement Committee), where it is incorporated into Passport's overall quality efforts.

Resulting actions may include, but are not limited to:

- Staff retraining or re-alignment
- Application of additional resources
- Modification of policy and procedures
- Improved communications with stakeholders (e.g., members, caregivers, providers, agencies)

Our goal is to use any feedback we receive to encourage the ongoing improvement of our programs.

G.5.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.

Passport's Kentucky SKY Identification Cards

Passport will use its existing Kentucky Medicaid ID card process to ensure that all newly enrolled Kentucky SKY members receive ID cards within the required five (5)-day time frame. In addition, in the event of a lost ID card, name change, change of PCP or any other event that will result in information changes to the card, Kentucky SKY members or their guardians may contact us to request a new or updated card. Following Passport's "no wrong door" methodology, members or guardians may contact Passport's staff in a variety of methods—via phone, email, in person and so on—in order to request this change. All staff who answer phones are trained in the unique needs of SKY members and have a process to conduct a warm handoff to the Kentucky SKY team.

G.5.h. Describe how the Contractor will address and manage crisis calls during business hours as well as after hours.

Passport Crisis Lines Are Available 24/7 to Kentucky SKY Members

Passport works to ensure that Kentucky SKY members and their caregivers have access to trained crisis professionals twenty-four (24) hours a day and seven (7) days per week through our 24/7 Nurse Advice Line and Behavioral Health crisis line. Both lines are staffed with professionals who receive Kentucky SKY-specific training. Crisis calls are prioritized over all others, and we team with appropriately licensed staff trained to assist callers in need. Furthermore, Passport will also offer 24/7 coverage from an on-call member of the Kentucky SKY Care team who will be able to assist with any crises related to coverage, accessing services and so on.

Emergent Medical Health Crises

Passport offers our SKY members access to a 24/7 Nurse Advice Line for moments of crisis when members and guardians get sick, hurt, or have a health question. A registered nurse will help members decide what to do next or direct members to the right level of care.

Emergent Mental and Behavioral Health Crises

We understand that immediate BH help and support is an important resource for our members. Members may call Passport’s Crisis Hotline during a mental health emergency/crisis and be immediately connected with a licensed BH professional. We typically handle crisis calls via our dedicated hotline or through our customer service line. Our crisis line is staffed by licensed personnel twenty-four (24) hours a day, seven (7) days a week, and is available toll-free throughout the Commonwealth.

Passport’s
Crisis Hotline
handled 19,862
calls in 2018

Face-to-face emergency services are also available twenty-four (24) hours a day, seven (7) days a week. Our Crisis Hotline is **never** answered by any automated means. For calls received by our Crisis Hotline:

- Ninety-nine percent (99%) are answered by a licensed clinician by the fourth ring
- Callers never receive a busy signal
- Call abandonment rate is seven percent (7%) or less
- Callers can immediately connect to the local suicide hotline and other crisis-response systems through our patch capabilities to 911 Emergency Services
- We never impose maximum call duration limits and allow calls to be of sufficient length to ensure adequate information is provided to the member
- We meet cultural competency requirements and provide linguistic access to all members, including the interpretive services required for effective communication

- Our Crisis Hotline BH clinicians are all independently licensed clinicians, with the training and experience to identify signs and symptoms of crisis. They will quickly execute a crisis assessment to understand the severity of the situation and intervene with the member. Training topics for Crisis Hotline BH clinicians include:
 - Crisis assessment, including identification of:
 - Safety to member
 - Safety to others
 - Desire to cause harm vs. desire and means to cause harm
 - Severity and urgency of crisis situation
 - Need for immediate intervention by law enforcement due to a safety risk
 - Crisis response, including:
 - How to access and deploy emergency response resources for the member's current location, such as Mobile Crisis Outreach provided through our BH provider network, emergency medical services (EMS), or local law enforcement.
 - Process for creating referrals to provider(s) for follow-up care and to Interdisciplinary Care Team for case review and engagement in Passport's Care Management program.
 - Sharing all information pertaining to the crisis call to care management in the clinical system so that the member's clinical record is up to date and complete.
 - If a call is deemed to be nonemergent: discussion of existing treatment details, professional/social supports, and positive coping skills.

The Crisis Hotline BH line is answered by a clinician. They are responsible for working with the member to deescalate or stabilize while the appropriate resources are activated to intervene with the member. The clinician will remain on the line to assist as needed. After a crisis situation is resolved, follow-up care may be provided by a BH or PH team member. The determination of which team will take primary responsibility will be made during joint rounds held by the Care Management Team.

Passport has also completed an internal study looking at the effectiveness of local crisis stabilization services in preventing hospitalization for child and adolescent members. In response to the findings, we developed a workgroup with leadership representation from Passport, Beacon Health Strategies LLC and Centerstone Kentucky (Seven Counties Services) staff to explore more effective ways of utilizing the crisis service and promoting adequate follow-up care, with the intent of saving lives.

We monitor our Crisis Hotline's performance against the Behavioral Health Services Hotline standards and submit performance reports summarizing call center performance as indicated.

Members, caregivers or providers may call Passport’s crisis line while experiencing a situation that is considered a mental health emergency or crisis. We define a crisis as a situation in which an individual in the Kentucky SKY member’s home is in immediate risk of seriously harming him/herself or someone else, such as threats of violence or suicidal ideation or behaviors. It is also considered a crisis if the member is unable to reasonably care for him/herself. We typically handle crisis calls via our dedicated crisis line (which also receives crisis calls transferred from customer service).

When Kentucky SKY members experience a BH crisis and they or their caregivers/guardians need assistance, we hope they will contact their BH provider first for assistance. Their second line of defense should be their Kentucky SKY Care Coordination team. Care Coordination teams will create a crisis plan for each member as part of the team process. The Kentucky SKY care coordinator and Care Advisor will be listed on the plan as options to contact in the event of a crisis. If the Kentucky SKY care coordinator or Care Advisor cannot be directly reached, then members, caregivers or guardians can use our BH crisis line.

If the Crisis Line BH clinician is unable to resolve the issue and the situation needs prolonged support, the crisis clinician will contact the on-call Kentucky SKY BH clinician for support.

G.5.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.

Supporting Kentucky SKY Members in Crisis

Our Kentucky SKY members’ long-term stability and improved outcomes are a top priority to Passport. Members in crisis are more likely to experience harm or additional trauma. Lack of a robust crisis response can result in costly, inappropriate utilization of medical resources like EDs and inpatient stays.

We have structures in place to move from reactive crisis orientation to proactive care by enhancing the following systems:

- Our care management model
- Processes and strategies to recognize and solve problems before they occur
- An algorithm to identify members more likely to experience crisis
- Our crisis line and protocol

Our Care Management Model

Passport’s care management model is based on proven population health techniques that integrate physical health and BH services and recognize that a member’s total needs, including social support needs, must be met if meaningful gains are to be made in improving health and functional outcomes. Key features that distinguish this model from other managed care models include:

- The proprietary identification and risk stratification tool incorporates multiple social data sets, as well as claims, clinical and electronic health record (EHR) data, supporting identification of members at higher risk because of the combination of health and social factors. The predictive model has a higher reliability rating than other industry-leading models.
- The model targets members with projected high future costs (who have “rising risk”) and impactable conditions for care management in addition to those members with chronic conditions or high service use, expenditures or levels of care, and allows us to intervene early and change the member’s trajectory.
- Interventions are focused on the factors most likely to improve the member’s health outcomes and quality of life: member education on self-management, PCP engagement and support, and coordination of the member’s services and supports that address identified health needs and Social Determinants of Health (SDoH). Our model includes local multidisciplinary care management teams aligned with specific PCPs and their patients, and embedded in high-volume practices that support the PCP–member relationship and implementation of the PCP’s treatment plan.
- Our integrated approach brings care management teams, providers and UM staff together, working on a single platform, Identifi, which includes care management, UM and provider-facing applications with available EHR integration. Identifi supports real-time communication, alerts and information sharing across providers, settings and levels of care. This includes the creation of multidisciplinary care plans that can be shared across the care continuum, including with caregivers.

Our care management approach integrates PH, BH and social interventions, assigning members to a local care manager most qualified to meet their needs.

A primary focus of all of our clinical programs is member self-efficacy through member or family/caregiver education, modeling and teach back. We help members and their caregivers gain critical self-management skills employing evidence-based teaching methods, while considering their readiness to assume responsibility, the complexity of their health and social support needs, and resources. Care managers focus on those conditions and needs of top concern to the individual, which may be social supports, such as housing, rather than health care-related.

Program goals and objectives are customized by program, but in general include:

- The child or family demonstrates knowledge of his/her condition(s) and self-management or recovery plan
- The member has maintained or improved his/her health and functional status
- The child or family has an established relationship with the child's health Care Management team and community-based support services, and knows how to navigate these services
- The member follows his/her medication regimen, as prescribed
- The member has completed specific health care activities, including wellness care and activities specific to their conditions (such as lab testing related to the use of certain medications)
- The member avoids unplanned inpatient stays and avoidable ED visits

Processes and Strategies to Recognize and Solve Problems Before They Occur

Central to Passport's approach to recognizing and solving problems before they occur is the close relationship that Care Coordination teams maintain with Kentucky SKY members. The Kentucky SKY Care Coordination team monitors for care gaps and at least annual visits to PCPs. In regular contacts with members, Care Coordination team staff remain alert to issues that might need support either now or in the future. This type of intervention helps us to close care gaps and ensure members are receiving the services they need.

Furthermore, Passport conducts performance improvement and quality management activities that are built on effectively aggregating, organizing and evaluating data. We utilize our operating partner's tools such as Identifi (described further below), Microstrategy, SaaS, SQL and its enterprise data warehouse, supported by myriad Informatics and Technology teams. We systematically collect data to monitor, measure, evaluate and continuously improve nearly all aspects of care and services for our members. Our trend analyses and benchmarking identify issues for immediate study and action before they escalate into major problems. We also use data to design, implement and evaluate the effectiveness of our foster care program.

Identifi offers benchmarking across multiple health systems, performance metrics, patient engagement and physician engagement. It is based on a clinical rules engine consisting of more than 1,400 rules, with several thousand member characteristic categories that cover measures from Medicaid and other federal programs. Our National Committee for Quality Assurance (NCQA)-accredited UM solution uses medical policy decision support and education to help transform provider behavior and reduce inappropriate utilization. We review clinical guidelines annually and on an interim basis and, as needed, to flag any updates that may impact measures.

The Identifi platform automatizes and expands the stratification functions of our original model. Identifi is a comprehensive, integrated and scalable Medicaid Management Information System (MMIS) specifically designed to support health plan administration, population health, member engagement and PNM. Identifi’s capabilities combine the early identification of impactable, at-risk members with structured care management workflow and integrated UM tools to deliver cost savings and quality improvement. The Identifi platform identifies members through multiple methodologies, including proprietary, configurable predictive modeling algorithms that are based on independent medical, pharmaceutical, laboratory, BH claims, and eligibility/demographic variables. The tool allows for ongoing monitoring of stratification performance and identification rates to optimize resource allocation across populations, programs and geographies.

Algorithm to Identify Members More Likely to Experience Crisis

While all members will be engaged in care coordination/care management, to stratify them appropriately Passport leverages a highly accurate predictive model. While risk stratification is one method used to identify the appropriate level of care management engagement, clinicians may identify a child for a higher level of engagement based on their experience and knowledge of the child, and the child’s conditions and clinical trajectory. Passport will leverage the algorithm, as well as clinician input, to ensure that children with high utilization of services—in addition to those who are Medically Complex or who have had a recent or current BH inpatient stay—receive care management. This allows Passport to put the necessary supports in place to help avoid a crisis before it happens.

Crisis Line Training and Prioritization Protocol

When Passport is notified of a Kentucky SKY member crisis from our dedicated crisis line or via the SSW or caregiver, we understand that swift action is crucial to ensuring the least amount of disruption to members and guardians. We have systems in place to prioritize crisis calls over typical calls. Crises for this population are different from the typical traffic we handle in our crisis line. As mentioned earlier, calls can come from the SSW, caregiver, parent or even hospitals.

In all crisis scenarios, our s will engage our crisis call handling protocol. This protocol includes notification of a supervisor while keeping the caller on the line, acquiring the caller’s contact information in case the caller hangs up or leaves the call, and immediately transferring the call to a BH clinician while remaining on the line with the caller. Our team members are co-located with an on-site BH subject matter expert, who remains available to assist. Callers in crisis are never to be placed on hold, and we leverage specialized technology that allows the representative to remain on the phone with the member during call transfer. If the representative is unable to determine whether the situation constitutes a crisis, the call will be warm-transferred to a BH clinician so they can make a clinical determination. In the case that the call is not routed through another channel and the member or caregiver calls our crisis line directly, a BH clinician will be the first point of contact for the caller.

The Crisis Line BH clinicians are responsible for working with the caller to de-escalate or stabilize while the appropriate resources are activated to intervene with the member. The representative will also remain on the line to assist as needed. After a crisis situation is averted, follow-up care is provided by a BH clinician or other Kentucky SKY team member.

G.5.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.

For optimal utilization of the crisis line, we train all of our phone representatives on how to quickly identify and escalate a crisis call. All of Passport’s member-facing staff, including Member Services representatives, are trained to take a member-centric approach to support and interact on the phone. Staff are also trained on how to identify crisis calls and to immediately escalate them to a licensed BH clinician via the crisis line. In this way, we are able to ensure that our member-facing staff are equipped and empowered to quickly address crisis situations and thereby reduce costly outcomes such as hospitalizations or ED overuse.

We simultaneously train Passport staff on call standards and communication strategies for non-English speakers, benefits, emergency services, resources and the direct transfer protocol for case managers. Additional training focuses on courtesy, professionalism, empathy, health literacy (avoidance of jargon), de-escalation procedures and our definition of quality. We also provide population-specific training such as guidance for interacting with the elderly, minors and caregivers. Our methods of training include face-to-face classroom training, role-playing, real-life case analysis, listening to call recordings and practice studies that trainees develop solutions and responses to resolve. This enhanced exercise and practice methodology helps our staff to adequately prepare for taking live calls.

Our Crisis Hotline BH clinicians are all independently licensed clinicians with the training and experience to identify signs and symptoms of crisis. They will quickly execute a crisis assessment to understand the severity of the situation and intervene with the member. This also helps our staff to divert care to appropriate providers and facilities to reduce waste and duplication.

Training topics for Crisis Line BH clinicians include:

- Crisis assessment, including identification of:
 - Safety to member
 - Safety to others
 - Desire to cause harm vs. desire and means to cause harm
 - Severity and urgency of crisis situation
 - Need for immediate intervention by law enforcement due to a safety risk

- Crisis response including:
 - How to access and deploy emergency response resources for the member’s current location such as mobile crisis outreach provided through our BH provider network, EMS, or local law enforcement
 - Process for creating referrals to provider(s) for follow-up care and to interdisciplinary Care team for case review and engagement in Passport’s case management program
 - Sharing all information pertaining to the crisis call to case management in the clinical system so that the member’s clinical record is up to date and complete
 - If a call is deemed to be nonemergent: discussion of existing treatment details, professional/social supports, and positive coping skills

All Passport staff must also complete required annual training that includes compliance; privacy; confidentiality; member rights and responsibilities; diversity and cultural competency; code of conduct; and identification of fraud, waste and abuse; as well as education on confidential reporting of safety or compliance concerns raised by members, their families, other callers, or about health care providers.

Conclusion

Passport’s experienced Kentucky SKY team will provide comprehensive member services for Kentucky SKY members. The team allows seamless integration of our organization-wide offerings and resources to our Kentucky SKY population. Our twenty-two (22) years of experience provides Passport a deep understanding of the Kentucky SKY populations, the agencies responsible for their care, and the professionals who work with these individuals on a daily basis.

Passport has been honored to serve the Kentucky Medicaid and foster care populations for 22 years and will continue to comply with all provisions of the Medicaid Managed Care Contract and Appendices (including Kentucky SKY) as we continue to serve them in the future.

G.6 Provider Network



G.6. Provider Network

- a. Explain the Contractor’s plan to develop a comprehensive Provider Network that meets the unique needs of Kentucky SKY Enrollees. The plan must address the following:
 - i. Approach to contract with PCPs and specialty Providers who are trained or experienced in Trauma informed Care and in treating individuals with complex special needs, and who have knowledge and experience in working with children in Foster Care and those children receiving Adoption Assistance.
 - ii. Recruitment strategy, including processes for identifying network gaps, developing recruitment work plans, and carrying out recruitment efforts.
 - iii. Strategy for contracting and retaining specialists unique to the Kentucky SKY populations and perhaps different from those in the Medicaid managed care Provider network and how the Contractor will provide access to specialists not included in the Provider Network.
 - iv. Process for continuous network improvement, including the approach for monitoring and evaluating Provider compliance with availability and scheduling appointment requirements and ensuring Kentucky SKY Enrollees have access to care if the Contractor lacks an agreement with a key Provider type in a given DCBS Service Region or DJJ Community District.
 - v. How the Contractor will ensure appointment access standards are met when Kentucky SKY Enrollees cannot access care within the Provider Network.
- b. Provide an example of how the Contractor has contracted for similar networks for similar populations in other programs. Provide a workplan to contract with Kentucky SKY Network Providers, with accountabilities and timelines.

Introduction

Passport’s Comprehensive Provider Network Meets the Unique Needs of Kentucky SKY Members

Passport currently has a provider network that supports the unique needs of foster children and other potential Kentucky SKY members in all 120 counties of Kentucky. This network continues to grow through recruitment activities and contracting with providers with specialized expertise in the needs of Kentucky SKY members. Passport already provides our members with access to primary care providers (PCPs) and specialty providers who are trained or experienced in trauma-informed care (TIC) and in treating individuals with complex special needs. Currently serving over 5,000 foster care and adoption subsidy members, our provider network supports children in foster care or Department of Juvenile Justice (DJJ) custody and those children receiving adoption assistance.

G.6.a.i. Approach to contract with PCPs and specialty Providers who are trained or experienced in Trauma-Informed Care and in treating individuals with complex special needs, and who have knowledge and experience in working with children in Foster Care and those children receiving Adoption Assistance.

Ensuring Network Providers Offer Trauma-Informed Care to Kentucky SKY Members

Passport will leverage many of our well-established provider recruitment tactics to ensure we have a robust, experienced and trained network of providers to service SKY members. We also target providers using a variety of sources, including:

- Providers recommended by our existing providers, providers requested by our members and providers with whom we have executed single-case agreements
- All providers in any area of unexpected immediate or anticipated shortage, such as providers on staff at contracted hospitals and with nursing and rehabilitation facilities
- Direct provider inquiry
- Suggestions from our more than 100 provider thought leaders who volunteer for Passport committee and workgroup assignments, our medical directors and board members, network providers, and through review of competitor Medicaid provider networks

For the SKY population specifically, Passport will take additional steps to locate, contract with, and train as many qualified providers as possible, in a phased approach:

1. Contract with a solid foundation of providers within our existing Medicaid network that we know to have sufficient training and experience in TIC, treatment of individuals with complex special needs, or treatment of children in foster care or receiving adoption assistance.
2. Supplement the existing network with additional providers who already have the requisite qualifications.
3. Train additional providers.

Passport will establish the expectation of TIC from providers by including language in contracts requiring the use of TIC and evidence-based practices and will monitor compliance to established standards. The contracts will also require orientation to the specific needs of the Kentucky SKY population. Pediatricians and other PCPs may receive basic training on TIC during medical school, with subsequent continuing education. Regardless of any preexisting training they may have had, all PCPs and other providers serving Kentucky SKY members will receive initial training in TIC or be required to document their training. Confirmation of TIC training will be documented in our claims system, which is linked to our provider directory. Passport's TIC training for providers will include the importance of early screening and assessment, consumer-driven care and services, nurturing a trauma-informed and responsive workforce, the use of evidence-based and emerging best practices, creating safe environments, community outreach, and ongoing performance improvement and evaluation.

Another key component to ensuring our PCPs and specialty providers are properly implementing TIC is to ensure that the Passport staff interacting with them have a consistent expectation for TIC within our provider network. Essential to building our network of trauma-informed providers with specific knowledge of the Kentucky SKY population is our dedicated Kentucky SKY Provider Relations liaison, who will have an intimate knowledge of the Kentucky SKY program; Kentucky providers, including behavioral health (BH) providers; and patterns of care/referral in Kentucky. The Provider Relations liaison will also oversee the development and monitoring of training for Kentucky SKY providers, in collaboration with internal and external subject matter experts. This person will also assist with the resolution of provider access and availability issues, be a key resource of knowledge and information, and be an advocate for our Kentucky SKY members and their caregivers.

Further, when Department for Community Based Services (DCBS) or other partners or members notify us of an issue with a specific provider, we reach out to them to provide corrective education to the provider and additional supporting family and community members, as appropriate.

Kentucky SKY Training for Providers

Passport ensures the high standard expectations required to serve its Kentucky SKY members and their caregivers are met and often exceeded. **The providers who serve our Kentucky SKY members and Passport’s extended provider support team will participate in initial and ongoing training that incorporates the five guiding principles of TIC: safety, choice, collaboration, trustworthiness and empowerment, as well as how these principles can be implemented in a care management setting.**

The training is designed to inform training attendees about the unique needs of this very vulnerable population, the role of the caregiver, and the requirements of the Kentucky SKY program, including:

- Early screening and assessment
- Consumer-driven care and services
- Nurturing a trauma-informed and responsive workforce
- Evidence-based and emerging best practices
- Creating safe environments
- Community outreach and partnership building
- Ongoing performance improvement and evaluation

This Kentucky SKY-specific training module will be included in our orientation training for providers who are new to the Passport network, providers who are new to serving our Kentucky SKY membership, and as part of Passport’s new hire training requirements. This training is structured to be delivered in an instructor-led setting and also available as a webinar for easy access at any time.

The care and safety of our members in foster care is at the core of the Kentucky SKY program. Passport works closely with providers to ensure that they have the training they need to best serve the unique needs of this vulnerable population.

G.6.a.ii. Recruitment strategy, including processes for identifying network gaps, developing recruitment work plans, and carrying out recruitment efforts.

Ensuring Network Adequacy and Overcoming Accessibility Challenges

Passport assesses network adequacy on an ongoing basis to rapidly identify and close gaps, increase provider capacity by provider type, and seek opportunities to improve access for members:

- Monthly, our Provider Network team applies Quest Analytic tools, an industry-standard platform that combines dynamic time and distance access standards with our minimum contractual provider requirements, to evaluate our overall network adequacy and identify gaps based on standards.
- Quarterly, Provider Relations also reviews access-related feedback from our PCPs, specialty providers, care managers, utilization managers, community health workers, member surveys, comments from the member call center, complaints, Partnership Council, and external audit of providers for compliance with access standards (described in this section below). Additionally, we review claims data to identify all out-of-network (OON) providers seen by members to identify network gaps. This review is part of our early warning system, alerting us to changes that may be required in network recruitment.
- The broader foster care community, including foster parents and community partners, can also be a valuable source for identifying network gaps.

The Provider Relations team then layers in data from population health survey results regarding emerging needs and social factors that affect patient care and access, such as language, ethnicity, gender and special needs. We then ensure our network is sufficiently positioned to deal with the emerging needs. For example, Passport contracts with Phoenix Health Center for the Homeless (Louisville), which offers a unique combination of health care and social need support, including opportunities to find permanent supporting housing, because of its unique abilities to help the growing number of homeless members.

Provider Relations considers the results of the quarterly member access survey, conducted by SPH Analytics, an independent national leader in health care analytics, and our on-site reviews to determine any hidden pockets where network PCPs may be struggling to meet appointment wait time and access standards. This robust monitoring process uncovers any red flags, which are indicators that a provider is struggling or that a panel may overflow provider capacity in the near-term future. After thorough analysis, we notify providers who scored poorly or below standard on any of the nine (9) elements via both mail and the practice's Provider Relations representative (PRR), who discusses mitigation steps with the provider. The provider is resurveyed the following quarter for improvement.

Additionally, Provider Relations reviews the overall results to determine if any long- or short-term challenges are specific to a location, provider type or individual provider. We also monitor member to PCP ratios and appointment and wait times for all services, including BH services, based on Department for Medicaid Services (DMS) standards. When necessary, the Provider Network staff conducts an intense analytic review,

deploying our suite of Quest Analytic tools and GeoAccess analytics down to the local area and the population's health risk and needs risk assessment scores, to determine if additional provider capacity is required. Based on these analyses, Passport develops an action plan for network or provider-type development.

We develop and provide GeoAccess reports to DMS in accordance with this contract and as directed by the Department, using the most recent GeoAccess program versions available in the Quest tool suite.

Accessibility Challenges

Passport recognizes the significant accessibility challenges some members experience due to the barriers of geography, lack of transportation, disability, and other factors. Our ongoing network assessment includes review of these accessibility issues to determine if any additional steps can be taken, outside of recruitment and retention efforts, to mitigate the barriers. These efforts include:

- Our community health workers, who directly assist members with access issues in their communities, linking them to social supports and providers to increase engagement and the likelihood of a continued relationship with the provider
- Our Population Health team, including Care Advisors who assist members most in need, such as those with chronic conditions, and develop pathways for their access
- Emerging telemonitoring technologies

Strategies for Recruitment by Member Health Needs

Provider Network's monthly analysis also reviews member health needs by region across the network to ensure access to specialty services. This includes the BH network, for which Passport controls provider recruitment, contracting and retention. For our subcontractors who provide network contracting, such as vision and dental services, Provider Relations collaborates with, monitors and reviews their network for adequacy.

Passport has extensive experience in developing a strong network around member health needs. For example, when we recognized a growing need for specialty pediatric services throughout the Commonwealth, especially in pediatric cardiology, we contracted with Children's Hospital of Cincinnati and all its locations. This delivered five additional locations throughout Kentucky for a variety of children's specialty services, including Children's Heart Institutes of Louisville and Elizabethtown, and a pediatric clinic in Crestview Hills with a host of pediatric specialties, including pediatric surgery and pediatric rehabilitative services.

In addition to the processes described above, Passport continuously monitors feedback from community partners, state agencies and members to identify areas in which the provider network needs enhancement. When applied behavior analysis (ABA) providers expressed reservations about entering the managed care market, our Health Integration team, composed of seasoned independent practitioners who understand the realities of practice in a managed care environment, provided extensive outreach, working with individual

providers and representatives of the Kentucky Association of Behavior Analysis to educate and support this group of providers in becoming a part of our provider network. The consultation and support provided by our Health Integration team is a key differentiator for Passport in expanding its network.

G.6.a.iii. Strategy for contracting and retaining specialists unique to the Kentucky SKY populations and perhaps different from those in the Medicaid managed care Provider network and how the Contractor will provide access to specialists not included in the Provider Network.

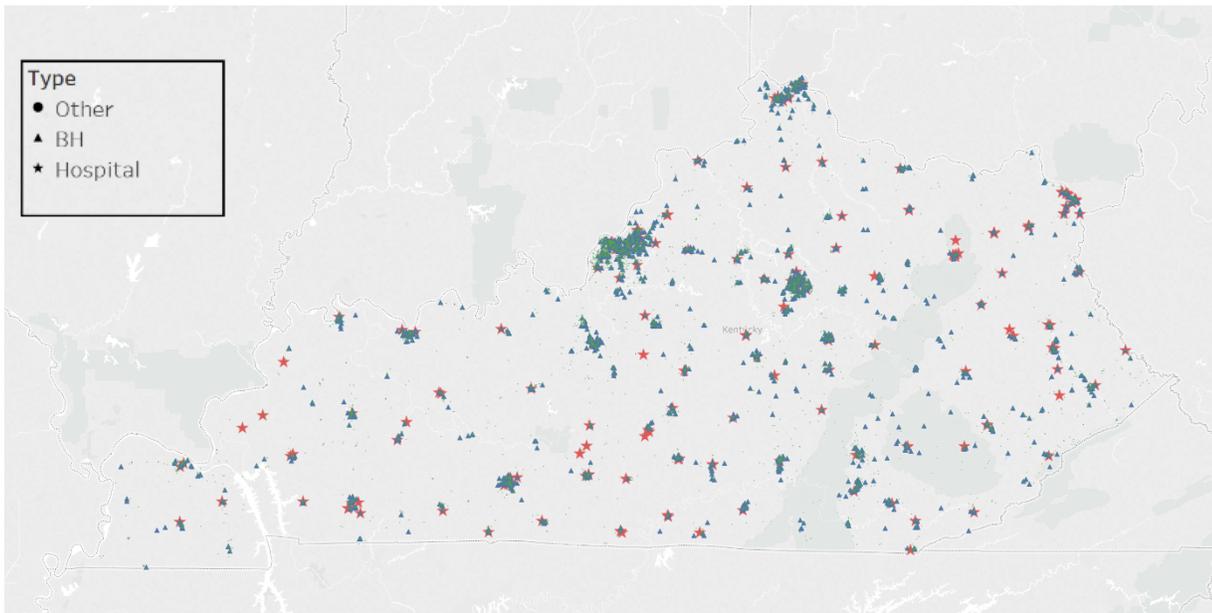
Provider Recruitment and Network Planning

Currently, Passport is meeting all DMS adequacy standards for this population. For future Kentucky SKY members, the Provider Relations team will determine which providers are already in network to meet the needs of our foster care members, identify any gaps and enroll them as needed. As described above, Passport will take the following steps to ensure our network is capable of supporting the SKY population and is as robust as possible:

- Contract with a solid foundation of providers within our existing Medicaid network that we know to have sufficient training and experience in TIC, treatment of individuals with complex special needs, or treatment of children in foster care or those receiving adoption assistance.
- Scour available datasets to supplement the existing network with additional providers who already have the requisite qualifications.
- Train additional providers.

See below for **Exhibit G.6-1**, a heatmap demonstrating locations of network providers by provider type.

Exhibit G.6-1: Provider Network Heatmap



Our relationships with providers in the community also help us to project future member needs and build our network accordingly. Our primary care, Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC), community mental health center (CMHC) and emergency department providers are often the very first to identify new or increasing public health issues, changes in the population demographics, or other member needs. By engaging regularly with these providers and maintaining formal relationships, such as through our Quality Medical Management Committee and our Kentucky SKY Advisory Committee, we ensure that our network is continuously prepared to meet the needs of members.

Provider Recruiting Experience for Specialists Unique to the Kentucky SKY Population

Passport has experience building and managing a provider network that includes specialist providers who serve our unique foster care population. Unlike traditional gap-reactive recruiting strategies tied to network deficiencies, Passport proactively recruits providers by incorporating member needs and feedback from the state on preferred areas for targeting and outreach. We will do this through a combination of:

- Direct mail
- Direct office fax engagement bulletins
- Telephone outreach
- Provider and member feedback through advisory groups
- Co-opting existing relationships with providers and local agencies

Contracting with Unique Specialists

Although Passport has a robust network that serves the unique needs of its members, we are always working to ensure our network contains specialty providers necessary for our foster care population. We perform regular outreach as part of our recruiting process to organizations and professional associations throughout the state who have a great understanding of the specific needs of Kentucky's foster care population. These organizations have experience and implement evidence-based practices in TIC to provide support to adoptive and foster families.

Some organizations we partner with to recruit new specialists to our network include:

- The Children's Alliance
- The Autism Council
- The American Association of Pediatrics
- The Kentucky Counseling Association

We also regularly collaborate with the DCBS as part of our process to recruit specialists. The DCBS makes recommendations for the types of specialists who our foster care population would most benefit from

having in our network. If we need a provider who is not yet contracted in our network, we will initiate a single-case agreement to ensure care is available and provided pending contract finalization.

Passport Partners with the DCBS to Recruit a Provider

A Kentucky DCBS worker approached Passport’s Specialty Populations manager to discuss a concern with a teenage foster care Passport member named Tia. Tia was moved to another location for her own safety after witnessing violence in the community and having to testify against the accused.

The DCBS worker stated Tia’s foster care agency had given a two-week notice to move the child to a new placement. When asked for more information, the agency stated that Tia had a “bad attitude.” The DCBS worker had contacted Tia’s foster parent, who said she was willing to keep Tia if she could get more help. At that time, the local agency was only providing individual therapy for Tia twice per month. The agency told the DCBS worker they were unable to provide additional services for the child, even though they had put additional therapy services in place for other children in the same home.

Passport worked with the DCBS worker and the DCBS Central Office to gain these additional services and find a provider in that area who could intervene with Tia and her foster parent. By working together, Passport and DCBS were able to find a collaborative way to meet this member’s needs when the foster care agency was unable to remove barriers to care and treatment.

A few days later, the DCBS worker emailed Passport saying, “Thanks so much! We were able to save this placement!”

Names have been changed to protect the privacy of our members.

Retaining High Quality Specialist Providers

Passport’s history as a provider-driven health plan has helped it develop unique expertise in what is needed to support the retention of high quality specialists. Our medical directors and the Health Integration team, comprised of doctoral-level licensed psychologists with expertise in a wide range of health care settings, are available for consultation, peer-to-peer discussions, help in understanding the Kentucky Medicaid State Plan, assistance regarding treatment plans or service authorization requests, and other patient care questions or concerns. Our providers are invited to join the Passport medical directors at monthly regional meetings on best practices and to discuss specific community and population needs. These peer-to-peer interactions promote communication to identify provider issues and address them early, as well as to continually build commitment to Passport and strengthen network retention.

Passport has a robust and unique provider support network that includes the following:

- PRRs, including field-based specialists, help providers with operational issues such as claims submission and payment.
- All Passport PRRs are trained and experienced in requirements necessary to serve providers in its Kentucky SKY network.

- The SKY Provider Relations liaison will also oversee the development and monitoring of training for Kentucky SKY providers, in collaboration with internal and external subject matter experts. This person will also assist with the resolution of provider access and availability issues, be a key resource of knowledge and information, and an advocate for our Kentucky SKY members and their caregivers.
- Embedded Care Advisors and community health workers for high-volume or high-risk practices work with providers and members at the point of care.
- Population Health managers provide in-person support to PCPs and practice managers, including analyzing practice data and helping practices make full use of data available through the provider portal, electronic health records (EHRs), and IdentifiSM Practice tools, and facilitate workflow improvements.

Our Provider Relations team works with the providers' offices to facilitate Passport administrative processes, informing providers about our electronic referral process, the Provider Services call center, credentialing processes, authorization services and prompt claims payment through electronic funds transfer. These features have been identified as critical by our specialist and BH providers in previous provider satisfaction surveys.

Furthermore, our model of governance includes providers and consistently incorporates feedback we receive from providers in our network. Providers in Passport's network are engaged in a meaningful way in the leadership and oversight of the plan, ensuring that our processes are member-centric.

Passport has designated field-based PRRs across Kentucky for all provider types, including BH. The team maintains regular contact with Passport's network providers and ensures that they receive the support needed to successfully work with Medicaid members.

Upon assignment of newly contracted providers, the PRRs reach out to the providers with a welcome telephone call or email to introduce themselves as their dedicated PRRs and to make sure they are aware of the many resources Passport makes available to them. During the welcome call or email communication, the PRR will schedule an initial in-person orientation within 30 days of the provider becoming a participating provider in our network. The PRRs use this time to establish themselves as points of contact for the provider on any issues that may arise and to educate the provider about topics, including:

- An overview of Medicaid and the Kentucky SKY program and contact information for the Kentucky SKY Provider Relations leader
- Passport's benefits and programs
- Passport's Provider Operations
- The resources and information available within the Provider Manual
- The many Passport tools and resources readily available to providers
- Access and availability standards
- Member rights and responsibilities
- Provider responsibilities

PRRs visit providers at their offices on a regular basis. Dependent upon the providers' needs, the PRR may schedule monthly on-site visits and be available on an ad hoc basis to visit providers at any time. PRRs stay engaged with providers via telephone, email or other provider-preferred methods. Upon request, the PRR will return to the provider's office to conduct an in-person orientation refresher course or onboard new provider staff at any time.

PRRs document all provider contacts into our database to maintain a record of the visit and ensure all required aspects of the visit type are captured. For example, the Passport Site Visit form prompts the PRR to validate compliance with waiting times, appointment standards and confidentiality of member information, among other site-visit criteria.

Passport's provider services extend beyond the Provider Relations department and encompass cross-functional departments to provide our providers with the best and most responsive service, which include Passport's Provider Operations; our Clinical, Population Health Management and Community Engagement teams; and our embedded case managers and community health workers. Collectively, the individuals in these positions, in collaboration with our field-based PRRs, have a deep knowledge of the Kentucky provider community and access to extensive Passport resources that have been developed over the past two decades to best serve our providers. This exceptional team of compassionate and highly skilled individuals not only contributes to the development and delivery of impactful training and education to our providers but also is well-positioned to provide one-on-one situational training and support to providers serving Passport's Kentucky SKY members. The Kentucky SKY team will have ready access to Passport's Specialty Populations team, including guardianship specialists and social workers embedded at key locations, who support care management by identifying social supports for members. They focus on reducing member care gaps and providing care coordination to remove barriers to accessing care.

Although Passport has a 96% voluntary provider retention rate, Passport surveys all providers who voluntarily leave the provider network to determine any areas of dissatisfaction with the plan, its staff, administrative barriers, or areas where improvements or changes would have resulted in the provider electing to stay in the Passport network. We use the results to improve provider retention and recruitment efforts and to provide organization-wide improvement. Passport will provide DMS with the provider exit survey and results upon request.

Passport helps providers ensure members receive the right care at the right time and are connected to appropriate social supports. **In concert with the high-fidelity wraparound care approach, Passport requires its extended Passport provider support team to complete the same training as its providers who serve members in foster care, noted in section G.6.a.i.**

G.6.a.iv. Process for continuous network improvement, including the approach for monitoring and evaluating Provider compliance with availability and scheduling appointment requirements and ensuring Kentucky SKY Members have access to care if the Contractor lacks an agreement with a key Provider type in a given DCBS Service Region or DJJ Community District.

Continuous Network Improvement and Monitoring

Passport uses a suite of Quest Analytics tools to analyze its provider network for access and adequacy. The platform allows us to build template documents based on housed provider data, including access distances and adequacy ratios, for complete and ongoing analysis, including:

- **Proximity Standards:** An analysis of Passport members' actual access against each contracted proximity standard, including by provider type, to ensure compliance and ongoing monitoring
- **Predictive and Prospective Analysis:** A review of the network to assess the impact of the potential provider recruitment efforts or voluntary loss or termination of a provider or provider group to prospectively protect member access in cases of provider shift
- **Visualization Reports and Geomapping:** Quickly highlight any gaps or potential gaps

Quest allows for streamlining adequacy and access thresholds using native data specifications, including distance by mileage or time, and can be appended to project templates and exported into Microsoft Excel workbooks. Using this suite of technology allows for repeatable and accurate analyses to support Network Services and leadership review and action.

The Proximity Standards Report (**Exhibit G.6-2**) provides analysis of PCPs and other specialties and provider types by geography. Adequacy is divided into rural and urban coverage of geographies for measurement using DMS standards. Calculation of the raw data produces adequacy percentages using Excel formulas that have been programmatically established, tested and confirmed for accuracy. Output allows for quick ongoing review of our network against all contractually required or internally driven access standards

Exhibit G.6-2: Proximity Standards Report Sample

Percent of Members Within	Standard	Passport 2018 Q1-2019 Q4
Contract Terms		
Sixty (60) miles of a hospital (rural)	95%	100%
Thirty (30) miles of a hospital (urban)	95%	100%
Forty-five (45) miles of a primary care provider (PCP)/primary care (rural)	95%	100%
Thirty (30) miles of a PCP/primary care (urban)	95%	100%
Sixty (60) miles of a dentist	95%	99.87%-100%
Sixty (60) miles of vision services	95%	100%
Sixty (60) miles of a laboratory	95%	100%
Sixty (60) miles of a radiology services	95%	100%
Thirty (30) miles of a pharmacy	95%	>95%
Selected Physician Specialist		
Sixty (60) miles of an allergist	95%	98.86%-99.95%
Sixty (60) miles of a cardiologist	95%	100%
Sixty (60) miles of a dermatologist	95%	98.34%-99.98%
Sixty (60) miles of a Durable Medical Equipment (DME)	95%	100%
Sixty (60) miles of a gastroenterologist	95%	97.38%-97.48%
Sixty (60) miles of a general surgeon	95%	100%
Sixty (60) miles of a neurologist	95%	100%
Forty-five (45) miles of an OB/GYN	95%	100%
Sixty (60) miles of an orthopedist/orthopedic surgeon	95%	100%
Sixty (60) miles of an otologist, laryngologist rhinologist	95%	100%
Sixty (60) miles of a pathologist	95%	100%
Sixty (60) miles of a psychiatrist	95%	100%
Sixty (60) miles of a urologist	95%	100%

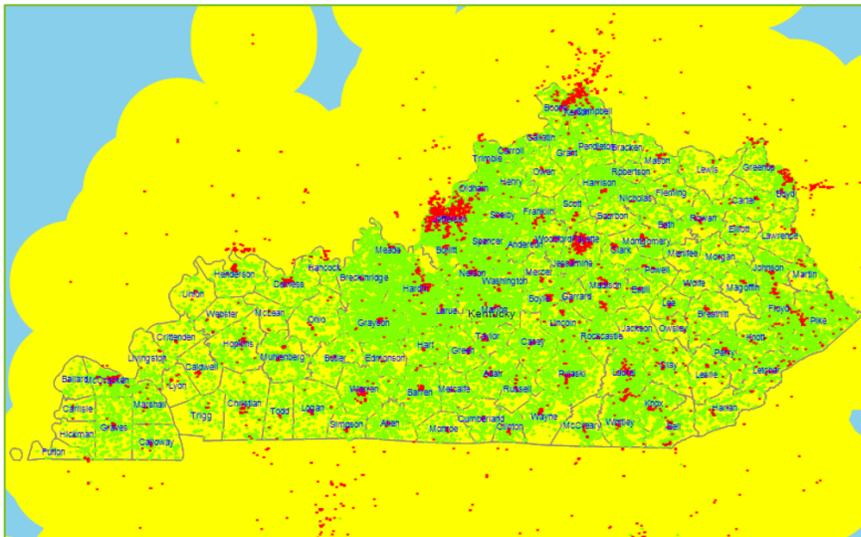
We also generate predictive and prospective access reports. Predictive reports assist in recruiting so we can determine the impact on network adequacy of adding a particular provider or group. Prospective access reports allow for assessment of potential impact of a pending voluntary provider loss or termination of a provider. We then use the results of the analysis to develop recruiting strategies and maintain network balance and compliance. **Exhibit G.6-3** is a sample of these reports.

Exhibit G.6-3: Predictive/Prospective Access Reports Sample

Davies, KY	2,047	DMS Network w DME - Access	With	2,047	100.0	1.5	2.3	2.6
		1 in 60 miles	W/o	0	0.0	--	--	--
		DMS Network wo DME - Access	With	2,047	100.0	1.0	1.3	1.4
		1 in 60 miles	W/o	0	0.0	--	--	--
		DMS Network w General Surgeon - Access	With	2,047	100.0	2.8	3.0	3.0
		1 in 60 miles	W/o	0	0.0	--	--	--
		DMS Network wo General Surgeon - Access	With	2,047	100.0	1.0	1.3	1.4
		1 in 60 miles	W/o	0	0.0	--	--	--
		DMS Network w OBGYN - Access	With	2,047	100.0	2.5	2.9	3.2
		1 in 45 miles	W/o	0	0.0	--	--	--
		DMS Network wo OBGYN - Access	With	2,047	100.0	1.0	1.3	1.4
		1 in 45 miles	W/o	0	0.0	--	--	--
		DMS Network w Ortho/Ortho Surgeon - Access	With	2,047	100.0	2.9	3.1	3.5
		1 in 60 miles	W/o	0	0.0	--	--	--

Passport also uses visualization and geomapping as an additional method of quickly assessing network coverage. We develop geomaps as an accurate visual representation of the network plus geomaps against predictive and prospective access reports. A geomap can highlight potential geographic gaps if providers in a specific region may or are no longer participating with Passport. **Exhibit G.6-4** is a sample of this tool

Exhibit G.6-4: Geomap Report Sample



In monitoring our network for adequacy, we will deliver to DMS all required reports using the most recent GeoAccess program versions available and updated periodically on the timeline defined by DMS. All reports will be produced in compliance with the requirements of Draft Contract Section 28.4, and Passport will fully comply with KRS304.17A-515 and all required accessibility standards. Below, we describe ongoing monitoring efforts across the network.

Passport Success Story: Personalized Outreach to Fill Network Gaps

In December 2015, Passport identified the need for ambulance providers in Region 6, Northern Kentucky. Using the Lead Tracker for potential OON providers, our PRR was able to retrieve a list of potential candidates for contracting for our members. She made multiple personal contacts. By August 2016, over 20 ambulance companies signed contracts to participate with Passport, and these ambulance companies remain part of Passport’s network.

Network Adequacy Measurement: Each month, Passport leverages Quest Analytics (an industry-standard solution for measuring network adequacy) to identify network gaps. Passport reviews Care Management (CM), utilization management (UM) and claims data on a quarterly basis to identify OON providers used by members, along with access-related feedback from members, referring providers, care managers and utilization managers. This information, in conjunction with reference to the DMS Master Provider File, identifies additional options for provider recruitment:

- **Verification:** Passport uses Identifi, a web-based provider data management tool that maintains our provider file. Identifi also populates the provider directory, supports network adequacy analytics provided through Quest Analytics, and is used to verify that any network gaps are closed. Identifi allows our network managers to track the collection of feedback related to provider access from the CM, Member Services and Population Health Management departments. This Passport departmental feedback, along with any identified network gaps, verifies the identification of providers for recruitment.
- **Remediation:** Using our Lead Tracker process, Passport develops a recruitment work plan and then conducts outreach to providers in person, via phone and over email to invite them to join our network. This action plan approach, along with filling immediate needs through single-case agreements, serves as a remediation process for network gap closure.

Availability and Wait Times Measurement: Providers must comply with contracted availability and wait times, such as appointment times not exceeding 30 days from the member’s request for routine and preventive services and 48 hours for physical and BH urgent care, and counseling and medical appointments within 10 days for members under age 18 years or as soon as possible for voluntary family planning, counseling, and medical services (if the provider cannot provide complete medical services within the 10 days) and for all members within a maximum of 30 days.

- **Verification:** Passport contracts with SPH Analytics, an industry leader in measuring and analyzing provider performance, to conduct quarterly reviews of our provider network for availability and wait times. Results are analyzed by state, region, local area and individual provider to examine overall compliance with standards.
- **Remediation:** We take every possible step to ensure compliance with availability and wait times. We intervene with noncompliant providers, remediate conditions that led to the noncompliance, and re-survey the member the following quarter for satisfactory, compliant performance. Providers who do not meet standards going forward are subject to our policies and procedures on corrective action, continued monitoring and possible termination from the network.

Process for Providing Out-of-Network Care

Access to Out-of-Network Providers

If Passport does not hold a contract with a key Provider type in a given DCBS Service Region or DJJ Community District, or an in-network provider does not meet appointment adequacy standards, Passport ensures that members can access medically necessary care, including services from an OON provider, when needed and appropriate. We address immediate service needs through our policies on OON coverage for emergency services. To address short-term needs for OON services, we use single-case agreements. Our long-term approach is to recruit OON providers into our network.

If a member requires immediate, emergent or urgent care services and is not near or cannot access a contracted provider, we advise him/her to go to the nearest treatment facility. We support this through documented Passport policies, which we communicate through our contracted providers, Member Services and Member Handbook. OON emergency services are available without any financial penalty to the member.

If the member has any issues securing a visit with a specialty care provider, Member Services or Care Management staff can assist the member by contacting the OON provider to help secure a timely appointment that meets DMS standards.

Educating Out-of-Network Providers

Passport recognizes that it is responsible for ensuring OON providers understand the Kentucky Medicaid program and its policies and procedures, including access standards. Our Provider Relations staff will contact the provider to explain these program elements and standards. We also make them aware of other available resources, including our provider website, which gives them access, for example, to provider manuals that include member rights and responsibilities, our coverage policies and provider updates. Providers can also find information on the website about how to join the Passport network.

Using Single-Case Agreements

If our existing network does not meet a member's specific health needs, Passport uses single-case agreements. Our UM team, which performs the assessment of the member's health needs, forwards cases that require continuity of service coordination to our service coordinator/care manager for review and discussion with the medical director. If the medical director deems that services from the OON practitioner are medically necessary, we take the following actions:

- Our UM department reauthorizes the services to be provided by an OON provider.
- We check to verify that the provider is licensed, that there are no licensure sanctions, that the provider is enrolled with Medicaid, and that the provider is not listed in the Office of the Inspector General (OIG) List of Excluded Individuals or Entities or the General Services Administration (GSA) Excluded Parties List when we authorize care.

- Our Network team approves either a comparable in-state/network rate, the State Medicaid fee-for-service rate, state-approved OON provider payment methodology, or a negotiated fee schedule and incorporates that fee approach into a single-case agreement for the member.
- Our Provider Relations staff will encourage the OON provider to join the network.
- If the OON provider does not join our network, our UM team develops a strategy to coordinate a member's transition to a network provider once the member is stable or if the care requires long-term treatment that is available from a network provider.

Establishing Prior Authorizations for Out-of-Network Providers

When a member needs to access non-urgent care outside of the Passport network, the PCP or OON provider contacts the UM department to secure an authorization. During the authorization process, the UM team reminds the OON provider of the timely access requirements for urgent and routine appointments. The Provider Services call center is available to respond to OON providers' questions and assist them with the OON service authorization process.

Our OON service authorization includes review by a UM nurse, in collaboration with the care coordinator or the member's care manager (if enrolled in care management), and as determined appropriate by the UM medical directors. The UM nurse confirms the requested service is medically necessary and is not available or accessible from a network provider. The UM medical directors review all OON requests to ensure appropriate use of services. The medical directors are also available for peer-to-peer consultation with the OON provider and the member's other treating providers.

We continue to authorize OON services for as long as medically necessary and until we can meet the member's need with an in-network provider. To ensure continuity of care, we may choose to extend the OON authorization until the member's course of treatment is complete, even if an in-network provider is identified.

Coordinating Care with Out-of-Network Providers

Our UM and care management processes coordinate services from OON providers, ensuring the services are appropriate and consistent with the member's identified needs. The care coordinator or care manager coordinates services with the member's other providers, including the PCP, and provides appropriate medical records, including copies of the member's care plan, to the member's PCP and treating providers, including the OON provider.

If the member has not been part of our care management program, we evaluate the request for OON services to determine whether it represents a potential acute care episode that requires case management or is an indicator of a chronic condition that would require ongoing care management. If so, we will contact the member to offer enrollment in case or care management, explain the benefits, and, if accepted, begin the assessment and care planning process.

Encouraging Out-of-Network Providers to Join Our Network

The UM nurse also notifies Provider Network staff about requests and authorizations for OON services. Provider Network then contacts the identified OON provider and invites the provider to join the network. If the provider is agreeable, a Provider Network specialist initiates the contracting and enrollment process. If the provider is not willing to immediately join the network, we create a single-case agreement, and the Provider Relations staff instructs the OON provider on how to obtain access to the Passport's website, which includes resources the provider can use to join the network at any time. We also provide materials to the provider via fax or by mail if the provider has no internet access. Provider Network also initiates provider recruitment and contracting efforts to identify available providers of the same specialty type able to meet the member's needs and willing to join our network.

C.6.a.v. How the Contractor will ensure appointment access standards are met when Kentucky SKY Members cannot access care within the Provider Network.

Supporting Members in Accessing Out-of-Network Care

If a member has to use an OON provider until we secure in-network care that complies with the time and distance standards, Passport's Care Management team works with the DMS transportation vendor to arrange transportation for the member. The authorization of out-of-area travel is an active part of every specialty provider selection consideration by Passport UM staff when no provider exists in our network. Passport may also consider other transportation options as medically necessary.

As indicated in our process and supporting explanations above, we do several things to support members in accessing OON care. The most important element underlying this support is to simplify the process for members so that they can access the care they need through the following:

- Ensure we understand the member's needs. Passport recognizes that the support system for the SKY population extends far beyond the members themselves, including foster parents and other community supports, so understanding the member's needs here is a more extensive process that should include feedback from all involved parties.
- Help the member find the care they need, whether that is encouraging an in-network Provider to open an appointment slot, finding an OON provider, or offering alternative options, including transportation or telehealth.
- Ensure the member understands the process, explaining to them the difference between in-network and OON care while assuring them that Passport will pay for covered services and that they should not receive a bill from a provider for those services.
- Explain the coordination of care process and that the member might hear from other Passport team members who can help make sure that his/her encounter with the OON provider goes smoothly and that we will help coordinate activities between that provider and the member's other providers
- Tell the member how to seek help if he/she needs it at any time in the process.

C.6.b. Provide an example of how the Contractor has contracted for similar networks for similar populations in other programs. Provide a workplan to contract with Kentucky SKY Network Providers, with accountabilities and timelines.

Passport's Experience with Similar Programs

The Passport team has provided services for the Kentucky SKY population for 22 years, including BH since 2014, contracting with providers to meet the needs of this population for the duration of this time. We have demonstrated success in contracting in innovative ways to build the provider network for foster youth and also in creating services unique to the Kentucky SKY population. Here are some examples of experience Passport has providing networks for similar populations in other programs.

Passport Success Story: Satisfying Member's Out-of-Network Needs

A member, a toddler whose family did not speak English, had a painful cyst in her eye that required surgical removal. The family wanted to take the child to an ophthalmologist who was not in Passport's network. After discussing the issue with the family, Passport agreed to cover the child's surgery performed by the recommended ophthalmologist and arranged for the toddler's medical treatment.

Passport High Fidelity Wraparound Foster Care Pilot Program

Elsewhere in this proposal, Passport has extensively described the collaborative process of developing an intensive care management pilot in conjunction with DMS, Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), and DCBS. This pilot resulted in more children and youth living with natural or adoptive families, improved adaptive functioning for participants, and decreased per member per month (PMPM) cost in care in the period following intervention. These outcomes were obtained by contracting with two local provider organizations, Centerstone Kentucky (Seven Counties Services) and ResCare. To serve as providers, these organizations had to commit to being trained in high fidelity wraparound care management and to receive regular coaching and feedback. Passport monitored the fidelity of their services using nationally recognized measures. Independent assessment indicated that a high degree of fidelity in implementing the model was achieved in keeping with national findings. Through this process, Passport also gained experience in the types of support needed to successfully address specific service needs through contracting. Since the initial pilot, Passport has continued to evolve its broader relationship with Centerstone Kentucky into a shared savings model value-based arrangement.

Passport's Trauma-Focused Cognitive Behavioral Therapy Program Initiative

Passport noticed a trend of adolescent members who were in and out of the hospital due to behaviors rooted in their trauma history. Members were sometimes sent out of state due to inability to get needed trauma treatment in-state. Passport determined that these members needed a longer length of stay in an acute environment to address their trauma using an evidence-based or evidence-informed practice. Some

providers were willing to partner in this effort but needed clarification on licensure issues. Passport worked with providers to identify evidence-based solutions for trauma, and they jointly determined that trauma-focused cognitive behavioral therapy (TF-CBT) seemed appropriate. Passport worked with providers and discussed the issue with DBHDID regarding member needs and perceived licensure barriers. DBHDID spoke with OIG, and OIG gave approval for providers to offer the needed service at an extended care unit (ECU) level of care in an acute setting. Passport developed an authorization process and a rate to support participation for the ECU level of care through the early and periodic screening, diagnosis and treatment (EPSDT) benefit. With those steps taken, River Valley Behavioral Health was able to begin serving Medicaid members in this unique program.

The success of this program was described in detail earlier in this proposal response. Of the participants, 60% were in foster care, and over the past six years, we have seen a 75% reduction in residential/facility (including psychiatric hospital stays) post-intervention among those who complete treatment. These accomplishments again reflect Passport’s understanding of the Kentucky regulatory environment, its strength in listening to and working with providers and governmental partners, and its ability to contract in a way that meets the unique needs of the Kentucky SKY population.

Passport Participation in the Building Bridges Initiative

Passport has been fully supportive of the DCBS Building Bridges Initiative, which emphasizes that “children grow best in families, within supportive communities and through empowering partnerships.” We are committed to participating in a system of care that is youth-guided and family-driven. Passport believes that the Kentucky SKY contractor has a unique opportunity to support this effort by emphasizing the Building Bridges Initiative (BBI) principle of achieving “sustained positive outcomes” in its contracting relationships with providers. We intend to pilot incentives and other value-based arrangements that reward providers for achieving stability in placement and, when possible, successful transition to a permanent family; reduction in trauma (specifically incidents of restraint and seclusion); promotion of participation in developmentally appropriate community engagement; and improved care coordination at the provider level. Although the capacity of providers to participate in these arrangements will vary, Passport will explicitly address the need for youth’s sustained future success in contracts with all childcare and child placing agencies. This emphasis is intended to move the focus of our relationship away from day-to-day control of behavioral problems and into one where services are designed with long-term success in view.

Passport’s Kentucky SKY Contracting Work Plan

Passport’s Kentucky SKY contracting work plan, which includes contracting accountabilities and timelines, can be found in **Exhibit G.6-5**.

Exhibit G.6-5: Passport’s Kentucky SKY Contracting Work Plan

Contracting Task	Responsibilities	Time Frame	Assigned Resource
<p>Phase 1—Build the Foundation: Identify and contract with providers currently participating in Passport’s network that are equipped to provide care for the SKY population.</p>	<ul style="list-style-type: none"> Identify providers who have sufficient training and experience in TIC, treatment of individuals with complex special needs, or treatment of children in foster care or those receiving adoption assistance. Ensure appropriate language is incorporated into contracts (includes negotiation and signature of contract amendments). Confirm adequacy and access standards are met. 	Six months prior to Go Live through Go Live	<p>Provider Relations</p> <p>Contracting</p>
<p>Phase 2—Expand the Network: Identify and contract with providers who already have the requisite qualifications for providing care for the SKY population but are not yet in Passport’s network.</p>	<ul style="list-style-type: none"> Using available datasets (including network analyses via Quest Analytics, Kentucky Medicaid Provider Master File, Provider Relations, and other community resources), identify additional target providers. Negotiate and execute contracts with target providers. Conduct credentialing and provider load activities. 	Ongoing	<p>Provider Relations</p> <p>Contracting</p> <p>Credentialing, Provider Data Management</p>
<p>Phase 3—Train: Facilitate training to build additional expertise within the existing Passport network.</p>	<ul style="list-style-type: none"> Identify additional providers within Passport’s existing network who have not yet been trained in TIC but show both a willingness and a track record of providing high quality care that would demonstrate the needed capabilities. Facilitate procuring specialized training for this subset of providers. Once these additional providers are sufficiently trained and have the requisite experience, negotiate and execute contract amendments that incorporate appropriate language for servicing the SKY population. 	Ongoing	<p>Provider Relations</p> <p>Contracting</p>

Conclusion

Passport is committed to recruiting a provider network that is focused on the unique needs of the Kentucky SKY population. Furthermore, through explicit contracting requirements, initial and ongoing training, and innovative contracting, we are committed to ensuring a high quality of services to Kentucky SKY members. Our robust network already serves this vulnerable population and will serve as the basis of building provider resources throughout Kentucky. By building a collaborative, comprehensive partnership with providers, we continually strive to ensure timely access, TIC and evidence-based practices that our members can depend on. As we have throughout our history, Passport will continue to collaborate with DMS, DCBS, DBHDID and DJJ, as well as with the providers who support Kentucky SKY members, to ensure that information is shared freely and that, together, we remain focused on providing the best, most appropriate support possible for each member. Passport is passionate about supporting this vulnerable population and has the experience necessary to support Kentucky SKY members.

Passport has been honored to serve the Kentucky Medicaid and foster care populations for 22 years and will continue to comply with all provisions of the Medicaid Managed Care Contract and Appendices (including Kentucky SKY) as we continue to serve them in the future.

G.7 Provider Services



G.7. Provider Services

Provide the Contractor’s proposed approach to Provider outreach and education. Include a description of how initial training will differ from ongoing training. Describe proposed training materials including but not limited to:

- a. Coordinating services;
- b. Care Coordination Teams;
- c. Training in Trauma-informed Care (include sample materials);
- d. Crisis services;
- e. Child and Adolescent Needs and Strengths (CANS);
- f. High Fidelity Wraparound approach;
- g. Impact of ACEs;
- h. Neonatal Abstinence Syndrome (NAS);
- i. Six Seconds Emotional Intelligence (SEI); and
- j. Screening for and identification of Behavioral Health needs.

Introduction

Passport has unique close ties with our providers who collectively serve our more than 5,000 members, comprised of adoption, foster care, former foster care, Juvenile Justice and disability related youth. Our initial and ongoing support for providers and our outreach and education structure is cross-functional so that our network providers have the resources, assistance, training and education needed to provide the level of care and coordination of services our members in foster care need and deserve.

The providers who serve our Kentucky SKY members and Passport’s extended provider support team will participate in initial and ongoing training that incorporates the five (5) guiding principles of trauma-informed care: safety, choice, collaboration, trustworthiness and empowerment, as well as how these principles can be implemented in a care management setting.

The training is designed to inform training attendees about the unique needs of this very vulnerable population, the role of the caregiver and the requirements of the Kentucky SKY program that include the following:

- Early screening and assessment
- Consumer-driven care and services
- Nurturing a trauma-informed and responsive workforce
- Evidence-based and emerging best practices

- Creating safe environments
- Community outreach and partnership building
- Ongoing performance improvement and evaluation

Provider Training, Outreach and Education to Implement Wraparound Care and Services for Members in Foster Care

Passport places an emphasis on making sure our providers are best positioned to arrange and deliver complex care to our Kentucky SKY members. We have an established onboarding, training, education and support program for our providers that is managed by our local, Kentucky-based Provider Relations Specialists. The person selected to be Passport's Kentucky SKY Provider Relations Liaison will be responsible for oversight of the development and implementation of Passport's Kentucky SKY provider curriculum. This person will be presented by Passport's cross-functional departments who work together to deliver the best and most responsive, relevant services to our providers. From our Provider Relations Specialists to Medical Directors and Care Advisors, our teams are well-positioned to help ensure our Kentucky SKY members receive the right care, timely and are connected to appropriate social supports.

Our structured approach to training and education is twofold. It is designed to educate and inform new and existing providers on topics relative to providing the most appropriate and effective integrated care and services for our Kentucky SKY members while also being compliant with Passport's contract with the Department for Medicaid Services (DMS) and applicable Commonwealth and federal requirements. Our program also contemplates the social needs of foster parents and caregivers, as well as how the provider can recognize these needs and provide guidance for the services and support available.

Initial Training for Kentucky SKY Providers

The care and safety of our members in foster care is at the core of the Kentucky SKY program. Passport works closely with providers to ensure that they have the training to best serve the unique needs of this population. Passport recognizes that engaging and communicating with network providers within the first thirty (30) calendar days of active status with our plan is not only required by the DMS but also invaluable in the onboarding process. Doing so immediately helps eliminate the administrative burden providers may face and quickly gets Kentucky SKY members engaged in Passport's care management programs. Passport's provider orientation plan, including methods, topics and dates for completion of activities, will be submitted to the DMS in compliance with the Medicaid managed care contract.

Our orientation activities begin with an introductory phone call from the Provider Relations team, which coordinates the on-site orientation training. Our Kentucky SKY-specific training module will be included in our orientation training for providers new to the Passport network, to providers who are new to serving our Kentucky SKY membership, and as part of Passport's new hire training requirements. This training is structured to be delivered in an instructor-led setting and to also be available as a webinar for easy access at

any time. Whenever possible, professional education training units will be pursued as additional benefit for participation.

The training covers a range of topics that includes the following:

- An overview of the foster care system
- Trauma-informed care
- Challenges faced by former foster care members
- An appreciation of the circumstances Kentucky SKY members may have experienced, such as the following:
 - Multiple and frequent changes in placement
 - Changes in caregivers
 - Traumas experienced in their short lifetime and post-traumatic stress
 - Behavioral health (BH) and complex medical issues
 - Substance abuse issues—either personal or experienced in their home
 - Disruptions in education
 - Challenges when aging out of foster care and the risk of homelessness
- An understanding of the caregiver’s challenges and supports within the foster care system
- An understanding of adoption subsidy and which foster care members may qualify for a subsidy upon adoption finalization
- Available crisis services and the importance of supporting children and youth in community settings
- The Kentucky SKY covered services and requirements of each program and how they differ from other Medicaid populations, such as the provider’s responsibilities for the following:
 - Providing and/or coordinating health care services and BH services, including medical consent, timelines and assessments, appropriate utilization of psychotropic medications and more as required by the DMS
 - Compliant HIPAA information exchange
 - Business processes and workflows
 - Coordinating with foster parents, guardians and fictive kinship, social service workers and adoptive parents
 - Coordinating with state Department of Community-Based Services (DCBS) and the Department of Juvenile Justice (DJJ) professional personnel, court-appointed special advocates (CASAs), judges, law enforcement officials, private child-caring and child-placing agency staff and other cabinet sister agencies
 - The use of trauma-informed care and evidence-based practices
- The role and responsibilities of the DMS, the DCBS and the DJJ and the collaboration process with Passport

Substance Abuse and Children in Foster Care

More than 70% of Kentucky children in foster care have characteristics of substance abuse or misuse.

- The role and availability of Passport’s Kentucky SKY Care Management team and how to access the care coordinator
- The aging out process and Passport’s support in transitioning our members
- Criminogenic factors and needs of individuals involved with DJJ and the Administrative Office of the Courts (AOC) and how to support the care plan to reduce recidivism

At the foundation of our initial touch point, the Passport Provider Relations specialist confirms that the provider has been able to successfully access Passport’s provider website, provider portal and Kentucky HealthNet, all of which are critical in the provider’s relationship with Passport and the DMS, including connection information with the Kentucky Health Information Exchange.

Assistance is offered to the provider if there have been any barriers to accessing any of these websites. The provider is also made aware of the tools available to them on the provider website, such as the Provider Orientation Kit, which includes information on Passport’s special programs and how to access them (demonstrated in **Exhibit G.7-1**) as well as Passport’s Provider Manual.

The Provider Manual includes helpful information that details all of Passport’s plan benefits, policies and administrative procedures, as well as a dedicated section on requirements for Kentucky SKY providers. Information specific to the care of our Kentucky SKY members includes the following: eligibility primary care provider (PCP) exceptions, focus of Passport’s Special Populations team and the agencies that Passport collaborates with for the care of our members, such as the DCBS. Our Provider Manual also describes the nuances of the guidance and requirements for our members in foster care; for example, children may receive services from a specialist without a referral and require prior authorization for the following services only: inpatient hospital admissions, private duty nursing, home health services and any noncovered services, including early and periodic screening, diagnosis and treatment (EPSDT) expanded services.

Training rosters are maintained that verify the attendance of each provider and his/her staff in the orientation training, as well as all ongoing trainings. The rosters are made available to the DMS upon request. Our Provider Relations team follows up with the provider following the orientation session to answer any questions that the provider and his/her staff may have.

Exhibit G.7-1: Provider Orientation Kit

This Provider Kit Includes ...

WELCOME LETTER	2
ALL ABOUT BENEFITS	3
• Summary of Benefits for Passport Health Plan Members	3
• Cost Sharing	4
• Utilization Management	4
• Prescription Medications and Prior Authorization	5
• Lock-In Program	8
• Urgent Care Services	9
RIGHTS & RESPONSIBILITIES	10
• Member Rights & Responsibilities	10
• Provider Responsibilities	11
PROVIDER RESOURCES	15
• Electronic Services	15
• Online Resources for Providers	15
• Cultural and Linguistic Services Program	17
BILLING AND REIMBURSEMENT	20
• Paper and Electronic Claim Submission	20
• Electronic Funds Transfer (EFT)	21
• Family Planning Claims	22
• Billing for EPSDT Services	23
• Submission of NDC Information for Drug Codes	24
• Corrected Claim Submission Procedures	25
• Encounter Submission	26
• Third Party Liability	26
SPECIAL PROGRAMS	28
• Care Management Programs	28
• Catastrophic Care Management	28
• Complex Care Management	29
• Condition Care Management	29
• Transition Care Management	32
• Care for You 24/7 Nurse Advice Line	32
• Remote Care Monitoring Program	32
• Maternity Care Management	33
• Specialty Populations Team	33
• Population Health Management	33
BEHAVIORAL HEALTH	34
PROVIDER REFERENCE GUIDE	37

Please note this information is important and to be used to help you become more familiar with Passport Health Plan. However, this doesn't replace the Provider Manual. The Provider Manual is available on our website and is an extension of your contract with Passport Health Plan.

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Ongoing Kentucky SKY Training for Providers

As part of Passport’s ongoing provider training, education and outreach, we will provide the following training, exemplified in **Exhibit G.7-2**, to the primary and specialty medical providers, BH providers and dental and vision providers who serve our Kentucky SKY members, with a focus on compliant and collaborative care. Passport’s trainings are often conducted in collaboration with community partners who are considered experts in the curriculum being delivered. Examples of community partners are as follows:

- Kaplan Barron Pediatrics and Physicians to Children for their experience with medical homes for foster care members
- Passport’s Dr. David Hanna and Dr. Jessica Beal for expertise in trauma-informed care
- Dr. Allyson Bradow, PSY.D, a psychologist in Louisville, Kentucky, with expertise in dialectical behavioral therapy and mindfulness
- Pastor Edward Palmer for training on racial disparity
- Kent School of Social Work, Spalding School of Social Work, WKU School of Social Work and University of Kentucky School of Social Work for creating trauma-informed education
- Adoptive parents and foster care parents for their experiences and perspectives, including peer training in conjunction with the Kentucky Partnership for Families and Children
- Passport’s Dr. Liz McKune and Dr. Cheryl Hall for expertise in criminogenic factors on recidivism and the alignment with social determinants of health (SDoH)
- The University of Kentucky College of Social Work’s Training Resource Center (TRC) to administer trauma-informed care trainings with law enforcement, providers and other stakeholders around the state

Exhibit G.7-2: Passport Kentucky SKY Training

Training Topic	Curriculum
G.7. a. Coordinating Services, and b. Care Coordination Teams	Understanding how Kentucky SKY Care Coordination Teams are formed, potential participants (i.e. , the member (when appropriate), the foster family, the biological family (when appropriate), providers involved in the member’s care including the PCP, dental provider, BH provider and any specialists, as well as other individuals pertinent to the member’s care, such as coaches, mentors or religious leaders) and how to engage and coordinate care and wraparound services
G.7.c. Training in Trauma-informed Care (include sample materials)	Understanding the signs of trauma in Kentucky SKY members as well as their caregivers, potential contributing factors and available tools and resources Two samples of Trauma Informed Care training are included as Attachment G.7-1_Addressing Vicarious Trauma in Foster Parent Training and Retention and Attachment G.7-2_Trauma Informed Care Training Sample Material

Training Topic	Curriculum
G.7.d. Crisis Services	Identifying when crisis intervention is needed and the services available for the Kentucky SKY member
G.7.e. Child and Adolescent Needs and Strengths (CANS)	Promoting the CANS tool designed to support level of care and service planning decision making, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services.
G.7.f. High Fidelity Wraparound Approach	The tenets of wraparound and what it means to provide the right support and services for the whole family, not just the Kentucky SKY member
G.7.g. Impact of Adverse Childhood Experiences (ACEs)	Informing about the lasting impacts of abuse, neglect and other traumas on children and how to minimize the risks long-term negative impacts.
G.7.h. Neonatal Abstinence Syndrome (NAS)	Recognizing the signs of NAS withdrawal symptoms caused by in utero exposure to drugs of dependence.
G.7.i. Six Seconds Emotional Intelligence (SEI)	Learning effective measures that help people develop and apply emotional intelligence.
G.7.j. Screening for and identification of Behavioral Health needs	Screening for and identification of Behavioral Health needs using evidence based and/or best practices especially focused on concerns related to the foster care populations (e.g., trauma, substance use, depression).
Additional Training	
Family First Prevention Services Act and any other federally mandated services or programs impacting Kentucky SKY members	Understanding the requirements of providers as defined within federally-mandated programs, how to carry out the intent of the legislation and methods to incorporate and/or augment current practices.
Suicide Prevention	Enabling the early identification and assessment of young patients at high risk for suicide for suicide prevention [www.nimh.nih.gov].
Polypharmacy Risks	Understanding and mitigating the risks of polypharmacy .
Racial Disparities	Understanding of the racial disparities that exist in foster care and DJJ systems.
Criminogenic Factors	Understanding the risk factors for recidivism in DJJ and how they align with the social determinants of health for use in care plans that meet the whole member’s needs.

Passport Continually Educates and Updates Providers

Passport eNews is a key communication method that the Provider Relations team uses to share timely information with participating providers in our network. Timely operational updates, announcements and information are shared with providers in real time via email. The distribution can be tailored to specific provider types, including Kentucky SKY providers for targeted messaging, or sent to all providers with communications that have a broader impact. Passport eNews communications are sent out weekly, on average. In 2018, approximately eighty (80) Passport eNews emails were sent to our provider community with information relevant to their practices. Passport also offers annual provider workshops at accessible

locations across Kentucky so that providers from all regions have the ability to attend. Topics presented at previous workshops have included fraud, waste and abuse detection, Social Security Act Title XI, the role providers have in quality and Healthcare Effectiveness Data and Information Set (HEDIS) measures, third-party administrator transition training, DMS initiative training (i.e., Kentucky HEALTH) and billing and reimbursement practices. To ensure all providers have access to the training information at any time, Passport facilitates and then posts a webinar version of the workshop available on the provider portal.

Passport’s Provider Relations specialists and subject matter experts also attend the webinars. This provides an opportunity for open dialogue to share ideas and suggestions and for further collaboration between the network providers and Passport. Attendees are asked to complete a workshop evaluation so that we may gauge the success of the workshops and the relevance of the content discussed, as well as provide a forum for providers to offer feedback and suggestions for future use.

Providers are invited to in-person workshops and/or educational webinars hosted by Passport throughout the year. Passport engages departments throughout the health plan to contribute to, and help facilitate, our webinars. For example, Passport has hosted webinars, such as *Opioid Use Disorders TeleECHO Clinic*, *Targeted Case Management* and *Passport Behavioral Health: Autism Services and Behavioral Analysts* as illustrated in **Exhibit G.7.3**, that were conducted in collaboration with subject matter experts from cross-functional teams within Passport.

Exhibit G.7-3: Passport Training



Conclusion

Provider engagement is at the very core of Passport and starts at the highest levels of leadership. We recognize that an informed provider experience focused on solid communication, education and provider satisfaction directly affects the experience of our Kentucky SKY members. We are committed to ensuring that Passport providers are aware, understand and comply with the Kentucky SKY program and its requirements through our structured and comprehensive initial and on-going trainings, as well as monitoring provider adherence to the training curriculum via our many regular interactions with providers.

Passport has been honored to serve the Kentucky Medicaid and foster care populations for 22 years and will continue to comply with all provisions of the Medicaid Managed Care Contract and Appendices (including Kentucky SKY) as we continue to serve them in the future.

G.8 Covered Services



G.8. Covered Services

- a. Describe the Contractor's approach for ensuring the successful completion of required assessments and screenings. Please include a description of the following:
 - i. How the Contractor will coordinate with Kentucky SKY Members, the Department, DCBS, DJJ, and families. Address the involvement of any other sister agencies in the description.
 - ii. How the Contractor will ensure assessments are initiated immediately upon a Kentucky SKY Member's Enrollment in the Kentucky SKY program.
 - iii. How the Contractor will meet standards for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screening.
 - iv. Any challenges that the Contractor anticipates in completing required assessments and how it will mitigate these challenges.
 - v. Provide examples of how the Contractor has succeeded in providing assessments to individuals similar to those required for the Kentucky SKY Members.
 - vi. Include examples of Trauma assessment or screening tools the Contractor would recommend the Department consider for the use in identifying Trauma in Kentucky SKY Members.
- b. Submit the proposed screening tool the Contractor will use to develop the Kentucky SKY Care Plan. Include a description of how the Contractor will use the results of assessments that sister agencies have conducted in developing the Care Plan.

Provide examples of prior tools the Contractor has used for other similar programs and detail how these tools have contributed to the Contractor achieving program goals.

- c. Describe its comprehensive approach to providing Crisis Services, including in home services, to Kentucky SKY Members.
- d. Describe the Contractor's experience in providing services through a holistic, person-centered approach, utilizing a High Fidelity Wraparound approach.
- e. Describe how the Contractor will develop and provide interventions that will help develop resiliency in Kentucky SKY Members who have been exposed to Trauma and ACEs.
- f. Describe the role of non-medical factors (e.g., placement changes) that may drive inappropriate utilization of medical resources and how the Contractor will account for those factors in the delivery approach. As part of the response, include how the Contractor will identify and leverage non-Medicaid resources that may be available in a community environment, including how it will assist such community based resources that may serve an important role in the Kentucky SKY Members' overall physical and Behavioral Health care needs and goals even if they are not traditional Medicaid services. Provide examples of any community organizations that the Contractor anticipates involving to provide services to support Kentucky SKY Member' needs and goals.

Introduction

Passport understands that the Kentucky SKY population has complex needs and requires specialized care. We approach each child as a whole person. Our High Fidelity Wraparound approach achieves long-term, sustained positive outcomes while meeting the immediate medical and behavioral needs of the member. Furthermore, we use an assessment process and resources that include social determinants of health (SDoH). Serving this population also requires strong collaboration with a variety of state partners. Passport offers our members and their caregivers the support and resources needed to thrive. With Passport’s dedicated team and full scope of programs and services, we provide our members with comprehensive care using an integrated member-centric approach.

G.8.a. Describe the Contractor’s approach for ensuring the successful completion of required assessments and screenings. Please include a description of the following:

G.8.a.i. How the Contractor will coordinate with Kentucky SKY Members, the Department, DCBS, DJJ, and families. Address the involvement of any other sister agencies in the description.

Coordination with the Kentucky SKY Members, Their Families, the Department, DCBS and DJJ

The comprehensive assessment and screening of all members is the cornerstone for the development of effective care plans for children, particularly those in the Kentucky SKY program. Passport’s approach involves early engagement and participation of multiple sources of information to complete assessments. In this process, we engage Kentucky SKY members, their caregivers, Department for Community-Based Services (DCBS) or Department of Juvenile Justice (DJJ) workers, health care providers and others.

Working with the Department, DCBS, DJJ, Department for Aging and Independent Living (DAIL), other sister agencies and families is not new to us. Currently, our Specialty Populations team is local and has seven staff members devoted to Kentucky SKY populations, plus their manager. Our team is comprised of individuals who previously worked in therapeutic foster care programs, community mental health centers, residential treatment facilities, the Department of Corrections, the Health Access Nurturing Development Services (HANDS) program, state and private psychiatric hospitals, Norton Children’s Hospital, refugee resettlement programs, House of Ruth, and Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID)-contracted programs. One of our team members is a former foster parent and adoptive parent; one is certified in trauma-focused cognitive behavioral therapy; and another has completed the train-the-trainer certification for trauma-informed care instruction. Through their work prior to coming to Passport and their ongoing efforts via our existing Specialty Populations team, Passport has established strong working relationships with Kentucky agencies and providers. Due to our experience, our team understands the populations, the agencies responsible for their care, and the professionals who work with these individuals on a daily basis—our team has walked in many of their shoes. We also understand the pressures

that exist within systems and the need to minimize any negative impacts and tensions they could have on the members we collectively serve.

Due to our existing relationships, Passport aligns with DCBS and DJJ to implement assessment processes with the goal of providing personalized service to each Kentucky SKY member. In addition to tailoring care plans, we complete a comprehensive assessment using information from various sources including Identifi, the Health Risk Assessment and other assessments completed by DCBS, DJJ and providers. This comprehensive assessment helps the Kentucky SKY Care team determine how to approach each member's specific needs.

The Kentucky SKY Care Coordinator holds collaborative meetings with DCBS, DJJ, providers, schools and others to obtain agency case plans and other existing assessments and documentation. These materials are beneficial in completing a full assessment of the Kentucky SKY member's strengths and needs and aid the member's Care Team in developing a comprehensive care plan. As needed, Passport coordinates efforts with DBHDID, DAIL, Public Health and other agencies, as for example, with referrals to the Supports for Community Living (SCL) waiver or working with state guardians.

G.8.a.ii. How the Contractor will ensure assessments are initiated immediately upon a Kentucky SKY Enrollee's Enrollment in the Kentucky SKY program.

Immediately Initiating Member Screenings

Passport understands the importance of expeditiously providing care to Kentucky SKY members. For this reason, the assessment period begins at the time of enrollment. Within one business day of notification of a new Kentucky SKY member, a Care Coordination team is assigned. The Kentucky SKY Care Coordination team consists of, at a minimum, the Care Coordinator, the member, the caregiver (when applicable), and a DCBS social service worker or DJJ worker (when applicable). Depending on the needs of the member (as determined via assessment), additional team members are added. These additional team members include providers, once identified.

Upon assignment of the new member to the Care Coordination team, the Care Coordinator identifies the current or needed primary care provider (PCP), dental, behavioral health (BH) and other specialists, and other providers. Information and input are obtained from each of the providers for assessment and care plan development purposes. The Care Coordinator contacts the member (when applicable), caregiver, and/or DCBS/DJJ worker to complete a health risk assessment (HRA) if a recent HRA is not already on file for the member. The Care Coordinator then begins to assemble available reports, assessments and documentation from DCBS, DJJ and providers and schedules a Care Coordination team meeting to take place within 30 days of enrollment. These efforts are part of the same process that ensures timely assignment of a PCP in two days.

For children/youth in DCBS care, the Passport Kentucky SKY care team partners with the social services worker (SSW) and caregivers to ensure required screenings for members, especially when they are new to DCBS care. This includes the health screening within 48 hours of an order when a child enters the custody of the Cabinet, and treatment for any injury/illness that may be the result of maltreatment within 24 hours of the order. Passport's Kentucky SKY care team also assists in the coordination of required appointments (including medical, dental and visual exams) within two weeks of a member entering the custody of the Cabinet. In addition, our team aids in the coordination of a mental health screening performed by a qualified mental health professional within 30 days of the child entering out-of-home care. Following these initial exams, the Passport Care Coordinator works with the SSW and caregivers to ensure the child/youth receives care in line with EPSDT recommendations, aiming for medical and visual examinations no less than once per year and dental exams twice per year. We gather information from all providers completing those screenings for incorporation into assessment and care-planning activities with the Care Coordination team to ensure all care is coordinated in such a way as not to cause duplicative or contradicting care. For all Kentucky SKY members Passport will collaborate with PCPs and specialists of prior MCOs to ensure continuity of care, as well as the other MCO care management staff and DCBS staff.

Within thirty 30 days of enrollment, the Passport Kentucky SKY team completes the Pediatric Assessment or the Former Foster Youth Assessment (Member Needs Assessment). Both of these assessments include adverse childhood events (ACEs) screeners. Based on the findings from that assessment and any other available information, the team develops a care plan for the Kentucky SKY member, which will be updated by the team at a frequency determined by the risk level of the member.

Our team enters all care plans into our IdentifiSM platform to allow for proper care management and care coordination for the member. All Passport Care Team members have real-time twenty-four/seven 24/7 access to any documentation (including assessments and care plans) that are completed. IdentifiSM provides real-time feedback on tasks needing completion (e.g., assessments) and generates daily reports to Care Coordinators. These reports ensure timely completion of program requirements. Retrospectively, monthly chart and call audits are conducted for each Care Coordinator and Care Advisor on the team to ensure they are meeting program requirements with the members they are serving. Passport's Kentucky SKY Care Management team members participate with directors in a monthly performance management meeting, which includes review for each Care Management team member of monthly quality audit results, maintenance of workload and any other feedback received about the employee. During this meeting, the leadership team determines if any corrective actions should be taken for quality assurance purposes. These actions can be at the individual or team level, such as retraining on program requirements, engagement skills, etc.

The recommendations are then reviewed by the Kentucky SKY Executive Director and Medical Director and, as applicable, the information is incorporated into our quality management program as described in our proposal.

G.8.a.iii. How the Contractor will meet standards for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screening.

EPSDT Screenings Are an Essential Component of Our Program

We routinely monitor the member's health status during the developmental period and prompt the appropriate interventions when issues are identified. This is essential for long-term positive health outcomes. Passport's EPSDT program addresses these concerns for Kentucky SKY members under the age of 21. The program offers comprehensive preventive physical and mental health care including dental, developmental and specialty services to effect the early diagnosis and treatment of medical conditions which, if undetected, could become serious health care issues. Per federal Medicaid requirements, Passport also covers services deemed to be medically necessary for Kentucky SKY members under the age of 21, whether the benefit is in the state plan or not.

Passport's EPSDT program is devised with specific goals to increase:

- The percentage of members receiving at least one EPSDT screen during the measurement year and all age-appropriate EPSDT screens, and all childhood and adolescent immunizations.
- The percentage of members receiving an annual dental visit.
- The number of members receiving a lead screening based on the periodicity schedule.
- The number of members receiving a well-child visit in the first fifteen (15) months of life, the third, fourth, fifth, and sixth years of life, and an adolescent visit.
- The number of members committed to receiving the human papillomavirus (HPV) vaccine series as recommended by Bright Futures/American Academy of Pediatrics (AAP) Standard of Care periodicity schedule as adopted by the Centers for Disease Control and Prevention (CDC).
- Clinician adherence to documented evidence of body mass index (BMI) percentile and improving clinician adherence to documented percentile plotted on a BMI growth chart or BMI percentile documented with that includes height and weight.
- Counseling for nutrition and physical activity; risk behavior related to sexual activity, alcohol and substance abuse; and tobacco use; mental health assessment/screening; and follow-up for special services as a result from an EPSDT screening.
- Adherence to documented evidence of a depression screening based on the periodicity schedule and appropriate referral and follow up as a result from an EPSDT screening.

When a Kentucky SKY member does not receive the recommended schedule of health screens, immunizations and annual well visits, our Care Team reaches out to the member, caregiver and/or guardian to discuss the gaps in care and the importance of receiving the recommended services. The Care Team also assists in scheduling appointments for services as needed. To further promote engagement, members may earn rewards for participation in and completion of preventive health services, including some EPSDT services (e.g., immunizations).

Success Story

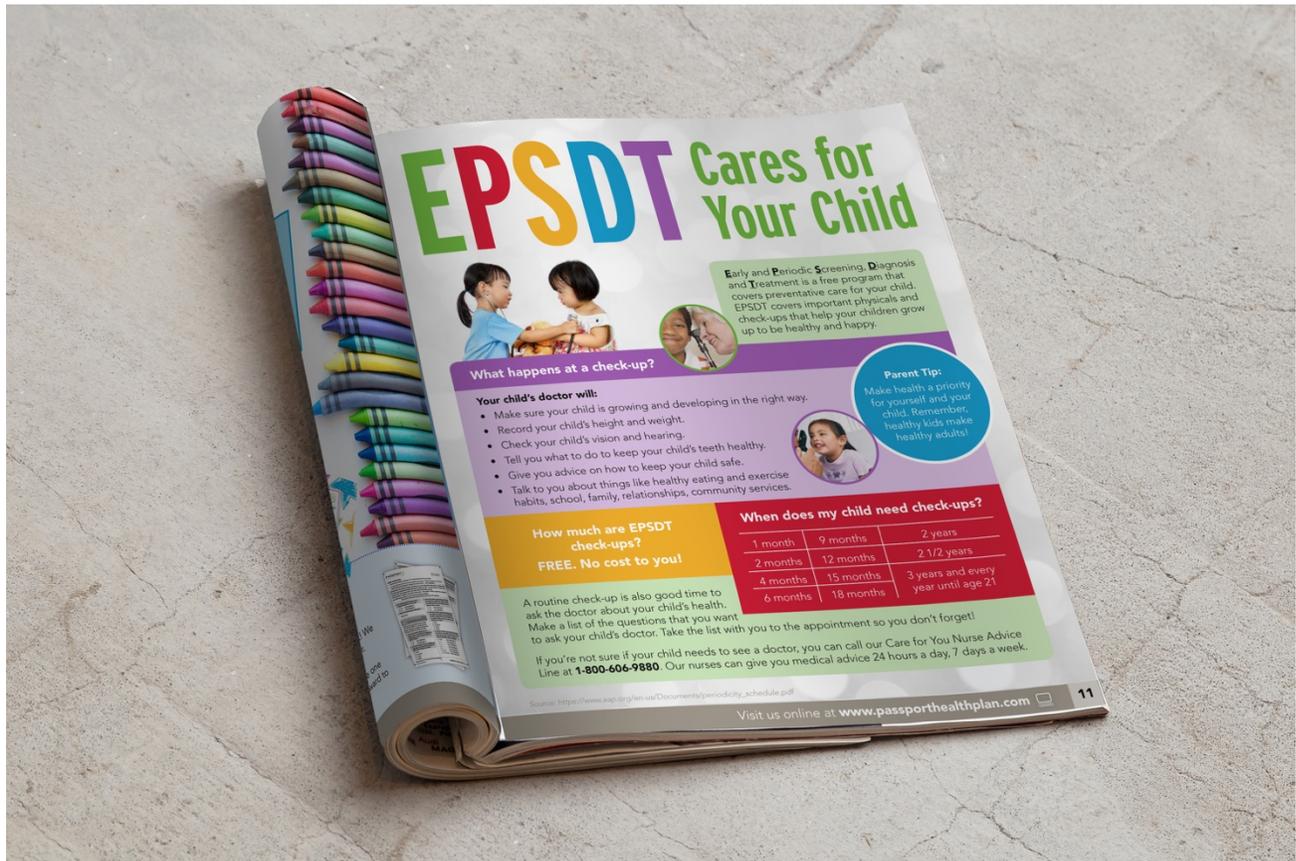
For several months, Passport Community Health Worker Rhonda Wooten worked with Susie*, a pediatric Passport member. During that time, Rhonda worked closely to build rapport with the mother and locate community resources to provide Susie with clothing, formula, diapers, baby wipes, household supplies and food. The family also had an open case with Child Protective Services (CPS), and the mother was very concerned about Susie being removed from the home. She asked Rhonda to attend the meeting with CPS at her home. Rhonda attended the meeting and Susie was allowed to stay in the home with her mother.

*Member's name changed for privacy.

In addition to these personal attempts by the care team to reach the members/families, Passport has other targeted methods of reminding about needed services. The outreach efforts inform and stress the importance of EPSDT through various means, including:

- Postcard notifications are mailed to caregivers of all newborn members advising of EPSDT screenings.
- An auto-dialer system is used to contact members regarding the availability of preventive dental care, the recommended schedule for EPSDT screens and immunizations, and the importance of follow up when referred for special services. For convenience, members have the option of speaking directly to a Care Connector if they require additional information.
- Home visits are provided to members who are unavailable by phone.
- Outreach and education are provided at community events (i.e., back to school events and community health fairs).
- The Passport HealthPlus program and HealthPlus care conferences are used to educate and influence provider practice in EPSDT Healthcare Effectiveness Data and Information Set (HEDIS) goal movement, proper coding and ESPST education for providers within the HealthPlus program.
- The Member handbook offers information on our EPSDT program, member-eligibility criteria and an early periodic screening and diagnostic testing schedule.
- Information on our member website for EPSDT program and offerings.
- The member newsletter, MyHealthMyLife, offers informational articles on the importance of EPSDT screenings and immunizations, as illustrated in Exhibit C.8-1.

Exhibit C.8-1: Member Newsletter Articles on the Importance of EPSDT for Children



The EPSDT program tracks member's adherence to all components of the health screen and follow-up related to an EPSDT screen, according to the periodicity schedule based on the AAP/Bright Futures Standards of Care and the Commonwealth's DMS.

Provider engagement and education are essential elements to the success of our EPSDT program. Passport offers orientation sessions for EPSDT clinicians on a regular basis and provides ongoing support to them regarding the administration of EPSDT preventive care, billing and claims processes, the required components of a complete EPSDT screening and the importance of outreach and education to EPSDT eligible members and their families. As a part of our educational efforts, we also provide provider outreach visits, workshops and roundtable meetings, as well as offer educational materials, such as the Quick Reference Guide, Provider Orientation Kit, EPSDT Orientation Kit, Passport Provider Manual, Provider EPSDT Education Toolkit and Passport's Provider Portal Website to support efforts to increase EPSDT participation, compliance rates and identified health outcomes. Furthermore, we conduct EPSDT provider audits to monitor compliance around EPSDT services, and care gap reports are made available to our providers, which help them identify members that need to be contacted and have services provided.

G.8.a.iv. Any challenges that the Contractor anticipates in completing required assessments and how it will mitigate these challenges.

Addressing Any Screening Challenges and Plans for Mitigation

Foster children may experience frequent moves. Former foster youth are at risk for homelessness and may also change addresses frequently. Adjusting to new placements may also be tumultuous. All these situations can be challenging in making or maintaining contact with the member and, as appropriate, the adults in the member's life. Without access to full medical history and coordination of care, the health and quality of life of the Kentucky SKY member suffers. Passport understands the importance of obtaining information and completing a comprehensive assessment for the Care Coordination team to create a meaningful care plan for members and their families.

Passport has experience with overcoming challenges that can make the initial assessment process more difficult. The Care Coordinator's ability to reach the member or foster parents and other caregivers may be the first hurdle. We overcome this challenge by working collaboratively with our DCBS/DJJ partners, as well as our providers, to obtain current contact information for the member or the caregiver. If a foster parent is reluctant to engage with the Passport Kentucky SKY team, we use our relationships with DCBS and/or therapeutic foster care agency staff to assist us in building a bridge with the foster parent.

Another barrier is the ability to obtain existing assessments/documentation/reports from various sources within the initial assessment period. Passport's Kentucky SKY team utilizes relationships with DCBS and DJJ workers, the Children's Review Program, private child-caring agency staff and private child-placing agency staff, providers and others to help facilitate acquisition of this information. If the information is not obtained within the assessment period but comes available to us at a later time, the new information is shared with the Care Coordination team so that updates to the care plan can be made.

We also recognize the challenge that arise when a child is new to DCBS care and there is a dearth of knowledge about the child's health status or history. In those instances, everyone on the Care Coordination team, with the exception of natural parents, are learning about the child's history, strengths and needs together. If the member was with another managed care organization (MCO) prior entering the Kentucky SKY program, we work with the SSW to contact the other MCO to obtain the needed information. As permitted by DCBS, the Care Coordinator also works with the natural parents to obtain as much information as possible.

In any case, the assessment is completed within 30 days of the Kentucky SKY enrollment with the information available at the time. The assessment process is a fluid and ongoing. As other information is obtained, the Care Coordination team updates the care plan and makes it available to others involved in the care management process of our member.

G.8.a.v. Provide examples of how the Contractor has succeeded in providing assessments to individuals similar to those required for the Kentucky SKY Members.

Our Experience with Assessments and Screenings

Passport has been serving Kentucky SKY members for 22 years, including engaging children in DCBS custody in care management as a part of our population health initiatives.

When a member is identified for participation in a population health management program, Passport reaches out to conduct appropriate assessments, including the HRA and needs assessment. These needs assessments are specific to the program for which the member is identified, but include, at a minimum, the following:

- Member's immediate, current and past health care, and mental health and substance use disorder (SUD) needs.
- Psychosocial, functional and cognitive needs.
- SDoH, including employment and housing status.
- Ongoing conditions or needs that require treatment or care monitoring.
- Current care being received, including health care services or other care management.
- Current medications prescribed and taken.
- Support network, including caregivers and other social supports.
- Other areas as identified by the contractor or Department.

Passport's assessments and care management tools are fully integrated into our suite of medical care management programs. All Passport Care Team members work together as members of a single care management team, sharing cases and cross-consulting with each other as a member's needs require.

With the influx of members into the Kentucky SKY program upon program initiation, Passport uses its available technology to help target members who need more immediate attention. IdentifiSM Care supports population health management and offers a preloaded, National Committee for Quality Assurance (NCQA) compliant clinical program workflow that focuses Care Advisors on the high-risk members and the most effective interventions. The application supports multidisciplinary care teams in triaging members, conducting assessments, developing care plans and managing their lists of prioritized action items in a guided workflow aligning with the clinical model. Evidence-based clinical content drives the creation of robust, structured and understandable care plans.

G.8.a.iv. Include examples of Trauma assessment or screening tools the Contractor would recommend the Department consider for the use in identifying Trauma in Kentucky SKY Members.

Our Recommended Assessment Tools for Identifying Trauma

Trauma informed care is important for Kentucky SKY members. We know from research that the prevalence of post-traumatic stress disorder (PTSD) among former foster care members is much higher than that of the general population. In fact, the rate of PTSD for former foster care members is closer to the prevalence among U.S. war veterans.¹ It is estimated that 25 percent of former foster care members are diagnosed with PTSD, versus prevalence in the general population of about eight percent. Kentucky has already taken steps to improve this outcome for former foster care youth by moving toward a more trauma-informed system. However, there is more work we can collectively do in this regard.

For this reason, Passport recommends that the Department consider the use of the following tools for identifying trauma in Kentucky SKY members.

- ACEs screener
- Trauma Symptom Inventory (for former foster youth)
- Trauma Symptom Checklist for Children
- Trauma Symptom Checklist for Young Children
- Child and Adolescent Needs and Strengths—Trauma Comprehensive

As part of our core care management programs, we use our years of experience with standard care management screening tools to administer valid and reliable screening tools (such as the Pediatric Symptom Checklist [PSC], the Patient Health Questionnaire [PHQ], generalized anxiety disorder [GAD], CAGE, etc.) across all of our Kentucky SKY programs. **Attachment G.8-1** provides examples of these existing screening tools.

Research has repeatedly demonstrated that children entering foster care have higher exposure to discrete adverse events and complex trauma, that is, the prolonged exposure to interpersonal environments that are unsupportive and harmful to child and youth development. These tools are designed to identify and highlight the role of trauma in children and lead to more trauma-informed decisions. Understanding the specific nature of trauma can assist providers in treatment planning and also help Passport work with providers to respond in a trauma-informed manner.

Passport seeks to establish a collaborative partnership with the important adults in foster youths' lives, including foster parents and childcare staff. Our trauma-informed approach includes identifying and supporting the strengths that caregivers have. We are aware that these individuals may be affected by

¹ Pecora, P.J., Kessler, R.C., Williams, J., O'Brien, K., Downs, A.C., English, D., Hiripi, E., White, C.R., & Wiggins, T. (2005), *Improving Family Foster Care: Findings from the Northwest Foster Care Alumni Study*, Seattle, WA: Casey Family Programs.

secondary trauma, that is, they may be negatively affected by their empathetic engagement with traumatized youth. Therefore, we remain sensitive to the issues of secondary trauma and, as appropriate, offer assessment and help in accessing services. Among the assessment instruments that might be used are the following:

- Post-Traumatic Stress Disorder Checklist for Civilians
- Trauma History Screen
- Trauma Symptom Inventory-2
- Symptom Checklist 90 Revised (SCL 90-R), which was demonstrated to be culturally competent

G.8.b. Submit the proposed screening tool the Contractor will use to develop the Kentucky SKY Care Plan. Include a description of how the Contractor will use the results of assessments that sister agencies have conducted in developing the Care Plan. Provide examples of prior tools the Contractor has used for other similar programs and detail how these tools have contributed to the Contractor achieving program goals.

Our Kentucky SKY Pediatric Assessment and Kentucky SKY Former Foster Youth Assessment (Member Needs Assessment) cover a variety of critical topics and can be completed with the assistance of the member or a foster parent, guardian or other caregiver.

This assessment poses a series of questions to identify the following information:

- Custody status.
- Date of commitment or adoption (if applicable).
- Primary language spoken by the member.
- What is going well with the member, member's strengths and what the member enjoys doing for fun. A description of the member's most common coping strategies.
- Assessment of activities of daily living (ADLs)/independent activities of daily living (IADLs) requiring assistance.
- Description of the member's medical, dental and/or vision history, screenings and prescriptions.
- Current physical, behavioral or developmental diagnoses and behaviors of concern to the member or caregiver.
- Details of the member's existing transition plan (if available).
- The child's record with attendance and/or tardiness (if enrolled).
- Existing supports in the member's life.
- Whether the member has an individualized education program (IEP) and, if so, what services are provided.
- Whether the member has a disability and, if so, whether there is a 504 plan in place to accommodate the member.

- The topics identified by the ACEs screener.
- A description of the member’s current and historical substance use (if any) and administration of the CAGE-AID.
- Pediatric Symptom Checklist or Patient Health Questionnaire-9 and Generalized Anxiety Disorder-7.
- Barriers to accessing care.
- Familiarity of the member or caregiver with the benefits and community resources available to the member, and whether these resources meet the member’s needs.

Following the Kentucky SKY Pediatric Assessment or Kentucky SKY Former Foster Youth Assessment, if it appears that further information is needed, our Kentucky SKY Care team assists the member or guardian in arranging for needed assessments. Please see **Attachment G.8-2** for samples of our Kentucky SKY Pediatric Assessment, Kentucky SKY Former Foster Youth Assessment, and assessments we use in other programs.

In addition, and as relevant to the individual Kentucky SKY member, our screening assessment is supplemented with the tools listed below in **Exhibit C.8-2**.

Exhibit C.8-2: Assessments for Kentucky SKY

Assessment completed by Passport	DCBS/DJJ assessments and documentation (to be requested by Care Coordinator)	Other assessments (to be requested by Care Coordinator if available)
<ul style="list-style-type: none"> • Averse Childhood Events screener • Health Risk Assessment • Member Needs Assessment (e.g., Kentucky SKY Pediatric Assessment and Kentucky SKY Former Foster Youth Assessment) • Pediatric Symptom Checklist 	<ul style="list-style-type: none"> • Ansell-Casey Life Skills Assessment • Child and Adolescent Needs and Strengths (CANS) • Child Behavior Checklist (CBCL) – results • Criminogenic Needs Assessment (CNA) • Criminogenic Needs Questionnaire (Needs-Q) • Documentation of Medically Complex Status • DPP-106B – Service Plan • DPP-1251A – Child Placement History Log • DPP-886 – Private Child Care Interagency Referral • DPP-886A – Application for Referral and Needs Assessment • Strengths in Families Worksheet 	<ul style="list-style-type: none"> • Child and Adolescent Functional Assessment Scale (CAFAS) • Comprehensive Assessment and Treatment Services (CATS) assessment • Competency Assessments/Court Ordered Assessments • Developmental Assessments • Daniel Memorial independent living (IL) Skills Assessment (if available) • Educational Assessments • Neuropsychological Assessment • Psychological Assessment • Psychosocial Assessments (therapeutic foster care [TFC], residential, other provider) • Trauma Assessment (if one has been completed externally)

As noted above, utilizing and building upon existing relationships with DCBS, DJJ and other entities, the Kentucky SKY Care Coordinator works with DCBS, DJJ, providers, schools and others to obtain assessments and documentation useful in gaining a full understanding of the member’s history, strengths and needs. This compilation of information and integration with the Kentucky SKY Pediatric Assessment or Kentucky SKY Former Foster Youth Assessment (Member Needs Assessments) aids the member’s Care Team in developing a comprehensive care plan focused on helping the member succeed in all areas—personal health, school, community and home. This team will review any completed assessments and, based on their findings, as well as the team’s knowledge of the member’s strengths and needs, develop a care plan for members in Care Management or Intensive or Complex Care Coordination.

When Passport implemented the Intensive Care Management pilot for children in DCBS care, the Child Placement History Log, the Private Child Interagency Referral, and the CAFAS were used to help assess current functioning of members initially enrolled in the program. The CAFAS was also used longitudinally to measure progress in the child’s functioning. During the six month evaluation period following the pilot, we used the Child Placement History Log and other information from the workers information system (TWIST) to ascertain current placement for former pilot members. DCBS was integral in assisting in obtaining needed information and the collaborative partnership was very successful.

G.8.c. Describe its comprehensive approach to providing Crisis Services, including in home services, to Kentucky SKY Members.

Providing Additional Services for Kentucky SKY Members

Passport’s approach to providing crisis services is rooted in the care-planning process. During our initial assessments, we review the Kentucky SKY members’ history and identify risk factors for crisis events. Using High Fidelity Wraparound principles, we will engage the team in developing a crisis plan that anticipates and provides clear steps for managing crisis events. In addition, we will work with BH providers to help the Kentucky SKY members and their families to develop skills to successfully manage crisis situations. Passport intends to partner with providers who are willing to provide 24-hour, seven days a week crisis intervention, including in-home intervention, for Kentucky SKY members. We have initiated conversations toward developing a preferred network of crisis providers for Kentucky SKY. Our goal is that the preferred providers understand trauma informed care, be accommodating and understanding of the special situations impacting this population and their caregivers and be willing to provide in-home crisis intervention when needed. We anticipate contracting for these services upon contract award.

Implementation of the crisis plan enables the youth and the youth’s family to know immediately where and how to get help. We will offer support to members and their family in adhering to their crisis plan, by educating members (where appropriate) and foster parents or guardians on how to obtain help and to ensure they have the information they need to act upon the plan. Should they need assistance beyond what is anticipated in the crisis plan, their second line of defense should be their Kentucky SKY Care Coordination team. Care Coordination teams have access to the crisis plan. If the Kentucky SKY Care Coordinator or Care

Advisor cannot be directly reached (i.e., during holidays) then members, caregivers or guardians can use our dedicated BH crisis hotline.

Emergent Mental and Behavioral Health Crises: Twenty-Four/Seven (24/7) Emergency and Crisis Hotline

We understand that immediate BH help and support is an important resource for our members. Members may call Passport's Crisis Hotline during a mental health emergency/crisis and be immediately connected with a licensed BH professional. We typically handle crisis calls via our dedicated hotline or through our customer service line. Our crisis line is staffed by trained personnel 24 hours a day, seven (7) days a week, three hundred sixty-five (365) days a year and is available toll-free throughout the Commonwealth.

Face-to-face emergency services are also available 24 hour-seven days a week . Our Crisis Hotline is **never** answered by any automated means. For calls received by our Crisis Hotline:

- Ninety-nine percent (99%) are answered by a licensed clinician by the fourth ring.
- Callers never receive a busy signal.
- Calls have a call abandonment rate of seven percent (7%) or less
- Callers can immediately connect to the local Suicide Hotline's telephone number and other crisis response systems through our patch capabilities to 911 emergency services.
- We never impose maximum call duration limits and shall allow calls to be of sufficient length to ensure adequate information is provided to the member.
- We meet cultural competency requirements and provide linguistic access to all members, including the interpretive services required for effective communication.
- Our Crisis Hotline BH clinicians are all independently licensed clinicians with the training and experience to identify signs and symptoms of crisis. They will quickly execute a crisis assessment to understand the severity of the situation and intervene with the member. Training topics for Crisis Hotline BH clinicians include:
 - Crisis assessment, including identification of:
 - Safety of member
 - Safety of others
 - Desire to cause harm vs desire and means to cause harm
 - Severity and urgency of crisis situation
 - Need for immediate intervention by law enforcement due to a safety risk
 - Crisis response, including:
 - How to access and deploy emergency response resources for the member's current location such as: mobile crisis outreach provided through our BH provider network, emergency medical services (EMS) and/or local law enforcement.
 - Process for creating referrals to provider(s) for follow-up care and to the Interdisciplinary Care Team for case review and engagement in Passport's Care Management program.

- Sharing all information pertaining to the crisis call to Care Management in the clinical system so that the member’s clinical record is up to date and complete.
- If a call is deemed to be non-emergent: discussion of existing treatment details, professional/social supports and positive coping skills.

The Crisis Hotline BH clinicians are responsible for working with the member to de-escalate or stabilize while the appropriate resources are activated to intervene with the member. The clinician remains on the line to assist as needed. After a crisis situation is resolved, follow-up care may be provided by a BH or physical health (PH) team member. The determination of which team assumes primary responsibility is made during joint rounds held by the Care Management team.

Passport has also completed an internal study looking at the effectiveness of local crisis stabilization services in prevention of hospitalization for child and adolescent members. In response to the findings, Passport developed a workgroup with leadership representation from Passport, Beacon Health LLC, and Centerstone Kentucky (Seven Counties Services) staff to explore more effective ways of utilizing the crisis service and promoting adequate follow-up care, with the intent of savings lives.

We monitor our Crisis Hotline’s performance against the Behavioral Health Services Hotline standards and submit performance reports summarizing call center performance as indicated.

Our Crisis Hotline BH clinicians are all independently licensed clinicians with the training and experience to identify signs and symptoms of crisis. They quickly execute a crisis assessment to understand the severity of the situation and intervene with the member. Training topics for Crisis Hotline BH clinicians include:

- Crisis assessment, including identification of:
 - Safety of member
 - Safety of others
 - Desire to cause harm vs desire and means to cause harm
 - Severity and urgency of crisis situation
 - Need for immediate intervention by law enforcement due to a safety risk
- Crisis response, including:
 - How to access and deploy emergency response resources for the member’s current location such as: mobile crisis outreach provided through our BH provider network, EMS and/or local law enforcement.
 - Process for creating referrals to provider(s) for follow-up care and to the Interdisciplinary Care Team for case review and engagement in Passport’s Case Management program.
 - Sharing all information pertaining to the crisis call with Case Management in the clinical system so that the member’s clinical record is up to date and complete.
 - If a call is deemed to be non-emergent: discussion of existing treatment details, professional social supports and positive coping skills.

The Crisis Hotline BH clinicians are responsible for working with the member to de-escalate or stabilize while the appropriate resources are activated to intervene with the member. The Representative remains on the line to assist as needed. After a crisis situation is resolved, the Kentucky SKY Care team follow-up with the member no later than the next business day to ensure that the member's situation has been resolved. Our team also makes certain that the member has no further needs and does not require additional action.

If the Crisis Hotline BH clinician is unable to resolve the issue and the situation needs prolonged support, the Crisis Clinician contacts the on-call Kentucky SKY BH clinician for support.

In addition, Passport's Nurse Advice Line is a safe place for our members to receive health information. Each member can call our toll-free 24 hours, 7-days a week Nurse Advice Line. The members are able to highly trust our nurses with any health question, because all calls are considered confidential. The team of nurses has more than 15 years of experience and is supported by physicians to provide high quality service to our members. The nurses help our members decide on the best courses of action at the time of the calls. Specifically, they help determine whether the members need to visit their doctor, go to urgent care centers or whether they can take care of their symptoms in their home setting.

G.8.d. Describe the Contractor's experience in providing services through a holistic, person-centered approach, utilizing a High Fidelity Wrap around approach.

Passport's High Fidelity Wraparound Approach for Kentucky SKY Members

Passport has extensive experience and expertise in the implementation of holistic, person-centered services using the High Fidelity Wraparound approach. In 2015, Passport proposed a pilot program for foster children utilizing High Fidelity Wraparound to reduce risk of multiple disrupted placements and high service utilization due to BH programs. Passport trained providers, oversaw implementation including monitoring provider fidelity to the model, and evaluated outcomes. We are committed to train and certify all Care Coordinators in High Fidelity Wraparound.

In our pilot program, we partnered with two local provider organizations, Centerstone Kentucky (Seven Counties Services) and ResCare to provide intensive care management services using the High Fidelity Wraparound approach. The pilot program served 57 high-risk foster care children between the ages of four and 17.5 years old who experienced three or more placements within 24 months and were at risk for entering a group home, psychiatric hospital or a 24-hour BH treatment facility. In addition, we created an alternative payment model with a case rate and performance incentives for achieving certain goals.

The program was evaluated using a combination of claims and costs data analysis, interviews and a behavioral inventory, the CAFAS. The CAFAS used information from eight life domains: school, home, community (delinquency), behavior toward others, moods and emotions, self-harm, substance abuse, and cognitive thinking (irrational thoughts). The program participants were scored at intake, every three months during the program, and at discharge.

The pilot program demonstrated that by using an innovative model of interventions based on High Fidelity Wraparound care for children and youth in foster care, we were able to improve outcomes and decrease costs. Specifically, there was a 150 percent increase in children being reconnected with their biological or adoptive family six months post-intervention. For other children, foster care placements increased while the number of children placed in residential care, including psychiatric hospitalization, private childcare residential treatment and detention centers decreased.

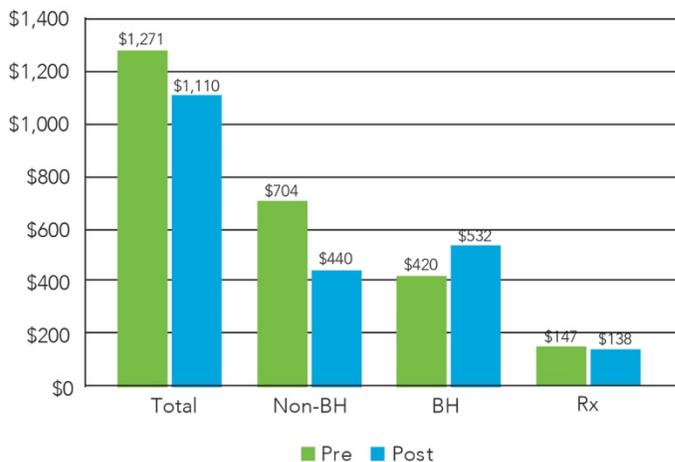
In addition, we observed the following trends:

- A thirteen percent reduction in total cost of care
- A twenty-seven percent increase in cost related to BH services
- A thirty-eight percent reduction in nonbehavioral health expenses
- A six percent reduction in pharmacy costs

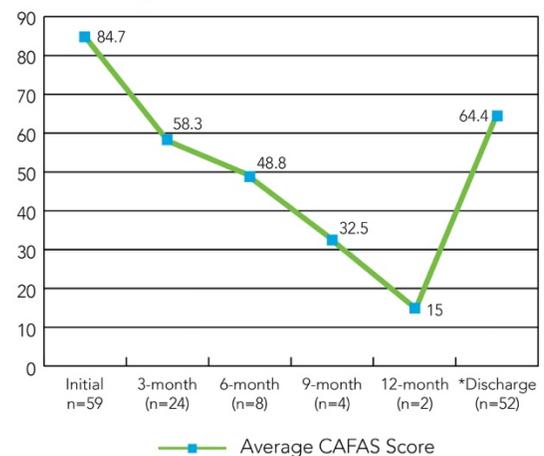
The children’s health and well-being also increased during the program, with declining CAFAS scores as a positive indicator. Furthermore, the longer the child participated in the program, the greater the scores improved. The cost of care and BH outcomes resulting from the pilot are described in **Exhibit C.8-3**.

Exhibit C.8-3: Results of Passport’s High Fidelity Wraparound Pilot Program

Cost of Care



Behavioral Health Outcome



G.8.e. Describe how the Contractor will develop and provide interventions that will help develop resiliency in Kentucky SKY Members who have been exposed to Trauma and ACEs.

Trauma and ACEs Support for Kentucky SKY Members

Research has identified that some children are resilient in the face of the negative health and social factors associated with ACEs and the impact of complex trauma. Three strategies have been empirically shown to strengthen resiliency in foster care youth. These strategies are (1) promoting relationship security, (2) building individual mastery and efficacy and (3) developing affect and impulse control mastery. Passport’s proposal intentionally addresses these strategies in the way it engages with the youth, supports DCBS and the child welfare system, and manages Medicaid services.

As noted at the beginning of this section, Passport works with providers to focus on sustained positive outcomes rather than short-term management of behavioral symptoms. Our trauma-informed care management strategy emphasizes positive engagement with Kentucky SKY members that is youth-guided and strengths-based. Our orientation to Kentucky SKY network providers and our ongoing monitoring of provider performance emphasizes the same characteristics.

With an eye to building individual mastery and efficacy, Passport works with providers (including foster care and residential staff) to ensure youth have the opportunity for developmentally appropriate opportunities to develop and build personal competency. This work may involve participation in sports teams, arts activities or similar activities. Boy Scouts of America, Girl Scouts of America and 4-H all have a focus on building resiliencies and all can be accessed in every county of Kentucky. We believe that it is important for trauma-informed and evidence-based treatment strategies to be used in developing affect and impulse control mastery.

Related to building resiliency, Passport is fully engaged in and supportive of DCBS’ Building Bridges Initiative (BBI) which emphasizes that, “children grow best in families, within supportive communities and through empowering partnerships.” We are committed to participating in a system of care that is youth-guided and family-driven. Passport believes that it has a unique opportunity to support this effort by emphasizing the BBI principle of achieving “sustained positive outcomes” in its contracting relationships with providers.

We intend to pilot incentives and other value-based arrangements that reward providers for (1) achieving stability in placement; (2) when possible, achieving successful transition to a permanent family and reduction in trauma, specifically in incidents of restraint and seclusion; (3) promotion of participation in developmentally appropriate community engagement and (4) improved care coordination at the provider level. Although the capacity of providers to participate in these arrangements will vary, Passport plans to address the need for youths’ sustained future success in contracts with all child-caring and child-placing agencies. This emphasis is intended to move the focus of our relationship away from day-to-day control of behavior problems and into one where services are designed with long-term success in view.

G.8.f. Describe the role of non-medical factors (e.g., placement changes) that may drive inappropriate utilization of medical resources and how the Contractor will account for those factors in the delivery approach. As part of the response, include how the Contractor will identify and leverage non Medicaid resources that may be available in a community environment, including how it will assist such community-based resources that may serve an important role in the Kentucky SKY Members' overall physical and Behavioral Health care needs and goals even if they are not traditional Medicaid services. Provide examples of any community organizations that the Contractor anticipates involving to provide services to support Kentucky SKY Member' needs and goals.

Community Relationships to Support Nonmedical Needs of Kentucky SKY Members

Placement changes/disruptions of Kentucky SKY members directly contribute to the inappropriate utilization of medical resources through lack of information about medical/BH history and needs, lack of coordination of care, polypharmacy and other problems.

Passport helps to address this ongoing issue by:

- Using the member's Care Coordination team to identify natural supports and community supports.
- Using the Community Engagement Representatives to collaborate with organizations in the community to support member needs and access resources.
- Using multiple referral tools for addressing nonmedical needs.
- Cultivating a network of community resources to meet Kentucky SKY members' needs.
- Expanding the Independence Readiness Program.

The first strategy to create more natural/nonmedical supports in a member's life is to use the knowledge and creativity of the Care Team. Through phone conversations and Care Team meetings, the Care Coordinator identifies existing supports and strengths already in the member's and family's life. Wherever possible, the team works to build upon those existing resources. Where there are gaps, the team determines supports within the community to fulfill underlying needs. A fully engaged Care Team is the best resource available for brainstorming and creatively problem solving to address these unmet needs.

In addition, Passport's Kentucky SKY team helps support the member and caregiver by assisting with transportation and lodging when health services need to be provided remotely in a physical face-to-face encounter. This added benefit offers reimbursement for qualified travel beyond forty miles and reasonable lodging expenses with prior approval, if an overnight stay is required.

Passport's Multiple Referral Tools for Addressing Nonmedical Needs

Passport's community health workers, Care Coordinators and social workers use multiple cloud-based resource solutions to assist transitioning Kentucky SKY members with SDoH needs.

They first provide an online questionnaire to the member or caregiver to gain insights into their personal situation. Using the results of the questionnaire, they search for the most appropriate community resources and social services to fit the member's needs. This information is provided to the member, teaching them to

become engaged in their health care and take charge of making resource arrangements. We also proactively make the appropriate appointments on behalf of our members, if preferred, so that they can obtain the needed resources with convenience.

These tools offer referral information for the following:

- **Behavioral Health:** Treatment and supportive services for mental health and substance use disorders, including rehabilitation, psychiatry, support groups and therapy.
- **Education:** Services that provide and promote education, including academic scholarships, special education programs, early childhood education programs, tutoring services, English as a second language (ESL) classes, and General Educational Development (GED) programs.
- **Emergency Services:** Immediate and short-term emergency services assistance, including mental health crisis intervention services, emergency shelters, emergency financial assistance, disaster preparedness and response services, and heating and cooling centers.
- **Family & Youth:** Support services to families and youth, including family counseling, adoption and foster care services, childcare programs, infant and child supplies, parenting support, and education and youth empowerment programs.
- **Financial Support:** Assistance with paying for housing, education, food, transportation, medical expenses, etc., or that is aimed at improving financial literacy, such as financial education and tax preparation assistance.
- **Food Services:** Access to adequate and nutritious food, including food delivery, free or low-cost meals, food pantries, food vouchers and farmers' markets.
- **Goods Services:** Basic goods such as clothing, furniture, medical supplies and toiletries for free or at reduced cost.
- **Health Services:** Resources for navigating, accessing, and paying for health services, including primary and specialist care, medical bill and prescription assistance, wellness programs, health insurance enrollment assistance and harm-reduction services.
- **Housing:** Services aimed at improving access to safe and affordable housing, including housing counseling, emergency shelters, low-income housing, financial assistance, supportive housing and home repair services.
- **Legal:** Legal support and advocacy services, including free or low-cost legal representation, citizenship application assistance, assistance with securing a state identification card, support services for individuals involved in the criminal justice system, and assistance with obtaining and changing identity documents.
- **Social Supports:** General community support services, such as community centers, case management and benefits assistance, as well as services that are population specific, such as lesbian, gay, bisexual, transgender and queer (LGBTQ) services; disability services; senior services; and human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) services.
- **Transportation:** Services for accessing and paying for transportation, including car repair assistance, free or low-cost transportation, disability-accessible transportation and driver's education.
- **Employment:** Resources for workers and job-seekers, including job search assistance, career counseling, job training resources, supported employment, retirement and unemployment benefits assistance.

Passport’s staff tracks all referrals and activities in our integrated system for proper care coordination. The technology enables us to better serve this vulnerable population in an expedited manner.

Network of Community Resources Available to Kentucky SKY Members

Passport’s strong community engagement team has developed close relationships with health and related community service agencies across Kentucky, including concluding sponsorship agreements with agencies, such as the National Alliance on Mental Illness (NAMI), SUD treatment programs and preventive health programs that support its members.

To support successful transition of Kentucky SKY members from DCBS/DJJ custody, we expand our focus on community partnerships specifically for transition-age youth. In addition to independent living providers, with which we have a long-standing working relationship, we also reach out directly with homeless shelters, including specialized programs for sexual-minority youth, food banks and community nutrition programs, and DCBS Family Support offices across the commonwealth. Some examples of these community providers include:

- Housing
 - Prevention (single point of entry) – some case management services to help people prevent homelessness, must screen in as appropriate.
 - Shelter (single point of entry) – help with getting into shelter beds, including some beds that are specifically reserved for young adults.
 - Housing (single point of entry) – links to Common Assessment, if the youth meets the U.S. Department of Housing and Urban Development (HUD) homeless definition, which can place youth in specific spots for rapid rehousing, transitional housing or permanent supportive housing if available.
 - Phoenix Health Care – weekly housing navigation meetings for those who do not meet the HUD homeless definition but need help filling out applications and knowing options.
 - UP for Women and Children – a day shelter for women and children that includes showers, laundry and case management.
 - Coalition for the Homeless – has connections to case managers for young adults (under twenty-five (25) years old) to support housing needs (rent, utilities, beds, etc.).
 - Sweet Evening Breeze – LGBTQ+ shelter for youth.
 - St. Elizabeth’s (Indiana) – shelter/transitional housing for pregnant young adults.
 - Jumpstart KY (jumpstartKY.com) – for 18 to 24 year old adults to find housing, negotiate with landlords, get legal advice and access peer support.
 - Section 8 Subsidized Housing (site-based and scattered site) – Louisville Metropolitan Housing Authority (Jefferson County) and Kentucky Housing Corporation (for the balance of state).

- Programs
 - YMCA Safe Place – provides classes and independent living skills for young adults.
 - TAYLRD (Transition Age Youth Launching Realizing Dreams) – drop-in center for transition age youth providing peer support, recreation, education and employment support, mental health resources and case management, with multiple locations across Kentucky.
 - Youth Advisory Board through the Coalition for the Homeless – a board for young adults with lived experience or passion around homelessness; services.
 - True Up – a support and networking organization for current and former foster care youth.
- Education/Employment
 - Kentucky Career Center.
 - Necole’s Place – includes GED, childcare and skills classes.
 - Office of Resilience and Community Services – workshops around workforce development.
 - Goodwill – includes employment programs for people with troubled histories.
 - St. Vincent de Paul – culinary classes to prepare for employment, usually offered one or two times a year.
 - Metro Louisville Pathways to Success – for people of color ages sixteen to twenty-four (16-24).
 - Youth Build.
 - Family Scholar House – case management for single parents with young children *or* former foster youth interested in post-secondary education; also has housing, including housing specific to former foster youth.
 - Vocational Rehabilitation – as appropriate, education and employment opportunities for individuals with mental health, intellectual, and developmental disabilities (county-specific).
 - Carl D Perkins Center-for post-secondary vocational training and housing (through Vocational Rehabilitation).
- Legal
 - Legal Aid and UofL Law Clinic – representation in emergency protective order (EPO)/ domestic violence order (DVO) cases.
 - Louisville Urban League – classes on expungement and employers who work with people who have felonies.
 - Center for Women and Families – domestic violence shelter and legal help, including U-visas.
 - Metro Christian Legal Aid.
- Parenting
 - Metro United Way Ages and Stages – free children’s books for parents who complete developmental screenings for their children.
 - Pregnancy Resource Center.
 - Golden Arrow.
 - A Woman’s Choice.

- Other Resources
 - Louie Connect – resources specific to young adults.
 - Street Tips Book (Coalition for the Homeless website)-for shelter, food, clothing and other resources within the city.
 - 211 (through Metro United Way) – resources specific to area of town in Region A, based on zip code.
 - Catholic Charities – housing, therapy and case management for human-trafficking victims.
 - Free 2 Hope – pop-up day shelter/resources for people experiencing human trafficking.
 - Kristy Love – housing for women who have experienced human trafficking.
 - Louisville Youth Group – LGBTQ+ peer support group.
 - The Book Work – pop up book sale that is a social enterprise employing disconnected and homeless youth.

Passport also has a long history of embedding case managers/social workers in social service agencies where our members are frequent consumers. Passport conducts outreach with post-high school educational options (vocational and colleges/universities) to educate on the unique needs of former foster and state committed youth and to promote appropriate supportive services. We draw on advisory assistance from Voices of the Commonwealth in developing and monitoring the success of our transition programs.

The Independence Readiness Program

Passport has been collaborating with the Boys and Girls Haven, along with other community groups, in an innovative initiative called the Independence Readiness Program (IRP). As part of this initiative, the IRP provides job and skills training to Kentucky SKY members and brings in local employers to share entry-level employment opportunities. The Kentucky Community & Technical College System (KCTCS) also provides trade skills training and counsels Kentucky SKY members on affordable ways to get into college. There is also a life skills training component, mentoring program and equine vocational training and career readiness program using a relationship with a horse to resolve trauma and promote healing. A majority of IRP participants have been Passport members. At this point, 82 participants have been served and ninety-one percent have maintained their current placements as a result, or stepped down to a less restrictive placement, thus preventing homelessness.

We are interested in working directly with DCBS to expand the program, channel more Kentucky SKY members into the program, and add new program components that would connect Kentucky SKY members to specialized housing. The effort is designed to help them achieve independence and leverage community support.

Please refer to the following attachments for more information: Attachment G.8-1_CAGE AID Sample, Attachment G.8-2_PSC 17 Sample, Attachment G.8-3_PHQ9 Sample, Attachment G.8-4_PHQA Sample, Attachment G.8-5_GAD7 Sample, Attachment G.8-6_Catastrophic Care Pediatrics Tool and Attachment G.8-7_Medicaid Initial Pediatrics Tool.

Conclusion

Passport is dedicated to offering a holistic person-centered approach. We firmly believe that this approach mitigates the impact of disrupted placements and provides members access to quality care and service, as well as coordinating benefits based on clinical need. We are committed to leveraging our strengths in community partnerships to devise and implement innovative strategies that will best meet the needs of the Commonwealth in improving health outcomes and reducing costs for this important population.

Passport has been honored to serve the Kentucky Medicaid and foster care populations for 22 years and will continue to comply with all provisions of the Medicaid Managed Care Contract and Appendices (including Kentucky SKY) as we continue to serve them in the future.

G.9 Health Outcomes



G.9. Health Outcomes

Describe what measures beyond traditional Healthcare Effectiveness Data and Information Set (HEDIS) scores the Contractor would recommend to determine that its Care Management, Care Coordination, and Utilization Management services and policies are having a meaningful impact on the health outcomes of Kentucky SKY Enrollees.

Introduction

Passport has worked to support members in foster care for more than two decades to improve their health outcomes and quality of life, and it continues to maintain this standard through a process of rigorous measurement of key indicators, outcomes and accountability for continuous performance improvement.

Passport has always been committed to cultivating a culture of quality throughout its organization, aligning goals closely with input from its provider-driven model and its strong member ties. Through data sources such as HEDIS, the Consumer Assessment of Healthcare Providers and Systems (CAHPS), population assessments, provider satisfaction and the Healthy Kentuckian measure set, we have developed an advanced analytics model to inform our annual quality strategy. This strategy relies on developing measurable interventions that address areas of opportunity while strengthening the relationship between member and provider. This tracking of measurable outcomes creates a continuous cycle that reinforces the culture of quality by connecting knowledge, structure and processes throughout the plan.

The complex needs of the Kentucky SKY population dictate that we monitor outcomes and other quality measures differently than we do when we measure our traditional Medicaid population. Kentucky SKY members have special needs beyond those tracked in traditional HEDIS measures. To ensure that Passport provides effective support to these children in our care management, care coordination and utilization management (UM) services, we will leverage a variety of evaluation methodologies and specialized metrics. These include:

- Specialized metrics for Kentucky SKY members
- Healthy Kentuckians measures
- Population assessment
- Annual quality improvement and clinical program evaluations
- Population health management evaluations

Passport will continue to collaborate with the Department for Medicaid Services (DMS), the Department of Community Based Services (DCBS), and the Department of Juvenile Justice (DJJ) to develop and implement performance measures for the Kentucky SKY program, including the evaluation of the following as determined by DMS, DCBS, and DJJ:

- Operational measures, such as timely completion of required assessments and submission of required reporting

- Monitoring decertification of services
- Appropriate utilization of psychotropic medications including the evaluation of prescribing patterns related to diagnosis, member age, polypharmacy, dosage and psychosocial therapy and interventions
- Deployment and utilization of evidence-based practices applicable to the Kentucky SKY populations
- The number of placement disruptions that members experience

Specialized Metrics for Kentucky SKY Members

Kentucky SKY children and youth face special concerns that are not reflected in measures designed for more general populations. Passport’s experience with these populations to date has informed our selection of metrics to address the special circumstances of Kentucky SKY members. Some of these metrics are available through clinical records available to Passport, such as service utilization, pre-and post-engagement, and length of stay (LOS) for hospitalizations. Other metrics that Passport believes are very important may be available through an interface with the workers’ information system (TWIST) or other systems and would include such things as length of time in care before achieving permanence, number of placements, restraint usage, rate of incarceration, truancy rate and whether the foster parents miss work extensively due to a foster child’s behaviors or needs. We understand that Passport will not have full access to TWIST but will have access to a future subset of TWIST data provided by DMS. With DCBS consent, Passport will explore coordinating metrics for the Kentucky SKY population with the extensive Performance Measurement System maintained by the Children’s Review Program (CRP) on youth requiring private childcare placements.

In addition, Passport will draw upon its Social Needs Index. The Kentucky State Health Improvement Plan 2017-2022 from Cabinet for Health and Family Services (CHFS) notes the association of social determinants of health (SDoH) and adverse health outcomes. The plan notes that addressing disparities and inequities in SDoH can significantly improve the health of the people of Kentucky.

Passport’s population health management platform, IdentifiSM, incorporates SDoH data and models and combines them into a unique, easily understandable index that quantifies a member’s SDoH risk level. Sophisticated value-based care analytics incorporate community information into risk stratification and predictive models to identify risk factors for SDoH. Because of the importance of psychosocial and socio-economic issues to health outcomes, we leverage a variety of assessment data, as well as publicly available data sources, to understand and address a population’s SDoH.

Specialized Metrics for Kentucky SKY:

- Service utilization (pre- and post-engagement)
- Length of stay
- Time in care before achieving permanence
- Number of placements
- Restraint usage
- Incarceration rate
- Truancy rate
- Work missed by foster parents due to issues with child
- SDoH

Our system integrates dispersed SDoH data sources at different levels (e.g., individual, census block, census tract) across five (5) main domains (housing instability, transportation barriers, food insecurity, financial stress and health literacy). The platform creates a single Social Needs Index (with five [5] levels) that indicates members' risk that could impact their health outcomes. The advantage of having a single index indicating how an individual's social needs place health outcomes at risk is not only the ability to prioritize members, but also the simplification of the workflow for Care Coordinators and Care Advisors to integrate social support into clinical care management. We will use the index to direct efforts and resources to the most at-risk members and pinpoint their individual needs. Results will be shared with our Kentucky SKY Advisory Committee, Passport's Quality Medical Management Committee (QMMC, Passport's quality improvement committee [QIC]) and Quality Member Access Committee (QMAC, Passport's "voice of the customer" committee that provides input regarding access to care and quality of care for the membership) for feedback from Passport's providers, advocates and members. Their collective experiences will assist us greatly in the interpretation of results and application of findings through policy change and programming.



**Closing the Loop
on Social
Determinants**

Children in foster care are likely to be impacted by a wide range of SDoH. These SDoH affect former foster youth, as well, with increased risk of homelessness. By monitoring this population for risk factors, Passport will be able to intervene to provide assistance to at-risk individuals. Current foster children's natural families also likely need assistance addressing barriers related to SDoH, and the Kentucky SKY team can offer them referrals to community resources to help address those needs through our Healthify Social Services Directory and/or through United Community.

Healthy Kentuckians Measures

In addition to metrics specially targeted toward Kentucky SKY members, Passport will leverage Kentucky's state-specific performance measures, which provide information that augments the reported HEDIS measures. These measures are reflective of the Commonwealth's Healthy Kentuckians goals and objectives, and many are relevant to Kentucky SKY services. While not all Healthy Kentuckian measures will be relevant for the Kentucky SKY population, Passport has identified a subset of measures that we will focus on for these members. Healthy Kentuckians measures that reflect components of Kentucky SKY services include the following:

- **Disability and Health:** Promote the health and well-being of persons with disabilities.
- **Adolescent Health:** Increase the number of adolescents who are healthy, have a sense of well-being, and are prepared for adulthood.
- **Early and Middle Childhood:** Increase the proportion of Kentucky children who reach their maximal healthy development.

- **Maternal, Infant and Child Health:** Improve maternal health and pregnancy outcomes and reduce the rate of morbidity/mortality in infants, thereby improving the health and well-being of women, infants, children and families in the Commonwealth.
- **Immunization:** Increase vaccination coverage among Kentuckians.
- **Nutrition and Weight Status:** Achieve appropriate nutrition and weight status.
- **Oral Health:** Reduce Kentucky oral health disparities, identify evidence-based strategies and improve access to preventive services and dental care.
- **Physical Activity:** Improve health, fitness and quality of life through physical activity.
- **Tobacco Use:** Reduce illness, disability and death related to tobacco use and secondhand smoke exposure.
- **Mental Health and Mental Disorders:** Improve the mental health of all Kentuckians by ensuring that appropriate, high quality services are provided to those with behavioral health needs, particularly those that rely on the publicly funded systems of care for children and adults.

These services are available and monitored as part of Passport’s early and periodic screening, diagnosis and treatment (EPSDT), health promotion and wellness programs.

Kentucky SKY Population Assessment

Each year, Passport completes a full population assessment to understand and evaluate the needs of our members. We will conduct a separate assessment specific to the Kentucky SKY population to evaluate the characteristics and needs of this population, crosswalk those needs to existing programs, and identify improvement opportunities.

The population assessment is the tool that gives us insight into the utilization of health care services, the effectiveness of existing programs, and opportunities for future initiatives. This assessment includes specific evaluations of member subgroups, including:

- Age cohorts, including birth to age twenty (20) and ages twenty-one to sixty-four 21-64
- Members with disabilities
- Members with severe mental illness (SMI)

Data is reported to facilitate an understanding of similarities and differences in health needs and status. When the data analysis is complete, it is used to determine whether changes are required to population health management programs or resources. In addition, there is an evaluation of the extent to which population health management (PHM) programs facilitate access and connection to community resources that address member needs outside the scope of the health benefit plan. Modifications to program design and resources are made based on these findings.

As an example of our use of utilization data, when we conducted our first population-wide assessment, we identified a greater than anticipated medical expense for members with autism. At the time, Passport did not have staff trained to offer comprehensive autism support, and we took steps to add social workers to

our team to provide additional support through care management for our members with autism and their caregivers.

This Kentucky SKY program assessment will review member trends and examine utilization trends as well as the types of members enrolled in the clinical programs we offer. The assessment provides an analysis of the impact of relevant SDoH. CAHPS and HEDIS measures are also analyzed to determine where we are successful and where improvement is needed. This population assessment helps us understand how our Kentucky SKY membership is changing and helps us identify whether we need to adjust the clinical programs or health promotion and wellness programs offered.

An important outcome of the population assessment will be the identification of performance trends for best practice as well as gaps in services offered to our members, including an analysis of the impact of relevant SDoH. Health status and risks are also examined by using utilization data and considering the needs of special populations, including Kentucky SKY members who are medically complex, living with disabilities or serious chronic illnesses such as diabetes, and members with severe emotional disabilities (SEDs).

An analysis of the population data determines whether changes are necessary to the care management programs or resources. Assessments of population data assist Passport with activities to support practitioners and providers with value-based care, coordinate across member programs, and provide education to members regarding availability of programs and services.

Annual Quality Improvement (QI) Evaluation

The QI program evaluation is an annual assessment of the effectiveness of the QI program that allows Passport to determine how well it has utilized its resources to improve the quality of care, service, and culturally and linguistically appropriate services provided to Passport's membership. This annual evaluation will be expanded to include Kentucky SKY-specific initiatives. When the program has not met its goals, barriers to improvement are identified and appropriate changes are integrated into the subsequent annual QI Work Plan. Feedback and recommendations from various committees are also integrated into the evaluation, as well as the results of the annual external review conducted by Kentucky's external quality review organization (EQRO) on behalf of DMS, accreditation status and annual reevaluation results.

Based on the results of the annual QI program evaluation and with input from all Passport departments, an annual QI Work Plan addressing planned and ongoing quality initiatives is developed. The QI Work Plan includes objectives, goals, scope, identified barriers and planned activities that address the quality and safety of clinical care, quality of services, culturally and linguistically appropriate services (CLAS), and reduction of health care disparities for the year. Planned monitoring of issues previously identified by internal and external customers is integrated, including tracking of issues over time and the planned evaluation of the QI program. Also included are persons responsible for each activity and the time frame for achieving each activity. As a recommendation of the EQRO, quantifiable goals, a timeline for implementation of activities and achievement of goals, and an annual executive summary of the Work Plan highlighting key

milestones, as well as the dates that the milestones were achieved, are incorporated into the QI Work Plan. The final document is presented to the QMMC, the Partnership Council and the Board of Directors for review and approval.

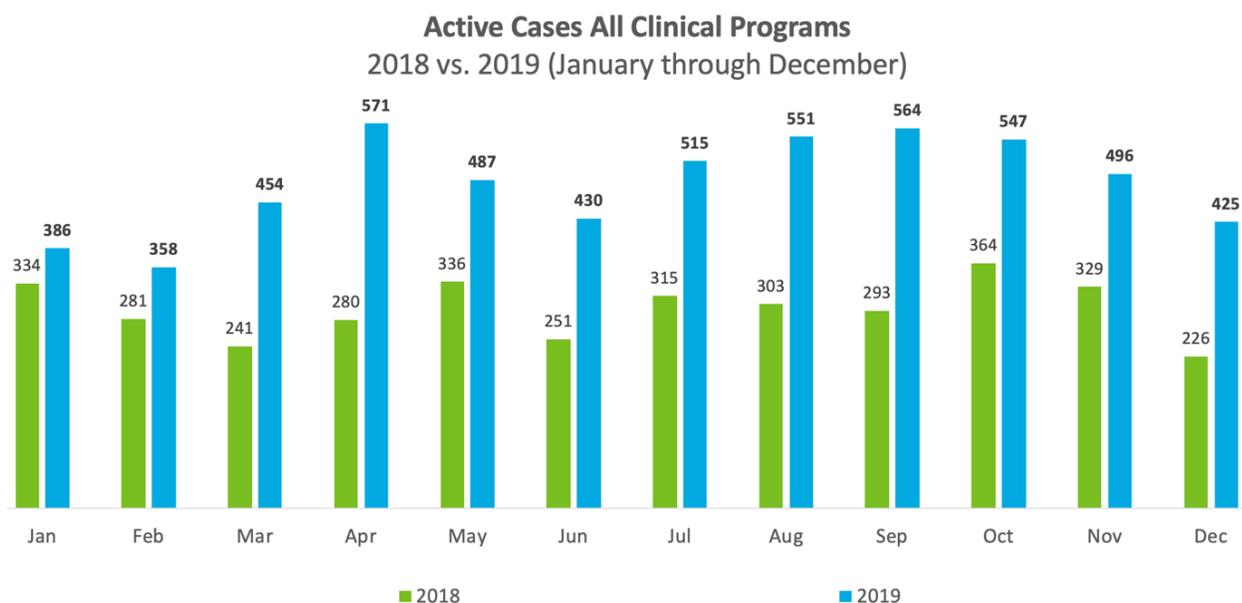
Population Health Management Evaluation

Similarly, Passport evaluates its PHM program, including our programs for Kentucky SKY members, in a monthly operations review (MOR) as well as annually through our clinical program evaluations. Passport understands that regular evaluation of its clinically validated programs is imperative to ensuring their ongoing impact and relevance to its members. We collect data on the care management processes we engage members in, including outreach and engagement, care plan development and care plan progress. We also collect data on outcome measures, measures of cost/utilization and member experience, and participation rates, as described further below. QI activities include measuring, trending, analyzing and interpreting results against performance goals and/or benchmarks for the program.

Monthly Operations Review

Its MOR is an important governance forum for Passport leadership to provide oversight for key initiatives. In the MOR, Passport clinical leadership reviews year-to-date (YTD) and year-over-year (YOY) metrics. Clinical program engagement is examined against established targets and delves into details related to the percentages of members rated engaged, graduated, unable to reach (UTR), and declined. Engagement is also examined on a YOY basis. These evaluations are used to identify engagement trends that need immediate correction. **Exhibit G.9-1** shows data from the Passport December 2019 MOR.

Exhibit G.9-1: Passport December 2019 Monthly Operations Review



Annual Program Evaluations

Passport understands that regular evaluation of our clinically validated programs is imperative to ensuring their ongoing impact and relevance to its members. On an annual basis, Passport evaluates the success of each of the clinical programs offered through the PHM program and will do so for the Kentucky SKY Care Management, Intensive Care Coordination and Complex Care Coordination programs. We collect data on the care management processes we engage members in, including outreach and engagement, care plan development and care plan progress. We also collect data on outcome measures, measures of cost/utilization and member experience, and participation rates. A summary of a recent evaluation of our Complex Care program can be found in **Attachment G.9-1_Evaluation Sample**.

QI activities include measuring, trending, analyzing and interpreting results against performance goals and/or benchmarks for the program.

For each program, the following metrics are tracked and reported:

- Participation rate (engaged vs identified members)—annual and monthly
- Member engagement year over year—annual and monthly
- Top ten comorbid diagnoses
- Referral sources
- Emergency department and inpatient utilization pre-/post-engagement
- Cost trends for emergency department (ED) and inpatient utilization and thirty (30)-day readmissions
- Total cost of care pre-/post-engagement
- Program discharge status
- Achievement of care plan goals
- Satisfaction results for services received
- Satisfaction results for improvement of health and quality of life

In addition, program-specific metrics are tracked and reported, including HEDIS and Healthy Kentuckian metrics relevant to specific conditions.

For each program, specific barriers are identified along with associated opportunities to correct or mitigate the barriers. A summary of key initiatives associated with each program is documented to ensure Passport achieves its overall goals for continuous QI and transformation. The data in the report informs planned activities for future years, which are also documented in the program evaluation.

At least annually, member experience with programs is also evaluated through member and family feedback obtained through a satisfaction survey and complaints data. This allows for identification of opportunities to improve satisfaction with the program.

Passport’s Quality Organization Structure for Kentucky SKY

The overall quality of the programs Passport provides are monitored by its Quality organization. Upon award of the Kentucky SKY managed care organization (MCO) contract, Passport will enhance the structure of its Quality organization to include a subcommittee to the QMMC (Passport’s QIC, chaired by Passport’s chief medical officer and responsible for ongoing oversight of quality program deliverables), the **Kentucky SKY Advisory Committee**, that is focused on the specific needs of the Kentucky SKY population.

The Kentucky SKY Advisory Committee will provide the QMMC with feedback and recommendations related to Kentucky SKY, including issues related to physical health, behavioral health care and pharmacy. This group will review utilization and performance metrics for Kentucky SKY. It will also provide recommendations regarding proposed policy and program changes that impact Kentucky SKY members to ensure Passport policies and programs continue to have a meaningful impact on Kentucky SKY members. Having the perspectives of youth currently in foster care, foster care parents, providers, advocates and caregivers involved in policy development and performance review will help to ensure quality of care and increased access to services for this sensitive population. Decisions and recommendations from the Kentucky SKY Advisory Committee will be submitted to QMMC for review and adoption.

This committee will address ongoing QI and clinical programs for Kentucky SKY specific to the foster care population. In support of the high-level of integration of services received by Kentucky SKY members, this committee will collaboratively engage to provide input on programmatic direction, policy discussion and implementation, and QI initiatives to continuously improve the health outcomes and quality of life of the Kentucky SKY population.

The committee will be co-chaired by the Kentucky SKY executive director and the Kentucky SKY medical director. **Exhibit G.9-2** shows the composition of the committee:

Exhibit G.9-2: Passport Kentucky SKY Advisory Committee Membership

Members	Support Staff
Members	Kentucky SKY executive director (co-chair)
Parents/guardians of members	Kentucky SKY medical director (co-chair)
Foster parents	Kentucky SKY quality improvement director
State agency staff	Kentucky SKY behavioral health (BH) director
Practitioner representatives:	Kentucky SKY UM manager
• Pediatrics	Pharmacy director
• Behavioral health	Provider Network director
• Clinical pharmacy	
• Psychiatric residential treatment facility (PRTF)	
Consumer advocates	

Passport Meets Kentucky SKY-Specific Draft Contract Requirements

Passport will comply with all requirements for Kentucky SKY members, as specified in Section 19, Quality Management and Health Outcomes, and Section 41, Kentucky SKY Program, of the Draft Contract. As specifically required in Section 41.9 of the Draft Contract, Passport will meet the following requirements:

We will submit written policies and procedures for tracking and reporting individual Kentucky SKY member health outcomes, including the mechanism for reporting whether member health outcomes improved as a result of Passport's Care Coordination activities.

Passport will collaborate with DMS, DCBS, and DJJ to develop and implement performance measures for the Kentucky SKY program, including the evaluation of the following, as determined by DMS, DCBS, and DJJ:

- Operational measures, such as timely completion of required assessments and submission of required reporting.
- Monitoring of decertification of services.
- Appropriate utilization of psychotropic medications including the evaluation of prescribing patterns related to diagnosis, member age, polypharmacy, dosage and psychosocial therapy and interventions.
- Deployment and utilization of evidence-based practices applicable to the Kentucky SKY populations.

Passport will collaborate with DMS, DCBS, and DJJ in the design and implementation of at least one (1) performance improvement program (PIP) for the Kentucky SKY populations. Our experience of working collaboratively with DMS, DCBS and other state agencies, especially in the design and implementation of the Intensive Case Management pilot, has provided a solid foundation for the ongoing development and implementation of PIPs for the Kentucky SKY and Medicaid populations. For collaborative PIPs, we will work with DMS, DCBS, DJJ and the EQRO to identify feasible and impactful PIPs for Kentucky SKY. In support of this, we will work to define the scope of the PIPs, identify target populations, set improvement goals and define comprehensive interventions. We will coordinate with existing state or MCO initiatives as applicable, and support the development of meeting-agenda topics, the writing of quarterly reports, and the identification of subject matter experts who should attend meetings based on the agenda items. We will develop the PIPs, provide adequate funding and staffing resources to execute the PIPs, and evaluate the successes and challenges of interventions on an ongoing basis, providing quarterly progress reports and an annual findings report to DMS, and other entities as needed. Lastly, we will look for opportunities to share findings through scholarly or professional organizations so that we can collaborate, gain feedback from others around the country to continually improve, and help to advance the knowledge of what works in foster care by sharing solid empirical evidence from our experiences. For example, we previously presented a workshop with the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) and DCBS staff after the initiation of the Passport Foster Care Pilot about state government and MCO collaboration for the Annual Research and Policy Conference on Child, Adolescent and Young Adult Behavioral Health. We provided a poster summary of the pilot outcomes for the Centers for Medicare and

Medicaid Services (CMS) Quality Conference. We also presented the findings from the Passport Foster Care Pilot at the Annual Family Focused Treatment Conference.

Conclusion

Through more than two decades of serving individuals for coverage by the Kentucky SKY contract, Passport has learned that traditional HEDIS metrics do not adequately capture the health and well-being outcomes important for this population. While HEDIS is still relevant to these members, Passport has identified other relevant metrics, including Kentucky SKY-specific population health metrics, Healthy Kentuckians measures, and specialized metrics, including SDoH, specific to the Kentucky SKY population. Through measurement of these specific metrics, we can ensure that our policies and programs continue to have a meaningful impact on the health outcomes of Kentucky SKY members. We also recognize the importance of sharing the outcomes with other professional groups to hold ourselves to high standards, receive feedback, and help to advance the field of what works in treatment with populations like that of Kentucky SKY.

Passport has been honored to serve the Kentucky Medicaid and foster care populations for 22 years and will continue to comply with all provisions of the Medicaid Managed Care Contract and Appendices (including Kentucky SKY) as we continue to serve them in the future.

G.10 Population Health Management and Care Coordination



G.10. Population Health Management and Care Coordination

- a. Describe plan for identifying and coordinating care for those Kentucky SKY Enrollees with the most immediate service needs leading up to and immediately following implementation of the Kentucky SKY program.
- b. Describe how the Vendor would identify and monitor new Kentucky SKY Enrollees with high physical or behavioral health needs to ensure continuity of care.
- c. Describe how the Vendor will stratify Kentucky SKY Enrollees into tiers for Care Management services.
- d. Provide a description of the Vendor’s targeted evidence based approaches applicable to the Kentucky SKY populations. Provide details on the Vendor’s approach for ensuring Network Providers’ compliance with evidence based approaches mandated by the Vendor for Kentucky SKY Enrollees.
- e. Provide a description of the Vendor’s approach for ensuring Network Providers are providing Trauma-informed Care to Kentucky SKY Enrollees.
- f. Describe how the Vendor will use telemedicine and telehealth to improve quality or access to physical and Behavioral Health services.
- g. Describe how the Vendor will capture data related to Social Determinants of Health and incorporate this information into its Care Management approach.
- h. Describe how the Vendor will coordinate with the Department, DCBS, DJJ, and physical and Behavioral Health Providers to ensure each Provider has access to the most up-to-date medical records for Kentucky SKY Enrollees.

Introduction

Passport has provided population health management (PHM) and care coordination services for 22 years through our care management programming, including specialized programs for foster care, former foster care, juvenile justice and adoption subsidy members. We have a comprehensive PHM strategy which is person-centered and supports each member from a “whole-person” perspective.

Passport will enhance our existing support for these members in order to address the specific needs and requirements of the Kentucky SKY program, and to support all populations covered by Kentucky SKY: foster care children; former foster care youth; adoption assistance children; dually committed youth; and children eligible via the Interstate Compact on the Placement of Children (ICPC) and the Interstate Compact on Adoption and Medical Assistance (ICAMA). Our Kentucky SKY programs will address individuals’ needs across the entire health and illness continuum and help identify the least restrictive setting that is appropriate for an individual, plus as any support that is available to the member.

G.10.a. Describe plan for identifying and coordinating care for those Kentucky SKY Enrollees with the most immediate service needs leading up to and immediately following implementation of the Kentucky SKY program.

Upon assuming responsibility for the Kentucky SKY population across the Commonwealth, there will be a large initial influx of members. Passport will triage Kentucky SKY members using multiple techniques to effectively identify those with the most immediate service needs. As new members are onboarded, we will honor existing authorizations for members who are receiving treatment at the time of transition to Passport in order to reduce the administrative burden on providers and to prevent any lapse in needed care. We understand the Department for Community Based Services (DCBS) and the Department for Medicaid Services (DMS) will work closely with Passport to ensure access to member-specific information that is necessary to facilitate transition, including service plans from other managed care organizations (MCOs). Identification of all members with immediate service/care needs and members who are designated as Medically Complex is of particular importance. To manage the influx of members more effectively, we will begin this process shortly after award notification for Passport members who will become Kentucky SKY members in January 2021.

For all Kentucky SKY members—and especially those with Special Health Care Needs who are receiving services that were authorized in a care or treatment plan from a prior MCO—Passport will collaborate with the primary care providers (PCPs) and specialists of prior MCOs, other MCO care management staff and DCBS staff to ensure continuity of care. Passport’s comprehensive provider network increases the likelihood that continuity can be quickly facilitated with members’ identified provider of choice. Our model of care offers comprehensive care and ensures care is highly coordinated with providers to provide uninterrupted whole-person care. Passport ensures that member services are coordinated:

- Between settings of care, including appropriate discharge planning with providers for short- and long-term hospital and institutional stays, referrals to Case Management, clinical rounds and the authorization process
- With the services members receive from other managed care or fee-for-service (FFS) organizations. The Utilization Management (UM) department will ensure continuity of care so as not to disrupt treatment that was previously approved by another MCO or FFS plan
- With the services the member receives from community and social support providers

As needed, Passport would like to collaborate and schedule meetings with the existing MCOs to further support the transition of members with high acuity needs. As members transition in and out of Kentucky SKY, we will also coordinate with other MCOs to ensure continuity of care. To the extent that it is available, Passport would like to obtain information on inpatient psychiatric hospitalizations and psychiatric residential treatment facilities (PRTFs), members designated as Medically Complex, and members with designated medical diagnoses (e.g., diabetes, asthma).

G.10.b. Describe how the Vendor would identify and monitor new Kentucky SKY Enrollees with high physical or behavioral health needs to ensure continuity of care.

Ensuring Continuity of Care for New Kentucky SKY Members with High Physical or Behavioral Health Needs

Passport will identify and monitor new Kentucky SKY members with high physical or behavioral health (BH) needs through a combination of assessments, referrals and predictive modeling. When members are newly enrolled in Kentucky SKY, a Care Coordination team will be assigned within one business day of enrollment. A Passport Care Coordinator or Care Advisor will complete a Health Risk Assessment (HRA) and a comprehensive member needs assessment within thirty (30) days of enrollment to identify members with high physical and/or BH needs who are appropriate for Intensive or Complex Care Coordination. New Kentucky SKY members will also be stratified using Passport's predictive modeling described in response to G.10.c below.

As required, Passport will offer three (3) levels of care for Kentucky SKY members:

- Care Management
- Intensive Care Coordination
- Complex Care Coordination

All members will initially be placed in Care Management, unless they meet specific criteria:

- Identified by the Commonwealth as Medically Complex; These members will be placed in Complex Care Coordination from the start
- Identified through Passport's UM process as having a current or recent BH inpatient stay
- Identified by Passport's industry-leading risk stratification predictive models, described in response to G.10.c below

Members identified as having more immediate service needs will be placed in Intensive or Complex Care Coordination as their needs and the contract dictate.

Members in Care Management will be assigned a Care Coordinator who will conduct an assessment to identify any needs that would place them in a higher level of care coordination. Foster care members age seventeen (17) or older will be prioritized for assessment so care team meetings for planning for independence can begin as soon as possible.

Care Coordinators will be bachelor's degree-prepared staff. All Care Coordinators will also be trained and certified in High Fidelity Wraparound Care, including those working in Complex Care Coordination as required by the contract. To streamline and expedite coordination of care, initial comprehensive assessments will be conducted by a Care Advisor for members who pre-identify as qualifying for Intensive or Complex Care Coordination. Care Advisors are licensed professionals (e.g., nurses or BH professionals) who

participate on Kentucky SKY care coordination teams. Their responsibilities include conducting assessments and developing care plans.

The Kentucky SKY Care Coordinator will build a Kentucky SKY care team comprised of a Care Coordinator, the member (as appropriate based on age and other factors), the legal guardian, the foster/adoptive/fictive kin family, the biological family (when appropriate), providers involved in the member’s care (e.g., PCP, dental provider, BH provider and any specialists), as well as other individuals pertinent to the member’s care, such as coaches, mentors or religious leaders. This team will review any completed assessments and, based on their findings and the team’s knowledge of the member’s strengths and needs, develop a care plan for members in Care Management or Intensive or Complex Care Coordination. Passport will provide documentation of team participation to DMS, DCBS and the Department of Juvenile Justice (DJJ) as needed.

Children in foster care are at greater risk for receiving disjointed care. Medical records often do not travel with the child, and frequent changes in placement may result in disruptions in care. Transitions between levels of care (e.g., residential to outpatient) may also impact continuity of care. To combat these endemic problems, Passport’s Kentucky SKY Care Coordinator or Care Advisor will serve as a central point of contact to connect the dots between providers as members move from one setting or placement to another.

Passport will also work diligently to ensure continued provider adoption of electronic health records (EHRs) and will require participation in the Kentucky Health Information Exchange (KHIE). Both of these initiatives will increase the portability of vital health information for Kentucky SKY members.

Passport Connects the Dots to Ensure Continuity of Care

Ten-year-old Donald * has been committed to CHFS for the past three years. His current foster parents, PCP and SSW did not have records pertaining to previous treatment or medical home. A Passport Foster Care Specialist assigned an administrative member of the Care Coordination Team to complete a claims review to determine previous PCPs and other providers, as well as diagnoses and treatments. The result was sent to SSW, PCP and, with SSW permission, the foster parent. Additionally, the team requested from the Kentucky Immunization Registry a list of immunizations received by the member. The results were also shared with the SSW, PCP and foster parent.

**member name changed for privacy*

G.10.c. Describe how the Vendor will stratify Kentucky SKY Enrollees into tiers for Care Management services.

Stratifying Kentucky SKY Members for Care Management Services

Passport’s identification and stratification models will be applied to the Kentucky SKY population to stratify members into three tiers:

- Care Management

- Intensive Care Coordination
- Complex Care Coordination

Members who are designated as Medically Complex or who have a current or recent inpatient BH stay will automatically be triaged into Kentucky SKY Complex Care Coordination.

For members not falling into these categories, Passport will apply its industry-leading predictive modeling to stratify Kentucky SKY members into appropriate tiers for care management services based on risks, costs and ability to have meaningful impact through our interventions.

Passport's stratification process combines data from medical and behavioral claims/encounters, pharmacy claims, laboratory results, health appraisal results, EHRs, data from health plan UM and/or Care Management (CM) programs, and advanced data sources such as the Commonwealth of Kentucky immunization registry. Passport also uses external data to detect any social determinants of health (SDoH) risk factors affecting our members to provide better comprehensive CM services.

The SDoH data sources include:

- The U.S. Census Bureau's American Community Survey (ACS) that tracks more than one hundred (100) data elements regarding education, poverty and housing status by specific neighborhoods
- The U.S. Department of Transportation's affordability index, walkability index, food access and supermarket availability by location
- The Environmental Protection Agency's Smart Location Database, which supplements our existing social economic and environmental information
- U.S. Department of Agriculture records on food scarcity and deserts
- Data.gov, which has over 230,000 datasets on demographics, education, community and safety
- The Department of Housing and Urban Development, which reports on housing needs by geography
- Google technology (e.g., the algorithms used to locate services within Google Maps) to calculate distances to the nearest pharmacy, grocery store, physician's office and hospital, which may identify potential gaps in a community's access to health care

Our system integrates dispersed SDoH data sources across five (5) main domains (housing instability, transportation barriers, food insecurity, financial stress and health literacy) to create a single Social Needs Index (with five levels). The Social Needs Index indicates a member's risk and how social factors could impact their health outcomes. To enhance our risk identification tools, in late 2020 the Social Needs Index will be available in IdentifiSM as a separate risk score and it will identify which of the five (5) domains has the highest risk for the member. Kentucky SKY care team members will use the index to help stratify members into the level of care coordination they require, pinpointing their individual needs and directing efforts and

Better Risk Stratification Drives Better Member Identification

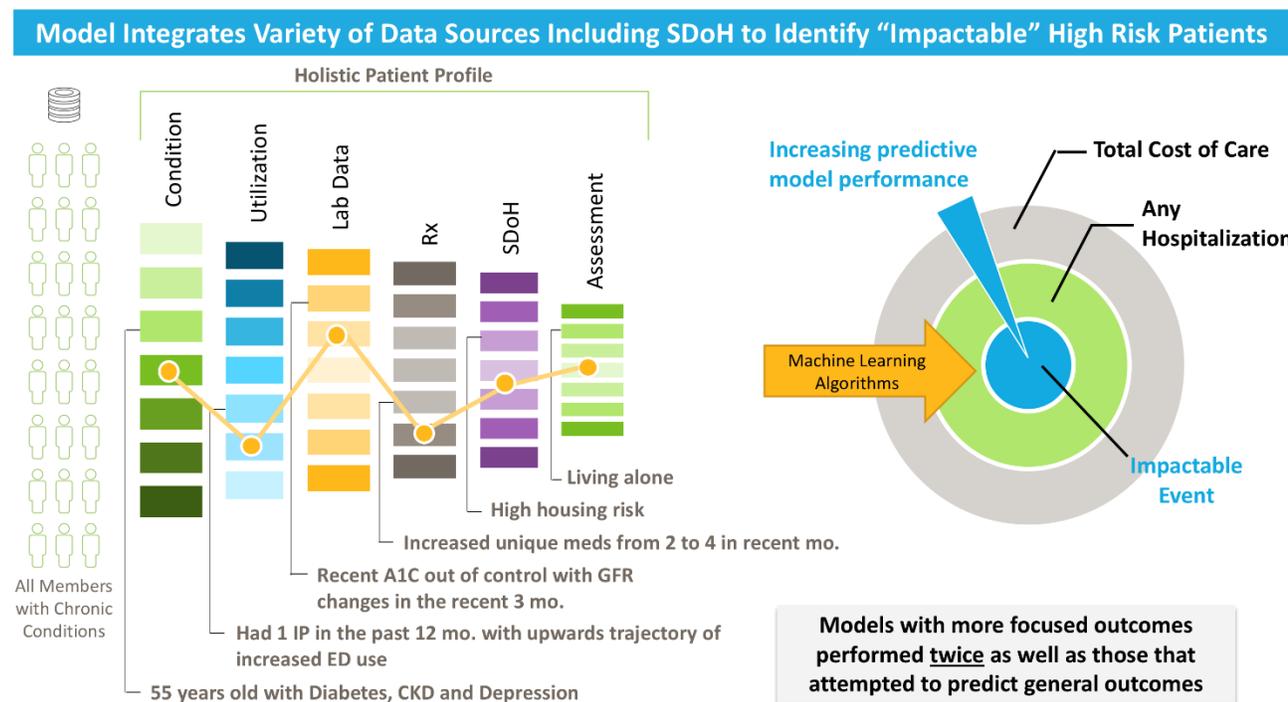
In 2019, by using our risk stratification methodology, Passport identified roughly fifteen percent (15%) of the population for care management services compared to industry standard of one to three percent (1-3%).

resources to the most at-risk members. This Medicaid-specific predictive model is dynamic and customizable, and its performance improves the more it is used due to an inherent feedback loop.

Achieving Industry-Leading Predictive Modeling Results for Improved Performance

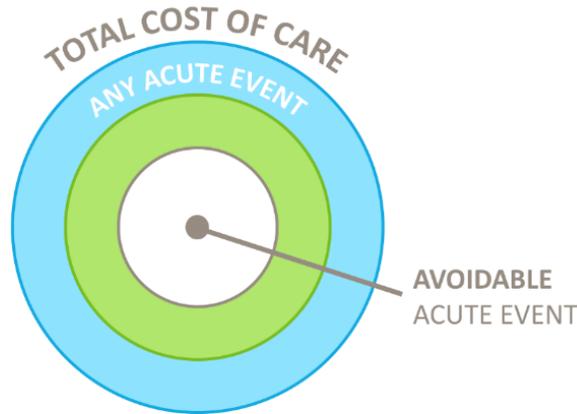
Our predictive modeling and condition-specific member profiling tool stratifies members into risk levels using medical diagnoses, emergency or hospital visits, national standards/evidence-based clinical guidelines and gaps in care. Using the outcomes data, members are classified into low-, medium- and high-risk levels. Then Passport can effectively prioritize clinical outreach and management for our members. **Exhibit G.10-1** illustrates the model.

Exhibit G.10-1: Data Sources to Identify Impactable Events



Our predictive models outperform industry standards. One of the most frequently cited measures of predictive performance is the model’s c-statistic, which is the measure of the area under a Receiver Operator Characteristic (ROC) curve. A c-statistic of 0.5 indicates a random chance at predicting a future event (i.e., a coin toss), while a value of one (1) is a perfect predictor. A model with a c-statistic of 0.8 or higher is considered to have strong predictive ability. In 2012, the Mayo Clinic presented a meta-analysis of the performance of risk stratification methods at predicting inpatient and emergency department encounters at the Academy of Health Conference. Our c-statistic is 0.82, significantly higher than the rest of the industry and indicative of strong predictive ability as illustrated in **Exhibit G.10-2**.

Exhibit G.10-2: Our Predictive Model Performance in Avoiding Acute Medical Events



PREDICTIVE MODEL PERFORMANCE ¹		
Model	ED Visits c-statistic	Hospitalization c-statistic
Johns Hopkins Adjusted Clinical Groups (ACG)	.67	.73
Charlson Comorbidity Measure	.59	.68
Complex Care Predictive Model	.81	.86
	.82*	

The result of effective stratification is improved engagement. We identify impactable members and focus on those with a high “willingness to engage” index score. As a local health plan with staff living in the communities across the Commonwealth, we can meet the member where they are-literally-to attend appointments, work with doctors and coordinate social services that are helpful to the member.

Population Health Management Programs

While we offer specific programs tailored to the needs of Kentucky SKY members as described above, we understand that every child is unique and they may have special ongoing or episodic needs that are better managed through other programs that are available to Passport members. For example, a child in our Care Management program may have asthma that is not well-controlled. Asthma symptoms may be causing the child to have multiple emergency department (ED) visits and miss school regularly. In this situation, a Care Coordinator may connect the child to our Condition Care Asthma program. In that program the child and family would receive health coaching specific to asthma and the child’s unique symptoms and situation. This is a short-term program, typically lasting ninety (90) days, and it has proven to reduce ED utilization and inpatient stays. While enrolled in the Condition Care Asthma program, the child’s Passport Kentucky SKY Care Coordinator would maintain contact with the family and continue to facilitate care team meetings. Similarly, in the event a Kentucky SKY teenager becomes pregnant, she is considered high-risk (due to her

age) and would be enrolled in the Mommy Steps program for high-risk maternity and newborn care. A maternity nurse Care Advisor would assess the member and develop a care plan with the member and her care team, following the member until ten (10) weeks postpartum. Further, some neonatal intensive care unit (NICU) babies are Child Protective Services (CPS)-involved and enter into DCBS’s care upon release from the hospital. For these infants, our Mommy Steps team refers these members to the Kentucky SKY team so there is a smooth care transition when the Mommy Steps team closes with the member. Additionally, certain services such as early and periodic screening, diagnosis and treatment (EPSDT) and wellness outreach programs are available to members, in addition to the benefits received through Kentucky SKY.

Given the nature of the Catastrophic Care program, Kentucky SKY members who experience a catastrophic event may be placed in this program on an episodic basis. While it is more likely that Kentucky SKY members with multiple, severe or intensive conditions would be designated as Medically Complex and therefore supported through Complex Care Coordination, Passport will evaluate each situation on a case-by-case basis to determine the most appropriate care for the member.

Passport’s proven, evidence-based programs and care model blend clinical and social interventions to improve member outcomes. Our suite of programs is continually assessed for effectiveness through controlled studies to determine the impact on total cost of care and return on investment (ROI) and to identify key operational drivers of impact for focused performance and member outcome management. Outcomes from a controlled study of Passport Medicaid members show demonstrated results across multiple clinical programs as shown in **Exhibit G.10-3**.

Exhibit G.10-3: Key Performance Indicator (KPI) Management Drives Impact Across Programs

Impact of programs in 6 month post-period

	Total Medical Expense	Inpatient Admissions	ED Visits
Transitions Care (n=1016)	▼ 8%	▼ 14%	▼ 8%
Catastrophic Care (n=426)	▼ 16%	▼ 33%	▼ 16%
Complex Care (n=1322)	▼ 20%	▼ 32%	▼ 35%

G.10.d. Provide a description of the Vendor’s targeted evidence-based approaches applicable to the Kentucky SKY populations. Provide details on the Vendor’s approach for ensuring Network Providers’ compliance with evidence-based approaches mandated by the Vendor for Kentucky SKY Enrollees.

Passport’s Targeted Evidence-Based Care Management and Care Coordination for Kentucky SKY Members

Passport will draw upon multiple evidence-based practices to ensure effective and compassionate whole-person care for Kentucky SKY members. Two (2) of the core evidence-based practices we rely upon and require our providers to use are Trauma Informed Care, described in response to **G.10.e** below, and High Fidelity Wraparound Care, described in detail below. These practices will be supported by other important evidence-based approaches, including:

- **Parent-Child Interaction Therapy (PCIT):** PCIT is a combination of play and behavioral therapy for young children and their parents/caregivers. The adults learn skills and techniques for relating to children with emotional or behavior problems, language issues, developmental disabilities or mental health disorders. PCIT can be effective for children who exhibit disruptive behavior or have experienced trauma, as well as those on the autism spectrum. PCIT and PCIT-based programs are also evidence-based interventions for preventing child abuse and neglect and for decreasing a child’s risk of antisocial and criminal behavior later in life.
- **Screening, Brief Intervention and Referral to Treatment (SBIRT):** SBIRT is an evidence-based approach for identifying members who are at risk for abuse of alcohol and other drugs. It is intended to identify members who have substance use disorders, as well as those who are at high risk for developing such a disorder, to reduce their level of risk.
- **Motivational Interviewing:** Motivational interviewing is a counseling method that helps people resolve ambivalent feelings and insecurities to find the internal motivation they need to change their behavior or make healthier choices. Motivational interviewing is often used to address addiction and the management of physical health conditions.
- **Dialectical Behavior Therapy (DBT):** DBT gives people new skills to manage painful and uncontrolled emotions and to decrease conflict in relationships. DBT specifically focuses on therapeutic skills in four (4) key areas: mindfulness, distress tolerance, emotion regulation and interpersonal effectiveness. DBT was originally developed to treat borderline personality disorder and has also been used successfully to treat people experiencing depression, bulimia, binge-eating, bipolar disorder, post-traumatic-stress disorder and substance abuse.
- **Seven Challenges®:** The Seven Challenges program supports young people with substance use disorders and is designed to motivate them to choose and commit to changes and to support their success in implementing the desired changes. The program aims to help participants address their substance use issues as well as any co-occurring life skill deficits, situational problems or psychological problems.

High Fidelity Wraparound Care

Passport is adopting High Fidelity Wraparound Care, an evidence-based practice, as a model to inform all care coordination. All Care Coordinators will be trained and certified in High Fidelity Wraparound Care and will use its principles to meet the needs of Kentucky SKY members in all three (3) levels of Care Management and Coordination, as illustrated in **Exhibit G.10-4**.

Exhibit G.10-4: Levels of Care Management and Care Coordination for Kentucky SKY Members

Level of Support:	Designed For:	Frequency of Contact:
Care Management Services	<ul style="list-style-type: none"> All Kentucky SKY members not meeting criteria for higher levels of support 	<ul style="list-style-type: none"> Outreach every three to six (3-6) months or more frequently if warranted Annual care plan updates
Intensive Care Coordination	<ul style="list-style-type: none"> Kentucky SKY members identified through referral, assessment or by risk stratification as needing intensive support 	Per month: <ul style="list-style-type: none"> Weekly contact One (1) face-to-face visit One (1) care team meeting including the member and caregiver One (1) care plan update
Complex Care Coordination	<ul style="list-style-type: none"> Kentucky SKY members identified by the Commonwealth as Medically Complex or as having Special Health Care Needs Kentucky SKY members identified through Passport’s UM process as having a current or recent BH inpatient stay Kentucky SKY members otherwise identified as high risk by Passport’s industry-leading risk stratification predictive models 	Per month: <ul style="list-style-type: none"> Weekly contact Two (2) face-to-face visits A minimum of two (2) hours per week of Care Coordination One (1) care team meeting including the member and caregiver One (1) care plan update

High Fidelity Wraparound

“Passport and Seven Counties/Centerstone have partnered on a number of unique projects, what I would call “innovative, outside the box projects”. One of those was the Passport Foster care project.... In partnership with each other and in collaboration with DCBS, we wrapped intensive services around these children to stabilize and keep 90% of them out of higher levels of care. This was a unique funding situation, outside the traditional box of incremental fee-for-service reimbursement.”

—Abbreial Drane, Centerstone Kentucky (Seven Counties Services) President & CEO

Passport has experience implementing a holistic High Fidelity Wraparound approach for foster children. As described elsewhere in this proposal, in 2015, Passport partnered with DMS, DCBS, the Department of Behavioral Health, Developmental and Intellectual Disabilities to implement a pilot program for High Fidelity Wraparound services. There is strong evidence that High Fidelity Wraparound helps reduce disruptions in placement and improves the overall functioning of children and adolescents, including justice-involved adolescents. Based on our experience, we believe Care Coordinators who are trained and certified as High Fidelity Wraparound facilitators (regardless of the level of care coordination) will greatly increase successful transitions and overall health and functioning for Kentucky SKY youth. Our experience implementing an intensive CM pilot based on High Fidelity Wraparound resulted in a one hundred and fifty percent (150%) increase in youth placed with natural or adoptive families six (6) months post-intervention and an overall decrease in the use of psychiatric hospitals, PRTFs and other facility-based placements. Participants also averaged a twenty-point (20) point improvement in the total Child and Adolescent Functional Assessment Scale (CAFAS) score, indicating significant improvement in overall functioning across settings. Overall per member per month (PMPM) costs also decreased by thirteen percent (13%) from baseline to the six- (6) month period following intervention.

Our strategy and approach is to create a model of care for foster children using ten (10) core wraparound principles: Family Voice and Choice, Care Team Based, Natural Supports, Collaboration, Community Based, Cultural Competency, Individualized, Strengths Based, Unconditional Care/Persistence and Outcome Based, as described in **Exhibit G.10-5**.

Exhibit G.10-5: Ten Core Wraparound Principles Guide our Model of Care

Ten Core Wraparound Principles

- 1. Family Voice and Choice:** Passport values and respects the thoughts and opinions of Kentucky SKY members and their family members and caregivers. Throughout the care planning process, we take into consideration the youth's goals and visions for their life.
- 2. Care Team Based:** We use a member-centric, team-based approach to wrap a multi-disciplinary team of Passport health care professionals around each member. Team members are selected by the youth and their family members to provide effective, high quality care. Decision making is team-based as much as possible.
- 3. Natural Supports:** A member's personal network is an important source of support that is needed for the member to have a successful health care journey. Natural supports could include coaches, faith-based members, teachers or other people the member and their family choose to be a part of the care team.
- 4. Collaboration:** A diverse care team works collaboratively and shares responsibility for the care planning process. They collectively work to help the Kentucky SKY member and his or her family achieve their established vision for better health.
- 5. Community Based:** To support our members, Passport's team has deep relationships with community-based organizations. As part of our holistic, wraparound approach, our team includes community agencies and connects them to members. We also provide options for youth and families to integrate into their communities.

Ten Core Wraparound Principles

6. Culturally Competent: Passport values and respects the diversity of our members and their families. Our team seeks to incorporate their values, preferences, beliefs, culture and identity into the care planning process and provide culturally sensitive care.

7. Individualized: Each member is unique and special. Our model of care is individualized and can be tailored to meet their needs. Our team incorporates member and family preferences, options and desires to ensure members receive the personalized, high quality CM they deserve.

8. Strengths Based: We understand each member and his or her family has various skills and talents. The Passport team identifies, builds and utilizes family and youth strengths that help the team/family meet their needs and vision of better health.

9. Unconditional Care/Persistence: From over two decades of dedicated and persistent experience helping members, we understand there can be setbacks in a member’s process or their health status may change. Our team is flexible, adaptable and able to modify the plan to best fit the member’s needs. Our caring staff is understanding and compassionate in offering unconditional care.

10. Outcome Based: Passport’s model of care is designed to be outcome-based using the latest evidence-based practices. Our suite of programs is continually assessed for effectiveness through controlled studies that determine the impact on total cost of care and ROI. We also identify key operational drivers of impact for focused performance and member outcome management.

Kentucky SKY High Fidelity Wraparound Care Management

Basic Care Management

All Kentucky SKY members will have access to care coordination. A Care Coordinator will develop an individual care plan with the member and/or caregiver that will detail interventions, therapies and action steps the member and/or other members of the care team will undertake. Care plan development will always include attempts to obtain input from a member’s PCP, dental provider, BH providers, specialists and other providers.

Kentucky SKY Care Management will take a holistic and member-centric approach. This approach is designed to provide support and resources for members and their families. Examples of this support include:

- Functioning as a health care advocate
- Helping to close gaps in care
- Locating and scheduling provider appointments
- Facilitating and/or arranging transportation
- Connecting the member to community-based organizations and resources
- Resolving barriers to access for needed care and services
- Addressing challenges related to SDoH, health disparities and health literacy

Passport will leverage a team-based model to support members. Members in foster care will be supported by a core team comprised of a Care Coordinator, the member, caregivers and social service worker (SSW). For members under adoption subsidy, the core team will be comprised of a Care Coordinator, the member

and parent/caregiver. The core team for former foster care members will be the Care Coordinator and the member. As needed to support a member's progress toward his or her care plan goals, these core teams will be supplemented by providers, community supports, nurse Care Advisors, Passport BH clinicians, Passport psychiatrists, Passport's medical director, Passport's BH director, Passport behavior specialists, Passport registered dietitians and/or a Passport clinical pharmacist.

For the lowest-risk members in this population, Care Coordinators will connect with the member or caregiver every three to six (3-6) months, depending on individual need. Initially, these touchpoints will be more frequent to stabilize the member, close any care gaps and ensure the member has the services and support he or she needs. Should the member or caregiver need additional support, they can reach out to the Care Coordinator at any time for assistance and guidance. The care plan will be updated annually unless a new need emerges, such as an inpatient admission, placement change, aging out, etc. Most contacts with the member will be telephonic to provide ease of access, but face-to-face support can be provided if desired or needed.

Passport Success Story: Intensive Care Coordination

John* was 9 years old when he was engaged in the foster care pilot program. John's mother had been given multiple chances to complete her case plan and had not succeeded, so proceedings for termination of parental rights had begun. From the beginning, the Intensive Care Coordinator included John's foster mother and his mother in the Child and Family Team, which set a goal to get John safely home with his mom. After much hard work, John was ultimately returned to his mother's custody, while his foster mom remained a support to both of them.

*member name changed for privacy

Higher-risk members within the CM population will receive more frequent contact and may have other Kentucky SKY Care team members assigned to them, such as a peer support, based on their individualized needs. For example, a foster youth age seventeen (17) or older has limited time to prepare for independence, particularly if they are planning to exit the DCBS's care at age eighteen (18). In this instance, a peer support may be deployed (if the member is willing) to help the member gain needed documents (e.g., picture ID, birth certificate, Passport member ID) and learn skills to prepare for independence. Care team meetings for this youth would be scheduled on a quarterly basis to track progress toward independence readiness.

Intensive and Complex Care Coordination

For members with more intensive needs, Passport offers two (2) levels of Kentucky SKY care coordination: intensive and complex. For both levels, we will use the same High Fidelity Wraparound evidence-based approach to care, with the primary difference between levels being the frequency/intensity of contact with the member and the support provided to the care team.

As part of our expanded Care Coordination program for the Kentucky SKY population, wraparound services will be highly individualized for children identified as high risk for inclusion in the Intensive or Complex Care Coordination programs, with a goal of providing more timely interventions to prevent or address crisis situations and lead to improved long-term outcomes. Core to the wraparound approach is the presence of a Care Coordinator, who serves as a focal coordinator or hub of all care team activities. As required by the contract, any member with complex BH needs will be supported by a Care Coordinator who is certified and trained in the delivery of High Fidelity Wraparound, and a BH Care Advisor will be assigned to assess the member and create a care plan. Members identified as Medically Complex foster children will have a Nurse Case Manager to assist them. Together with the Care Coordinator, the Nurse Case Manager will team with the SSW to obtain the child’s medical records and to conduct the initial home visit of the Medically Complex child to identify medical and BH issues and needs.

After the Care Advisor completes an assessment, the Care Coordinator will convene the core Kentucky SKY Care team as described above. These core teams will be supplemented by providers, community supports, Care Advisors (RNs or BH professionals), BH specialists, Community Health Workers, peer supports, a registered dietitian and/or pharmacist as needed to support the member’s care. The Care Advisor will ensure the active participation of the child and family, DCBS or DJJ worker, and other individuals involved.

The Care Advisor will gather from the care team members perspectives on underlying needs and concerns for the individual member and get a sense of the family narrative. The initial care team meeting will focus on developing a care plan with the intent of getting or maintaining the Kentucky SKY member in the least restrictive setting possible. Documentation of input from (or attempts to obtain input from) the PCP, dental provider, BH providers, specialists and other providers will be part of the care planning process. The Care Coordinator will also coordinate wraparound services and supports to meet the goals of each member’s coordinated care plan. Throughout, the Care Advisor will work with the care team to identify strategies to meet the member’s needs and ensure continuity of placement and care whenever possible.

The Care Coordinator will ensure:

- The Kentucky SKY care team has necessary information, including from prior MCOs or providers, to make timely, appropriate authorizations and referrals to meet the member’s needs;
- Approved care plans and authorizations are communicated timely to providers, DMS, DCBS and DJJ as required; and
- Kentucky SKY members, providers, foster parents, adoptive parents, fictive kin caregivers, DCBS and DJJ have the most current information regarding community resources available to assist the member with meeting their needs and connecting the member with these resources.

The Care Coordinator convenes ongoing monthly care team meetings to assess progress. To supplement the care team meetings, the Care Coordinator or other team members will also contact members monthly as follows:

- **Intensive Care Coordination:** Weekly outreach with one (1) face-to-face contact per month. At least one (1) meeting will be with the Kentucky SKY member and caregiver. The care plan will be updated at least monthly, unless an interim need arises.

- **Complex Care Coordination:** Weekly outreach with two (2) face-to-face contacts per month. At least one (1) meeting will be with the Kentucky SKY member and caregiver. A minimum of two (2) hours per week of care coordination will be provided. The care plan will be updated at least monthly, unless an interim need arises.

The Care Coordinator will provide information to team members to help them coordinate care. If assistance is needed to locate provider or schedule appointments for primary, dental, or specialty care or support services, the Care Coordinator is available to help. He or she can also coordinate Non-Emergency Medical Transportation (NEMT) services if needed to access these appointments or services and can arrange community supports for Kentucky SKY members and make referrals to community-based resources as necessary.

Importantly, the Care Coordinator can expedite scheduling appointments for assessments and facilitating timely submittal of assessment results used to determine residential placements. The Care Coordinator will also compile results of these assessments and submit the results to the appropriate DCBS or DJJ staff within the timeframes identified by DCBS or DJJ or otherwise specified in the contract.

The Care Advisor will help the care team evaluate the effectiveness of interventions, modifying the care plan as needed and removing any barriers to success. The Care Advisor will coordinate regular updates to the care plan (at least monthly via care team meetings) to change and redirect interventions as appropriate. Whenever possible, the ultimate goal of the care plan will be to develop a plan to transition the child and family from Intensive or Complex Care Coordination to the CM program to foster long term support and stability.

To that end, Passport will conduct a formal discharge planning program that includes a comprehensive evaluation of the Kentucky SKY member's health needs and identification of the services and supplies required to facilitate appropriate care following discharge from an institutional clinical setting or when transitioning between levels of care.

All care coordination and CM activities are documented within Identifi, Passport's PHM system. This documentation will include efforts to make provider appointments; arrange transportation; establish meaningful contact with the members' PCP, dental provider, specialists and other providers; and arrange for referrals to community-based resources. This documentation will detail any barriers or obstacles to arranging or obtaining these services. Providers who use Identifi Practice can see members' care plans within the platform.

Staffing Ratios

Passport's practice is to form a highly integrated and member-centric team for varied clinical disciplines and specialties across the organization. Caseload ratios specific to Kentucky SKY are as demonstrated in **Exhibit G.10-6**.

Exhibit G.10-6: Passport’s Caseload Ratios for Kentucky SKY

Program	Caseload Ratio
Kentucky SKY Care Management	350:1 staffed by Care Coordinator (Note: Caseloads may vary based on needs of members and their caregivers.)
Kentucky SKY Intensive Care Coordination	70:1 Care Coordinator
Kentucky SKY Complex Care Coordination	65:1 team of 1 Care Coordinator and 1 Care Advisor

Ensuring Provider Compliance with Evidence-Based Approaches

Passport’s commitment to evidence-based practice can be seen in the use of our Passport provider-driven committees, which recommend evidence-based clinical practice guidelines for adoption by the health plan. These committees include the PCP workgroup with its Child and Adolescent subcommittee and the Quality Medical Management Committee (QMMC) and its subcommittees, the Behavioral Health Advisory Committee and the soon-to-be Kentucky SKY Advisory Group. The QMMC functions as Passport’s Quality Improvement Committee (QIC). We have an established onboarding, training, education and support program for our providers that is managed by our statewide network of locally based Provider Relations Specialists. One function of our Kentucky SKY Provider Relations Liaison will be to work with our full provider relations team to ensure that all providers receive the training, tools and supports needed to be compliant with Passport’s evidence-based care expectations for our members.

Provider Contracts and Training

All PCPs and other providers serving Kentucky SKY members will receive orientation to the specific needs of the Kentucky SKY population and initial training in trauma-informed care (TIC) and High Fidelity Wraparound or be required to document their training. Passport will also establish providers’ expectations by including language in contracts requiring the use of evidence-based practice. Not only will we educate and inform our contracted providers, we will also monitor and evaluate their performance. Network providers who meet the established quality benchmarks, including measures of TIC, will receive incentives for providing quality care to our members.

Provider Tools

Passport also supports providers in delivering evidence-based care across the spectrum of care. Passport providers have access to Identifi Practice, which provides physician practices with workflow and analytics to enable greater engagement in value-based care activities. Identifi Practice allows users to access actionable electronic intelligence at the point of care and provides a physician-centric view of real-time Passport member insights such as gaps in care and quality measures, care program engagement and current care plan. Identifi Practice’s on-demand reporting enables providers to access insights into clinical, quality and financial performance, with the ability to drill into specific areas of opportunity for which actions to take.

Timely, relevant, personalized reports give providers valuable insight into our members. Identifi Practice provides reports featuring provider, practice and/or Passport member details, which surface information to

make evidence-based decisions. Some of the most popular dashboards and reports available through Identifi Practice include:

- **PCP Panel Summary Dashboard:** This simple and singular view empowers providers and brings focus to the actionable opportunities of their panel of attributed members. This dashboard categorizes a provider's or practice's full panel of attributed members into key practice level objectives:
 - Gaps in care
 - Comprehensive condition capture to allow accurate identification and stratification
 - CM activity
- **Physician-Level Quality Compliance:** The Quality Compliance Report (QCR) summarizes quality measure performance at provider, practice and system levels. QCR allows comparisons to client average and line of business-specific benchmarks (e.g., MA Stars).
- **Categorized Member Rosters:** Identifi Practice presents the provider a series of interactive rosters for attributed members specifically aligned to key performance objectives to ensure the highest level of usability and accessibility for the provider. These sortable, exportable member rosters contain the contextual data needed to identify high-impact members and augment their clinical workflow.

HEDIS and Other Metric Reporting

We have found that initial provider engagement and participation make downstream performance improvement and behavior change more likely. Our providers participate in medical record reviews to ensure all required documentation is captured, engage in EPSDT file audits and education, and review routine adherence to clinical practice guidelines.

Passport provides outreach and engagement to provider practices focused on improving performance on specific measures, including HEDIS, Healthy Kentuckians and measures specific to the Kentucky SKY population. We supply providers with reports that illustrate necessary screenings due and use our Provider Recognition Program specific to HEDIS measure improvement. Where appropriate, we support providers with site visits by the Kentucky SKY Medical Director, Quality Director, pharmacist, Provider Recognition Program Manager or Kentucky SKY Provider Relations Representatives.

G.10.e. Provide a description of the Vendor's approach for ensuring Network Providers are providing Trauma-informed Care to Kentucky SKY Enrollees.

Ensuring Providers Provide TIC

Kentucky SKY members have a higher propensity for Adverse Childhood Experiences (ACEs) and other traumas than the general pediatric and young adult population. To support them, Passport will take a TIC approach for our provider network. We will also use and support a TIC approach for work with foster

parents and other caregivers who may suffer from secondary trauma because of their own trauma history, work in social services or other helping profession, or a lack of a natural support system or other factors.

Passport is committed to training all providers in TIC. As DMS and DCBS are aware, the University of Kentucky College of Social Work's Training Resource Center (TRC) has designed and implemented child welfare training, evaluation, and service programs across the state for nearly three (3) decades. Passport has entered into discussions with the TRC to help us build training curricula and materials and potentially assist in delivering TIC training. These training materials and classes would provide education to Passport Care Advisors and Care Coordinators, our providers, and—as needed—state agencies on TIC and other topics relevant to the specialized support Kentucky SKY members require.

Providers that serve Kentucky SKY members and Passport's extended provider support team will participate in initial and ongoing training that incorporates TIC. Passport currently consults with providers about incorporating TIC practices into their services. For Kentucky SKY, all member- and provider-facing staff will be trained in the basics of a TIC approach. This training initially will occur during provider orientations for the Kentucky SKY program and continue through workshops, lunch-and-learns and webinars. The training is designed to teach trainees about the unique needs of this very vulnerable population, the role of the caregiver and Kentucky SKY program requirements. We also provide resources, such as Substance Abuse and Mental Health Services Administration's (SAMHSA's) Concept of Trauma and Guidance for a Trauma-Informed Approach and the American Academy of Pediatrics' Becoming a Trauma-Informed Practice, to guide agencies in doing a self-study on their TIC approach. In-depth specialty consultation, such as that currently provided to PCPs by Dr. Jessica Beal, a clinical child psychologist, is also available.

Furthermore, Kentucky SKY providers must agree either through contracts or contract amendments to practice using a TIC approach with SKY members. We will not only educate and inform our contracted providers but also monitor and evaluate providers' performance. Network providers who meet the established quality benchmarks, including measures of TIC, will receive incentives for providing quality care to our members.

For additional support, Passport will offer a provider relations representative dedicated to Kentucky SKY providers who will help train providers on the specific needs of this population, including the specifics of the CM and Care Coordination programs and their use of TIC. The provider relations representative will document all training sessions to ensure that applicable Kentucky SKY providers complete the training to offer documentation that lists participants and evaluations, as required for compliance, for audit purposes.

Today, when a member experiences a problem with a provider, DCBS or the foster parent contacts Passport to notify us of the issue, and we contact the provider to offer corrective education. To help us more closely monitor the provision of TIC by our providers, Passport will use member, legal guardian and foster parent/caregiver surveys specific to each provider's experiences. These surveys will help us reinforce and retrain providers if needed. We maintain close relationships with providers and currently work with providers who may need supplemental training on TIC or other matters and will continue to do so. We will also incorporate provider audits and pop quizzes related to TIC topics in our provider relations program and intervene with additional education when providers fail the quizzes.

G.10.f. Describe how the Vendor will use telemedicine and telehealth to improve quality or access to physical and Behavioral Health services.

Using Telemedicine and Telehealth to Improve Quality and Access

We welcome the opportunity to expand telehealth options as one solution to Kentucky's access issues and to better meet the needs of Kentucky SKY members. With the assignment of all Kentucky SKY members to Passport, we can offer even more opportunities to access telehealth services and provide support to rural members or members with other access limitations.

Approach to Telehealth Service Delivery

In the third quarter of 2020, Passport will launch Teladoc, a 24/7 video and telephonic platform to provide medical and dermatologic virtual visits that meets current Commonwealth requirements for a telehealth provider and operates a Kentucky-certified Medicaid physician organization. We based this decision on months of research and discussions with representatives from national virtual visit companies and from our partner-owners, and after reviewing lessons learned from previous telehealth efforts by Passport and the University of Kentucky and University of Louisville. We will explore expanding offerings to include BH visits after implementation and adoption of phase one. Teladoc, beyond offering visits that can take the place of unnecessary ED and urgent care visits, *also offers our qualified providers the opportunity to extend their services beyond the doors of their practices.*

Members can access Teladoc by web, phone or mobile app, and appointments may be requested “as soon as possible” or scheduled in advance. Teladoc physicians review symptoms, provide recommendations and use electronic prescribing (Surescripts) if a prescription is clinically indicated. They do not prescribe any Drug Enforcement Administration-controlled substances and limit the use of antibiotics to appropriate situations.

While Teladoc currently operates in Kentucky for commercial health insurers and has experience with the Commonwealth's populations, **Passport will be the first Kentucky Medicaid managed care plan to offer this convenient and cutting-edge service.**

Passport also works with other organizations, such as our provider owners like the University of Louisville, to offer telehealth opportunities to our provider network. For example, we have joined with the Kentucky Rural Healthcare Information Organization to support its efforts in bringing Project ECHO, one of the nation's most respected telehealth platforms, to rural providers. During TeleECHO clinics, an interdisciplinary team of experts videoconferences with PCPs on difficult disease states or conditions and advanced consultations at no cost to the provider. Subject matter experts present brief didactic presentations, discuss new developments and treatments, and use case-based learning to help rural PCPs acquire the most up-to-date skills to diagnose, treat and monitor their patients through complex conditions. Project ECHO also offers free continuing education and nursing education credits. Currently, we are promoting twice-monthly sessions on pain management and Medication-Assisted Treatment (MAT) via our provider website, fax, mail and email directly to our providers.

Passport's Experience Using Remote Care Monitoring, or Telemonitoring

Passport also monitors access issues that present not as statistical shortages but as barriers for individual members. For example, some members with chronic conditions that require routine monitoring are exactly the members who have the most personal difficulty getting to a provider appointment. Passport uses evidence-based **remote biometric telemonitoring** for members aged 18 and over—including those in Kentucky SKY—enrolled in our CM programs with certain chronic diagnoses who can learn to recognize their early symptoms of a worsening condition and help them respond to these symptoms appropriately, including contacting and/or visiting their PCP. The user-friendly technology is targeted for members with diagnoses of chronic condition such as congestive heart failure, asthma, chronic obstructive pulmonary disease and diabetes. As part of the member's CM Plan, Passport's Care Advisor sends the telemonitoring equipment, including a specialized electronic tablet, blood pressure cuff, oximeter, and weight scale to the member's home and teaches the member how and when to use the devices. The devices are Bluetooth enabled and integrated with the tablet to transmit the member's vital information directly to our Care Advisors, who can take immediate action on the member's behalf if changes in health status are noted. The system also sends a red flag alert based on preset, evidence-based measures for the member's condition and health status. The alert allows the member's care team to determine exactly which interventions are indicated. We have found that remote telemonitoring devices not only provide better management of the member's condition but also bring the member more peace of mind while eliminating unneeded visits to their PCP or specialist, and thus opening appointment capacity for providers to see other patients.

Telemedicine Experience

Passport has explored several telehealth service options in the past seven (7) years and gained valuable insight into the needs, wants, and capabilities of both our members and providers when it comes to emerging and quickly changing telehealth technologies. In our most significant effort, in 2015, we partnered with the University of Kentucky's Kentucky Telehealth Network (KTHN) to launch telehealth for our psychiatrists, physicians and nurse practitioners to meet with members electronically in place of face-to-face visits. We realized that telehealth technology had the promise of connecting members more easily to service, could extend access to areas of BH provider shortage and, in some cases, take excess appointment capacity from urban areas to rural locations thus helping members and providers. However, many providers did not wish to be engaged. Among the concerns we heard: providers were wary of the technology's application, did not want to visit with their patients electronically and would prefer more local solutions to address any access barriers. We continue to work closely with these providers to address their concerns.

In another attempt, we granted a program at the University of Louisville and Bingham Clinic to increase opportunities for child psychiatry fellows and residents to gain experience in rural Kentucky settings and perhaps encourage them to move to rural areas post-training. The program delivered services via telehealth to children in a large Bardstown pediatric program. While the program was successful and the volume of services delivered increased, the practice eventually added local integrated service to their practice and thus no longer required telehealth interventions. Again, the lesson was clear: our providers prefer local, not electronic solutions for their specific situations.

We continue to take these lessons and apply them, which is why our upcoming efforts will center on the member side of the telehealth interaction and not the provider side. With Teladoc, Passport will offer virtual visits directly to our members when and where they are convenient for members. Our network providers can become Teladoc providers. Our hope is that providers who elect to join Teladoc and deliver telehealth to members will become more open to additional telehealth opportunities in the future.

For example, we are exploring another member-driven technology- and evidence-based telehealth program for members in substance use disorder recovery that includes a platform for members to attend virtual Alcoholics Anonymous, Narcotics Anonymous and Cocaine Anonymous support groups online and potentially to have provider-directed telehealth visits. We will apply our criteria, the Commonwealth's new legislative action, and DMS regulations and with this contract in reviewing this and all future telehealth opportunities.

G.10.g. Describe how the Vendor will capture data related to Social Determinants of Health and incorporate this information into its Care Management approach.

Incorporating SDoH Into Our Care Management Approach

SDoH are estimated to be responsible for up to eighty percent (80%) of health outcomes. For Kentucky SKY members and their families, the impact of SDoH may be even greater. In some cases, family struggles with SDoH may be a driving factor for the member's placement under state care. By incorporating SDoH into our CM programs, Passport can improve outcomes for Kentucky SKY members and their families. In some cases, our ability to address these underlying issues may facilitate more rapid family reunification (if that is the goal).



Closing the Loop
on Social
Determinants

Every Passport CM assessment is completed in Identifi, our PHM platform, and includes questions related to SDoH. Passport assessments use evidence-based medicine to comprehensively assess and address each member's unique behavioral, physical and psychosocial needs. Assessments inform the development of person-centered care plans unique to the needs of each individual member.

Our **Closed-loop SDoH Model** magnifies the impact of our High Fidelity Wraparound model in achieving improved outcomes for our members. Using our locally driven community-based model, Passport has been an early innovator in the national movement to address SDoH. This model has been honed over our two (2) decades in Kentucky based on deep experience working with the population and understanding the specific needs and gaps in each neighborhood and community and creating multiple access points and service providers within the health network. Specifically, Passport's member-level social data and advanced analytics combine with its embedded community partnerships and thought leadership to address current limitations in local health care and social services delivery systems, resulting in higher member and family engagement and improved health outcomes.

Social Needs Index

One of the most pressing challenges to proactively identifying and supporting members with social needs is the lack of member-specific insights and data. To address this, Passport uses the Social Needs Index (SNI)—a unique, easily understandable score that quantifies a member’s SDoH risk level correlated to adverse health outcomes. In 2019, Passport conducted a pilot demonstrating that the SNI could accurately predict those with the highest social needs and conduct SDoH outreach. Among the members with a high SNI score who were assessed, one hundred percent (100%) reported at least one (1) SDoH need, and ninety percent (90%) reported multiple needs. Food (thirty-four percent [34%]), employment (twenty-three percent [23%]), and housing (sixteen percent [16%]) were the most reported social needs. After the success of the pilot program, the SNI will be available as a unique risk score for every Passport member in 2020. SKY care team members will be able to see the score, which will change as new information is received, in the member summary screen in Identifi.

Tracking SDoH Referrals Through United Community and Healthify Social Service Directory

While many health care organizations make referrals to community-based organizations, very few track those referrals to ensure a successful outcome, let alone attempt to understand the downstream impact on the member’s health or social well-being. Through Passport’s partnership with the Metro United Way, we supported the launch of United Community—a community-wide initiative to deploy an innovative shared technology platform to initiate and close referrals across many organizations, agencies, and services and to create and maintain a social services record for citizens of the community. Passport represents the health plan perspective on the United Community Governing Team, along with the Louisville Metro Health Department for the health provider perspective, Evolve502 for the educational perspective, and Metro United Way for the social services perspective. The United Community’s goal of becoming the first shared community social services record to include the local school system in the country was achieved beginning in January 2020. The platform originally launched in April 2019. Passport has taken the data from our work connecting members to social service providers and helped validate the Unite Us tool and ensure that the providers our members work with most are included in the United Community. We are currently designing analytics tools to evaluate the impact of the partnership and platform in not only improving health outcomes but also preventing other adverse social outcomes, such as unemployment and incarceration.

While Passport will continue to support the success and expansion of United Community beyond Jefferson and surrounding counties, we have also invested in Healthify as our statewide solution to closed-loop referrals. Healthify is web-based platform that curates the highest-quality nationwide social services into an online directory of BH resources, education, emergency services, family and youth services, financial support, food services, goods services, health services, housing, legal support and advocacy services, social supports, transportation, and employment. The platform the Accountable Health Communities (AHC) Health-Related Social Needs Screening Tool built into it, along with the capability to track referrals. Using Healthify, Care Coordinators and other SKY care team members can support members with identified social needs and track the outcomes of those referrals to understand impact. In a sample of 2,000 members

screened for SDoH, 1,787 total referrals were made across 451 distinct members, indicating that a portion of the population has multiple needs (on average approximately four [4] distinct needs requiring a specialized service). Preliminary results show that members used fewer acute services, resulting in an approximate twenty-two percent (~22%) reduction in PMPM costs in the six (6) months after a member acted upon the referral (i.e., closed the loop.)

Passport in the Community

Over the course of Passport’s long history serving children in Kentucky’s foster care system and the Medicaid population as a whole, we have established an extensive network of relationships with community-based organizations that can help meet the social needs of our Kentucky SKY members and their caregivers. In addition, Passport sponsors and participates in multiple community events across the Commonwealth focused on family needs, such as food security and nutrition, physical activity in schools and other mechanisms for addressing childhood obesity, dental care and health screenings.

As a Kentucky-based plan, Passport is highly engaged with our communities and draws upon our strong relationships with community organizations to help meet the social needs of our members. To foster these ongoing relationships, Passport staff serve on community committees and participate in coalition meetings to address many of the core issues our members face. We also actively serve the communities we serve through nearly 200 appointed boards, advisory committees, interagency councils, local chamber events, coalition meetings, re-entry coalitions, community health worker associations and more.

Passport believes that one of the greatest impacts we can have on improving the health and quality of life for Kentuckians is to coordinate and collaborate with other organizations and agencies within Kentucky’s communities. Our staff works extensively with more than 649 agencies including the following:

- School-based advocates
- Faith-based advocates
- Family Resource and Youth Services Centers (FRYSC)
- Community action agencies
- Interagency groups
- Advocates for the homeless
- Extension offices
- Chambers of commerce
- Food banks
- Shelters
- Head Start
- HANDS
- Public health departments

We work diligently to uphold strong, collaborative relationships with our community partners and local Kentucky advocates through in-person meetings, presentations and staff trainings.

Passport has documented a sample of the thousands of interactions that have taken place in local communities to address the full spectrum of health and wellness, community engagement, and social/environmental issues across the highly diverse communities at the regional, county, and city/town levels. This sample of interactions included in **Attachment G.10-1_Community Engagement Examples**

describes the deeply embedded relationships has across the state not only with the geography but also within each community.

In these interactions in our communities, we help members address their barriers to care, which could include:

- **SDoH** such as housing, clothing, food security, transportation, education, record expungement, accessibility and domestic violence/safety;
- **Health-Related Issues** such as dental, wellness and BH, prevention/health education, vision, nutrition, substance use, heart health, respiratory care, cancer care; and
- **Community-Wide Issues That Create Barriers to Well-Being**, such as early childhood education, kindergarten readiness, school supplies, workforce-ready skills and after-school care.

G.10.h. Describe how the Vendor will coordinate with the Department, DCBS, DJJ, and physical and Behavioral Health Providers to ensure each Provider has access to the most up-to-date medical records for Kentucky SKY Enrollees.

Coordinating with DMS, DCBS, DJJ and Providers to Ensure Access to Up-to-Date Medical Records

Children in foster care are at greater risk for receiving disjointed care. Frequent changes in placement may result in disruptions in care and a loss of continuity in medical recordkeeping. Similarly, transitions between levels of care (e.g., residential to outpatient) also will affect continuity of care. To combat these problems, Passport’s Kentucky SKY Care Coordinator will serve as a central point of contact to “connect the dots” among providers as members move from one setting or placement to another.

Passport will coordinate with DMS, DCBS and DJJ to develop workflows and processes related to the transmission of clinical and non-clinical Kentucky SKY member information.

Today, Passport has established relationships with DMS, DCBS and physical and BH providers including residential treatment facilities, PRTFs and therapeutic foster care programs. These organizations identify Passport as an excellent resource for providing up-to-date information on foster care encounter data and provider history. We currently work closely with DJJ staff to coordinate care for DJJ youth and make medical records available for providers serving them. We have not had an extensive engagement with DJJ leadership around statewide and regional systems of care coordination. We look forward to collaborating with them on this initiative. Any of these entities can contact us, and we can share the encounter history we have on record and connect the requestor to the rendering provider to facilitate collaboration.

Passport also helps foster parents and SSWs maintain and update each child’s Medical Passport to assist with continuity of care.

No less than quarterly, Passport’s staff will meet with DCBS staff to identify, discuss and resolve any health care issues and needs of Passport’s Kentucky SKY membership. We currently meet with DCBS and DMS jointly quarterly. Our most recent meeting addressed HEDIS child care standards and how our foster care

members compare on those standards to the rest of Passport's child population. Other examples of agenda topics include needed specialized Medicaid Covered Services, polypharmacy with psychotropic medication, availability of applied behavior analysis (ABA) providers in the Commonwealth, community services and whether the child's current primary and specialty care providers are enrolled in Passport's network.

If the DCBS service plan identifies the need for case management or DCBS staff requests case management for a Kentucky SKY member, Passport's staff will work with the foster parent and/or DCBS staff to develop a case management plan, which will be a determination of which level of care coordination/CM is appropriate for the member. Passport's staff will consult with DCBS and/or DJJ staff before changing the case management plan. Passport will also consult DCBS staff before creating or update a member's care plan.

Designated Passport staff will sign each service plan made available by DCBS to indicate their agreement with the plan. If the DCBS and Passport staff cannot reach agreement on the service plan for a Kentucky SKY member, information about that member's physical health care needs, unresolved issues in developing the case management plan, and a summary of resolutions discussed by the DCBS and contractor staff will be forwarded to DMS's designated representative.

Passport has deep relationships with provider organizations and believes in working collaboratively with providers to improve member outcomes and costs. A key focus is availability of timely and accurate data to drive decisions. Unlike other MCOs who rely heavily on administrative claims for all operational and clinical purposes, Passport has access to purpose-built infrastructure that can integrate with data assets such as KHIE. The integration of claims data with a comprehensive set of information from KHIE can drive a multitude of member and provider initiatives in a much more automated, accurate and timely manner.

To that end, we will continue our efforts to connect all providers to KHIE and using EHRs to ensure each provider has access to the most up-to-date medical records for Kentucky SKY members. Our extensive efforts in promoting the adoption of these technologies has resulted in eighty percent (80%) of our members using providers connected to the KHIE. We have an ongoing multitiered approach to achieve one hundred percent (100%) provider network connectivity, including but not limited to:

- Educating providers on the benefits to their practice and the members they serve, including more comprehensive and timely member information, along with reports that identify gaps in care and at-risk members needing intervention, and opportunities for improving treatment outcomes.
- Helping providers adopt and integrate KHIE and EHR technologies into their workflow to ensure the administrative burden is minimized. This includes education on the Provider Assistance Program mini-grant opportunity through KHIE, and any extramural funds available for connecting.
- Offering incentives to expand provider connection to KHIE and use of EHR. This will range from Passport-sponsored meetings with KHIE to further educate providers on health system benefits to providing technical support and financial incentives to help defray the costs of connecting.

Using this collaborative approach with our Kentucky stakeholders, Passport is continually raising awareness, educating and reinforcing the advantages and requirements of KHIE and EHR participation, thus moving toward complete utilization by providers.

Conclusion

With 20 years of experience supporting children in foster care, former foster care, juvenile justice, and adoption subsidy members, including delivery of our innovative High Fidelity Wraparound program, Passport is passionate about supporting this fragile population and has the experience necessary to support Kentucky SKY members. Our Care Advisors and Care Coordinators will work with our members and their parents/caregivers to coordinate and facilitate all services necessary to support the permanency goal for the children in care or to maintain stability for children not in care and former foster youth. The primary goals of our program are to increase stability and improve the member's overall functioning. Our family-centered wraparound approach supports the entire family so that they can best help members achieve their goals. Passport will comply with all requirements for Kentucky SKY members, as specified in Section 34 "Population Health Management Program" and Section 41 of the Draft Contract. As we have throughout our history, Passport will continue to collaborate with DMS, DCBS and DJJ, as well as with the providers who support Kentucky SKY members to ensure that information is shared freely and that together we remain focused on providing the best, most appropriate support possible for each member.

Passport has been honored to serve the Kentucky Medicaid and foster care populations for 22 years and will continue to comply with all provisions of the Medicaid Managed Care Contract and Appendices (including Kentucky SKY) as we continue to serve them in the future.

G.11 Utilization Management



G.11. Utilization Management

- a. Describe how the Vendor will collaborate with Network Providers, the Department, DCBS, and DJJ to provide coordinated care for those Kentucky SKY Enrollees accessing psychotropic medications.
- b. Describe how the Vendor will collaborate with the Department, DCBS, DJJ, hospitals, psychiatric residential treatment facilities (PRTFs), residential providers, physical and Behavioral Health Providers and others on Discharge Planning needs of Kentucky SKY Enrollees across all levels of care.

Introduction

For twenty-two (22) years, Passport has worked to ensure members receive the appropriate level of care by coordinating health care benefits and ensuring that services are rendered in a timely manner, provided in appropriate settings, and planned, individualized and evaluated for quality and effectiveness. We have implemented a comprehensive NCQA-accredited Utilization Management (UM) program focused on identifying and reducing inappropriate utilization of services while ensuring timely access to appropriate care. Our UM program provides complete prior authorization, concurrent review and retrospective review support as part of overall medical management administration. However, more importantly, our UM program is designed to be one of the initial provider engagement touchpoints. It achieves this goal by targeting services that present inappropriate use, cost or quality concern and emphasizing referral to appropriate care programs.

Our UM philosophy is centered on partnering and collaborating with providers to ensure that members receive appropriate high quality, whole-person care. This collaboration is especially important when supporting Kentucky SKY members who are accessing psychotropic medications because of the challenges surrounding appropriate prescribing of these medications for children and youth. For children and youth in the Kentucky SKY program, this collaboration extends to the Department for Medicaid Services (DMS), the Department for Community Based Services (DCBS) and the Department of Juvenile Justice (DJJ) to ensure fully coordinated care for these members.

Appropriate coordination of care through UM is also crucial at times of transition of care across all levels of care. Discharge planning, especially in transitioning children and youth to lower levels of care, has been a challenge in Kentucky for many years. To ensure Kentucky SKY members have timely transitions to the most appropriate level of care, Passport will implement the High Fidelity Wraparound model to collaborate with DMS, DCBS, DJJ, hospitals, psychiatric residential treatment facilities (PRTFs), residential providers, physical and behavioral health (BH) providers and others.

G.11.a. Describe how the Vendor will collaborate with Network Providers, the Department, DCBS, and DJJ to provide coordinated care for those Kentucky SKY Enrollees accessing psychotropic medications.

Providing Coordinated Care for Kentucky SKY Members Accessing Psychotropic Medications

Passport has been at the forefront of recognizing and working to resolve the challenges of appropriate prescribing of psychotropic medication for children and youth. We provided funding to the University of Louisville School of Medicine, Department of Pediatrics, to study the use of psychotropic medications in young children with Medicaid. Many children in foster care have complex health needs, including a need for psychotropic medications. The use of this medication often continues post-adoption and after members age out of care. To support members in foster care, Passport will continue to collaborate with providers, DMS, DCBS and DJJ to provide coordinated care for Kentucky SKY members who use psychotropic medications.

Passport Experience Helping Manage Pediatric Psychotropic Drug Use

Kentucky has one of the highest rates of psychotropic medications prescribed to children in the United States. A study by the University of Louisville, funded in part by a grant from Passport, found that psychotropic medications are being prescribed to young children (under the age of six [6] years) in the Commonwealth at doses above those that were approved for use in adults, often in combination with other medications¹. In Kentucky, the rate of use of psychotropic medications in foster children is nearly six (6) times that of children in the Temporary Assistance for Needy Families program receiving Medicaid benefits. Between 2014 and 2016, Passport engaged in a Performance Improvement Project (PIP) to improve prescribing patterns and the management of children and adolescents on antipsychotic medications through a cohesive and coordinated approach.

As part of this PIP, Passport adopted clinical practice guidelines (CPGs) related to the prescribing and monitoring of children and adolescents on antipsychotic medications to reduce variations in treatment and to promote adherence with the appropriate forms of treatment for psychiatric disorders based on those guidelines. We utilized CPGs developed by national clinical professional organizations and worked to educate our providers to increase the use of psychosocial treatment options as a first line of treatment in addition to or instead of polypharmacy as the sole treatment option. We also stressed the importance of metabolic screening (i.e., tests of blood glucose, lipids and BMI/weight), monitoring, appropriate clinical follow-up and compliance with CPGs.

¹ Lohr WD, Brothers KB, Davis DW, Rich CA, Ryan L, Smith M, et al. Providers' behaviors and beliefs on prescribing antipsychotic medication to children: a qualitative study. *Community Mental Health Journal*. 2017; 54(1), 17–26.

In addition, Passport provided education and outreach to increase provider, member and caregiver awareness regarding the appropriate prescribing and management of antipsychotics, specifically the potential side effects associated with antipsychotic medications and the appropriate prescribing and management of children and adolescents on such medications. We also ensured members had access to and knowledge of their BH conditions and the importance of antipsychotic medication monitoring. The results of this PIP are shown below.

Passport Performance Improvement Project Delivers Results

Passport achieved sustainable changes to processes related to the treatment and care of members on antipsychotic medications. The interventions resulted in favorable changes in the baseline rates for:

- Metabolic monitoring for children and adolescents on antipsychotics (APM), with a 10.8% improvement from baseline
- Use of multiple concurrent antipsychotics in children and adolescents (APC), with a 49.6% improvement from baseline
- Follow-up visit for children and adolescents on antipsychotics, with a 1.1% improvement from baseline
- Use of higher-than-recommended doses of antipsychotics in children and adolescents, with a 31.3% improvement from baseline

Passport Helps Members Manage Psychotropic Medication Use

Passport has a drug policy specific to antipsychotic use in children under six (6) years of age that was developed to ensure safe and appropriate use in this vulnerable age group. In addition, the chair of our Pharmacy and Therapeutics (P&T) Committee is a psychiatrist for the largest community mental health center in the Commonwealth. Passport often solicits his input on pediatric issues because of his expertise and experience in this area. Passport also utilizes the expertise of another psychiatrist and two (2) advanced practice psychiatric registered nurses who serve on our BH Advisory Committee; these professionals often provide recommendations regarding psychotropic medications as well.

Medication reviews are a critical component of the care planning process. Passport has discovered that a lack of communication regarding medication therapy to members, caregivers and transition health care facilities links to poor member outcome and creates potential medication errors. These errors are also linked to members' lack of understanding about their pharmacy treatment regimen. Our Care Advisors perform an initial medication review with the member and during each subsequent session with the member or caregiver. The member's comprehensive medication list is available in Identifi – Passport's fully integrated administrative and clinical Management Information System platform – for the care team's

review. The care team can then speak to the prescriber about any concerns related to the member's pharmacy regimen. Care Advisors also educate caregivers about the importance of ongoing monitoring (metabolic monitoring, weight, BMI, etc.) by a provider when members are taking certain psychotropic medications. Care team members can refer to a Passport clinical pharmacist if further intervention is needed with or on behalf of the member.

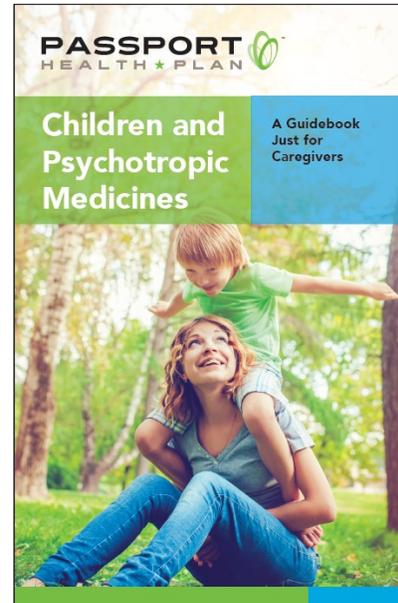
Passport has created educational brochures focused on pediatric BH that include important information about the management of psychotropic drugs, as exemplified in **Exhibit G.11-1**. These brochures cover topics including warning signs of BH issues, what psychotropic medications are and how they can help, how parents and caregivers can help the child, what side effects to look for, and what questions to ask a provider in the event of concern. The brochures also include information on how to reach Passport for additional assistance.

RxSolve Psychotropic Drug Intervention Program

Passport is upgrading its current Psychotropic Drug Intervention program (PDIP) to an enhanced RxSolve solution. RxSolve is a comprehensive and integrated quality management program focused on identifying claims-based, medication-related problems, including medication safety issues, through the use of informatics, analytics and clinical review. The original program focused on adherence, polypharmacy and suboptimal dosing. The enhanced program deploys new algorithms to deliver more comprehensive medication management analysis and more refined insights to providers that will promote better results for patients and members. New focus areas for the enhanced program include excessive dosing, substance use disorder (SUD) management and opioid management. The program engages both prescribers and members, utilizing innovative technologies to achieve an understanding and resolution of medication-related issues. The program was developed to improve medication adherence among members and to support best practices prescribing among providers.

The program's interventions alert both primary care providers (PCPs) and specialists to medication-related issues that help to promote the integration of care for members. Pharmacy claims are reviewed and providers receive a report on medication-related issues. The issues identified by RxSolve algorithms focus on adherence, polypharmacy, appropriateness of dosing, including suboptimal and excessive dosing, SUD management, opioid use disorder and gaps in care. The algorithms have been refined to address concerns specific to each age group – adults, children and the elderly. In addition to the sophisticated analytics, the program's clinical team reviews findings to eliminate false positives and identify opportunities for referral to care management and focused review by our medical director. The experienced clinical team consists of Board-certified psychiatrists, pharmacists and nurses with experience in psychiatric settings and substance use medicine. A summary report showing all members for which the provider has written prescriptions that

**Exhibit G.11-1: A Guidebook
Just for Caregivers**



fall within any of the four (4) intervention areas explained below is shared with providers so they can be aware of prescribing trends and can contact the individual members identified in the report.

Enhanced reporting allows age group segmentation if there is a specific question. In the past, our Board of Directors had been curious about the splitting of data between adults and children in understanding utilization patterns, especially with psychotropic medications. This newer reporting will allow us to split the data in this way and drill down to better understand the subtle differences between groups within our membership. This will be useful to our Board as they evaluate trends from a strategic perspective and validate them through their experience as providers for our members.

RxSolve Interventions

- **Polypharmacy.** Communication across all medical and psychiatric practitioners involved in the care of a member promotes collaboration for continuity of safe, comprehensive, efficient and effective care. It also reduces the risk of redundant, competing or conflicting treatment, which is the result of uncoordinated treatment. While rational polypharmacy is recognized and widely practiced in psychiatry, a single prescriber of psychotropic medications, collaborating with prescribers of any and all other medications, is vital to safe, effective practice. To address potentially inappropriate duplicate therapy, we identify members with polypharmacy occurrences within the same drug class as well as multiple drug classes involving multiple prescribers. This approach helps bridge the gap sometimes caused by the fragmentation that can exist between BH and physical health providers.
- **Potential cases of SUD and opioid monitoring.** SUD monitoring is directed primarily toward young adults in the Kentucky SKY program but will run in the background against all Kentucky SKY members. Clinical algorithms monitor and address suspected SUD by monitoring prescription fill patterns of high-risk medications such as opioids and benzodiazepines through a monthly pharmacy and medical claims data analysis. Members are identified through the following algorithms:
 - Member who is taking buprenorphine and another opioid with different prescribers
 - Member who is taking buprenorphine and benzodiazepines with different prescribers
 - Member on a high dose of opioids without diagnosis of malignant cancer or other supporting diagnosis
 - Member who is taking opioids for more than thirty (30) days with a diagnosis suggesting opioid, alcohol or other substance use
 - Member who is taking opioids prescribed by multiple providers
- **Overuse/underuse.** Overuse and underuse of medications is addressed by employing excessive dosing and suboptimal dosing algorithms. For the dosing efficacy clinical rules, we notify the prescriber of the target medication that it is higher than the maximum recommended daily dose or lower than the therapeutic dose. While a number of factors must be considered for appropriate dosing, these algorithms remind prescribers to review the member's medication profile and to adjust the dosage as clinically appropriate so that drug overdose related to excessive dosing or a relapse and unresolved symptoms due to a low dose are prevented.

- **Non-adherence.** Our non-adherence algorithm addresses the underuse of antipsychotics, antidepressants and mood stabilizers by assessing fill and refill patterns. Prescribers of the relevant medications are alerted to the potential concern and can then address the issue with members who are reminded of the importance of continuing to take their medications.

Provider Collaboration

Passport’s approach to care management and its role in provider engagement is a key component of appropriate use of psychotropic medications. As a provider-driven health plan, Passport is uniquely differentiated from other national plans and intimately understands the challenges that providers face, which in turn impact providers’ ability to care for members. Our team contacts the PCPs who manage BH treatment for members to make them aware of the additional BH benefits available to enhance care. They are offered use of the Passport Psychiatric Decision Support Line (PDSL), with Passport offering consultation to PCPs with a team of psychiatrists for questions regarding BH interventions, including those related to medications.



PDSL services were put in place based on concerns raised by the child and adolescent subcommittee of our PCP Workgroup, which had concerns over the number of children who needed follow-up and psychotropic medication refills. Many pediatricians did not feel comfortable with the medications and/or dosages their patients were being prescribed. Investigation as to why this was happening noted limited psychiatric access, especially outside Jefferson County. Because of this, Passport initiated the PDSL for PCPs to utilize. Access to psychiatric care in limited access areas was developed, and our BH program offered training to providers on these medications. A positive side-effect of this response to an immediate need was the development of stronger integration between BH services and primary care, which is a cornerstone of Passport’s whole-person approach to care.

Passport’s clinical team also contacts current treating providers to review treatment plans. Our BH Care Coordinators assess existing plans for the efficacy of services and offer suggestions for plan enhancements, if applicable. Passport has implemented safety edits, dose information and quantity limitations for BH drugs based on age, and any prescriptions outside these edits will reject at the point of sale for clinical evaluation through the prior authorization process. We closely monitor the utilization of medications and communicate any potential polypharmacy, adherence or dosing concerns to providers and members. When services are appropriate, our team documents the current plans in our BH care management system as a reference for ongoing management.

Passport also staffs outreach pharmacists who educate providers about pharmacy changes, quality measures, etc. These individuals are available to meet with community pharmacists and providers to address any Kentucky SKY-specific concerns or plan information.

We also support providers treating Kentucky SKY members with integrated rounds, which take an interdisciplinary approach to bring clinicians and physicians together to review the clinical status, medical necessity, psychosocial influences and barriers that impact timely transitions to appropriate levels of care for select members in various inpatient settings. Components of integrated rounds include collaboration among clinicians, robust engagement from all participants, reciprocal sharing of knowledge and problem-solving related to member movement across the health care continuum.

In our integrated rounds process, our medical director and psychiatrist conduct case reviews for those cases that meet certain criteria. We look for medication concerns, comorbid and complex conditions, support, placement issues and access to services to address social determinants of health across all types of case review. UM nurses refer cases to our medical director based on an individual case review and from daily inpatient census reports.

If quality issues or concerns are identified by the medical director, he/she reaches out to the utilization and quality management teams for immediate discussion, and UM nurses track these cases. Through this process, UM nurses and the medical director are able to identify members who require referrals to higher intensity levels of care management, identify provider trends, identify barriers to care and identify claims with high dollar amounts. In addition, regular reviews of service utilization, including psychotropic medications, continue the momentum generated through our PIP.

Collaboration with Governmental Agencies

Today, Passport coordinates with governmental agencies, including DCBS and DJJ, to inform them when members are prescribed multiple psychotropic medications or any antipsychotic. Passport's Specialty Populations team also educates foster parents about CPGs (metabolic monitoring, importance of psychosocial interventions, etc.). For Kentucky SKY members, Passport will continue this collaboration with DMS, DCBS, DJJ and the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) to support coordination of care, including the use of psychotropic medications. Additionally, for cases of polypharmacy involving certain medications, a Passport clinical pharmacist is available to review the member's medication regimen and, if needed, consult with prescribing physicians on recommended

Helping PCPs Understand Psychotropic Medications

Passport has made available training modules prepared by a child and adolescent psychiatrist at Bingham Child Guidance Center to aid primary care providers (PCPs) in better understanding behavioral health conditions. These modules were created as part of a grant by Passport to improve the prescribing of psychotropic medication to Kentucky children and adolescents.

adjustments. As required in RFP Appendix C, the Draft Contract, Passport will collaborate with DMS, DCBS and DJJ to develop and implement performance measures on the appropriate utilization of psychotropic medications, including the evaluation of prescribing patterns related to diagnosis, member age, polypharmacy, dosage, and psychosocial therapy and interventions.

Collaboration with DJJ is especially important. As incarcerated children transition in and out of the justice system, it is important that they have continuity in their access to medication. Passport will work with DJJ to ensure that medication reconciliation and adherence reviews occur as children transfer between programs to ensure continuity of care. Passport plans to engage DJJ on a regular basis, likely at least monthly initially, to address barriers to transition and specific needs of children who might require specialized support during the transition back to the community. In addition, Passport would like to include information from the DJJ/Administrative Office of the Courts (AOC) criminogenic needs risk assessment into treatment plans. This risk assessment tool reviews factors that increase the likelihood of recidivism, including static facts like the history of antisocial behavior. However, dynamic factors such as school/work, family relationships, SUD and how individuals spend their leisure or recreational time are also critical to preventing them from returning to incarceration. We believe it is important to consider this aspect of the lives of children who have been incarcerated and will collaborate to generate care plans that support the DJJ/AOC plan to address criminogenic needs and reduce the risk of recidivism.

G.11.b. Describe how the Vendor will collaborate with the Department, DCBS, DJJ, hospitals, psychiatric residential treatment facilities (PRTFs), residential providers, physical and Behavioral Health Providers and others on Discharge Planning needs of Kentucky SKY Enrollees across all levels of care.

Collaborating on Discharge Planning Across All Levels of Care

Passport recognizes that discharge planning, especially in transitioning children and youth to lower levels of care, has been a challenge in Kentucky for many years. Passport will collaborate with DMS, DCBS, DJJ, hospitals, PRTFs, residential providers, physical and BH providers and others, leveraging the use of our High Fidelity Wraparound model to ensure that members have timely transitions to the most appropriate level of care.

Passport Experience Providing Coordinated Care to Foster Care Children

Passport currently has a specific foster care program that serves many future Kentucky SKY members. Our team members have developed relationships with a wide range of stakeholders to assist in discharge planning. We will continue to grow these to serve Kentucky SKY enrollment in the future.



Passport will co-locate Care Coordinators in all DCBS service regions and all DJJ community districts to foster collaborative relationships with key state stakeholders and community partners. These Care Coordinators will serve as liaisons between Passport and DCBS/DJJ, private foster care agency staff, foster parents and

other social services entities. As part of their role, Care Coordinators will communicate continuously with all key stakeholders involved with the member's care to review and update care plans. With permission from the legal guardian, they will also communicate with the current foster parent or caregiver to discuss the member's medical needs and provide ongoing support. As we move forward with Kentucky SKY, we plan to assign Care Coordinators regionally to support collaborative relationships with DCBS, DJJ, child-serving agencies and other resources within the community.

For over two decades, Passport has served as the leading innovator with the Commonwealth to pilot new programs, approaches, populations and payment models. As described elsewhere in this Kentucky SKY proposal, in 2015, Passport partnered with DMS, DCBS and DBHDID to implement a pilot program for High Fidelity Wraparound services. High Fidelity Wraparound has strong evidence of helping reduce disruptions in placement and improve the overall functioning of children and adolescents. Based on our experience with this pilot, we believe that the use of Care Coordinators trained and certified in this model (regardless of the level of care coordination) will greatly increase successful transitions for Kentucky SKY youth. Our experience in implementing an intensive care management pilot based on High Fidelity Wraparound resulted in a one hundred fifty percent (150%) increase in youth placed with natural or adoptive families six (6) months post-intervention and a decrease overall in the use of psychiatric hospitals, PRTFs and other facility-based placements.

Providing Coordinated Discharge Planning and Decertification for Kentucky SKY Members

Passport's Transition Care program is a formalized discharge plan program that includes a comprehensive evaluation of the Kentucky SKY member's health needs and identification of the services and supplies required to facilitate appropriate care following discharge from an institutional clinical setting or when transitioning between treatment settings. This includes any unique criminogenic needs identified during the DJJ/AOC risk of recidivism assessment. Our Care Coordinators and Care Advisors collaborate with DCBS and DJJ workers, hospital discharge planners and social workers, PRTFs and other residential providers to identify special treatment needs and support medication reconciliation and adherence during transition.

In consultation with Commonwealth agency workers, the care team develops a member-centric transition of care plan and coordinates the appropriate level of care to help our members remain in their home environment and have a lower risk for hospital or emergency department (ED) readmissions.

Objectives of the program are to decrease avoidable readmissions, decrease post-discharge ED utilization and increase post-discharge follow-up appointments in the outpatient setting, as well as support medication reconciliation and adherence by creating a streamlined transition process and productive environment at home. One of the most important objectives is to ensure that members and their families fully understand their discharge instructions.

The clinical processes in our Transition Care program are a synthesis of the Coleman Transition Model and the Project RED Model requirements and follow-up protocols² to ensure that members have a post-discharge follow-up visit with their physician or other provider, a medication reconciliation occurs, the member has a discharge plan and the member or family/guardians can teach back the symptom response plan.

Passport understands that transition care coordination should involve multiple stakeholders in the member's care, account for the member's placement and extend beyond the days following the discharge. When a member is discharged, our Care Advisors work collaboratively with utilization review clinicians and acute care facilities to ensure appropriate discharge plans are developed and shared with members, family/guardians and caregivers, if applicable.

The Transition Care program initiates prior to a member's discharge from the facility. Our Care Advisors work closely with the hospital discharge planning team to effectively coordinate and implement the discharge plan. Collectively, they provide proper continuity of care as members transition and achieve stabilized health.

After receiving the discharge notification, our Care Advisors contact the member, or if applicable, DCBS or DJJ workers, families and caregivers, within twenty-four (24) to forty-eight (48) hours to begin the process and schedule a telephonic meeting or home visit. Every effort is made to make members and their caregivers feel respected, comfortable and at ease. Our team first takes the time to carefully listen and answer member or family/guardian questions. We then perform an assessment to identify any special needs the member may have, determine any health risks, reconcile medications for adherence and ensure that proper support resources are available. The assessment information is essential in developing the individualized care plan with the member, family/guardian, our team, caregiver and provider. This outreach includes assessment of member and family/guardian understanding of the discharge plan, assessment of their knowledge of discharge medications, reinforcement of the discharge/treatment plan, evaluation of gaps in care and barriers to treatment adherence, crisis planning, evaluation of safety in the home and support of the member's and family/guardian's self-management skills. During transitions of care, care plans will be reviewed with the member, family/guardian and the member's treatment team to determine whether modifications are necessary to meet transitional needs, and with member input, care plans will be modified as necessary.

The care plan details the member's health status and goals, equipment required in the home, current medications and adherence plan, caregiver support needs, needed referrals to community resources, member education and health progress measures. Serving as a member advocate, the Care Advisor assists the member as needed in arranging for any post-discharge outpatient provider appointments and makes arrangements for any special accommodations (i.e., caregiver support, durable medical equipment, medications and referrals to community resources). A key component of the Transition Care program is member education. The Care Advisor thoroughly reviews educational materials with our members and their

² Coleman Transition Model: caretransitions.org; Project RED: bu.edu/fammed/projectred

families/caregivers if applicable, so that they fully understand the information and can begin to successfully self-manage their condition.

During the process, the Care Advisor shares all information with the member's providers to fully engage them in the development of the care plan, seek their input for treatment and convey all information discovered through care management outreach efforts. The team works to confirm members and their families are receiving the necessary care and services for health stabilization.

Our Transition Care program also ensures network providers are available and formulary medications are in use whenever possible. Outcomes for care during transitions are monitored and additional resources are engaged as needed. If a higher level of care coordination is needed, the intensity of care management is increased. Each program is designed around a team approach, incorporating Care Advisors (nurses or social workers), community health workers, dietitians, pharmacists and member coordinators, as appropriate. This process enables a safety net of care for the member, regardless of whether the member's needs are medical, behavioral, socioeconomic or a combination therein.

Because Neonatal Intensive Care Unit (NICU) stays are often prevalent among the Medicaid population, we assign a medical director (pediatrician) to conduct a daily review of NICU stays of concern. We will work closely with the treatment team as well as DMS, DCBS and foster parents/caregivers to begin planning for transition care at the beginning of any hospitalizations to address potential barriers as early as possible.

Specific to our Kentucky SKY members, Passport coordinates with providers of BH services, psychiatric hospitals, including for members committed by a court of law to Commonwealth psychiatric facilities, and treatment facilities regarding admission and discharge planning, treatment objectives and projected length of stay. Passport is contracted with all state-operated or state-contracted psychiatric hospitals. These contracted providers are expected to ensure continuity of care for successful transition back into community-based supports through discharge planning, with a follow-up appointment scheduled within seven (7) days for all members before they are discharged. In addition, regular meetings are held with high-volume inpatient providers to promote coordination of care.

Passport will provide basic, targeted or intensive care coordination services depending on member needs to Kentucky SKY members with severe emotional disturbance (SED), serious mental illness (SMI) and co-occurring conditions. The Care Coordinator, Care Advisor and other identified BH service providers will participate in discharge planning meetings. If a Kentucky SKY member is hospitalized in a state psychiatric facility, we will coordinate with the discharge planning process to ensure compliance with federal Olmstead and other applicable laws. Appropriate discharge planning will be focused on ensuring that needed supports and services are available in the least restrictive environment to meet the member's BH and physical needs, including psychosocial rehabilitation and health promotion. We will follow up to ensure that community supports meet the needs of the member.

Decertification of Kentucky SKY Members

Decertification has always been a challenging issue. Decertification occurs when a child is in a care setting and no longer meets medical necessity criteria to support continuing the stay in the existing setting. For a child in foster care and for the adults caring for them, the absence of an immediate transition plan for the child is especially distressing. Such uncertainty can be overwhelming for the child. The decertification process is quite complex and has many layers that need to be thoughtfully and collaboratively approached in order to achieve a lasting impact. Much time has been spent identifying trends and engaging providers to assist in developing alternative models through two (2) routes. The first is to work with providers to reduce the lengths of stay for children and improving the quality of care in the acute setting. The second is to work with providers to build more home-based crisis services to prevent children from disrupting their placements and getting to the hospital in the first place. We are focusing initially on the first model of reducing the lengths of stay and improving the quality of care in the acute setting.

Passport has recently started the Select program with our largest BH inpatient provider, UofL Health - Peace Hospital (Peace). Select was started with Peace initially for adult members. The goal of the Select program is to align clinical goals with the provider, reduce administrative burden and improve the quality of care for members. Through an analysis of the data around the UM process, Passport and Peace were closely aligned in decisions impacting the care of adults. We collectively decided to try another model of working together for adults. The conversation between Passport and Peace has shifted from one around individual approval of days to one of a population perspective that tracks and targets quality indicators, such as seven (7)-day follow-up after hospitalization, readmission rates and rates of restraint usage. By achieving jointly agreed upon quality targets in these clinical areas, the authorization burden has been reduced for adult members at Peace so more attention can be directed to the delivery of care rather than to individual communication and approval processes.

Passport and Peace have not previously been as closely aligned in clinical decisions impacting children and adolescents as they have for adults. However, there is a spirit of collaboration and passion to finding solutions to improve the care and transition experience for our members and for them to receive the right care, at the right time, in the right setting. Passport has worked to engage the clinical team at Peace in discussions about how to collaborate and increase alignment on treatment planning, working to ensure a discharge plan is initiated at admission and implemented in a timely manner when needed. Both Passport and Peace have brought data to the table to collectively and fully better understand the needs of our members and the barriers to their appropriate transition of care. This began with resolution of old decisions

Passport Partners with UofL Health - Peace Hospital

“UofL Health - Peace Hospital (formerly Our Lady of Peace) has worked with Passport for a number of years. A large volume of our patients are Passport recipients. Over the years, I’ve found the leadership team to be engaged and responsive. I appreciate and recognize their dedicated efforts. Moreover, having Passport in our community is good for all of us!”

-- Martha Mather, Chief
Administrative Officer, UofL Health
- Peace Hospital

where we disagreed about a backlog of appeals. We have agreed to a plan for resolving these decisions and identified trend information to better inform both Peace and Passport going forward.

The next step in the Select program involves a deep dive analysis about trends in care received by children and adolescents at Peace. This has been a transparent and collegial process where we are reviewing the performance of providers that appear to be outliers and are working together to help support Peace in implementing a trauma-informed care model. At the same time, Peace is partnering with members of our clinical team who have experience in reducing the use of restraints in acute settings. We are hopeful that as we identify specific performance targets, we can work to establish goals together that meet these targets. This process will include identification of specific barriers in the continuum of care process so that other provider and community partners can be engaged to assist with creating solutions. The ultimate goal of this process is to eliminate decertification and enhance the transition process for all parties while achieving improved quality outcomes for Peace and our members. We are hopeful that once the program has been implemented and evaluated at Peace, we can extend the program to other inpatient providers in our network.

Until the Select program is fully developed and implemented with children and adolescents to improve transitions of care, increased access to trauma-informed services, reduction of the use of restraints, increased follow-up after discharge and reduced readmissions, there will likely continue to be some episodes of decertification. Kentucky SKY members often have an intensive or ongoing need for services. Passport's prior authorization process for these members is designed to avoid being unnecessarily burdensome to providers or Kentucky SKY members. To that end, Passport will collaborate with DMS and DCBS to enhance our workflow and process for certifying and decertifying inpatient stays. This process incorporates requirements to notify DMS and DCBS no later than three (3) business days prior to the decertification of a foster child for services at a hospital or other residential facility located in Kentucky and no later than seven (7) business days prior to the decertification of a foster child for services at a hospital or other residential facility located out of state. The decertification notification includes name, member ID, facility name, level of care, discharge plan and the date of the next follow-up appointment. Passport has developed an accountability plan around prevention and intervention for decertification in an effort to improve the process for members, providers, Commonwealth agencies and other sources of wraparound support for each child engaged in the decertification process.

The next phase of the process is to keep children from getting to the hospital in the first place. As the sole managed care organization (MCO) working with the Kentucky SKY population, Passport will interface with DCBS, DJJ, the Children's Review program (CRP), providers, foster families, natural families (if appropriate) and members (as appropriate based on age and other factors) in a coordinated way by using High Fidelity Wraparound interventions as a foundation. The model is designed to create a team of collaborative supports around a member that includes informal supports such as teachers, coaches and others who are important to the child at the center of the plan.

Our past efforts to build alternative services with community providers have not produced the large-scale change for which we hoped. To address this, Passport has designed a team that can build upon our experience from delivering High Fidelity Wraparound in collaboration with other community supports, including those previously listed, and the informal social supports that are important to each child. We intend to build upon our experience to create scaled opportunities for more children in foster care to have the chance to participate in a model of care crafted specifically around them, especially in conjunction with the modernization of private child caring agency payments.

We are prepared to assist the provider community in developing expertise in the evidence-based High Fidelity Wraparound model through connection to trainings and exploration of alternative payment models that would afford the provider the ability to provide these services at the level they need to be provided for children to receive the kind of care they need and deserve. In addition, Passport is holding itself accountable to provide not only access to care but access to the specific kinds of care children in the decertification process need most often. Collectively, we feel these components will greatly improve both the discharge planning and the decertification process for Kentucky SKY members. Our accountability plan includes:

- **Value-based contracting.** Contracting based on value ties incentives to performance. Aspects of the Building Bridges initiative will be brought in with the tracking of restraints, rate of thirty (30)-day re-hospitalization and coordination of care tied to seven (7)-day follow-up.
- **Out-of-state contracting.** We will identify and contract with additional high quality out-of-state providers, establish service standards and fees, and provide education about the need for a facility and treating provider Medicaid ID (MAID). While out-of-state care will continue to be a last resort, entering into provider contracts in advance will streamline the process when use of such facilities is necessary. Entering into agreements with facilities in advance will reduce the dependence on negotiating single-case agreements for out-of-network providers. As access to High Fidelity Wraparound services expands, the need for these services should decrease.
- **Closing gaps in care.** We will conduct an analysis with DMS, DCBS, CRP and providers of the gaps in care at this time. If a child needs additional resources to be successful in existing facilities in Kentucky, we will work jointly to provide additional supports and resources, address needed licensure changes and develop alternate payments to provide the care some of these most clinically challenging cases might need.
- **Foster home training.** We will work with private child caring agencies to help bring the kinds of training needed to create more foster home placements that are skilled in taking children experiencing higher acuity BH symptoms. Incentivizing these providers to reward homes that successfully achieve stable placements and more children toward permanency in their placement is one possibility.
- **Decertification monitoring.** On July 1, 2019, we implemented new tracking of decertification. Performance is being evaluated based on the number of children decertified and for how long. This performance will be reviewed with our proposed Kentucky SKY Advisory Committee, BH Advisory Committee and Quality Medical Management Committee (QMMC) to provide feedback and suggestions for improvement.

- **Care delivery innovations.** As described previously, Passport has begun a new partnership with its largest inpatient BH provider to design a payment model tied to the quality of care provided, with planned results of decreased quality of care concerns, decreased use of physical and chemical restraints, increased use of psychological assessment to aid in differential diagnosis and treatment planning, decreased lengths of stay, increased seven (7)-day follow-up outpatient visits after discharge, decreased thirty (30)-day readmissions, reduced lengths of stay, reduced numbers of children decertified and reduced lengths of decertification for children who are decertified.
- **Trauma-focused cognitive behavioral therapy.** We are looking into increased access to treatment options like the River Valley Trauma Focused Cognitive Behavioral Therapy Treatment (TF-CBT) program, specifically, partnering with providers and sharing the success of members who have participated in the River Valley TF-CBT Program. We were creative with this program, designing a model that would meet licensure and allow the time needed for participants to complete their trauma narrative work. This has been provided as an early and periodic screening diagnosis and treatment (EPSDT) service for the extended care unit (ECU) level of care. We would like to work creatively with other providers to develop models that work with payments to support their efficacy.

Passport has also recently engaged in very preliminary talks with Kentucky Youth Advocates (KYA) and St. Francis Ministries about St. Francis' work in other states to create home-based crisis services. The unique model KYA, St. Francis and Passport would like to see introduced is a public/private partnership involving corporate partners in the community to help improve access to appropriate care for Kentucky SKY members. St. Francis also has a model for helping individuals recover from sexual trafficking that we would like to make available in Kentucky. Passport is still in the exploratory phase but is interested in how to collaborate with KYA, St. Francis and other private partners together with DCBS to meet a small group of Kentucky SKY members' needs in a different way.

Passport Meets Kentucky SKY-Specific Draft Contract Requirements

Passport will comply with all requirements for Kentucky SKY members as specified in RFP Appendix C, Section 20, "Utilization Management" and Section 41 of the Draft Contract, especially Section 41.10.

For Kentucky SKY members, we have a modified authorization program in which we only require review for critical services such as inpatient services. We recognize the need for this population and the providers who serve it to gain immediate access to services for complex medical needs. Our approach is to ensure that the members and families who care for our most vulnerable population obtain the services needed to ensure successful transition to the lowest level of care appropriate for the member.

Our prior authorization processes for BH services similarly recognize the intensive and ongoing need for these services among Kentucky SKY members. We will collaborate with DMS and DCBS on the development of a written PRTF certification and decertification business process and workflow that will be completed thirty (30) calendar days prior to the contract's effective date.

As required by the contract, prior authorization will not be required for the first twelve (12) individual or group outpatient psychotherapy sessions provided by a contracted BH provider, per twelve (12)-month

rolling period, including sessions for initial evaluation. Passport already exceeds this requirement and does not require preauthorization of outpatient psychotherapy services.

Conclusion

For more than two (2) decades, Passport has supported foster care, former foster care, juvenile justice and adoption subsidy members, and has met the Commonwealth's specific requirements for this sensitive population. We have experience coordinating with providers, DMS, DCBS and DJJ to provide coordinated care for Kentucky SKY members and have a strong program supporting those members taking psychotropic medications. We have also met the Commonwealth's requirements for discharge planning for foster care members and welcome the expanded requirements for Kentucky SKY that foster increased continuity of care as members transition between settings and levels of care. We look forward to the implementation of the additional layers of accountability to address decertifications to better meet the needs of all parties involved in the process and to improve the health and quality of life for the impacted member.

Passport has been honored to serve the Kentucky Medicaid and foster care populations for 22 years and will continue to comply with all provisions of the Medicaid Managed Care Contract and Appendices (including Kentucky SKY) as we continue to serve them in the future.

G.12 Aging Out Services



G.12. Aging Out Services

Provide the Vendor's recommendations for enhancing the services and outcomes for FC Enrollees, Former Foster Care Enrollees, and DDJJ Enrollees aging out of Care and the Kentucky SKY program. Provide examples of services or tools the Vendor has used for other similar programs and detail how these tools have contributed to the Vendor achieving program goals.

Introduction

Passport has specific plans for enhancements to our services for foster care, former foster care and juvenile justice members aging out of care and the Kentucky SKY program. These services will support improved outcomes for this population. Examples of the tools and services we will use with the Kentucky SKY aging out population are described in this response and include the following:

- Supporting comprehensive early transition plan development with each member
- Use of Kentucky SKY peer supports
- Streamlined referral resources for social determinants of health (SDoH)
- Independence Readiness Program (IRP)
- Community organization relationships

Passport currently serves a significant portion of the foster care population, including transition-age youth. In Kentucky, approximately 600 youth per year age out of foster care (594 in 2017). Based on our experience with this population and our familiarity with state-specific data (Child Trends, 2015), we know that about a third of these youth will experience homelessness by the age of 21, and only a small percentage will be employed, either full- or part-time. Nearly 60% will use some type of public assistance.

Kentucky's aging out population is unique in that it includes a higher than average number of youths who were committed to the Department for Community Based Services (DCBS) for behavior problems (56% in Kentucky vs. 38% nationally). Although Kentucky's transition-age state-committed youth compare favorably to the national statistics for completion of high school by age 21 (80% to 76%) and continuation of health coverage (81% to 75%), we understand that these results only come with quality care and case management.

Enhancing Services and Outcomes for Transition-Age Youth Through our Transition and Aging Out Process

Given that continued enrollment in Passport upon turning 18 may be one of only a few constants for these youth, Passport recognizes that it has a critical role in improving outcomes for this population. Successful aging out of foster care or a juvenile justice setting requires that the following core elements be addressed:

- A specific plan for safe housing
- Health insurance and transition to adult health care providers as needed
- Education, workforce and employment support that lead to financial independence
- Continuing relationships with supportive adults and peers, including mentoring opportunities

In addition, unique circumstances in youths' lives may require continuation of other support services, e.g., mobility assistance or supports for intellectual disability. Passport will work closely with DCBS and the Department of Juvenile Justice (DDJJ) in the development of a transition plan for each youth beginning no later than age 17 to address these concerns.

Transition planning will include the elements discussed above, as well as the following:

- Determining what services and providers are needed for the member
- Addressing SDoH
- Addressing risks (such as medication compliance)
- Addressing any needed special supports such as behavioral supports, durable medical equipment (DME), inpatient care, PDN, Prescribed Pediatric Extended Care (PPEC), and communication devices, including services that may be covered under Early and Periodic Screening, Diagnosis and Treatment (EPSDT) special services.

Passport will use its access to specialized screening and referral tools including Healthify and Unite Us, both described below, to identify appropriate local resources statewide. Given that establishment of independence and autonomy in the context of the social/cultural environment is one of the primary developmental tasks of late adolescence, the care team will engage transitioning youth as equal partners to ensure that Passport's participation is member-driven and aligned with the youth's personal goals.

Passport will also develop specific written and electronically available educational materials on the importance of having a trusted relationship with a primary care provider, receiving preventive care, and maintaining a healthy lifestyle, including safe and responsible management of sexuality. We will also provide the opportunity for a young adult to designate a health care proxy. Given that over half of the transition-age youth (56%) in Kentucky are in out-of-home care due to behavior problems, Passport care management will especially focus on assessing the need for, and providing access to, appropriate behavioral services.

Passport aligns closely with DCBS and DDJJ on their process of preparing youth for transition beginning at age 17 (or sooner) and supports caregivers in readying teenage foster children, with the aim of reducing anticipatory anxiety about the process.

Passport will fully support DCBS and DDJJ and participate in transition planning for all our foster care, former foster care and juvenile justice members. For those members turning 18 and exiting foster care, Passport understands that DCBS will begin transition planning one (1) year prior to the foster care member reaching his/her 18th birthday and aging out of foster care (and will repeat the planning process one (1) year prior to the member's 21st birthday if the youth elects to continue services to age 21). Passport will continue to offer transitional assistance for our former foster and former DJJ members until age 26 unless those members decline to receive these services. If a transition-age youth becomes a Passport member on or after

his/her 17th birthday, transition planning shall start within 1 month of enrollment in the Kentucky SKY program. Transition planning activities may include but not be limited to the following:

- Working with DCBS and/or DDJJ to assess the member’s ability to maintain stability in his/her home and community through the transition out of foster care, including but not limited to the following:
 - Determining and identifying the array of services needed and providers of these services
 - SDoH
 - Assessing risks, such as medication compliance
 - Assessing needs and providing recommendations for access to specialized supports including but not limited to positive behavioral supports, medication support, DME, communication devices, or vehicle or home adaptations.
- Reviewing the member’s health status and other appropriate factors to determine if the foster care member meets the general eligibility criteria for entering a home and community-based services (HCBS) waiver program
- Initiating the waiver application processes and, if necessary, placing youth on the waiver waiting list(s)
- In collaboration with DCBS and DDJJ, educating our Kentucky SKY members about options for services and supports available after eligibility terminates. Information may include post-high school options and options for accessing disability services available from educational institutions and employers where appropriate.

Passport will collaborate with DCBS and DDJJ to develop a work group with our foster care members, former foster care members, DJJ members and peer support specialists to identify opportunities for improving outcomes for those transitioning out of foster care by improving service delivery and transition planning coordination. We will draw on advisory assistance from Voices of the Commonwealth in developing and monitoring the success of our transition programs.

Transition planning will include an ongoing focus on the importance of health care and maintaining seamless health care benefits to ensure both access and necessary supports in the critical years of young adulthood. Passport’s Kentucky SKY care team will complete a health and needs assessment addressing physical, behavioral and SDoH needs, and will support each youth and social service worker in establishing a transition plan that includes specific timelines such as for outreach intervals, educational goal achievement and resource allocation. When applicable, timelines will reflect a member’s intent to remain in foster care (to age 21 or 26) and will include information on adult health care providers in the area in which the member plans to reside. Regardless of the member’s exit plan or timeline, the team will work to prepare the youth to the greatest extent possible for independence by age 18, in case the member’s plans to remain in care change.

During the assessment, to assist with the development of the transition plan, care will be taken to review developmental and intellectual disabilities, physical disabilities, brain injury or other conditions that might qualify the individual for one of the HCBS waiver programs. HCB waivers are an important option for a small

number of DCBS youth. If it appears that an individual may qualify, Passport will arrange for needed assessments and work with the social service worker to make referrals to the appropriate option. The care team will also track the individual's access to the waiting list and provide support to maintain his/her place on it.

Education shall include information on accessing disability services available from educational institutions and employers where appropriate. Kentucky SKY staff will work with post-high school educational options (vocational/trade schools and colleges/universities) to educate them on the unique needs of former foster and state-committed youth and to promote appropriate supportive services.

For foster youth with chronic medical or behavioral health conditions, additional care will be taken to ensure the member understands the importance of receiving regular care from providers, following the prescribed course of treatment and maintaining health care benefits. The Kentucky SKY care team will work to coordinate any transitions into adult specialty medical care. All adolescent members will be instructed in the importance of preventive care and building a trusting relationship with a primary care provider and, as needed, maintaining behavioral health care. Passport will also help connect aging out youth with the Transition Youth Launching Realized Dreams (TAYLRD) peer centers established across the state to support transition-age youth. In the year prior to the member reaching age 18, there will be heightened efforts in this area, especially if the member's pediatric provider discontinues care at age 18.

While children in foster care may have prior experience changing providers, that experience can cause a lack of understanding of the value of establishing a longer-term relationship with a primary care provider. The Passport Kentucky SKY team, with assistance from our Kentucky SKY provider relations liaison, will work to establish a preferred network of providers to deliver primary care to the Kentucky SKY population in general and particularly to transition-age youth. For all Kentucky SKY children and youth up to age 21, we will monitor and evaluate for medically necessary services that extend beyond traditional coverage but that can be covered via EPSDT special services.

Empowering youth to be drivers of their own health care experience and advocates for themselves within health care systems is a key to the young person's ultimate success. Helping youth to become more comfortable navigating these systems will be a particular focus of the Kentucky SKY care team's work. Passport will ensure transitioning youth are aware of appropriate resources and of who and how to contact should issues arise. When it would be helpful to the youth, a Kentucky SKY peer support will be added to the care team to provide direct skill teaching to the member in this area.

Discharges to Family

Our experience with this population, along with relevant research (e.g., Midwest Evaluation of the Adult Functioning of Former Foster Youth: Conditions of Youth Preparing to Leave State Care, Chapin Hall, 2004), shows that more than half of older youth intend to reestablish relationships with their biological families after their commitment ends. As a result, more youth return to their families in some fashion than the number of discharges to family planned by state agencies. Their efforts to maintain contact with their families often happen outside of the services provided by the DCBS and DDJJ when the agency's plan for the

child does not include family. For this reason, unless prohibited by DCBS or DDJJ, Passport’s Kentucky SKY care teams will incorporate natural family members (e.g., parents, grandparents, older siblings, fictive kin) into the youth’s transition plan and provide support to facilitate a successful transition.

Examples of Effective Transitional Services and Tools

Passport uses a variety of resources, tools and systems to support our Kentucky SKY members. Having a robust referral and relationship network allows us to make sure these members can transition into a solid foundation from which to build a healthy, productive life.

Streamlined Referral Resources for SDoH

The Kentucky SKY care team will use multiple cloud-based resource-solutions tools to assist transitioning Kentucky SKY members with needs related to SDoH. Passport will also educate members about the Cabinet for Health and Family Services’ Kentucky Resources for Independence, Success, and Empowerment (KY RISE) and the possibility of establishing an iFoster account to conduct personalized searches for resources.

Kentucky SKY care team members will use the Healthify application to complete an online questionnaire with the member to gain insights into his/her personal situation. Healthify is a web-based platform that curates the highest quality nationwide social services into an online directory of behavioral health resources, education, emergency services, family and youth services, financial support, food services, goods services, health services, housing, legal support and advocacy services, social supports, transportation and employment. It also offers built-in SDoH assessments and the capability to track referrals. Passport has screened approximately 2,000 members in Healthify since 2018. Of those, 451 individual members were referred to community resources. A total of 1,787 referrals were created for these members, which indicates members often have multiples needs. Preliminary results show that per member per month (PMPM) costs dropped by approximately 22% (or \$390 PMPM) in the 6 months after a member completed a referral. Passport plans to apply Healthify within our Kentucky SKY program, with a strong focus on transition-age youth and young adults.

In addition to Healthify, Passport’s Kentucky SKY care team members will use another resource application, Unite Us, which allows sharing of the community social service record. The Metro United Way is a primary sponsor of the United Community program, which is a community-wide initiative to deploy an innovative shared technology platform to initiate and close referrals across many organizations, agencies and services, as well as create and maintain a social services record for citizens of the community. The tool enables active referrals between agencies across a multitude of services. Passport represents the health plan perspective on the United Community Governing Team, along with the Louisville Metro Health Department for the health provider perspective, Evolve502 for the educational perspective, and Metro United Way for the social services perspective. In January 2020, the United Community achieved its goal of becoming the first shared community social services record in the country to include the local school system. The platform was launched in April 2019 in Louisville and surrounding counties and will expand to other regions in the

commonwealth in the coming 1-2 years. Passport has taken the data from our work connecting members to social service providers and helped to validate the Unite Us tool and ensure that the providers our members work with most are included in the United Community. We are currently participating in the design of the analytics tools to evaluate the impact of the partnership and platform in not only improving health outcomes, but also preventing other adverse social outcomes, such as unemployment and incarceration.

Kentucky SKY staff will track all referrals and activities in IdentifiSM, our integrated medical management system, so that all Kentucky SKY care team members can see the actions taken on behalf of each member. This technology enables us to better serve this vulnerable population in an expedited manner.

Independence Readiness Program

Passport has been collaborating with the Boys and Girls Haven, along with other community groups, to implement an innovative initiative called the Independence Readiness Program (IRP). As part of IRP, Boys and Girls Haven provides job and skills training to foster youth and brings in local employers to share entry-level employment opportunities. The Kentucky Community and Technical College System provides trade-skill training and counsels participants on affordable ways to get into college. The program works to provide support as youth transition to independence through provision of trauma-focused treatment, connection to community supports, job readiness assessment and training, financial independence readiness training and social supports as the youth actually move to independent living. While the initiative is not exclusive, most participants thus far have been Passport members.

We are interested in working directly with DCBS and Boys and Girls Haven to expand this program, channel more Kentucky SKY members into it, or others like it, and add new program components that would connect Kentucky SKY members to additional specialized housing. This effort is well designed to help young adults achieve independence and leverage community support.

Community Organization Relationships

Passport has a long history of embedding Care Advisors, social workers and community health workers in provider offices and social service agencies where our members are frequent consumers. For example, our team members spend time each



week at Family Health Center Phoenix, University of Louisville's 550 Clinic, Park Duvalle Community Health Center, Kentucky Refugee Ministries, Catholic Charities and homeless shelters. Passport has served local Kentucky communities for the past 22 years with passion and enthusiasm, because these are our neighbors.

Passport's strong community engagement team has developed close relationships with health and related community service agencies across Kentucky, including sponsorship agreements with agencies such as the National Alliance on Mental Illness (NAMI), substance use disorder (SUD) treatment programs, and preventive health programs that support our members, including the Kentucky SKY membership.

To support successful transition of Kentucky SKY members from DCBS/DDJJ custody, we will expand our focus on community partnerships specifically for transition-age youth. In addition to independent-living providers, with which we have a long-standing working relationship, we also will outreach directly with homeless shelters, specialized programs for sexual minority youth, food banks and community nutrition programs, and DCBS Family Support offices across the commonwealth. These community providers include, among many, many others, the following:

- TAYLRD—drop-in centers with recreation, job support, mental health services and case management for transition-age youth
- Jumpstart KY (jumpstartKY.com)—assistance for youth ages 18-24 in finding housing, negotiating with landlords, getting legal advice and accessing peer support
- Kentucky Career Center
- Self-Help Parenting Program (Leslie, Knott, Letcher and Perry counties)—parenting classes funded through Prevent Child Abuse Kentucky
- Street Tips booklet (Coalition for the Homeless website)—food, shelter, clothing and other resources within the city
- Catholic Charities—housing, therapy and case management for human trafficking victims

Conclusion

Passport will fully support transition planning for all our Kentucky SKY members. Our support will focus on empowering youth and young adults to be drivers of their health care experience and advocates for themselves within health care systems to help them successfully navigate these systems.

Passport will use a variety of resources, tools and systems to support our Kentucky SKY members. Having a robust referral and relationship network allows us to make sure our Kentucky SKY members can transition into a solid foundation from which to build a healthy, productive life.

Passport has been honored to serve the Kentucky Medicaid and foster care populations for 22 years and will continue to comply with all provisions of the Medicaid Managed Care Contract and Appendices (including Kentucky SKY) as we continue to serve them in the future.

G.13 Use Cases for Kentucky SKY



KENTUCKY SKY USE CASE 1

Based on feedback from experienced DCBS Social Service Workers, certain providers in the Eastern Mountain Service Region have limited knowledge of trauma-informed evidence based practices. The DCBS caseworkers have documented numerous examples where Emergency Department (ED) staff and physicians/office staff neglected to conduct and document trauma assessments on children and youth, exacerbated trauma when physical assessments were performed on pre-teen girls, and failed to seek medical records before ordering duplicate testing/services.

Describe how the Vendor would address and ensure the delivery of trauma informed care by the contracted provider network for the Kentucky SKY membership. In particular, address how it assesses providers' knowledge of trauma informed care, the approach for targeted provider education at regional and state levels, as needed, and plans for collaborating with DCBS staff. At minimum, address the following in its response:

- a. Evidenced based practices and trauma-informed care for the Kentucky SKY membership;
- b. Unique needs of children and youth in Foster Care;
- c. Access to and sharing of medical records
- d. Provider contracting;
- e. Provider education and ongoing support;
- f. Performance monitoring;
- g. Cultural competency; and
- h. Community engagement.

Introduction

Dr. David Hanna, Executive Director of Passport’s SKY program, receives a call from Natalie Kelly, a Licensed Clinical Social Worker in the Department for Community Based Services (DCBS) Commissioner’s Office. She reports a concern that providers in the Eastern Mountain Service Region have limited knowledge of trauma-informed, evidence-based practices. Ms. Kelly explains that it seems to be a regional issue and not limited to a single provider or provider group. Dr. Hanna listens and then asks a few questions to better understand the concern, for example, are the problems within the emergency department (ED) or primary care happening when a child has been abused and needs medical care, when a known foster child needs medical attention for a problem unrelated to his/her child welfare status or both? Dr. Hanna affirms Passport’s commitment to trauma-informed care (TIC) throughout the SKY program and promises to get back with her soon.

After talking with Ms. Kelly, Dr. Hanna consults internally with the Kentucky SKY Director of Provider Network management, the Director of Community Engagement and leadership in Passport’s Prestonsburg office to alert them of the concern. He asks them to check with local staff in the area, with these specific provider types emphasizing the importance of TIC in their routine interactions. He also consults with Passport’s Care Coordinators and Care Advisors who are co-located in the area. After gathering this preliminary information, the Kentucky SKY management team assesses together if there are barriers or obstacles with providers and determines what additional information or resources are needed. Even without waiting for a full plan, Passport sends an e-news bulletin to all providers in the region reminding them of the importance of TIC and providing brief tips for implementation.

Evidence-based Practices and Trauma-Informed Care for the Kentucky SKY Membership and Provider Contracting

As described in this proposal, Passport is committed to all Kentucky SKY providers practicing in a trauma-informed manner. In the scenario above, following the management team’s initial discussion, the dedicated Kentucky SKY provider liaison reviews the provider file to make sure that all providers, including ED practitioners and staff in primary care offices, have completed the required trauma-informed training. Passport incorporates this training in its initial provider orientations to the Kentucky SKY program and continues to emphasize its importance through workshops, lunch and learns and webinars. Kentucky SKY providers agree either through contracts or contract amendments to practice using a trauma-informed approach with SKY members. Because we understand that the development of trauma-informed competence is incremental, Passport also provides resources, such as SAMHSA’s “Concept of Trauma and Guidance for a Trauma-Informed Approach” and the American Academy of Pediatrics’ “Becoming a Trauma-Informed Practice,” as guidance for agencies doing a self-study of their own trauma-informed approach. To help us more closely monitor the provision of TIC by our providers, Passport implements member, legal guardian and foster parent/caregiver surveys specific to provider experiences. These surveys are specific to each provider, allowing for targeted support when needed. These member/family surveys supplement our ongoing monitoring of TIC, including “pop quizzes” and provider audits.

Passport's Kentucky SKY Quality Improvement Director reviews claims data to identify high-volume providers of both primary care and ED services. Targeting high-volume providers first, all other considerations being equal, has the biggest impact in improving care for the foster care population. Using data and reports from staff in the area, Passport identifies four especially high-volume providers in the region that, based on feedback from staff, we think might be having difficulty with TIC implementation: one ED and three primary care offices. The Kentucky SKY Provider Liaison arranges for assessment/consultation visits from Kentucky SKY Behavioral Health Director Dr. Jessica Beal, a Clinical Child Psychologist. Dr. Beal has experience in providing training and consultation for medical providers incorporating TIC into their practices.

Using the information gathered during his initial discussions with staff working in the area, Dr. Hanna and the dedicated SKY Quality Improvement Director meet with Ms. Kelly to discuss their findings, to report on initial steps taken to address the problem and to develop a shared rapid cycle improvement project with clearly stated measurable outcomes. Ms. Kelly confirms that the providers targeted by Passport for assistance have been identified by DCBS staff in the region as being of concern, but she also mentions an additional primary care office in the region where despite relatively low volume of Kentucky SKY members, there have been several incidents of concern to DCBS staff in the region. This provider is added to those Dr. Beal will visit.

Unique Needs of Children and Youth in Foster Care and Cultural Competency.

Passport has extensive experience with the unique needs of children and youth in foster care. Much of this knowledge about foster children is documented in our statewide proposal. As it relates specifically to youth from the Eastern Mountain region, these foster care members have been especially impacted by the opiate crisis or other substance use in the region. Due to incarceration or parental death, in some school districts, as many as 80 percent of the students do not live with a natural parent. The instability in living circumstances and lack of consistent caregivers have also interfered with consistent medical care. Care may be more likely to be provided in acute circumstances, and providers may not be aware of members' medical histories, leading to repetition of evaluations or procedures. In response to the concern raised by DCBS, provider relations and community engagement staff make a concerted effort to inform providers of the availability of IdentifiSM and the ability of providers to obtain medical histories from Passport.

Many youth placed in foster care and residential placements in the Eastern Mountain region, disproportionately African-American, come from outside the Appalachia. These youth may be placed in private childcare foster homes or a residential program in the area. Often coming from a more urban background, for them, the area can appear isolated and dangerous. Passport would use its data analytics capacity to review whether there were significant cultural, age, race or other factors that seemed to be associated with a lack of trauma-sensitive care. Whether considering an African-American youth from urban Louisville or a Hispanic farm worker from central Kentucky, we incorporate training about cultural diversity into our efforts to address TIC. We would also begin to explore whether any of these population

characteristics were associated with a lack of TIC. Based on our findings, additional training or consultation with providers would be arranged, for example, training on trauma-informed approaches and racial disparity offered by Pastor Edward Palmer.

Provider Education and Ongoing Support

The Eastern Mountain Service Region is a large geographic area with significant diversity among counties, ranging from the relatively large university and industrial city of Pikeville with a medical center affiliated with the Mayo Clinic to the small community of Beattyville with limited business and community resources. Addressing the problem raised by DCBS requires a localized approach that is sensitive to the diversity of providers, communities, resources, etc., in the area.

As part of the rapid cycle improvement process, Dr. Hanna also contacts external partners such as Eastern Mountain Service Region DCBS staff and the peer resources of the Kentucky Partnership for Families and Children to identify if there are providers who deliver exemplary care in this area and who might serve as models for other providers. Passport reviews claims data to identify high-volume providers of both primary care and emergency medical services. Targeting high-volume providers first, all other considerations being equal, has the biggest impact in improving care for the DCBS committed population.

Simultaneously, Passport is aware of the strain on EDs and primary care physicians in an area with many needs and limited resources. We are especially aware of the secondary trauma that affects providers on the front lines of the battle against opioid use in Kentucky. Although Passport will focus on improving provider performance through training and contracting as outlined above, we also work to understand the perspective of these providers and to develop supportive systems that may contribute to their own difficulty in implementing TIC.

Community Engagement

Passport has an office in Prestonsburg (Floyd County), community engagement staff based in Jackson (Breathitt County) and many other staff with roots in the Eastern Mountain region. We believe that our active engagement in the community helps us to develop the informal networks that provide valuable information for our members. We maintain a presence at many community events such as the Hillbilly Festival in Pikeville and the Black Gold Festival in Hazard. Community engagement also enables us to tap into resources for foster youth, such as the John Turner Educational Foundation in Breathitt County, which might not be as well known outside the region.

As relates to this use case, we will use our community connections to identify and reach out to local opportunities to reach EDs and primary care practitioners. For example, Saving Our Appalachian Region conducts events on the opioid crisis for health care workers in the region, including hospital/ED staff and primary care providers. We will provide speakers and otherwise use these connections to bring additional TIC information to providers. In conjunction with DCBS and Mountain Comprehensive Care Center, Passport arranges to sponsor a major training event held in Hazard, Kentucky, bringing in a national speaker to address TIC. Although the impact of events such as these is hard to measure, the attendant publicity raises

the profile of TIC throughout the region. Our community engagement staff also work closely with Division of Family Resource and Youth Services Centers (FRYSC) throughout the region to promote TIC information distribution to students and families. While not directly impacting health care providers, such efforts raise awareness and help establish appropriate expectations throughout the community. Many primary care providers in the region are affiliated with the Kentucky Primary Care Association, and we use our contacts there to plan activities that will promote TIC within their membership.

Access to and Sharing of Medical Records

In addition to the issues outlined above, Passport's rapid cycle improvement project identifies that some children and youth receive multiple traumatic physical assessments when they move between placements. Passport approaches this problem in two ways. First, our Care Coordinators continue to focus on the availability of health records available through IdentifSM and Kentucky Health Information Exchange (KHIE) in their routine visits with providers. Passport is committed to integrated care coordination services, which promote better communication and less duplication of care. Second, provider representatives in the region discuss ways of avoiding service duplication a focus of their regular visits. They remind providers to use KHIE to reduce duplication and of the easy availability of consultation from Passport if there are questions about a member's medical history. We obtain current release of information authorizations and make sure they are appropriately executed. Our team recognizes that information sharing helps the care team to understand the member's medical history, aid in closing care gaps and assist in coordinating appropriate care and treatment for our members. The Kentucky SKY team, to the extent possible, makes certain that care plan information and health record data is shared across the care team, including the member's primary care provider. This goal is accomplished through electronic communication, the member portal, phone calls and routine meetings with guardians and other state agency representatives.

During our provider orientation and ongoing training sessions, we stress the available mechanisms under HIPAA guidelines for disseminating health information, the importance of sharing information to reduce further trauma to our members and ways to encourage the adoptions of electronic health records.

Performance Monitoring

Planning together, DCBS representatives from the Central Office and the Eastern Mountain region, along with the Passport team, develop an agreed upon plan for identified providers for targeted intervention while maintaining an overall focus on the region. The joint team also agrees on specific metrics, including assessment of provider practices using the American Academy of Pediatrics and SAMHSA materials referenced earlier. They also agree to monthly surveys of each of 13 DCBS offices in the region to monitor the experience of youth in state custody. The rapid cycle improvement team uses this information to continue to refine their approach to improving practice in the region. Throughout the improvement process, Dr. Hanna keeps Ms. Kelly or her designee apprised.

Conclusion

Within a few weeks, Passport has put in place a plan that is supported by DCBS and whose effectiveness can be evaluated with agreed upon metrics. The plan will continue to evolve as new perspectives are added through provider feedback, DCBS collaboration and monitoring the experience of members in the region. Six months later, in a regular meeting with Ms. Kelly and others, Passport is able to report that DCBS Social Services Workers and supervisors in the Eastern Mountain region are reporting significant improvement in the use of TIC with Kentucky SKY members.

SKY USE CASE 2

Kimberly, 15 years old, has been in foster care for two years with placements in three different Service Regions during that period. She was placed in foster care following a report from her school that she came to school exhausted and hungry. Kimberly's teacher, who had been concerned about her outbursts at school, was able to get Kimberly to describe violence at home between her mother, Linda, and Linda's boyfriend. Kimberly would care for her two younger siblings, ages five and two, when the adults in the house fought and used drugs. Twice a week, Kimberly asked neighbors for food for her siblings, and occasionally stole money from Linda's boyfriend to buy food at a nearby gas station/food mart. Upon investigation, the Social Service Worker found a filthy house without food in the refrigerator or kitchen cabinets. Kimberly's siblings were dirty and hungry. Kimberly told the Social Service Worker that Linda and her boyfriend would fight and use drugs "all of the time." Kimberly's siblings were placed in separate foster homes but have since been reunited with their mother. Linda now lives in eastern Kentucky, approximately 200 miles from Kimberly's current foster home.

After coming into foster care, Kimberly has been suspended from school four times for behavior issues. She has a pattern of absences, and is currently failing most of her classes. Kimberly has a 17 year old boyfriend and is sexually active. Attempts at reunification with her mother have failed after Linda expressed concerns over Kimberly's anger and hostility.

During a recent appointment for birth control, the PCP noted multiple cuts on Kimberly's arms and legs as well as healed scars. She told her physician that she was depressed, couldn't focus on school, and wanted to run away from home. The PCP prescribed an antidepressant and referred her to a behavioral health specialist. Kimberly was reluctant to visit a specialist and scheduling appointments was challenging for her foster parents given the lack of providers within 45 miles of their home. Kimberly's foster parents contacted the Social Service Worker about their concerns over Kimberly's behavioral health issues and the availability of providers.

To her classmates and on social media, Kimberly began describing her suicidal thoughts. Over the weekend, Kimberly's foster parents found her unconscious with a suicide note on the bedside table. Kimberly had overdosed on pain medication she found in her foster parents' medicine cabinet.

Kimberly had to stay in the ED for three days pending availability of a bed. Her foster parents discussed care options with the Social Service Worker and described their fears once Kimberly returns home. The Social Service Worker was unable to find a residential facility with an available bed and the hospital initiated plans to discharge Kimberly.

Describe how the Vendor would address Kimberly's situation and coordination with the DCBS Social Service Worker, the ED, residential facilities, behavioral health providers, foster parents, and mother. At a minimum, address the following programs and services:

- a. Care management, including coordination with the foster parents;
- b. Discharging planning between levels of care;
- c. Network adequacy and availability of services;
- d. Availability and utilization of telehealth for behavioral health services;
- e. Applicable evidence based practices; including psychotherapeutic interventions;
- f. Prescribing psychotropic medications and documentation in medical records (e.g., rationale, follow-up assessments and monitoring, etc.);
- g. Coordination of transportation, if needed;
- h. Provider contracting;
- i. Provider education and support;
- j. Access to and sharing of medical records; and
- k. Maintenance of the care plan.

Introduction

Passport's care management team is unfortunately accustomed to hearing stories like Kimberly's. When the child in question is an adolescent, youth often develop harmful coping skills or exhibit suicidal ideations. Passport's member-centric, team-based approach helps Kimberly's team look at all factors impacting her health and develops a plan that puts Kimberly's safety and well-being as the highest priority.

Understanding the Situation

Frank and Maggie Deacon raised three children of their own. They had a couple of years of foster experience before they accepted Kimberly into their home. The Deacons now have only one child of their own, 17 year-old Carrie, living at home.

Passport's Kentucky SKY Intensive Care Coordination program assigned a Kentucky SKY Care Coordinator, Marissa, and Behavioral Health Care Advisor, Emily, to this case. Marissa and Emily are aware that when Kimberly first met the Deacons, she initially presented herself as withdrawn. Occasionally, she also showed behavior outbursts when asked to do things around the house. Lately, she has been finding more reasons to stay in her room. Her increased absenteeism (and resulting failing grades) and the discovery of cutting behaviors disturbed the Deacons. To receive assistance, the Deacons drove Kimberly 45 minutes to Columbia for an intake appointment with a therapist, but Kimberly refused to participate.

Creating a Plan

The Passport Member Services team receives a call from the emergency department (ED). They recognize that Kimberly is a Kentucky SKY member, and the triage nurse and charge nurse recall the training that they received from Passport. The Member Services team conducts a warm transfer call to Marissa, who obtains additional information. Marissa then calls Mrs. Deacon on her cellphone. Mrs. Deacon steps out of the room to share with Marissa her fears about Kimberly being discharged back to their home without receiving additional treatment. She is afraid that the family will not be able to stop Kimberly from harming herself after discharge.

Marissa contacts Emily first to get her mobilized. Once at the hospital, Emily checks in with Kimberly, who is still feeling depressed but now also embarrassed and frustrated. Kimberly wants to leave the hospital and go back to her foster home. Emily spends some time alone with Mrs. Deacon, who talks about events in Kimberly's life in the days leading up to the suicide attempt. Emily is able to administer a Beck Depression Inventory to assist in recommendations.

Marissa next activates Kimberly's Care Coordination team and works with the hospital social worker to schedule an assessment team meeting at the hospital at a time convenient to the hospital social worker. Kimberly's foster parents, the Department for Community Based Services (DCBS) social services worker, the hospital social worker and Emily attend the meeting in person. Linda and the SKY Utilization Management Manager attend via phone. Kimberly's primary care provider (PCP) is invited to the meeting but is unable to attend.

Facilitating Care

The team needs to address the immediate issues for Kimberly, which are her placement and care management plan. The Deacons are adamant that she cannot return to their home at this time, but they are clear that they do want her to return after she receives treatment. The social services worker is frustrated because a residential provider initially could not be located. The hospital social worker shares that Kimberly was assessed by a crisis team from the local psychiatric hospital after coming to the ED but did not meet criteria for hospitalization; when she spoke with the assessing provider, Kimberly denied current suicidal ideation. Emily, knowing that Kimberly has a trauma history from the initial Kentucky SKY pediatric assessment, suggests River Valley Behavioral Health's (RVBH) Trauma-Focused Cognitive Behavioral Therapy program as an excellent option from Passport's extensive statewide network. She explains what the program is and that Kimberly would likely qualify. The program would also encourage Linda, Kimberly's mother, and the Deacons to participate in Kimberly's treatment there. Their participation could be facilitated via telehealth if needed. The assessment team agrees this would be a great option. Passport has an established relationship with RVBH, and the UM manager leaves the meeting to call RVBH to begin assessment for the program. Fortunately, as a contracted network provider, RVBH has undergone training specific to the Kentucky SKY program and is very familiar with Passport's care team and program expectations.

The Passport team works for the next several hours with RVBH to gather and supply needed documentation and information related to Kimberly's history and recent upticks in maladaptive behaviors. Emily pulls together a summary of records that the team had gathered when Kimberly first became a Kentucky SKY member that includes past medical history. After some back and forth to clarify need and medical necessity for this level of care, River Valley agrees to accept Kimberly into the program. Because Kimberly is currently stable, the Deacons pack clothing and other comfort items for Kimberly to drive her to River Valley after discharge from the ED is completed. Marissa schedules a care team meeting at RVBH so the team can create an updated care plan based on River Valley's assessment of Kimberly.

Between meetings, Marissa gathers more information. She secures records from both the ED and River Valley. Marissa sees that while Kimberly was in the ED, testing for sexually transmitted infections was performed as well as a pregnancy test. The results of all tests were negative. She makes a referral to a Passport Clinical Pharmacist for a medication reconciliation and comprehensive medication review following discharge. The pharmacist assesses the medication regimen for potential safety-related drug therapy problems, such as appropriate dosing, contraindications and adherence, and does not identify any problems with the medicines Kimberly is currently taking.

Continuing Care

At the next Care Coordination team meeting two weeks after Kimberly's intake at RVBH, the Deacons and Marissa attend in person with the RVBH therapist and Kimberly. Emily, the social services worker, and Linda attend via phone. Marissa leads the team meeting, beginning with discussion of Kimberly's strengths: her resourcefulness, sense of responsibility, strength, academic achievements and courage. She notes that Kimberly had been brave enough once before to know when she needed help for her and her siblings, and that she hopes that at RVBH, she can pull on that courage once again to allow herself to get the help she needs and deserves. Marissa then shifts into a discussion of how team members can together address Kimberly's and her family's needs.

Kimberly states that she hates being at River Valley but reluctantly agrees with participating in therapy. She is already showing small signs of progress. While her externalizing behaviors (angry outbursts and even some aggression) have increased, Kimberly is beginning to verbalize her thoughts and feelings more frequently. The therapist reports that the RVBH psychiatrist has seen Kimberly for medication evaluation. He increased her antidepressant medication but otherwise has not made changes. Kimberly's trauma history and subsequent moves after being placed in foster care seem to be the major contributing factors to her externalizing behaviors.

Marissa asks Kimberly what she wants to happen after leaving River Valley. Kimberly says that she really wants to go home to live with her siblings; she misses her family and feels it is not fair that she is the only one not back home. She worries about her brother and sister. Linda raises the issue that visitation has not gone well. When there were visits or phone calls, Kimberly would "just get so angry" when she saw or talked to her mother, often losing her temper for "no good reason."

Kimberly's social services worker suggests discharge should be back to the Deacons' home with a long-term plan of returning to Linda, if Linda becomes open to reunification in the future. Linda agrees with this plan. The team creates a plan for the RVBH therapist to have family sessions with Kimberly and Linda (and eventually Kimberly's siblings) via telehealth to try to build back their relationship. They also plan for family sessions with Kimberly and the Deacons. Finally, Linda is connected with an individual therapist near her home, which will help her in parenting all of her children. She achieved sobriety prior to her other children being returned to her, but she confirms that she has not been to therapy since.

Looking Forward

It has been another month, and the care team meets again. The Passport SKY team has continued to monitor progress with Linda and the other children, as well as the foster family, and are able to bring reports of success to the meeting. They also look for other barriers and update the care plan after soliciting input from Kimberly and the larger team.

When pressed to identify long-term goals for herself, Kimberly says she wants to "do better at school" and to not hate going to school. Emily asks about the last time Kimberly felt successful at school, and she says the seventh grade. Kimberly says that she had teachers who she really liked, that she had kept friendships from sixth grade. Marissa gets consent from the social services worker to reach out to the school system for

records from Kimberly's seventh-grade year. She contacts Kimberly's favorite teachers as well to identify a few strengths and successes that can be communicated to the new school. She looks for things like classroom structure or any accommodations that were in place, as well as how teachers managed Kimberly's mood during challenging times. The classroom behavior system for completing work might be adaptable to home, helping Kimberly contribute more successfully there.

Marissa offers to help the Deacons and Linda find education and resources that they can access in their own communities. Some topics they discuss include trauma-related behavior understanding and management, depression and self-harm symptom recognition. Having consulted the literature and the medical provider, the recommended plan put out by the care team is in line with "Guidelines for Adolescent Depression in Primary Care." Emily helps coordinate the education, linkage and support with the treatment work going on at RVBH and the community providers when Kimberly discharges. Emily also makes sure that there is a solid continuity between families, providers and the SKY care management team.

The Deacons express concern about the future. Driving 45 minutes to Columbia for therapy does not work for their family. Marissa, after consulting with Beth, the provider representative for Cumberland County, tells the Deacons that there are other options closer to their home in Burkesville (Cumberland Family Medical Center is one), or Adanta in Columbia can provide telehealth services with the family. The RVBH therapist explains that Kimberly can continue seeing her and the RVBH psychiatrist, including for medication management, post-discharge and telehealth services. Kimberly, Linda and the Deacons are happy to continue with RVBH via telehealth services.

Linda brings up Kimberly's boyfriend and asks how to plan around him. The RVBH therapist talks about their strengths-based approach to helping Kimberly really think through her goals, values and decisions around risky situations. Emily adds that to the care plan as another objective to monitor. While on the topic of the boyfriend, the RVBH therapist encourages Kimberly to speak with the RVBH physician at her next appointment to talk about her reproductive health and options to keep herself healthy. Marissa helps Linda and the Deacons find some positive social events and skill-building opportunities in the community. These searches begin prior to Kimberly's discharge. The RVBH staff offer to share the strategies they use to assist with behavior and to help the families implement aspects of them in their homes.

Returning Home

Kimberly makes significant gains in being able to identify and share her emotions. She improves in mood stability, and her incidents of self-harming thoughts decrease. She is able to maintain good education focus and to decrease incidents of acting out behavior. As monthly treatment planning sessions continue, the team decides to update the care plan with a focus on helping Kimberly transition. Emily coordinates a meeting with the social services worker, the Deacons, Linda and the RVBH team to review and update whatever pieces need to change.

Emily sets up a time to help Linda and the Deacons learn how to accommodate/use telehealth on their home computers. The team sets up a schedule of treatment appointments for the first month, adding in a plan for psychiatry and ongoing prescriptions for antidepressants to bridge to the first outpatient appointment. The pharmacy team monitors to make sure that the medication is being refilled unless an order to discontinue is received as part of the care plan. Collectively the SKY care team monitors to ensure appropriate outpatient follow-up occurs. The RVBH therapist gives a summary of treatment successes and barriers, and shares the planning made in family sessions for structure and communication within the households. A crisis plan with 24/7 contact information is shared and penned just in case.

Marissa is able to review the school plan and ensure the transcripts are forwarded from River Valley to Kimberly's home school. There are some opportunities for after school programming, and the Deacons were able to find a couple of upcoming social events at their church for Kimberly. Marissa lets the team know that she follows up with the PCP and provides an update of the care plan. Emily schedules weekly phone check-ins for Kimberly and the Deacons for the next month, and the team decides they will wait to schedule visits at Linda's until Kimberly's first session in outpatient family counseling so that Kimberly has time to settle back in before that next step.

It has been four months since Kimberly returned to the Deacons' home. The "boyfriend problem" took care of itself: he broke up with her via social media, and Kimberly took it better than expected. Since returning, she has been spending more time with Carrie and her friends. A meeting was held at the school prior to Kimberly's first day back, and Kimberly does not qualify for an individualized education program (IEP). She was always capable of good grades and is starting to get back on track academically. There were a few bumps when Kimberly first returned home related to defiance and outbursts, but the Deacons were better prepared to manage these after the work they had done with RVBH.

After her first visitation with her mom and siblings, Kimberly's mood declined a little. She had been very nervous before the visit, but when it was time to leave her mom, she became sad and that lingered for a few days. Because of the education the Deacons have had since Kimberly's hospitalization, they were ready for the response and managed it as a family. Subsequent visits have been better, and Kimberly has asked Linda to consider allowing her to move back so that she can transition to a new school at the beginning of the next school year. Linda is still hesitant, but they are continuing with family therapy sessions to help them further repair their relationship. The outbursts have dwindled, but Linda also now understands that such anger outbursts were not "for no good reason." Through her individual therapy, Linda has been learning to be more honest about the impact of her previous substance abuse and violent relationship with her boyfriend.

Emily and Marissa are still working closely around Kimberly's care and needs. In coordination with the social services worker, they are looking ahead toward reunification with Linda. Most importantly, the team can see that Kimberly is hopeful. With continued support, everyone expects Kimberly to do well.

KENTUCKY SKY USE CASE 3

Shakira, 16 years, entered foster care two months ago after her primary caregiver, her grandmother, Mrs. Miller, passed away. Shakira was nine years old when she went to live with her grandmother in Lexington after her mother was incarcerated twice for shoplifting and drug possession with intent to sell.

Before the death of her grandmother, Shakira was an excellent student, a member of the swim team, played the clarinet in the school band, and hoped to go to the University of Kentucky (UK) to fulfill her dream of becoming a veterinarian. She had a boyfriend, Mike, who was the star player on the school's baseball team. Mrs. Miller had a full-time job with a modest income and was supportive of her granddaughter's studies and extracurricular activities. Shakira and her grandmother had discussed UK scholarship opportunities with the high school counselor.

Three months ago, Shakira's PCP confirmed that she was pregnant in her first trimester. Shakira and her grandmother discussed options: keep the baby, adoption, and abortion. Eventually, they decided to keep the baby to raise in their home. Mike and his parents strongly recommended adoption and refused to be involved in the baby's support or upbringing. Within a week of the final discussion with Mike, Mrs. Miller died from a myocardial infarction. She was found in her home by Shakira when she came home from band practice.

Shakira stayed with school friends for two weeks but the school counselor contacted DCBS and Shakira was placed in foster care. After two weeks in a Lexington group home, Shakira was placed in a private foster home in Bowling Green. Shakira began seeing an OB/GYN and made plans to keep her baby. She was also diagnosed with depression resulting from the death of her grandmother and transition to a foster home in Bowling Green. Shakira stopped talking about her dream to become a veterinarian. Shakira's foster parents wanted both Shakira and her baby to stay with them as a teen mother and baby in foster care.

The foster parents expressed concerns to the DCBS Social Service Worker, however, about Shakira's depression, poor school performance, and development of her skills to care for a baby.

Describe how the Vendor would address Shakira's situation and coordination with the DCBS Social Service Worker, the foster family, physical and behavioral health providers, transition from the family to the community, and community resources. At a minimum, address the following programs and services:

- a. Care management;
- b. Access to and coordination between physical health providers (e.g., OB/GYN, pediatrician) and behavioral health providers;
- c. Access to network providers;
- d. Discharge planning for all levels of care;
- e. Coordination of school based services and an Individualized Education Plan
- f. Community services for parenting skills;
- g. Applicable evidence based practices;
- h. Coordination of transportation, if needed;
- i. Options for aging out of foster care and risk management;
- j. Social determinants of health;
- k. Provider education and support;
- l. Access to and sharing of medical records; and
- m. Maintenance of the Care Plan.

Introduction

Passport's approach to managing the care of Kentucky SKY members is to work in partnership with the Department for Community Based Services (DCBS) and identify critical factors needed for long-term success. Passport services support the goals of permanency, safety and well-being. For Shakira, the overriding goals are to provide access to health care and support systems that will allow this remarkably accomplished young woman to regain her momentum toward finishing high school and transitioning to college as well as achieving a healthy and safe outcome with her pregnancy.

Understanding the Member

Upon enrollment in Kentucky SKY, Susan, a care coordinator with Passport, telephones Shakira's foster parents, Mr. and Mrs. Lewis, to begin to connect and build a relationship with them and Shakira. Susan arranges to meet Shakira and her foster parents. She tells them she will bring Nicole, a Passport Mommy Steps Maternity and Newborn Nurse Care Advisor with her. At the first meeting, Susan and Nicole complete the Health Risk Assessment (HRA) and the SKY Pediatric Assessment (Enrollee Needs Assessment), but their main focus is establishing a supportive relationship with Shakira and Mr. and Mrs. Lewis. Because she works from a strengths-based, youth-driven model of care, Nicole uses the interview to highlight Shakira's accomplishments, to normalize her depression in light of the circumstances, and to begin to convey support for Shakira's goals. Shakira says that she had hoped to be a veterinarian, but she is not sure that will be possible. Nicole tells her that she will make a note of this important goal and keep it in mind as they work together. She places the goal on Shakira's care plan as a first step to person-centered planning.

Shakira is already enrolled in school and had been connected to an OB/GYN provider, but Mr. and Mrs. Lewis ask Susan and Nicole about resources for counseling and education around parenting. Susan offers several options for behavioral health (BH) treatment in Bowling Green, including one that specializes in addressing grief. She also makes a referral to the local Health Access Nurturing Development Services (HANDS) program. Susan describes Passport's care coordination process and solicits the family's permission to convene an assessment team meeting. She also asks Shakira if she can have Passport's Kentucky SKY youth peer support specialist contact her. The peer support specialist has experience being a foster child, and Susan thinks her perspective might be helpful to Shakira, who agrees. Susan also informs Shakira of incentives she can earn from Passport for obtaining appropriate prenatal care.

Nicole asks Shakira about her mother. Shakira says she heard from a cousin that her mom was released about six months ago, but Shakira has not been able to reach her. Shakira says she would like to reestablish a relationship with her mother. However, Shakira does not want to get her hopes up and wonders how her mother will respond to her pregnancy.

Creating a Care Plan

Prior to the assessment team meeting, Susan gathers health and education records, follows up to make sure that Shakira has been connected to a BH provider and reviews the completed assessment, which includes a trauma assessment. Shakira has had several adverse childhood experiences that until recently were offset by the loving and stable presence of her grandmother. However, the trauma assessment reveals that Shakira

had felt pressured into a sexual relationship with her boyfriend. Her boyfriend said if she loved him, having sex would “prove” it to him. Now she feels confused about romantic relationships. Susan also follows up with the Social Service Worker (SSW) about Shakira’s mother. The SSW says she has been trying to establish contact with the mother but has been unsuccessful in finding a good contact number; however, she will continue to try.

The assessment team meeting, facilitated by Susan, is held at Shakira’s school, allowing Shakira, the school counselor, the Youth Service Center coordinator (who has experience working with teenage moms), and Mrs. Lewis to attend in person. Because the DCBS worker is located in Lexington, the DCBS worker attends by phone. The youth peer support specialist is also present and has discussed with Shakira her rights as a foster child and strategies for being a good advocate for herself. Neither the BH therapist nor someone from the OB/GYN’s office are able to attend, but in preparing for the meeting Susan has contacted them to allow them to make recommendations. Based on her past academic performance, Shakira has been placed in advanced classes in which she is currently struggling. She asserts herself, however, by rejecting an offer to move to regular classes, saying, “I know I can do this. I just need some help.” The school lets her know about after-school tutoring resources, and Mrs. Lewis promises to support Shakira’s access to these services. If Shakira needs it, she can use homebound schooling during the last month of pregnancy and the initial postpartum period, but Shakira wants to remain in “regular” school as much as possible. The primary focus of the care plan initially is on supporting Shakira’s adjustment to her foster home, her success at school and the healthy delivery of her baby. When the subject of Shakira’s mom comes up, Shakira says she wants to know that her mother is okay. Susan suggests that the SSW reach out to the mother’s managed care organization (MCO) to see if they have a current contact phone number and ask them to obtain the mother’s consent for it to be released to the SSW.

Facilitating Care

In the coming months, the care coordination team meets monthly, reviews Shakira’s progress and adjusts her care plan as her needs change. Shakira needs help with coping with her foster parent’s expectations, planning for her baby and developing new peer relationships. With permission, Passport’s care team communicates with the BH therapist around Shakira’s specific issues related to intimate relationships.

After Shakira delivers, care coordination will be provided for her newborn. In the meantime, the team addresses childcare options for when the baby arrives. The Youth Service Center coordinator is instrumental in locating affordable childcare options for when Shakira is in school. Susan identifies charitable organizations that supply car seats for free.

Nicole maintains regular contact with Shakira’s OB/GYN. When Shakira transitions to a more permanent primary care provider (PCP) (see information below regarding access to network providers), Susan assists in scheduling appointments and arranging for records sharing between the two practices. With appropriate permission, Nicole alerts Shakira’s OB/GYN and later her PCP about Shakira’s depressive symptoms. Shakira’s therapist diagnosed her with an Adjustment Disorder with depressed mood, and recommended a trial of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Shakira was opposed to starting

antidepressant medication, and after consultation with the Kentucky SKY psychiatrist, her DCBS worker supported this decision. Shakira also expressed to Nicole that she was unwilling to take over-the-counter (OTC) medicines for fear that they would harm the baby. Nicole contacts the Passport clinical pharmacist, Carrie, for information on which OTC medicines should be avoided during pregnancy and which are safe. Carrie also makes sure Shakira is aware that Passport covers prenatal vitamins and understands the importance of taking them during her pregnancy.

Susan continues to monitor what additional providers are needed to help Shakira, and her role is to help in identifying options, scheduling appointments and arranging transportation if needed. Prior authorization is not required for OB/GYN appointments or outpatient BH treatment, so Shakira should not have issues with access to these services. OB/GYNs typically become a member's primary care doctor during pregnancy. When Shakira is ready to transfer back to a PCP, Susan works with her to select one, preferably a pediatrician comfortable seeing both Shakira and the newborn, providing ease of access for Shakira and Mr. and Mrs. Lewis.

Regarding transportation, the Kentucky SKY care team provides information on the Commonwealth-sponsored transportation services and assists with public transportation and voucher programs for OB/GYN or other providers visits. If Shakira has any extended medical or therapy visits, Susan will help the foster family with transportation reimbursement.

Passport trains all provider relations specialists in the unique needs of the SKY population. In this case, we want to ensure Shakira's OB/GYN understands trauma-informed care, and specifically, that the OB/GYN is sensitive with examinations and discussions given the traumatic nature of how Shakira may have been pressured into having sex with her boyfriend, and the underlying traumatic experiences related to her mom.

With an anticipated delivery, the discharge planning begins prior to the maternity admission. Nicole engages Shakira in a care and discharge plan that incorporates decisions and information discussed throughout the care coordination process, including the following:

- A birth plan including expectations around delivery. For any care/treatment that requires SSW signature, the SKY team works with providers and the SSW to obtain these in advance.
- A postpartum plan including discussion of long-acting reversible contraception, pregnancy spacing and other individual postpartum concerns. Passport discharge planners are available if the need arises after delivery to remove barriers to discharge and assist with follow-up care.
- Ongoing risk assessment for potentially avoidable complications during pregnancy and the postpartum period.

Following any inpatient admission (routine or unexpected), the SKY team assists facility care team members in evaluating Shakira for the following:

- Primary and secondary diagnoses
- Pertinent past medical history
- Current cognitive, functional and psychosocial needs
- Discharge needs
- PCP and/or specialist or BH practitioner referral and follow-up appointments
- Medication management
- Post-discharge medical support (home health, durable medical equipment [DME], therapy, rehab)

The care coordination team also provides resources to Shakira, her foster parents, and the SSW related to Shakira's educational rights, understanding of individualized education plans (IEPs), 504 plans and similar issues related to education for children and youth with special needs. Shakira is unlikely to need or qualify for an IEP, given her strong academic and athletic performance in the past. She may require a 504 plan for accommodations related to her pregnancy and emotional disturbance arising from her grief and foster placement. She may benefit from school-based therapy services to help manage the stress of navigating all of the facets of school (including peer relationships and homework) through pregnancy and early motherhood. Susan works with the school to understand the unique package of services offered as part of coordination of Shakira's health care, including Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services and screenings. Passport also ensures that services provided in school do not result in care gaps for Shakira, especially when she is not in school or school is not in session.

Shakira is connected to community resources based on her needs and preferences. Resources are made available without overwhelming the family, with optional referrals or appointments. Passport uses the Healthify software application, which identifies social determinants of health (SDoH) and then refers to local community resources. In addition, referrals can also be made for the following:

- Free prenatal/parent classes such as those offered by The Medical Center of Bowling Green Obstetrics, including "Prepared Child Birth," "Breastfeeding Basics," "Newborn Care and Safety," and "Ready, Set, Go!"
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Maternal Health Texting Program for reminders about appropriate prenatal care (<https://www.text4baby.org/>)
- Review of local health department or other incentivized parenting education programs in Shakira's residential area (the health department may offer a free breast pump for new nursing mothers using WIC and returning to school after four to six weeks postpartum.)
<http://www.barrenriverhealth.org/maternal-and-child-health/breastfeeding/>
- Peer support to normalize Shakira's anxieties about caring for a new baby

For Shakira to obtain a sustained positive outcome for her life, she needs to make personal commitments in a dramatically changing environment (e.g., new child, new location, new family). All of Passport's care management team members have received training in the use of motivational interviewing—a collaborative, goal-oriented style of communication designed to strengthen personal motivation and commitment to a specific goal. Passport expects all providers to operate in a trauma-informed and trauma-sensitive manner and provides resources to support this practice. For mental health providers, specific trauma treatments may be appropriate, e.g., TF-CBT (referenced earlier), as well as evidence-based treatments for depression (e.g., The Society of Clinical Child and Adolescent Psychology's Effective Child Therapy resource).

Shakira is an excellent candidate to be a full partner in the transitional plan initiated by the independent living coordinator and the DCBS worker. Shakira's mother has recently reached out to the SSW, and Shakira reports that a recent phone call with her went well. Her mother's reappearance in her life adds another layer to Shakira's decision-making. Whether Shakira decides to remain in foster care and pursue college,

transition to an independent living program that supports mothers and their babies, or pursue some other option, Susan participates in the process by connecting Shakira with resources, attending to social needs (e.g., housing, food), and addressing risks that might compromise a successful transition.

To aid Shakira in making the best decision for herself, the SKY care team facilitates and provides the following:

- Educational sessions between the Passport transitional youth liaison and DCBS independent living specialist
- Connection with Voices of the Commonwealth
- Education on all of Shakira's available options
- Education-related information and services, e.g., concerning colleges and tuition assistance
- Identification of local housing/school support programs such as Scholar House in Bowling Green
- Assistance with college preparation resources if needed
- Connection to childcare assistance resources
- Referrals for housing assistance (Housing and Urban Development, (HUD), etc.)
- Referrals for employment assistance (vocational rehab, KY Career Centers, etc.)

The SKY Pediatric Assessment includes screening of SDoH. Susan continues to monitor social needs and conduct additional SDoH assessments as needed. The care coordination team would also assist with college preparation resources, connection to non-health care related transportation, and, with permission from her guardian, obtaining a cell phone via TracFone.

Internally, the Passport SKY team share access to medical and case management records for members via IdentifiSM, our care and utilization management (UM) and communication IT platform. Information is available 24/7 through IdentifiSM. During care team meetings, Shakira's SSW signs the required release of information forms so that medical records can be shared between providers and any community resources involved with Shakira's care, including those from the previous MCO.

The care plan is regularly updated with the care team. Frequency of updates is based on the intensity of care management being provided. At a minimum, care plans are updated at least every 90 business days, or with any changes to medication, treatment or goals. Monthly, Shakira, her foster parents, the SSW, and any other key team members are invited to participate in meetings to discuss progress and update the person-centered care plan. Between the regularly scheduled team meetings, the Passport care team keeps in touch with Shakira and/or her foster parents weekly. Weekly contact would continue until at least eight weeks postpartum to ensure Shakira and her foster parents are adjusting to caring for the new baby.

Conclusion

Shakira remains with her foster family and delivers a healthy, full-term baby boy. Both are doing well with ongoing check-ins with the Passport SKY team. She has had intermittent contact with her biological mother, but no contact with the father of her baby. Her OB/GYN and new pediatrician perform initial screenings for postpartum depression, but these are negative. Shakira is engaged as a new mom, has returned to school, and her grades have started to bounce back. At home, she has made hopeful comments about rekindling her college plans.

KENTUCKY SKY USE CASE 4

Kirk is a 3 year old with cerebral palsy (CP), hydrocephalus with a ventriculoperitoneal (VP) shunt, and seizures. He was placed in foster care when he was two months old after his parents terminated parental rights. Kirk has been in six different foster homes in four different Service Regions. He is on multiple medications for his CP symptoms, including anticonvulsant medication. His infant VP shunt was replaced when Kirk turned two years old but two foster homes have reported problems with the shunt and repeated follow-up visits with the pediatrician and pediatric neurosurgeon.

Access to a pediatric neurosurgeon and the availability of Kirk's medical records as his placements change have been a significant problem. In addition, medication management and pharmacy records are problematic for the DCBS Social Service Worker and foster parents.

Kirk's current foster family lives in a rural community in Webster County. They have discussed adoption with the Social Service Worker but expressed concerns with access to the care that he needs in the long-term. The family has attempted to access care at the nearest children's hospital but availability of appointments was problematic.

The family now must travel to Cincinnati Children's Hospital, which is more than a nine hour roundtrip commute. The travel and time off from work are hardships for the foster family but their primary concern is for Kirk's health. The foster family is concerned about availability of primary care and dental providers, clinical specialists (e.g., pediatric neurosurgeons), specialists to support his cognition, behavior, communication and developmental needs, medications to treat his CP symptoms and associated conditions, physical therapy, durable medical equipment, planned family respite care, etc. Describe how the Vendor would address Kirk's situation and coordination with the Social Service Worker, the foster family, in-state and out-of-state providers, and community resources. At a minimum, address the following programs and services:

- a. Care management, including coordination to address fragmented care and timeliness of care;
- b. Availability of services and network access, including out-of-state providers;
- c. Availability of services, such as skilled nursing services;
- d. Access to school based services;
- e. Applicable evidence based practices;
- f. Coordination of transportation, as needed;
- g. Community resources;
- h. Social determinants of health;
- i. Planned respite care;
- j. Provider education and support;
- k. Access to and sharing of medical records; and
- l. Maintenance of the care plan.

Introduction

Passport uses an integrated, whole-person approach to managing the care of Kentucky SKY members for sustained positive outcomes. Our approach identifies the critical factors that need to be addressed for the long-term success of children and youth in state custody, and it tailors services to support the goals of permanency, safety, health and well-being. For Kirk, the overriding goals are to develop a care plan and provide the support needed for him and his foster parents.

Understanding the Member

Upon enrollment, Kirk's foster parents, Cathy and James Smith, receive a phone call from Betty, who is a Passport Kentucky SKY Care Coordinator. She explains that in her role she is their primary partner, and she will coordinate all the care team members and services to support Kirk and the family. She conveys her understanding that his health care needs may feel overwhelming to the family, but also that having the presence of caring adults in his life is perhaps the single most important factor in his overall development and health. Betty arranges to do a home visit with the Smiths and asks permission to complete a health risk assessment (HRA), followed by a more detailed, complex care assessment to obtain all needed information.

Betty brings John, a Care Advisor, with her for the home visit. During the home visit, Betty and John meet Kirk, and then Betty completes the HRA while John works with the Smiths to complete an initial complex care assessment (member needs assessment). Going through this assessment is one of the first opportunities that Kirk's foster mother has had to think about his overall health care needs. The demands related to his cerebral palsy (CP), hydrocephalus and seizures have been the focus of her interactions with health care providers. While completing the assessment, Cathy has an opportunity to consider Kirk's broader developmental functioning and identify specific areas of concern, including the challenges imposed by limited mobility, the adequacy of positioning supports for eating and other family activities, and the lack of opportunity for social engagement outside the immediate foster family. John notes knowledge gaps related to Kirk's care, while Betty makes notes of Kirk's providers, who need to be engaged as part of the care team. John uses motivational interviewing techniques to talk with the foster mother, reflects on Kirk's challenges and successes, and affirms the positive steps that the parents have taken to address his needs. Betty contacts the social service worker (SSW) and uses information from previous assessments and care notes to help fill in gaps in the assessment. She asks the SSW for verification that the Cabinet for Health and Family Services (CHFS) wants to support this placement as a possible permanency option for Kirk. Betty also confirms with the SSW that Kirk has been designated medically complex.

Betty then requests electronic health records from health care providers and convenes the care team for the development of Kirk's care plan. The care team participants include Betty, John, Mrs. Smith, Mrs. Smith's mom (who sometimes cares for Kirk), the SSW, a liaison for medically complex members, providers, a behavioral health care manager, a family peer support specialist, pharmacists, a preschool education representative from Webster County, and the Department for Community Based Services (DCBS) representative. Betty was able to get input from a nurse consultant familiar with Kirk's care at Cincinnati Children's Hospital, although he declined the meeting invitation. Betty conducts the meeting from the foster

parents' home and uses a conference call line to provide access for those who are remotely located. The DCBS representatives and foster parents open with their concerns, and then the various other professionals help identify and prioritize Kirk's and the Smiths' needs. One thing that becomes clear in the meeting is that the foster parents have been traveling to Cincinnati for all of Kirk's health care needs (even fairly minor ones) because they feared that a local pediatrician could not manage his care. Due to his medical needs, Kirk has not been enrolled in public preschool services. The Webster County preschool representative notes that Webster County has a highly ranked preschool program and that they are committed to serving all kids in the county, especially in light of limited daycare options. Kirk could be integrated into their developmental program if they could receive some consultation on how to manage his needs. Kirk is present in the home for the meeting and, despite significant developmental and medical challenges, all care team members are impressed with his social responsiveness. Mrs. Smith notes that when her sister's children, ages six and eight, come to the house, they love to play with Kirk, and that Kirk lights up in their presence.

Based on the team's assessment meeting, Betty and John develop an initial care plan that incorporates the individual health plan and time frames for accomplishing the goals. The initial care plan focuses on (1) evaluating local primary care pediatricians to find a group practice comfortable with Kirk's unique issues, so that routine medical care can be delivered near the Smiths' home; (2) completing a preschool referral and providing support to allow Kirk to be integrated into an environment with other children; and (3) referrals and completion of a comprehensive developmental assessment to determine Kirk's need for further services. Initially, John and Betty schedule weekly contacts with the family and explain that they will monitor the implementation of the school and local medical care plan. They also engage Lori, the local Passport community engagement specialist, so that she can provide information on resources available within the community. Betty also arranges for a medication review by a Passport pharmacist, Susie, to educate the Smiths and Kirk's SSW about his medications. Susie conducts a medication reconciliation along with a comprehensive medication review to obtain an accurate and complete list of active medications. The medication review includes outreach to the Smiths and to Kirk's providers and care team members, and that information is captured in the care plan. Betty assists with referrals and appointments, while tracking Kirk's progress. She assists Mrs. Smith in reviewing all the local pediatricians and schedules several pediatrician interviews with providers who are comfortable with Kirk's medical needs.

Kirk visits a local dentist, and the appointment does not go well. Mrs. Smith feels that the dentist had issues with Kirk being seen in a typical dental chair and Kirk's troubles with keeping his mouth open. Betty suggests that Mrs. Smith take Kirk to the Office of Children with Special Health Care Needs (OCSHCN) in Owensboro for dental care, since they are very experienced in working with children with special needs.

John and the Smiths discuss the option of transferring Kirk's neurological care closer to home. Betty and the Smiths discuss a referral to the Cerebral Palsy Clinic in Owensboro, which is associated with the OCSHCN. In this clinic, Kirk can see specialists for neurology, pulmonology and orthopedics. Mrs. Smith agrees to the referral, saying that over time, they will probably want to transition his care to Kentucky-based providers. Mrs. Smith adds that she and her husband are confident in Cincinnati Children's Hospital, and she would like

to use the hospital only for services requiring in-hospital care/treatment. John advises the Smiths of transportation benefits available via Passport. Passport orients all new and existing providers to the unique needs of Kentucky SKY members. The training includes information about the Kentucky SKY population, Health Insurance Portability and Accountability Act (HIPAA)-compliant exchange of information, working with foster families, and other topics detailed in Passport's SKY Education and Support plan.

Based on the developmental assessment, Kirk is determined to need physical, occupational and speech therapy. Although services are available through Baptist Health in Madisonville (within 30 minutes of Webster County), the Smiths express concern about the multiple appointments required each week. Services are available through school as well, but the care team agrees that additional services in addition to school-based services in this early period would be beneficial. John discusses these concerns with the director of the Physical Therapy and Rehabilitation program. Baptist Health agrees to develop an at-home program of therapeutic activities and exercises. Kirk is scheduled to be seen monthly by the therapists to monitor his progress. The Smiths report being pleased with the option and begin talking about ways to incorporate Mrs. Smith's niece and nephew into the home therapy. John speaks with Kirk's pediatrician about skilled nursing services via a home health agency. Kirk's pediatrician agrees that this could be beneficial to Kirk, and he makes a referral to Baptist Health Madisonville Pediatric Home Care for a nurse evaluation. The nurse assists with Kirk's care, and this adds to the coordination between the family and Kirk's providers. If the nurse's evaluation determines more intense nursing services are needed for longer durations, private duty nursing could be available to Kirk via Early and Periodic Screening, Diagnosis and Treatment (EPSDT) special services. Mrs. Smith is relieved to know she will have some hands-on help on a regular basis.

Having established contact with Webster County's preschool staff (and with the SSW's and Mrs. Smith's consent), Betty discusses coordination of school-based services, which is a benefit that Passport covers. Given the complicated nature of Kirk's condition, Betty and the preschool staff agree to use the developmental assessment obtained during implementation of his care plan. They are surprised to learn that although Kirk has many speech and motor challenges that limit communication, his intellectual ability appears to be in the mild range of intellectual disability. Kirk receives an Individualized Education Program (IEP), which provides physical, occupational and speech therapy, and gives access to a developmental interventionist. In his regular calls with Mrs. Smith, John asks whether the home therapy program appears to be meeting Kirk's needs, and he offers to arrange for additional therapies to supplement those he receives in school during summer breaks or extended school vacations.

Passport's approach to managing complex care needs and care coordination relies on (1) the recommendations of the medical and behavioral professionals who evaluate and treat Kirk, (2) agreement with care decisions from his caregivers and his SSW, and (3) whether the treatment or service supports long-term gains. Kirk has multiple pediatric subspecialists involved in his care, and they follow evidence-based practices, which are the main guiding principles when deciding on the best approach for his care. Many different medications, dietary approaches and therapies are recommended for Kirk. Using evidence-based guidelines helps determine the most appropriate course of action, especially when some proposed treatment options will fall in the experimental and investigational category, given his complex issues.

Based on the assessment, the Smiths report that most of their basic needs are met. Both parents work and own their home. They have adequate access to food. Both foster parents express a desire to learn more about Kirk's condition and what they might expect in parenting a child with disabilities as he grows older. Betty provides links to a number of relevant organizations and resources for them to engage with (see below) and recommends attending a workshop in Owensboro, "Special Education Process (ages 3-21)," sponsored by KY-SPIN.

Passport's initial assessment includes a basic Social Determinants of Health (SDoH) screening to help ascertain what other pressures are having an impact on Kirk and the Smiths. Betty may also complete a more in-depth SDoH screening if the basic screening warrants it. This SDoH screening centers on five (5) domains: economic stability, neighborhood and physical environment, eHealth Care, and community and social context. For Kirk and the Smiths, the main social need is his lack of normal social activity for a three-year-old. The Smiths also share that they would like to be sure their home is Americans with Disabilities Act (ADA) compliant by widening the hallways and doorways, as well as building a ramp to the front door. They are also interested in learning about car seats that might support Kirk more comfortably and are exploring the possibility of adapting their vehicle for wheelchair accessibility. The concern for the Smiths is that making all of the needed changes will be a financial burden, and they are uncertain who can help with this. Betty engages the help of Lori, who can help to identify community resources that offer support from a financial or volunteer standpoint.

Mrs. Smith tears up a little and says that she really misses being able to have occasional evenings out with her husband. Prior to accepting Kirk, they would try to get out about once a month. She had thought that her sister would be able to help with baby-sitting when they became foster parents; however, her sister is uncomfortable keeping Kirk because of his complex needs. Betty arranges for the SSW to talk with her about training to become comfortable as a respite provider for a medically complex child. Together, Betty and the SSW work with the Smiths' Recruitment and Certification worker to get approval for not only Mrs. Smith's sister, but also other family to become respite providers for Kirk. John offers to work with Mrs. Smith to help train all of the adults on Kirk's individual needs. The goal of the training is to ensure there is caregiver support from all angles, and the family feels supported and confident in meeting Kirk's medically complex needs.

Specific to Kirk's needs, a Provider Relations Liaison helps nonmedical providers (e.g., schools, daycares) to understand and manage his conditions. Betty and John also connect with Cincinnati Children's Hospital providers for support with Kirk's complex care needs. Betty maintains a record of Kirk's medical and developmental services and providers in his care plan.

Passport intends to develop a comprehensive medical records release form to reduce the burden on DCBS of signing separate consent forms for each new provider. Betty and the SSW obtain all known medical, dental, vision, pharmacy, immunization, therapies and behavioral health records during the assessment phase of care planning. As the care plan/individual health plan is developed and implemented, Betty communicates with the SSW regarding new providers, treatments and medications. At a minimum, care

team members are updated at the monthly SKY care coordination team meetings. While adhering to all relevant laws designed to protect the privacy and security of Kirk’s medical information, Passport coordinates the open exchange of medical information for providers involved in this care.

After development of the initial care plan/individual health plan, Betty and John meet with Kirk and the Smiths once a month in their home. The medically complex service team meets every three months to review Kirk’s individual health plan and ensures that the plan is updated at least every six months or more often as needed. Copies of the individual health plan and the SKY care coordination team care plan are shared with care coordination team members.

Two (2) years after the first assessment team meeting, Mrs. Smith reports that Kirk is doing well in his school placement, and that she and her husband are finding the daily management of his needs easier with the support they have received. Working with more local specialists has made scheduling appointments easier, and now they do not have to miss days of work. Kirk’s strong social responsiveness, along with his quick adaptation to a new augmented communication device and improving motor skills, have contributed to his beginning to develop friendships with same-age peers. As a result, Mrs. Smith excitedly tells Betty that she has asked Kirk’s SSW to begin the required steps for them to adopt Kirk.

KENTUCKY SKY USE CASE 5

Enrico, age 16, has a history of violence, aggression, and destructive behavior. Both parents live in the home and Enrico has five siblings, ages two – nine years. Spanish is the primary language spoken by his parent and Enrico often had to interpret for his parents when talking with health care professionals, school officials, and law enforcement. He has a history of harming his parents, siblings, and a family pet. When in middle school he started fires at school and physically bullied younger students. Once in high school, Enrico began experimenting with drugs and alcohol, and was suspended twice for bullying students and destruction of school property. After physically attacking a high school teacher, Enrico was arrested and placed in a DJJ regional juvenile detention center. The charges against Enrico were later dropped so that he could receive treatment. Enrico’s parents refused his request to return home and DJJ and DCBS coordinated his placement in foster care. His behavioral issues in a private foster home (e.g., aggression and destructive behavior) caused him to be relocated to a group home. Despite repeated requests from Enrico, there has been no contact between Enrico and his family since he entered foster care.

Enrico has been prescribed two psychotropic medications at the higher end of the dosage range but hasn’t been evaluated by his PCP or behavioral health provider in over a year. In addition to his ongoing behavioral issues, Enrico has moderate persistent asthma and has a history of several ED visits and one hospitalization related to his asthma over the past two years. His BMI is 25.

With his Social Service Worker, Enrico discussed his loneliness, desire to return home, and regrets over hurting his family, especially his parents. Enrico especially misses his siblings and is anxious to see them or to talk with them over the phone. He expressed his frustration over not being able to talk with his family to discuss how they “can be a family again.” He shared his confusion over who could help him with talking or meeting with his family.

Enrico is ambivalent about remaining in foster care once he reaches his 18th birthday. Sometimes he expresses a desire to leave foster care and, at other times, he states his understanding of the support needed to transition into the community and possibly reconcile with his family. Enrico’s poor performance in school has intensified his feelings of failure and caused him to question whether staying in foster care will be of any value to him.

Describe how it would address Enrico’s situation and coordination with the DCBS Social Service Worker, group home, physical and behavioral health providers, and his family. At minimum address the following programs and services:

- a. Care Management, including coordinated management of his physical and behavioral health conditions
- b. Discharge planning for all levels of care;
- c. Language accessibility;
- d. Psychotropic medications and documentation in medical records (e.g., rationale, follow up assessments and monitoring);
- e. Evidence based psychotherapeutic interventions;
- f. Social determinants of health;
- g. Community resources;
- h. Aging out of foster care;
- i. Access to and sharing of medical records; and
- j. Maintenance of the care plan.

Introduction

Passport's approach to managing the care of Kentucky SKY members is to work in partnership with the Department for Community Based Services (DCBS) and the Department of Juvenile Justice (DJJ) to obtain sustained positive outcomes. This approach is based on identifying the critical factors that need to be addressed for the long-term success of Kentucky SKY members and to tailor services to support the goals of permanency, safety and well-being. For Enrico, the overriding goals include:

- A successful transition out of DCBS custody at the appropriate time
- A personal sense of competency
- Connections with caring figures that will last beyond his placements
- Having his asthma under control without acute exacerbations
- Understanding the root causes of his anger and behavior, and helping him to manage these

It will also be important to assess the extent of his substance use and how drugs and alcohol may be contributing to his behaviors.

Understanding the Member

Upon Enrico's enrollment in Kentucky SKY, Tim, a Kentucky SKY Care Coordinator, reaches out to the DCBS social service worker (SSW) and the treatment director at Enrico's group home in Boyd County, on the outskirts of Ashland. He gathers the basic information necessary to begin the Health Risk Assessment (HRA). The DCBS SSW has limited information because she has just recently been assigned to the case. Tim is somewhat taken aback that the treatment director focuses almost entirely on Enrico having a "bad attitude" and his belief that Enrico just needs firm consequences to get his behavior in line. Tim arranges to visit Enrico with Passport Behavioral Health Care Advisor Victor, and then afterward to have a meeting with Enrico and the manager at the group home. He also prepares to meet with Enrico by adding what additional information he could to the HRA based on information from DCBS, DJJ and Enrico's previous managed care organization (MCO).

Enrico appears depressed in the interview and is reluctant to engage with Tim or Victor, but he answers questions as Victor completes the Kentucky SKY Pediatric Assessment (Enrollee Needs Assessment) with him. Victor observes that Enrico seems to have several gaps in his own knowledge of his current health. For example, although the group home records show daily administration of both asthma and behavioral medications, Enrico only seems aware that he takes medicine "so I won't get so mad." Passport strongly endorses a family-driven, youth-guided and evidence-based approach to achieve sustained, positive outcomes. He reiterates that he wants to return to his family, especially his next-youngest brother, who is nine (9). Victor also encourages Enrico to identify what he is really good at. Enrico has difficulty naming any strengths, but he ultimately says he's good at the video game, Fortnite.

Victor speaks with the cottage manager alone and asks what he knows about trauma-informed care (TIC). The cottage manager says that he has heard of it but thought it was only for kids who had been abused. Enrico was sent to their program because of his abusive behavior toward others, so he did not see how it

was relevant. Victor offers the cottage manager TIC training, and Passport's Kentucky SKY Provider Relations Liaison follows up.

Creating a Plan

After meeting with Enrico and the cottage manager, and gathering available school and health records, Tim schedules the assessment/care team meeting. A psychologist who contracts with the group home has prepared an educational and personality assessment that includes administration of a trauma assessment test as recommended by Passport. The meeting is attended in person by Enrico, Victor, the group home's treatment director, the DCBS SSW, a DJJ representative, an asthma Health Educator from Passport, the psychologist, a teacher from the group home's on-site school, and Tim. Tim had used an interpreter to contact Enrico's parents, but they declined to participate, even by phone.

Tim, like all Passport Kentucky SKY Care Coordinators, has received training in the importance of and how to facilitate a health care interdisciplinary team meeting. He makes sure that all members of the assessment/care team have an opportunity to share their perspective, and he supports Enrico in saying that Enrico's main goal is that he wants to go home. The DCBS SSW expresses reservations about this goal, and the group home treatment director stresses that Enrico must "get his act together" before he can return home. In discussing his medications and medical needs, the Passport Health Educator notes that the asthma medicine Enrico is receiving can contribute to hyperactivity, and Victor chimes in that some of his psychiatric medications can contribute to weight gain. The Health Educator recommends that Enrico receive an evaluation by a pediatric primary care provider (PCP), which includes review of all his medications and conditions. Victor further recommends that Enrico have a psychiatric evaluation by an adolescent psychiatrist, and Tim coordinates an appointment at Pathways Community Mental Health Center (CMHC) within two weeks. The trauma assessment did not reveal any specific history of trauma other than his difficulty managing his emotions. In fact, Enrico tended to present an idealized, almost unrealistic picture of how good and supportive his family had been.

A Passport pharmacist reviewed Enrico's medicines and health records to better understand how his medicines might be affecting his current issues. Based on the review, the pharmacist noted several concerns, which were shared with prescribers. Enrico's psychoactive medications included a stimulant and an antipsychotic medication, both prescribed for behavior control but without clear evidence of effectiveness. Although consistent medical records were lacking, documentation was found that his height and weight were in the normal range when he was 14, prior to being started on the antipsychotic medication. Asthma medications appeared to be at suboptimal doses, and Enrico appeared to have inconsistent access to a rescue inhaler.

Many issues are discussed in the assessment/care team meeting, but in the end the team agrees that priority needs to be given to a primary care visit, a psychiatric consultation and the pharmacy review. Tim commits to helping the group home find a pediatrician and contacting the psychiatrist's office prior to Enrico's next appointment to share the team's specific concerns about the medication potentially causing

weight gain and cross-reactivity to his other medicines. Enrico's drug and alcohol use were discussed during the meeting, and it was determined that, with his placement in the group home in Boyd County, substance use no longer appears to be a current issue for him.

Balancing Enrico's desire to return to his family and concerns over his behavior, Victor proposes that Enrico see a mental health therapist who works from a strengths-based, trauma-informed perspective, with the goal of helping him determine what he needs to do to accomplish his goals. Because Passport maintains a close relationship with its provider network and has oriented all Kentucky SKY providers to the needs of DCBS youth, Tim is aware of a local mental health therapist adept at trauma-focused cognitive behavior therapy (TF-CBT) to evaluate for unrecognized trauma in Enrico's past. The DCBS SSW and the DJJ representative support the change in treatment providers.

Facilitating Care

After the initial assessment/care team meetings, either Tim or Victor visit with Enrico once a month and maintain weekly contact via telephone or video conference while he is at the intensive level of care coordination. Updated care plans and regular communication with the DCBS SSW and other members of the care team continue throughout the process.

Enrico is fluent in English and considers English his preferred language, but his family and others in the community that he identifies with speak only Spanish. Passport team members have access to interpreters at all times, and we make sure to include one whenever Enrico's family or friends participate with the team or in care conferences. Passport is dedicated to the tools and training to support the national Culturally and Linguistically Appropriate Service (CLAS) standards for cultural competence in health care settings. We also recognize that we may be unsure of our own cultural competency with specific members, so for Enrico and other members, we consult Sandra, the manager of Passport's Equity Diversity and Inclusion program, for feedback on what we can do to accommodate our members and their families or friends in a culturally competent way. Tim also reaches out to Steve from our Provider Relations team to find a male PCP for Enrico who is fluent in both English and Spanish. A member of the care team may include one of our regional community engagement (CE) specialists who live in the community. Their role is to seek out community resources that can advocate for or support the needs of our members. Specifically in this case, as Enrico is currently separated from his family, we have asked our CE team member to seek local Latino community activities or organizations that might help Enrico if some of his anger and behavior is because of separation from community and culture.

In early stages of treatment, Enrico's therapist helps him acquire skills to improve management of his behavior. These evidence-based skills included mindfulness, emotional regulation, and distress tolerance/acceptance of reality skills. As Enrico moves through his treatment, other evidence-based practices may be relevant for addressing grief, self-image, substance use or attachment issues. Passport strongly supports the use of evidence-based practices and promotes them through the adoption of clinical practice guidelines, distribution of written materials, and through webinars and workshops. Furthermore,

we promote the strong research-based finding that maintaining supportive relationships in a child's life is critical to overcoming adverse childhood events (ACEs).

Tim talks with the DCBS SSW about making a referral for medically complex designation by DCBS, but Enrico is not found to meet the criteria. He is assigned to an intensive level of care coordination. Tim and Victor maintain weekly contact with Enrico, and one of them does an in-person visit at least once a month. Tim convenes regular monthly meetings of the care coordination team, which is composed of the individuals in the assessment/care team plus the new mental health therapist. As part of Enrico's residential placement, the on-site school is kept apprised of care plan updates. Tim maintains close contact with the group home's treatment director and the DCBS SSW. The treatment director receives a copy of a self-study guide to assess whether the agency operates in a trauma-informed manner. Concurrent to all of this, the asthma Health Educator works with Enrico to create an asthma action plan to help reduce asthma symptoms, including how to exercise with asthma.

Over the next few months, Enrico continues to be drug- and alcohol-free, and his asthma comes under better control. His behavior medication is reduced, and Enrico reports feeling better. He becomes more active and experiences a slight weight loss, and the group home staff note some improvements in his behavioral functioning. Tim continues to do periodic outreach to Enrico's family, but eventually the father tells Tim that they definitely do not want their "bad son" back and to quit calling.

This information is shared with Enrico. The therapist takes the lead in talking with Enrico, and with this news Enrico becomes distraught and shares with them that his father is a very violent man who regularly beats his mother. As Enrico moved into young adolescence, he began trying to protect his mother. His behavior problems, including fire-setting and substance use, began at this time. He was afraid to tell anyone because he was afraid that his father would kill his mother or him.

This event became a turning point in Enrico's therapy and his progress at the group home. His DCBS SSW notified the investigative branch of DCBS. After contacting Enrico's mother and confirming his story, they assisted her in moving to GreenHouse17, the domestic violence shelter for central Kentucky. After moving into a safe environment, Enrico's mother expressed a desire to see her son. A family visit at the group home was arranged shortly thereafter. Tim worked with the mother's Greenhouse17 case worker to help arrange transportation for her to make it to the visit. Throughout this time, Tim works to make sure all care providers are aware of what is happening.

Tim uses Passport's Healthify social determinants database application to assist case managers at Greenhouse17 in locating resources for the family. Enrico's mother and siblings receive Medicaid and are assigned to a different health plan. With appropriate consents in hand, Tim calls a counterpart at the other health plan to alert them of the immediate needs of their new members. Passport's statewide Healthify database provides housing, food, childcare, language, employment and vocational resources, and a host of both physical and behavioral health resources.

Looking Forward

Because he is placed in DCBS custody in a group home, apart from social needs Enrico does not face immediate concerns about housing and neighborhood security, food, economic stability, health care or education. However, with a potential transition out of DCBS custody, all of these issues will become crisis concerns in less than two years. After addressing Enrico's immediate medical and behavioral needs, and as Enrico moves closer to age 18, the care coordination team recommends the use of a Kentucky SKY Peer Support Specialist with lived experience in foster care from Pathways Inc. to help meet Enrico's social needs and provide another avenue for him to learn about the opportunities and challenges related to maintaining his commitment vs. exiting DCBS care. The Peer Support Specialist meets with Enrico and works together with the Passport CE specialist in the region to help connect Enrico with the TAYLRD Youth Drop-in Center (the local CMHC), operated by Pathways Inc. TAYLRD gives Enrico more opportunities to connect with peers. Importantly for Enrico, it also gives him an outlet to play video games. Although his highly structured group home is reluctant to grant Enrico time away from the program, with support from his DCBS SSW and because TAYLRD operates under the supervision of the CMHC, they agree to his participation. Shortly after becoming connected with the TAYLRD Drop-in Center, his academic performance begins to improve.

Enrico's 17th birthday happens a few months after the disclosure of his trauma history. Although he can still be quite oppositional, he has had no further serious aggressive incidents. Regular follow-up and changes in medication, along with consistent use of a rescue inhaler, have also eliminated his trips to the emergency department for his asthma. A meeting is scheduled by Tim and the DCBS SWW, in collaboration with the DCBS independent living coordinator. The meeting is held in Lexington, which enables Enrico's mother to attend. Passport has paid for transportation to Lexington for two trips for Enrico to visit with his mother and siblings, but his placement in Ashland continues to be a barrier to close contact.

Enrico continues to display considerable ambivalence about maintaining his commitment to DCBS because he desperately wants to reestablish contact with his family. After a prolonged discussion, his DCBS SWW asks Enrico if he would be willing to continue his commitment if she could arrange placement in an independent living program located in Lexington. After learning that an independent living program would help prepare him for employment and teach basic skills (budgeting, cooking, etc.) for living on his own, Enrico agrees. Best of all, it will allow him to have regular contact with his mother and siblings. While the actual referral process to independent living is handled by DCBS, Tim initiates Passport Kentucky SKY program's formal discharge planning process to handle transitions between levels of care.

When the independent living program raises concerns about accepting the referral because of Enrico's asthma, Tim arranges for the Health Educator to speak with the program director about the improved management of his asthma. Enrico transfers to the independent living program six months before his 18th birthday. During this transition, Tim continues to monitor Enrico's progress and arrange for new primary care, pulmonary and psychiatric providers in Lexington. Victor ensures that Enrico is connected to a therapist who can continue working with him on his trauma issues and the skills he needs to manage his behavioral functioning. Throughout, Tim and the whole Passport Kentucky SKY team continue to support this young man's transition to independence.

Conclusion

Enrico's adjustment to the independent living program was not smooth. In the first few months, he had difficulty adjusting to the increased responsibility of taking care of himself. Overall, however, he continued to function better than expected. He maintained his commitment to DCBS and received vocational services, which was preparing him for a career in website management. He saw his mother and siblings regularly, although they too continued to struggle with adjustment in their new life situation. However, by the time Enrico was approaching his 21st birthday and ready to exit DCBS commitment, he had been working regularly for nearly a year in a job that provided benefits. He enjoyed regular contact with his family. After Enrico's successful transition to the independent living program, Tim asked him if he would like to serve on a workgroup sponsored by DCBS and Passport looking at how to improve the transition process for youth exiting foster care.

KENTUCKY SKY USE CASE 6

Mary is a five year old who was placed in foster care in Louisville when her mom left her in the car for six hours while visiting and drinking with friends. This is Mary's second placement in foster care within the past year.

Based on the initial assessment by her PCP, it was determined that Mary is deaf, has numerous dental caries, and is malnourished. She has almost no language (minimal speech) and has not been taught sign language. Her affect is flat, and she has almost no expression. After a more detailed assessment, Mary was diagnosed as being cognitively delayed.

The DCBS Social Service Worker was unable to locate medical, dental or pharmacy records, or evidence that Mary had been prescribed hearing aids. Mary's mother provided vague information about visits to a pediatrician, immunization history, and dental care.

Describe how the Vendor would address Mary's situation and coordinate with the DCBS Social Service Worker, parent, and providers. At minimum, address the following programs and services:

- a. Care Management including coordination of multispecialty developmental evaluations and care;
- b. Discharge planning for all levels of care;
- c. Applicable evidence based practices;
- d. School based services;
- e. Social determinants of health;
- f. Community resources;
- g. Access to and sharing of medical records; and
- h. Maintenance of the care plan.

Introduction

Five-year-old Mary embodies the situation of many of the children in the Kentucky SKY program. Although she has very specific needs, she also illustrates the fact that many of our Kentucky SKY youth have multiple and complex concerns that are best addressed through a multifaceted approach. In Mary's case, Passport's care management's approach employs a combination of provider- and member-level interventions in line with evidential practices and guidance from the Agency for Healthcare Research and Quality (AHRQ, 2014), specifically designed to target co-occurring medical, cognitive and behavioral concerns for Mary. These goals are pursued while maintaining an overall focus in keeping with the Department for Community Based Services' (DCBS) permanency planning and sustained positive outcomes.

Understanding the Member

When she is unable to locate medical records for Mary, the DCBS Social Service Worker (SSW) calls the Passport Kentucky SKY team to request assistance. When she was taken into protective custody, Mary was not yet enrolled in the Kentucky SKY program, but she is now due to the SSW's phone call. Passport's Kentucky SKY Referral Coordinator assures her that Luke, the Passport Care Coordinator assigned to Mary's case, will contact her the next day. Luke begins by accessing IdentifiSM, Passport's Care, Utilization Management and Communication IT platform, and reviewing all information that is available about Mary. He then calls Mary's SSW to introduce himself and request any additional information the SSW can offer, including Mary's mother's contact information and the cognitive functioning assessment that was completed on Mary. He then researches where Mary has been seen in the past for care and seeks to obtain those records, using information from both Mary's mother and from Mary's previous managed care organization (MCO).

With the SSW's approval, Luke contacts Mary's foster mother, June. Using Motivational Interviewing and other engagement skills, Luke encourages and assists June in collaborating with the Kentucky SKY Care Coordination Team to help improve Mary's situation. As a first important step, Luke helps June to make an appointment at Home of the Innocents Open Arms pediatric clinic within the next two days for a full physical assessment to address acute needs and better understand chronic issues. While speaking with Open Arms, Luke also makes an appointment for Mary at their pediatric dental clinic, where they are accustomed to working with children with special needs. Luke and June, with assistance from the SSW, complete an initial health risk assessment (HRA) for Mary, but there are gaps. Luke asks June if he and a Behavioral Health Care Advisor, Sunny, can come to the foster home to complete the Kentucky SKY Pediatric Assessment.

Luke and Sunny visit the foster home at the appointed time. Mary is withdrawn and does not want to interact with them at first. Luke and Sunny try to engage with Mary in non-threatening and friendly ways. They give her crayons and a coloring book about healthy behaviors for kids, and Mary colors quietly while Luke and Sunny speak with June. Sunny and June complete as much of the Kentucky SKY Pediatric Assessment (Enrollee Needs Assessment) as they can. This assessment includes questions to understand psycho-social, medical, environmental and trauma history and needs. Particular attention is given to further understanding the full extent of Mary's cognitive delay, her hearing impairment and her language delays.

Because June does not know much about Mary yet, Luke and Sunny help to fill in as many blanks as possible via conversations with Mary’s mother, Mary’s previous foster family and the providers at Home of the Innocents Open Arms Children’s Health. While Mary’s weight is very low on the growth chart, after a complete assessment, the pediatrician has found no indications of contributing health conditions causing malnourishment, so it seems to be a result of neglect. June mentions that while Mary is reluctant to try many of the foods she serves in her home, Mary has a voracious appetite when presented with junk food items. It is clear to Sunny from her time spent with Mary that a comprehensive psychological and developmental assessment and hearing assessment are necessary. She offers to send June some information on the impacts of trauma on a child’s development as well as on parenting a deaf child.

Creating a Plan

Luke schedules the first Care Coordination Team meeting. Team members include Mary, June, Luke, Sunny, the SSW, Mary’s mother (with DCBS permission), and the pediatrician. In order to include the pediatrician, the first meeting is held at the clinic. The dentist is unable to attend, but he documents in the same electronic health record (EHR) as the pediatrician, so the team is able to see his notes and treatment recommendations. Luke has received training and certification as a High Fidelity Wraparound Facilitator and understands the complexities and tensions of including Mary’s mom. Prior to the meeting, he addressed potential feelings of anger toward Mary’s mother, and stressed how important it was to support Mary’s mother in making different choices.

The care plan developed by the team addresses all of the systems involved in Mary’s care:

- **Dental Care.** Mary was very reluctant to allow her teeth to be cleaned and she became very agitated. The pediatric dentist set a plan to familiarize Mary with the dental clinic and help her to feel safer there so that the dental procedures can be completed without sedation. When June becomes overwhelmed thinking about managing her work schedule and multiple dental visits, the pediatric dentist assures June that the clinic has late and Saturday hours to help accommodate her work schedule.
- **Malnourishment.** While Mary’s mother denies neglecting her, she agrees with June that Mary is a “picky eater.” Luke offers to have Passport’s Registered Dietitian work with June to create a plan for getting Mary to eat more healthy foods. The pediatrician recommends that Mary start drinking PediaSure® daily, which June can get at a pharmacy using the physician order, and the PediaSure is covered by Passport’s benefits.
- **Deafness.** Mary’s mother believes that Mary can hear, as evidenced by her having some speech, and confirms that she has never had hearing aids. The Care Team agrees that Mary needs to be assessed for hearing deficits. The Open Arms Children’s Health pediatrician advises that the Little Ears Hearing Clinic is part of Open Arms and recommends a hearing assessment there. Luke assists June with making all of the needed appointments.

- **Cognitive deficits.** Sunny recommends a full psychological/developmental assessment for Mary. It's unclear if her cognitive delays are due to neglect and trauma history, deafness, other causes or a combination of these factors. Everyone, including Mary's mother, agrees that this testing is vital to appropriate ongoing care planning for Mary. The pediatrician once again chimes in to say that such testing is available within the Open Arms clinic. June is delighted to hear this.
- **Communication delays.** The hearing evaluation and psychological/developmental assessments will determine if Mary's communication deficits are related to deafness or something else. Prior to her hearing evaluation, Luke contacts the provider to request assessment of appropriateness for a setting such as the Louisville School for the Deaf. The team will wait for the results of these assessments before developing next course of action, which could include caregivers learning American Sign Language (ASL) and potentially procuring assistive devices for communication. As part of her care, Mary may also need additional Speech or Occupational Therapy, which is a covered benefit she can receive at the Open Arms clinic. Transportation is also covered, if necessary.
- **Psychosocial needs.** Everyone is concerned about Mary's flat affect and withdrawn personality. While she is starting to warm up to June, June reports she seems to be withdrawn into herself much of the time. The psychological assessments will determine the best course of treatment for Mary, based on findings suggesting cognitive behavioral depression or anxiety, autism spectrum, or severe neglect and lack of peer engagement direction. Passport's Behavioral Health Specialist will become a part of the Care Team and will work with June to find a home-based therapist for Mary. Home of the Innocents and multiple other providers in the community, such as Centerstone Kentucky (Seven Counties Services), can provide services. Sunny will help locate a therapist who has experience working with children with communication delays and hearing deficits.
- **Education.** June has enrolled Mary in school, and has scheduled an Individual Education Plan (IEP) meeting to ensure the school is meeting Mary's needs. Luke and Sunny offer to attend the IEP meeting with June, and the SSW agrees this is a good idea. They also connect June with Kentucky Special Parent Involvement Network (KY-SPIN) for the many resources that are available to her and her family, including parent resources to help her understand her rights in the IEP process as the foster mom, as well as the rights of Mary's mom. Luke advocates for Mary's mom to attend the meeting as well, as her signatures are needed by the school on the IEP. Sunny explains that the school may also be able to provide school-based therapy for Mary supplementing outside therapies.
- **Psychosocial needs for Mary's mom.** Part of DCBS' requirements for Mary's mom is that she remain sober and attend Alcoholics Anonymous (AA) classes. Mary's mom denies having a substance use disorder, does not feel she needs AA meetings, and agrees to submit to any tests required by the state. Sunny explains that each AA meeting has its own culture, suggests trying several to find the right fit for her, and gives Mary's mom a list of open AA meetings in the area. Luke offers that a Passport Peer Support Specialist can go with her to the first couple of meetings to support her, which Mary's mom agrees to try. As she is also a Passport member, Mary's mom also agrees to an assessment by a Behavioral Health Therapist for depression or other potential issues. If Mary's mom

is referred by the therapist for medication evaluation following the assessment, Passport's Pharmacist can assist with formulary recommendations, finding a pharmacy nearby and answering her questions about the medicine.

- **Visitation with Mary.** It's important that Mary and her mom have regular visitation to keep them both motivated and connected. In order for visits to go positively for them both, Sunny suggests having family therapy sessions in the foster home, but June is not comfortable with that. Although June wants to minimize appointments due to her own work schedule, she says she would rather have early evening appointments at a local provider agency site. Mom agrees to this, and Sunny agrees to work with both June and Mary's mom to get the first appointment scheduled with the provider. The SSW says supervised visitation can begin after two family therapy sessions have been completed. Luke will help coordinate for Non-Emergency Medical Transportation (NEMT) so that there are no travel barriers when the supervised visitation begins.

Facilitating Care

The group meets monthly to monitor progress and further develop the care plan. All providers are invited to the meetings, and the Kentucky SKY Peer Support and Kentucky SKY Behavioral Health Specialist also attend while they are involved with the case. The care plan is updated during the Care Team meetings, at a minimum, and Luke contacts the Care Team members if decisions need to be made more urgently. Perhaps the biggest concern for everyone on Mary's Care Team is reunification with her mother, given the previous history of neglect.

When engaging with behavioral health therapists, Sunny looks for someone who employs evidence-based approaches, such as Parent Child Interaction Therapy (PCIT). PCIT is generally used for children aged 2-7, so this should be appropriate for Mary both chronologically and developmentally, and because it has been used with children with hearing deficits. PCIT can also be used as part of the language-learning interventions for this family as they begin to learn and utilize ASL. Mary's mother has a Passport Peer Support available to her short-term, and Sunny can also help her talk with an agency such as Centerstone Kentucky (Seven Counties Services) about having one provided for her. Initial assessment has indicated a few possible focuses of therapy for Mary's mother, including possible substance use disorder, and possible grief and depression and adjustment issues arising from having a deaf and developmentally delayed child. The Kentucky SKY team will determine whether an evaluation of the mother and daughter's attachment is warranted via the University of Kentucky Comprehensive Assessment and Training Services (CATS) Clinic.

Luke works with Mary's mom to complete a Social Determinants of Health (SDoH) screening to identify her SDoH needs. The Passport SDoH screening centers on six domains: Economic Stability, Neighborhood and Physical Environment, Education, Food, Community and Social Context, and Health Care System. Upon completion of the comprehensive assessment, Luke makes referrals to appropriate community services via the United Community app. An ecomap interview also takes place to identify biological and natural supports for Mary's mother. Mary's mother also receives additional assessments by the local behavioral health

provider, with attention to depression and substance use, based on her history. The Kentucky SKY Care Team supports mom’s treatment, as they are able, including identifying potential providers for her. As Mary’s mother receives treatment, her providers may also be part of the Kentucky SKY Care Team, with her permission. Luke connects Mary’s mom to support groups for families with deaf and/or developmentally disabled children and tells her about ASL classes available in the community.

Our Community Engagement representative also makes sure Mary’s foster family knows about DeaFestival in Louisville, an event that Passport sponsors, celebrating the language, art and diversity of the deaf and hard of hearing. Without being judgmental about whether she is clinically deaf or hard of hearing, it would be a great event for both Mary and her foster family (the information is also provided to Mary’s mother because it might help her feel more comfortable with Mary’s condition). In addition, the team works to find some additional respite care and caregiver support for Mary’s foster family. She also recommends Dare to Care Food Bank, which helps provide healthy foods and could possibly be a volunteer opportunity to take Mary to learn about healthy food choices and to engage her in volunteering to help with healthy food choices.

Looking Forward

As part of ongoing efforts toward reunification, June, as the foster mom, is trained in supporting Mary’s biological mom by showing respect and concern and being honest with her, working with her on the goal of reunification, referring to her as “Mom” and looking for ways to break down any barriers. Support for June herself includes identification of respite providers, including family and biological supports that could be approved to care for Mary. Luke offers June peer support and connects her with support groups for families with deaf and/or developmentally disabled children. Luke and Sunny work hard to ensure that these ongoing partnerships between the foster and biological parents and the providers are characterized by reciprocity, mutual trust, respect, shared tasks and honest/open communication. Using a family-focused Building Bridges framework, the emphasis is on facilitated (foster and biological) family-child interactions (as opposed to child-directed therapies) and family-identified goals and priorities. Luke and Sunny continually share education and information with June, the SSW and Mary’s mom to educate them about Mary’s conditions and help them make informed decisions. Peer supports and natural supports are utilized to help the families learn to eventually function independently of the Care Team. If Mary is confirmed to be deaf or hard of hearing, the Kentucky SKY team will incorporate the core principles of Family Centered Early Intervention³ in its work through the Care Team. These include early, timely and equitable access to services, with comprehensive family support for both biological mother and foster parent within the framework of informed choice.

Some of Mary’s services continue through her school. June, Mary’s Mother, the SSW, Luke and Sunny participated in the development of an IEP with the teachers and counselor at Mary’s school. Mary has hearing loss, but is not deaf. Based on the school’s assessment, and after being fitted for hearing aids, Mary qualifies for school-based speech therapy as well as occupational therapy. Mary can receive therapies in school and via external therapy providers to compound the intensity of effect and improvement for her.

Members of the Care Team assist in identifying needed services outside of what the school may offer, as well as helping to get services in place when school is not in session. The foster parents, biological mother and the SSW are encouraged to continue with therapies during all school breaks. If the member shows regression of development during school breaks, the school system may decide to offer therapies when school is not in session. Otherwise, the Kentucky SKY team, with the help of Passport's Community Engagement Specialist, Rhonda, locate service providers in the city who will provide the services.

Resources for Mary's caregivers (June, SSW, and Mary's mom) for development of IEPs in the state of Kentucky can be found here: <https://www.kyspin.com/>. Luke has connected with the Division of Behavioral Health, Deaf and Hard of Hearing Services (<https://dbhdid.ky.gov/dbh/dhhs.aspx>) to ensure he is appropriately linking Mary, June and Mary's mother with quality services and programs to promote well-being. With all of these supports in place, Mary has the best chance to have successful outcomes, including development of spoken language and utilization of sign language, progress in school, improvement in behavioral health and reunification with her biological mother.

Conclusion

Mary has been back in her mother's home for three months, after 18 months of placement in June's home, and is doing well. Since getting hearing aids, Mary has blossomed and become much more extroverted around people she is familiar with. Her vocabulary has broadened, and she is able to communicate her needs to her mother and teachers at school. Over the course of several dental appointments, Mary was able to get her dental caries filled. June and Mary's mother worked with Passport's Dietitian to help introduce new foods to Mary slowly. Mary will now eat a variety of fruits and vegetables, as well as most meats. Mary is now up in weight and her pediatrician is very impressed with her progress. Luke continues to provide support to Mary's mother, now that Mary is back home. He has checked on them monthly since Mary returned.

KENTUCKY SKY USE CASE 7

Julie is a 17-year-old who has been in the foster care system for ten years. She has minimal contact with her family.

Julie has been placed in residential care. She has been diagnosed with an intellectual disability and low IQ and has a long history of mental health treatment in outpatient and inpatient settings. She has highly variable emotional states, typically brief in duration and reactive to circumstances.

At the time of admission to residential care Julie's medication regimen included chlorpromazine, fluoxetine, lurasidone, lamotrigine, trazodone, and oxcarbazepine. There is limited information about the chronology of medication treatment and no records of psychotherapy services. Julie is not able to provide much information about her response to the medication regimen, and there are no other sources of information. She continues to demonstrate frequent shifts in emotions and aggressive behaviors. On one occasion, she became physically aggressive, which led to assault charges and a 72-hour incarceration.

The Social Service Worker and behavioral health providers are evaluating treatment in a setting that is a lower level than acute care but more structured than a PRTF.

Describe how the Vendor would address Julie's situation and coordination with the DCBS Social Service Worker, and physical and behavioral health providers. At minimum address the following programs and services:

- a. Care Management;
- b. Discharging planning for all levels of care;
- c. Prescribing psychotropic meds and documentation in medical records (e.g., rationale);
- d. Evidence based psychotherapeutic interventions;
- e. Viability of aging out of foster care;
- f. Option for transitioning to an applicable waiver;
- g. Access to and sharing of medical records; and
- h. Maintenance of the care plan.

Introduction

Passport works in partnership with the Department for Community Based Services (DCBS) to obtain sustained positive outcomes for its Kentucky SKY members. This approach is based on identifying the critical factors that need to be addressed to tailor services to support the goals of permanency, safety and well-being. For Julie, the overriding goal is a successful transition out of DCBS custody into a safe and supportive long-term setting that promotes the fullest use of her abilities and social bonds that are likely to last and be mutually satisfying. A second critical goal is to ensure that she has a strong behavioral health plan of care—including appropriate psychiatric practitioners, therapies and medication—given that she is on multiple medications that overlap and could cause significant side effects. The extensive lack of knowledge available at the time of enrollment makes even preliminary plans challenging. However, given that she has been in foster care for 10 years, with thorough evaluation from the Kentucky SKY team, we should be able to gather information and put a strong care plan in place for Julie.

Understanding the Member

Upon Julie's enrollment in the Kentucky SKY program, Becky, a Kentucky SKY Care Coordinator, reaches out to Julie's DCBS Social Services Worker (SSW) and to the treatment director at the residential facility located in Owensboro, Kentucky, to introduce herself and begin the process of gathering information to assess Julie's needs. The DCBS SSW has had the case for only a few months and is located in Morgan County, where Julie first entered care 10 years ago. Julie had been placed in her current setting shortly before the SSW took the case. The SSW has met with Julie only once, and a transition plan has not yet been developed.

Having comprehensive records is crucial to proper coordination of care. Becky utilizes a comprehensive medical records release form, designed to reduce the burden on DCBS of signing separate consent forms for each new provider, to obtain all known medical, dental, vision, pharmacy and immunization records. Becky also accesses the Kentucky Health Information Exchange (KHIE) for medical history and checks the Immunization Information System for any immunization records available there. Becky communicates with the DCBS SSW regarding providers, treatments and medicines now and in the future, as information is gained. While protecting the privacy and security of Julie's medical information, Becky facilitates open exchange of information that allows all providers to have a full picture. Becky also assists by providing documentation for maintaining Julie's medical passport. Passport's Kentucky SKY Care team shares access to medical and case management records for members internally in real time on a 24/7 basis via IdentifiSM, Passport's care management, utilization management and communication IT platform, so any Passport-employed team member can access and share information with the SSW or other Care team members as needed.

The SSW expresses concern that Julie will turn 18 years old in less than 12 months and end her commitment to DCBS. Her family lives in Morgan County, but they are unresponsive to letters and do not have a phone. They have not had any contact with Julie in at least six months. The treatment director at the residential facility has more information about Julie's current situation and health care but knows little about her history prior to being admitted. Since coming to the facility, Julie has required two acute psychiatric hospitalizations, both due to threats to kill herself. The only health care she has received since entering the

facility is her admission physical, performed by a local family practice physician contracted with the facility. Julie's current psychiatric medications are being managed by the program's consulting psychiatrist. She attends an on-site school program operated by Daviess County Public Schools. With this information, Becky completes the Health Risk Assessment (HRA), but she knows that significant gaps exist.

Julie entered private childcare placements when she was thirteen, so much of her clinical services history is not documented in the Medicaid claims system. The Passport Kentucky SKY Care team is able to obtain pharmacy claims data and records of hospitalizations and Julie's psychiatric residential treatment facility (PRTF) stay from her previous managed care organization (MCO). The statewide placement coordinator at Children's Review Program (CRP) is familiar with Julie, and she provides Julie's placement history and most recent private child placing/caring referral packet. Becky begins making contact to obtain clinical records associated with each placement. Becky asks Crystal, Passport's Provider Relations Representative for the Owensboro area, for advice on primary care providers (PCPs) who might be a good fit for Julie and her unique needs. Crystal is familiar with providers and hospital systems within that region and can give Becky the name of a great match for Julie.

Creating a Plan

Becky schedules an Assessment/Care team meeting at the residential facility. Prior to the meeting, Becky and Carlos, a Passport Behavioral Health Care Advisor, meet with Julie. Julie is able to share very little information about her previous placements or her health history. She also is unaware of her rights as a foster youth and is unable to articulate a plan for what she wants to do when she turns 18 years old. Efforts were made to administer a trauma assessment to Julie, but her inconsistent and irrelevant comments made a valid assessment impossible.

In-person attendees at the care team meeting included Julie; Becky, the Kentucky SKY Care Coordinator; Carlos, the Passport Behavioral Health Care Advisor; the Treatment Director and a Nurse Manager from the residential facility; and Becky's teacher from the on-site school. On the phone were Julie's DCBS SSW, the statewide placement coordinator for CRP and the Passport Psychiatrist. The residential facility's psychiatrist was unable to participate. During the Assessment/Care team meeting, all the individuals involved in Julie's care begin to get a comprehensive picture of her functioning and health issues. CRP reports that she has had 42 separate placements, including six acute psychiatric hospitalizations, one lengthy PRTF placement, six crisis unit and shelter placements, and multiple stays in various therapeutic foster homes and residential treatment programs. An out-of-state placement was being considered prior to her going into the current residential placement. The medical records Becky was able to gather prior to the meeting document a long list of psychiatric diagnoses ranging in severity from oppositional defiant disorder to schizophrenia. The dosage and number of medications have increased over time, but the clinical reasons for medication changes are not clearly documented. The Passport Kentucky SKY Psychiatrist raises concerns about the use of multiple medications from the same classes due to the potential for significant side effects. It seems that given Julie's disjointed psychiatric behavioral health care, she has had medications added while others were not discontinued, or they were meant to be discontinued, but poor communication at handoff meant that

existing medications were continued along with the new ones. Julie's teacher reports that she does not have an individualized education plan (IEP) and she is uncertain whether testing would show an intellectual disability. Julie repeats her desire to return home but does not appear to understand the discussion around her needs.

The team agrees that the first step in her care plan should be to get an accurate understanding of Julie's physical and behavioral health needs. Over the next few weeks, Becky prepares a summary of what is known about Julie's history and, with appropriate permissions from her DCBS SSW, arranges for a complete physical examination by the adolescent medicine pediatrician and a psychiatrist in Owensboro, both of whom Crystal recommended. Becky also arranges for a complete psychological assessment of Julie's intellectual ability, academic skills, adaptive functioning and personality. Knowing that individuals with intellectual disabilities and institutional experiences are at greater risk for physical and sexual abuse, Becky asks that the physician and psychologist be alerted to evidence of trauma and use evidence-based, trauma-informed care principles when evaluating her. The DCBS SSW agrees to reach out to the Independent Living Coordinator to schedule a transitional planning meeting.

When the results of the assessments are available, Becky convenes the Care Coordination team to review the results and together coordinate a plan of care and services for Julie. Significant findings include test results consistent with a mild intellectual disability (overall IQ = 65) and gross deficiencies in adaptive behavior (overall functioning on a 10-year-old level). The psychological evaluation suggests that even considering Julie's intellectual disability, there is strong support for bipolar disorder as the main mental health condition. Both the pediatrician and the psychologist report findings consistent with past sexual abuse. With these findings, the DCBS SSW and the independent living coordinator begin to consider applying for state guardianship for Julie after she turns 18. Julie's SSW formally requests the school initiate and coordinate proceedings for an IEP.

Facilitating Care

The Care Coordination team agrees that Julie needs complex care coordination due to her challenging behavioral health needs. Becky has been trained and certified in the delivery of High Fidelity Wraparound, so Becky continues leading Julie's Care Coordination team. Over the next several months, Becky and Carlos work with the Care Coordination team to implement the care plan using the High Fidelity Wraparound Model. They maintain weekly contact with Julie and see her face-to-face at least twice a month. Additionally, monthly team meetings are held. Becky keeps the care coordination plan current and makes sure everyone has a copy with each update, and she provides support to and assists in coordinating the transition planning process overseen by the Independent Living Coordinator.

As is the case for many youths in DCBS custody, Julie's current medications appear to be the legacy of multiple providers, frequent moves and additions of new medicines without considering whether existing prescriptions should be discontinued. As requested by the Passport psychiatrist, a Passport pharmacist completes a medication review, which raises several concerns about the combination of medicines, possible adverse side effects and dosage ranges. The Pharmacist recommends adjustments, which are reviewed by the Passport Kentucky SKY Medical Director and Psychiatrist, who provide appropriate consultation with the

prescribing professional. Julie's medication list is pared down from six to three medications, both to give her synergistic positive effects and to eliminate the overlap that may have caused side effects and some of her aggressive behaviors. Carlos and Becky maintain documentation of Julie's medications in IdentifiSM, outlining history of active and discontinued medications, and communicate all with DCBS.

Julie's frequent shifts in emotions and aggressive outbursts are major barriers to obtaining a sustained positive outcome in a community setting. Fortunately, she is in a residential setting where she has the potential to acquire skills to help her manage these behaviors. The Kentucky SKY Behavioral Health Director talks with the Treatment Director about the use of evidence-based dialectical behavior therapy (DBT) as adapted for use with intellectual disabilities. The facility has staff trained in DBT, but the Treatment Director was unaware of adaptations specific to intellectual or developmental disability (IDD). The Kentucky SKY Behavioral Health Director shares resources, including written materials and training/conference information, and offers to consult.

In an early Care Coordination team meeting, after the comprehensive assessments are completed, Becky raises the possibility of using a Licensed Behavior Analyst to conduct a functional assessment of Julie's aggressive behaviors and develop an applied behavior analysis (ABA) intervention program. Passport Kentucky SKY does not require members to have autism to receive ABA therapy, but instead bases authorization on whether members are likely to benefit from a program based on behavioral learning principles. Passport's Behavioral Health Specialist can also help the direct care staff at the facility learn the most effective strategies for supporting Julie in managing frustration without resorting to aggression. In keeping with Passport's focus on long-term sustained positive outcomes, Kentucky SKY members receive evidence-based and best practices services known to improve the success of transitions for IDD clients. As Julie steps down to lower levels of care, these services will include adequate transition times between levels of care, available crisis services, use of comprehensive community supports to promote community integration and supportive advocacy to help Julie begin to see herself as a person capable of building a positive future for herself. Passport Care Management teams take a person-centered, strengths-based approach to working with each member. Julie's IDD may make direct application of evidence-based trauma therapies such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) challenging, but her likely history of abuse is recognized and considered in her care plans. Passport supports a trauma-informed approach to all care and works with providers to use best practices and evidence-based approaches that are specific to individuals with IDD such as Julie.

The whole team is acutely aware of Julie's approaching 18th birthday and her legal right to end her commitment. Several alternative proposals are considered, including continued placement with DCBS until the age of 21, followed by state guardianship; referral and acceptance into the Supports for Community Living program, a Home and Community Based (HCB) waiver; filing of 202A or 202B petitions for placement in a state facility, either for Serious Mental Illness (SMI) or IDD when she turns 18 years old; not pursuing guardianship and discharging Julie to a homeless shelter when she ends her commitment; and return to her parents, who have had no documented contact with her for over nine months now.

With the options clearly spelled out, DCBS decides to work with the Department for Aging and Independent Living (DAIL) to obtain a state guardian for Julie, with a tentative plan to refer to Supports for Community Living (SCL) when she turns the age of 21. Becky assists in this process, making records available and helping schedule needed assessments. Carlos provides consultation around evidence-based strategies for making such a transition successful. Achieving these goals will likely require multiple planned discharges to lower levels of care (e.g., residential, therapeutic foster care, SCL).

Looking Forward

With clear goals, the formalized discharge planning process will be oriented toward achieving long-term success for Julie, rather than simply handling the next step of her journey. This process includes a review of existing records and updates in light of long-term goals. The discharge planning process will consider at a minimum:

- Primary and secondary diagnoses
- Pertinent past medical history
- Cognitive, functional and psychosocial status
- Discharge needs
- PCP assignment and specialist and behavioral health provider referrals
- Medication management
- Post-discharge medical support (home health, DME, therapy, rehab)
- Post-discharge follow-up appointments with all providers

Based on this evaluation, Kentucky SKY Utilization Management and Care Coordination will work together to ensure that appropriate providers, authorizations, medications and services are in place at the new level of care. Although this does not apply to Julie's situation, Passport is aware of its responsibility to notify DCBS if services are decertified at an inpatient level of treatment. If the program is in-state, this notification would occur no later than three days prior to discharge—if out of state, no later than seven days. If this issue should arise for Julie, the Kentucky SKY Prior Authorization/Precertification Coordinator will alert the Care Coordinator immediately via IdentifiSM, Passport's care, utilization management and communication IT platform, when there is a decertification.

With adequate preparation in adaptive living skills and a supportive family, many adults with IDD live independently in the community. Julie, however, has neither of these resources. Furthermore, her emotional lability, lack of impulse control and limited understanding of her situation does not make her a good candidate for successful aging out of foster care. Decisions she makes (e.g., to recommit to DCBS custody) are not likely to be stable and will likely change in response to her emotional state and environmental circumstances. For these reasons, Julie's Care Coordination team decides to pursue state guardianship. Becky works closely with the DCBS SSW to provide documentation, schedule appointments and support Julie throughout this process. The team is anxious about pursuing this option because there is always a chance that Julie will choose to leave care after she turns the age of 18 and not follow through with this plan, which would require more urgent action by the team. Passport's Guardianship Specialist will consult on this process and, at the appropriate time, become a part of the Care Coordination team. Should

DCBS decide not to pursue guardianship, Becky will work with the Care Coordination team using the High Fidelity Wraparound process to develop alternative transition plans.

The Care Coordination team has reviewed available waiver options since early in the care planning process. The choice to seek SCL coverage was based on the waiver's intended purpose of providing "Medicaid-paid services to adults and children with IDD . . . [allowing them] to live at home rather than in an institutional setting." Julie is likely to meet the emergency category of need for the SCL waiver. Although waiver recipients are not currently covered by MCOs, Becky works closely with the DCBS SSW to manage all aspects of transfer to the waiver, including assistance in researching available providers, gathering and sharing documentation, and completing the application. One challenge for Julie is her history of psychiatric hospitalizations and aggression, which may limit the providers willing to accept her. For this reason, Carlos will be careful to document treatment successes as Julie transitions to lower levels of care and the strategies that make successful living in the community possible.

Becky and Carlos have been visiting with Julie twice a month and maintain weekly contact via telephone or FaceTime. Becky convenes the Complex Care Coordination team to review Julie's care plan, and she ensures that the plan is updated monthly. Because a limited time window exists to address recommitment and transition-of-care issues, Becky consults often with the DCBS SSW and regularly contacts providers for updates on Julie's progress. She is especially attentive to needed assessments, documentation and applications related to the guardianship and waiver applications. Copies of the plan, including the progress toward goals, are shared with the DCBS SSW and other members of the Complex Care Coordination team with each update. Although these meetings often focus on the team's accountability for the service goals and on identifying new needs and services, the overriding goals are to prepare Julie for successful transition to a permanent and safe living situation and to ensure that her behavioral health care and medications are appropriately managed and addressed.

Conclusion

One year after Julie is enrolled with Kentucky SKY, she is still committed to DCBS, and the team continues working toward the plan of her transitioning to waiver services and entering state guardianship. Julie is living in a therapeutic foster home in Lexington. The local Passport Community Engagement Representative, Stacy, helped Julie connect with the Office of Vocational Rehabilitation, which assisted Julie in finding a part-time job at a local Kroger. Her application for the SCL waiver has been processed, and she is on the waiting list for services when she turns 21 years old. With comprehensive community support services via New Vista, the local community mental health center (CMHC), Julie has made significant strides in the acquisition of daily living skills. She has not had a psychiatric hospitalization in over a year. Becky and the DCBS SSW have worked together to establish more regular contact with her family. Carlos has talked with several SCL providers about Julie's history and believes that she will be able to obtain a placement when the time comes. At the time that Julie does obtain placement, Passport will have a comprehensive care plan that will be transitioned to the waiver case management staff.

KENTUCKY SKY USE CASE 8

Amanda, 10 years old, was born with multiple heart defects that affected blood flow between her heart and lungs. Amanda was placed into foster care when she was five (5) after her mother, a substance abuser, was incarcerated for neglect of a dependent. She has had multiple open heart surgeries, bouts of pneumonia, and frequent ED visits.

Amanda's initial placement was with her aunt who could no longer care for her due to the stress of managing Amanda's level of care. Amanda's second foster home placement is with a family located in eastern Kentucky with two (2) additional foster children, ages 6 and 8, in the home. The family has one car and transportation is an issue when it is needed to transport Amanda to appointments with her PCP, pediatric cardiologist, behavioral health therapist, dentist, and other specialists. Amanda's foster father works full-time as an assistant bank manager and her foster mother does not work outside of the home.

Amanda is on thirteen (13) medications and is oxygen dependent. She frequently exhibits behaviors such as defiance, impulsivity, and disruptiveness. She has been diagnosed with depression and has extended crying spells that trigger tachycardia and cyanotic episodes. Amanda has growing fatigue and is refusing to eat anything other than yogurt, fruit, and breakfast cereal. Amanda has multiple caregivers who assist with activities of daily living, medication management, and monitoring oxygen levels. Amanda participates in home bound school services provided by the public school system, as her health permits.

Over the past six months, Amanda has been to the emergency room nine (9) times for respiratory/cardiac distress. She had three inpatient admissions for pneumonia and evaluation of her cardiac status. During her last visit with the pediatric cardiologist, the family was advised that Amanda's oxygen levels were worsening with significant changes in cardiac function. The pediatric cardiologist recommended another open heart surgical procedure, but advised the family that a heart transplant may be the only viable long-term solution. The foster family met with the cardiologist's Nurse Practitioner to develop a plan for building Amanda's strength prior to surgery or placement on a transplant list. The foster family is struggling to figure out how to keep up Amanda's spirits up and improve her appetite.

Amanda meets the designation of a Medically Complex Child pursuant to 922 KAR 1:350, The Kentucky SKY Contractor is responsible for providing Care Management and nursing consultative services to enrollees who are determined by the Medical Support Section staff to be Medically Complex.

Describe how the Vendor would address Amanda's situation and coordination with the DCBS Social Service Worker, Medically Complex Liaison, foster family, all providers, and community resources. At minimum, address the following programs and services:

- a. Care management, including the assignment of the Nurse Case Manager;
- b. Involvement of Medically Complex service team;
- c. Discharge planning between levels of care;
- d. Individual Health Plan development and maintenance within specified timeframes;
- e. Availability of and access to providers;
- f. The Medical Passport;
- g. Training and support for caregivers;
- h. Coordination of transportation, as needed;
- i. Coordination of physical and behavioral health services;
- j. Community resources;
- k. Assistance with the Individualized Education Plan;
- l. Social Determinants of Health;
- m. Planned respite care;
- n. Applicable evidence-based practices;
- o. Sharing and review of medical records; and
- p. Maintenance of the care plan.

Introduction

Carolyn and Mike Jacobs have been foster parents for seven years, and for the first time they are feeling overwhelmed and a little hopeless. Amanda is a 10-year-old girl who moved in with them five months ago. She is one of three children in the Jacobs' home. Amanda requires many times the energy expenditure of the other two, but Carolyn tells herself that she needs many times the compassion, too. Sometimes Carolyn worries that she is short-changing Philip and Carmen, the two younger ones, and she also senses they do not know how to respond to Amanda's outbursts. Right now, nothing seems to be helping Amanda, and it feels like she is fading a little in spite of her outward defiance and disruptiveness. They have had so many emergency moments in the last few months, and now they are being told what she really needs is a heart transplant or, at a minimum, another heart surgery. Carolyn is struggling to keep up with the many appointments that Amanda needs. She has seen so many doctors, caregivers and specialists, yet it seems that no one can help with Amanda's depression or get her eating well enough to be stronger again.

Background

Amanda is tired of being sick. This is the first time she has lived with other children, and the other two kids in the Jacobs' home get to be "normal." They get to attend school, and they come back from school bubbling over about what they did and learned. Over the summer they played outside all the time, and now that school is starting, they are getting to buy new school supplies. They get to do whatever they want, and Amanda is stuck being cared for and tethered to an oxygen tank. Instead of going to school, she is shuffled from one appointment to another. Even seeing the teacher is an appointment—just one that comes to her house. Amanda is tired, she does not feel well at all, and she is sad or angry most of the time. Sometimes she is scared. She has had so many doctors, medicines, therapists, and hospital stays, and no one is making her better. She has almost no control, and she wants the adults to understand that hospitals and doctors and changing caregivers is not the type of "normal" anyone should have to live through.

Establishing a Care Team

Jenna is Amanda's Passport Care Coordinator (CC). Amanda is new to Passport, so Jenna has been reviewing all that is available regarding Amanda's five-year history in Kentucky's foster care program and her current status. She accessed the Kentucky Health Information Exchange (KHIE) and has spoken with the Department for Community Based Services (DCBS) Social Service Worker (SSW), who helped her obtain Amanda's claims history from her previous managed care organization (MCO). Jenna has also reached out to the Office for Children with Special Healthcare Needs (OCSHCN) nurse consultant for Amanda's Individual Health Plan (IHP) and general history. Jenna likes to have all of the information that is available before she makes her first outreach call. She feels it helps to build some pieces of the assessment so that more informed questions can be asked and clarification can occur more quickly.

Back at home, the phone rings just as Carolyn is finishing Amanda's braid; Jenna introduces herself as being from Passport Health Plan. She quickly assures Carolyn that there is nothing wrong; she just wants to let her know that Amanda, who recently moved into Passport's Kentucky SKY Program, is being enrolled in the

Complex Care Coordination Program. Jenna informs Carolyn that Amanda is being assigned a team from Passport to support her and the family, and that she, Jenna, is their primary point of contact and their Care Coordinator. In addition to Jenna, there will be a Nurse Care Advisor (CA) as well as a Community Health Worker (CHW), a Behavioral Health (BH) Specialist, and a Peer Support Specialist all available to Amanda and the Jacobs; if needed, Passport also provides a Dietitian and a Pharmacist. Jenna provides contact information for key team members and the number for Passport's Care for You free 24-hour nurse advice line. The team will work together with the OCSHCN nurse, Medically Complex Liaison, DCBS SSW, practitioners and others to coordinate care and ensure that Amanda's needs are being met. Carolyn is already familiar with care management, and in a vulnerable moment, asks what the team will really be able to do to help Amanda.

Understanding the Member

Jenna takes a pause to ensure that Carolyn is done speaking and gently asks how she has been doing. Carolyn's voice quakes a little as all her worries and exhaustion pour out. She explains that she feels like she is failing all three foster children right now and tells her how scared she is for Amanda. Jenna listens empathetically and says that she understands and is amazed at how strong Carolyn is for taking on so much. Hearing Carolyn's distress, Jenna asks if it is an okay time to start getting to know what Amanda needs over the phone, or if she would prefer to wait until the first in-person team meeting. Carolyn feels heard and is also grateful that she has the chance to get answers to some of her questions over the phone. She does not want to feel this emotional when meeting in person with new people. At Jenna's request, Carolyn says that she will also share Amanda's Medical Passport to help Jenna fully understand Amanda's medical history.

Jenna goes through the Health Risk Assessment questions with Carolyn, and then they conference in Cassie, the Medically Complex Nurse CA assigned to Amanda and the Jacobs. Cassie wants to participate in completing the Kentucky SKY Pediatric Assessment (Enrollee Needs Assessment), which takes a biopsychosocial approach and includes environmental factors as well as trauma screening. Carolyn feels a bit sheepish when she explains that transportation has been a big barrier in getting Amanda to all of her appointments, particularly due to how far away some of the visits are. She also notes that Amanda has an Individual Education Plan (IEP) in place and is currently in homebound school, but that the teacher only comes two days each week during the school year. She is not sure that Amanda is as far along as she should be academically. She is also worried that Amanda does not have enough time with other children, and that she will feel even more isolated when the younger two children go back to school. Jenna confirms with Carolyn that she has already coordinated an appointment day and time for the Passport care team to meet with Carolyn in her home. Carolyn is grateful that this is one care meeting where transportation will not be an issue. Before they end their call, Cassie schedules a follow-up call with Carolyn to take place in three days to talk more in-depth about Amanda's medical care needs.

When Cassie calls in a few days, Carolyn is very happy to learn that Cassie once worked in a pediatric intensive care unit (ICU) and has experience caring for children with chronic, life-threatening conditions.

Cassie uses motivational interviewing to elicit Carolyn's greatest concerns. Carolyn is frustrated that Amanda is not eating well and is increasingly fatigued, which requires more assistance from Carolyn in her activities of daily living (ADL). She is also very concerned that the protracted crying spells Amanda has are triggering cyanotic episodes and that no one has been able to help Amanda manage her depression and irritability well enough to prevent these episodes. The multiple emergency department visits and inpatient stays for pneumonia cause fear for the whole family, have exhausted Carolyn and are just as scary and stressful for Amanda.

Cassie asks if Amanda and the family receive any support during those hospital stays. Carolyn reports that at both Kentucky Children's and Cincinnati Children's Hospitals, Amanda really enjoys the people who bring her toys and things to do, but her favorite is the musician who sometimes visits her room and plays the guitar. Amanda hums along even when she is having difficulty with her oxygenation. However, with the other two (2) children being at home, childcare is a significant issue when Amanda is in the hospital. Carolyn reveals that while she loves every child that she fosters, and this has always been a calling for her, they cannot reduce the number of foster children in the home due to financial reasons. Carolyn would have to work outside the home if they fostered fewer children at a time.

Creating a Plan

At the first Coordinated Care team meeting at the Jacobs' home, Amanda and Carolyn are present, as well as Jenna, Cassie, the DCBS SSW and Amanda's teacher. Amanda's Pediatric Cardiologist, BH Therapist and Dentist declined to participate, but the Cardiologist did call Cassie before the meeting to discuss findings from the Kentucky SKY Pediatric Assessment and share feedback about the current course of treatment. Jenna uses skills gained at a training for High Fidelity Wraparound Care to ensure Carolyn's and Amanda's concerns and ideas are heard first. She works to elicit input from all members of the care team who are present, and promises to follow up with Amanda's providers after the meeting to share care plan information.

It is very clear to the team that all of the traveling between appointments and home has been negatively impacting the health and quality of life of the entire family and causing undue stress. While Kentucky Children's Hospital was a great resource and closer to the Jacobs' home, if a heart transplant becomes an option, they would eventually have to travel to Cincinnati. Cincinnati Children's Hospital is closer to their home than Norton Children's, where Amanda has previously received care. This was a worry for Carolyn until Cassie helped her understand that Cincinnati Children's has a collaboration with Kentucky Children's for cardiac care and that coordinating records and appointments is easy to do. In addition, Cincinnati Children's Hospital could offer cardiology e-consultation to an in-network pediatrician closer to their home. With this new understanding, Carolyn now feels comfortable with keeping Amanda's immediate cardiac care needs housed at Kentucky Children's, per the recommendation from the OCSHCN nurse and Cassie, rather than using the pediatric cardiologists in Pikeville.

Knowledge of the care coordination between Cincinnati Children's, Kentucky Children's and the new pediatrician has helped Amanda and Carolyn feel more at ease. Moving forward, Jenna or the Cardiology

Nurse Navigator at Amanda's pediatric cardiologist's office will ensure that if there are multiple specialist appointments, imaging or other tests needed for Amanda, all would be scheduled on the same day. This further enforces maintaining care at a larger pediatric center where multiple specialists are housed in close proximity. For any care needed at Cincinnati Children's, the navigator or Jenna would help ensure that the family had overnight accommodations at Ronald McDonald House or a nearby hotel. Carolyn was assured that out-of-pocket hotel costs would be reimbursed because the family lives more than 40 miles away from the provider. Meals for one (1) caregiver would also be covered, and the family can request reimbursement from Passport for any mileage traveled beyond 40 miles each way.

From the information gathered by Jenna prior to the meeting, as well as from reports submitted by Carolyn and the SSW, the team also realizes that Amanda has received inconsistent and disjointed BH services in multiple settings because of her many recent acute hospitalizations. Amanda is currently seeing a licensed clinical social worker (LCSW) at the local community mental health clinic (CMHC), but she occasionally missed appointments due to concerns about infection risk, hospitalizations or transportation barriers. At the care team meeting, Amanda reports that she likes the LCSW. Carolyn feels it would be helpful if Amanda could be seen more often. The team agrees to work to increase the frequency of Amanda's therapy. Following the meeting, Jenna coordinates with the SSW to request this increase from the LCSW. The LCSW reports that she is able to provide telehealth to help mitigate the family's concerns about traveling and risks of infection. Jenna also works to ensure that, moving forward, BH providers associated with the hospital collaborate with the outpatient LCSW to allow for better coordination.

Facilitating Care

At the next care team meeting, the LCSW participates via phone. She reports she was able to speak with some of the providers who worked with Amanda in the hospital and thereby learned what types of reinforcers improved Amanda's disposition while she was inpatient. The family is now using the same reinforcers to reward Amanda for eating better meals and are starting to see small improvements. Thanks to the new collaboration between the hospital and cardiology group-based BH Director, the LCSW was also able to learn that in the past Amanda has refused to talk or eat when in the hospital for longer periods. It was usually linked to times when Amanda felt that she had the least control.

With this knowledge, the LCSW was able to help the cardiac team understand some of Amanda's early childhood trauma and how she believes it has impacted some of her current behaviors. Utilizing telehealth has allowed Amanda and the foster family to participate in a family session which provided the LCSW the opportunity to observe how the other two (2) children respond to some of Amanda's impulsive acts and disruptions. Also, since the other two (2) children have been back to school now for two (2) months, Carolyn has noticed that Amanda's mood has been worse on Sunday nights and Mondays as she adjusted back to the school schedule. Amanda tells the LCSW and the care team CHW that she wants to go to school like everyone else. Jenna and Cassie wonder if the school might be flexible with Amanda's homebound plan and if the medical team might provide consent for Amanda to attend a half-day each week in a classroom. They

obtain the necessary releases from the SSW to speak with the school. Amanda seems pleased that the adults are listening to her and trying to help her be more like a regular kid.

Cassie works with Amanda's cardiologist on parameters for physical health stability that will indicate when Amanda can safely tolerate a few hours in the classroom setting. Jenna and the SSW work together with the school, where the administration is amenable to having Amanda build a relationship with peers both in-person and through Skype. The process is informal because Amanda's IEP was not due to be re-evaluated until the following year, and because her medical condition is too fragile to predict when she might be able to tolerate more than the half day. The homebound teacher will continue to work with Amanda twice a week. At this news, Amanda's mood begins to improve slightly. She works with her LCSW and physical therapist to develop the short-term goals that must be achieved to be well enough to go to school one half-day per week. Amanda also agrees to begin adding two (2) new foods per week. Jenna contacts Passport's dietitian and asks her to collaborate with Carolyn to help increase the nutrition in Amanda's diet.

Jenna reinforces the importance of Carolyn continuing to update the notes and medical history in Amanda's Medical Passport and offers to supply past claims data, diagnoses and provider contact information to help her complete and maintain Medical Passport documentation.

Realizing Results

At the six (6)-month IHP meeting (which Jenna also uses as a care team meeting to make things easier for the family), the OCSHCN nurse notes remarkable improvement in Amanda. Amanda had a pre-albumin of 16 mg/dL at the previous appointment with her cardiologist. Through the Passport dietitian's and Carolyn's efforts, Amanda's dietary intake now includes high-fat protein shakes and other high-protein foods. As a result of her improvement, Amanda was rewarded with the opportunity to leave the house for activities other than medical appointments and was able to make friends with peers through her desired half day at school each week. Additionally, the care team coordinated with the cardiologist for safe activities that Amanda can do with her family. Her new goal is to attend the Zoo Day sponsored by Cincinnati Children's Hospital, and she was advised she had to increase her weight by five (5) pounds in order to do so. Motivated by having set her own goal and reward, Amanda achieved this by adding chicken and bacon back into her diet along with three (3) additional vegetables. Amanda met her weight goal just before the IHP meeting, and her pre-albumin is now 24 mg/dL. She is looking forward to Zoo Day, and as an added bonus, the hospital arranged for a scholarship to help the family with the cost of transportation.

Looking Forward

Carolyn worried about Amanda and how to best care for her throughout the first six (6) months of complex care coordination with Passport. Passport's care team continues to provide Carolyn with additional resources for support, including references to Little Mended Hearts' Lexington Chapter and the Pediatric Congenital Heart Association. The care team assisted in finding a qualified foster family who can provide respite for the family. Working with the DCBS SSW, Carolyn meets with a family a few towns away who is willing to assist one (1) day every other month. In order to ensure sufficient respite, Amanda's aunt is contacted by the SSW and she agrees to provide one (1) day on the opposite month until another family

member can be trained. Amanda’s aunt receives additional education about how Amanda’s behaviors were impacted both by her own illness fatigue and by her trauma history in early childhood. Her aunt agrees to join the care team and participate in meetings.

Finally, the Peer Support Specialist on the team begins working directly with Carolyn to address her feelings of inadequacy and burnout. As much as Carolyn has appreciated the efforts of the Care Coordinator and CA, she finds it most helpful to talk to someone who has walked in her shoes, and she now feels supported more than she ever has in the past around being a foster parent.

Conclusion

It has been 13 months since the first Care Coordination Team meeting. Because the team has been able to improve the coordination of appointments into a single day, the Jacobs family is better able to obtain the support of friends to get Mike to work so that Carolyn is able to have use of the car for those less frequent trips to pediatric specialists. At the one (1)-year anniversary of the first care team meeting, Amanda met her goal for a peer-supported activity and attended Zoo Day. She is attending school one (1) half-day most weeks during the school year and she now has a new goal: to attend the Fall Family camp the following year at the Kerrington’s Heart family camp weekend, sponsored by a non-profit organization aligned with Kentucky Children’s cardiology group. Attempts by DCBS to engage Amanda’s mother since she was released from prison have not been successful. Although Amanda is able to have her next surgery, she still needs a heart transplant for long-term quality of life.

Carolyn and Mike decide that they cannot be the family to see Amanda through a transplant if they continue to foster multiple children. However, they have grown attached to her. They have been seeking community support to offset the financial losses they would incur if they streamline down to having just Amanda in their care moving forward. In conjunction with the OCSCN nurse, Jenna works to coordinate with the transplant center at Cincinnati Children’s to help educate Carolyn and Mike on resources specific to transplant, such as KY Circuit Court Clerk’s Trust for Life and Children’s Organ Transplant Association (COTA). Carolyn has already reached out to Kerrington’s Heart regarding assistance, should they retain care of Amanda for a transplant. While her mood has improved and her outbursts have decreased, Amanda is still often scared and tired of being “different,” even on the days she feels better. But like the other lessons Amanda has learned, she has learned to hope.