



Let's get started

2021 SKY Companion Guide

Welcome to Aetna Better Health[®] of Kentucky

This companion guide gives additional information for our SKY enrollees.

Keep this guide with your member handbook.



[AetnaBetterHealth.com/Kentucky](https://www.aetna.com/betterhealth/kentucky)

Aetna Better Health[®] of Kentucky

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SKY Member Information

Supporting Kentucky Youth (SKY)

Aetna Better Health of Kentucky is proud to serve all children in Kentucky's out of home care system, including children in foster care, children who have been adopted from foster care, former foster care members, children dually committed to the Department for Community Based Services (DCBS) and the Department of Juvenile Justice (DJJ) and the Department of Juvenile Justice (DJJ) Medicaid eligible youth. We are here to provide direct support to members, foster parents, adoptive parents, caregivers, DCBS and DJJ workers.

The SKY Member Companion Guide explains how the SKY Medicaid Program works. It includes helpful resources for SKY members and their circle of support. It will explain what services and supports are available by the SKY Medicaid program and the roles of the Primary Care Provider (PCP) and Primary Dental Provider (PDP), Care Coordination team, DCBS and DJJ workers.

Eligibility for Enrollment in SKY

Only the Department for Community Based Services (DCBS) may approve eligibility for the SKY Medicaid program. For questions about eligibility, please call the local DCBS office at **1-855-306-8959**. You may also use **kynect.ky.gov**, the Assistance and Support Programs for Kentuckians website, to find out if you qualify for programs like Medicaid or the Kentucky Children's Health Insurance Program (KCHIP).

The following groups will be enrolled in the SKY Medicaid program:

- Children in foster care
- Children in kinship & fictive care
- Youth dually committed to DCBS and DJJ
- Youth in Juvenile Justice who are Medicaid eligible
- Children 18 and under who are eligible due to being in an out of state relative placement
- Children and youth who are receiving interstate adoption assistance
- Adoption assistance children

The following groups have the option to opt out of the SKY program at any time during the year

- Adoption Assistance Children
- Former Foster Care Children up to the age of twenty-six (26)
- Children and youth who are receiving interstate adoption assistance

SKY Enrollment Exclusions

Members receiving Supports for Community Living, Michele P, Acquired Brain Injury, Home and Community-Based or other Medicaid waivers are excluded from enrollment in the SKY program. Members receiving long-term care services are also excluded.

SKY Member Disenrollment

Adoption Assisted Children and Former Foster Care Children can choose to disenroll from SKY for any reason at any time. They can remain with Aetna Better Health of Kentucky or choose another contracted MCO to manage their benefits. If a member chooses to disenroll, we will help them by referring them to the Department of Medicaid services who will complete their disenrollment from SKY. A written request for disenrollment must be sent to the Kentucky Department for Medicaid Services.

The address is:

Cabinet for Health and Family Services Department for Medicaid Services
275 East Main Street, 6E C
Frankfort, KY 40621

Changes in enrollment status of a Foster Care or Juvenile Justice member

If a Foster Child or Juvenile Justice member's eligibility for SKY changes and they remain eligible for Medicaid managed care, they will remain enrolled with Aetna Better Health of Kentucky Medicaid managed care until the next enrollment period and will also receive updated Aetna Better Health enrollment materials. In the event a Foster Child or Juvenile Justice member's eligibility changes and they are no longer eligible for Medicaid managed care and is enrolled in Supplemental Security Income (SSI), they will return to the Medicaid Fee-for-Service system.

Roles of DCBS and DJJ in consenting to Juvenile Justice

Members' Health Care services

As part of the admission process, each DJJ program (except detention centers) shall seek the consent of each youth's parent or legal guardian for medical, dental and behavioral health treatment on the DJJ Parental Consent Authorization Form. The parent, guardian, or legal custodian shall be informed about medical care in a language that is easily understood.

The child's worker provides a copy of the DJJ Parental Consent Authorization form to the foster parent upon the child's entry into the home. The form contains the worker and birth parent(s) signatures. Foster parents maintain a copy of the signed DJJ Parental Consent Authorization in the Medical Passport and provide a copy of the form to the

medical provider when medical services are needed. The DJJ Parental Consent Authorization form, titled “Cabinet for Health and Family Services Authorization for Routine Health Care and Authorization for Non-Routine Health Care” is a form used by DCBS to authorize medical treatment to assure that a child receives prompt medical attention.

The DJJ Parental Consent Authorization form contains the following information:

- A definition of routine health care,
- A statement naming the child and attesting to the Cabinet’s authority to provide routine health care,
- A definition of non-routine health care,
- Instructions to guide medical providers as to who may authorize non-routine health care,
- County contact information for medical providers to use to obtain authorization to treat a child/youth, and
- Parent and Worker signatures.

If you have questions about the use of the DJJ Parental Consent Authorization form or are in doubt as to whether a medical need is routine or non-routine, contact the child’s social service worker or their supervisor for that determination.

The foster parent may authorize treatment only in an emergency, when a child needs medical treatment and the DCBS worker or Family Services Office Supervisor (FSOS) cannot be located.

Roles of DCBS in consenting to Foster Care, Former Foster Care and Adoption Assistance Members’ Health Care services

Upon the child’s entry into out of home care, the parent/guardian is asked to sign the DPP-106A Authorization for Health Care. If the parent or legal guardian is unavailable to consent to medical services, DCBS staff consults regional management for assistance in determining appropriate steps for consent. This may involve consultation with the regional attorney regarding the need for judicial intervention. DCBS may consent to non-routine or routine medical procedures in the event either parent is unable to be reached. An exception may be made if the parent has provided consent prior to the medical procedure, in which case, the Family Services Office Supervisor (FSOS) may sign the consent form, which also authorizes a foster parent to sign for medical consent in non-routine situations. The SSW or FSOS should be notified by the next working day following a medical appointment in which they could not be reached for consent. If a child is on extended commitment with the Cabinet, the youth is responsible for authorizing medical

treatment. If the youth is unable to consent, the child's health care proxy is responsible for authorization. If the youth, or their proxy, is unable to authorize medical treatment, the court, SSW, or FSOS is permitted to authorize treatment. The foster parent may authorize treatment only in an emergency, when a child needs medical treatment and the DCBS worker or FSOS cannot be located.

Dental care

Aetna Better Health of Kentucky covers basic dental services for adults and children under the age of 26. Children living in Kentucky must get a dental exam before they start kindergarten. SKY Aetna Better Health contracts with Avesis to provide dental, oral surgery or orthodontic services for our members.

Roles of the Primary Care Provider and Primary Dental Provider

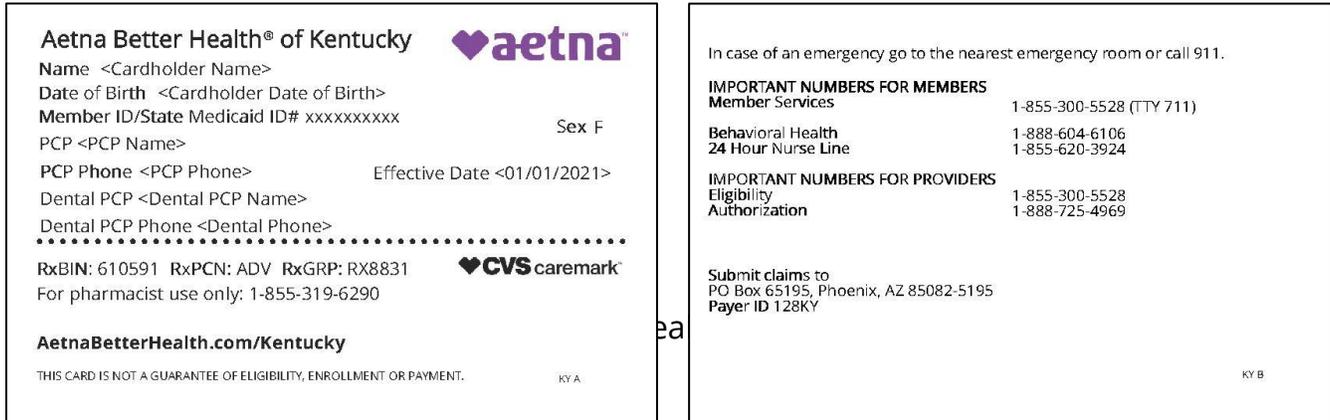
The PCP and PDP responsibilities include but are not limited to:

- Maintaining continuity of your physical, mental and oral health care
- Making referrals for Specialty Care and other Medically Necessary services, both in and out of network, if such services are not available within Aetna Better Health's Network
- Maintaining a current Medical Record for the Member, including documentation of all PCP and Specialty Care services
- Discussing Advance Medical Directives with all Members, as appropriate
- Providing primary and preventive care, recommending or arranging for all necessary preventive health care, including EPSDT for persons under the age of twenty-one (21) years
- Documenting all care rendered in a complete and accurate Medical Record that meets or exceeds the Department's specifications
- Arranging and referring Members when clinically appropriate, to behavioral health providers
- Maintaining formalized relationships with other PCPs to refer their Members for after-hours care, during certain days, for certain services, or other reasons to extend the hours of service of their practice

The SKY Identification card

When you join Aetna Better Health SKY, each eligible family member receives their own Aetna Better Health Member ID card. This Member ID card tells the provider you are an Aetna Better Health member. The first date you may get care from Aetna Better Health is on your Member ID card.

You may also have to show a picture ID to prove you are the person whose name is on the Member ID card.



- Your Member ID/State Medicaid ID number
- Your date of birth
- Effective date
- Your Primary Care Provider (PCP) (if you have one)
- Your PCP’s office phone number (if you have one)
- Your Primary Dental Provider (PDP)
- Your PDP’s phone number

If you do not have a member ID card, call Member Services at **1-855-300-5528 (TTY: 711)**, Monday through Friday, 7 AM to 7 PM ET. You may also view your Member ID card on the mobile app.

SKY ID Lost ID Card, Name Change, New PCP Assignment, Card Replacement

There are several ways to replace a SKY Member’s ID card if it is lost or stolen, or if the member has had a name change or a change in their PCP. These include the following:

- Printing an ID card via our portal
- Viewing the ID card via the mobile app
- Calling SKY Member Services to request a new ID card
- Contacting the SKY Care Coordinator for assistance

We will reissue an ID card within five days of the request in the following circumstances:

For foster and former foster members:

- A member, DCBS staff, caregiver, or foster parent reports a lost card
- A member has a name change
- A member, DCBS staff, caregiver, or foster parent requests a new PCP or dental provider

- The member moves to a new placement
- Any other reason that results in a change to the information disclosed on the foster care member's ID card

For AA members:

- The member or adoptive parent reports a lost card
- The member has a name change
- The member or adoptive parent requests a new PCP
- Any other reason that results in a change to the information disclosed on the AA member's ID card.

For JJ members:

- The JJ or designated DJJ staff reports a lost card
- The JJ member has a name change
- The JJ member or designated DJJ staff member requests a new PCP
- The member moves to a new placement
- Any other reason that results in a change to the information disclosed on the JJ member's ID card

How to access the SKY Member Services call center

Member Services can answer questions about health care benefits, ID cards and Primary Care Providers (PCPs). You can also call them to get help with some health care problems. Just call 1 855 300 5528 (TTY: 711). Someone is there to answer your call 24 hours a day, 7 days a week. Our Member Services team is here to help make sure each member is treated fairly and able to exercise their rights.

How to select and change PCP's and Dental Providers

Your Primary Care Provider (PCP) is your health care provider who takes care of all your main health care needs. You can choose your PCP. Your PCP will see you for well care check-ups and medical problems. Your PCP is your medical home. A medical home helps make sure that the right medical care is available when you need it. Get to know your PCP. It helps ensure that you get medical care from someone who knows you and from someone who you feel comfortable with. Your PCP is your medical home. Your PCP takes care of all your main health care needs. Your PCP will learn about your health to prevent or detect future illness.

PCPs help keep you healthy by:

- Teaching you how to stay healthy
- Treating a health problem before it becomes serious

- Keeping immunizations up to date
- Providing care when you are sick

All members must select a PCP except:

- Pregnant women
- Dual-eligible members (those who have both Medicaid and Medicare)
- Adults who are under state guardianship

You will receive a printed directory of PCPs when you first enroll with us and you can also access the online Provider Directory at **AetnaBetterHealth.com/Kentucky** at any time. If you have not chosen or been assigned a PCP, you may go to any PCP in the Aetna Better Health network to receive care. Once you have chosen a PCP, this is who you should receive your care from. Your PCP's name is on your member ID card. If you don't choose a PCP, we will choose one for you.

To change your PCP or dental provider, call Member Services at **1-855-300-5528 (TTY: 711)**, Monday through Friday, 7 AM to 7 PM ET. Or, you can request the change through the Member Portal on our website at **AetnaBetterHealth.com/Kentucky**. If the member is a child, the member's parent or guardian may change the PCP or dental provider.

If you choose a PCP who is not taking new patients, you will have to choose another PCP. If your family doctor is not part of Aetna Better Health's network, you'll have to choose someone else (you can also ask if your family doctor would like to join our plan). There are benefits to keeping your PCP. The better they get to know you, the better they can treat you. You can change your PCP 90 (ninety) days after the initial assignment and once a year or any time for any reason approved by Aetna Better Health of Kentucky.

In some cases, your PCP may ask that you be removed from his or her practice. If this happens, you'll get a new PCP. Some reasons your PCP may ask for this change may be that:

- You and your PCP do not get along
- Your PCP cannot meet your medical needs
- You miss appointments

Aetna Better Health may also decide to change your PCP. We will notify you if this happens. We will also notify you if your PCP is no longer in our network. In this case, we will help you select a new PCP. It's very important to show up for your scheduled appointments. If you can't go to your appointment, cancel the appointment at least 24 hours before the appointment.

If your PCP is not in his or her office when you need care, just ask to see another provider in the group. There may be a provider on call that you could see.

If you have a serious condition or chronic illness, you may ask to have a specialist as your PCP. Specialists may act as PCPs for members with special needs. However, the specialist must agree to be your PCP. Call Member Services at **1-855-300-5528 (TTY:711)**, Monday through Friday, 7 AM to 7 PM ET, to make this request.

Your Primary Care Dentist (PCD) is your dentist that will take care of your oral health needs. You can choose your PCD. Your PCD is your oral health home. A PCD helps make sure that you receive the right oral health care. Get to know your PCD and they will care for your oral health needs.

The dental provider network is the group of dentists and specialty dentists. You will get your covered dental preventive and routine care through our network. If you need a dental specialist, your PCD will refer you to a specialist in our network.

To find a dentist, you can access the online Provider Directory at **AetnaBetterHealth.com/Kentucky** at any time. Once you have chosen a PCD, this is who you should receive your dental care from. If you don't choose a PCD, we will choose one for you.

If you want to change your PCD, you must choose a PCD from our dental provider network. Be sure your PCD is taking new patients. To make a change, please call Member Services at **1-855-300-5528 (TTY: 711)**, Monday through Friday, 7 AM to 7 PM ET.

For urgent or emergency dental care, call your PCD. If you would like assistance to schedule an appointment, call Member Services at **1-855-300-5528 (TTY: 711)**, Monday through Friday, 7 AM to 7 PM ET.

The SKY Care Coordination Team

All SKY members will have access to care coordination services provided by a Care Coordination Team. The Care Coordination Team is led by a Care Coordinator who will be assigned upon enrollment into the SKY program. Regional-based Care Coordination Teams are at the center of care for SKY members and in addition to the member and the Care Coordinator, may include:

- Nurse care coordinator to assist with Medically Complex Children

- A Behavioral Health Clinician
- A Behavioral Health Specialist
- A Family peer support specialist
- A hospital-based Case Manager

With the appropriate consent, the Care Coordinator will also invite PCPs, primary dental providers, and other providers to participate in the Care Coordination Team.

Role of Care Coordinators and the Care Coordination Team

The SKY member's Care Coordinator leads their Care Coordination Team and helps the member, guardians, parents, DCBS worker, DJJ worker and caregivers navigate the health care system. As needed, the Care Coordinator will hold Care Coordination Team meetings and make sure that SKY members, providers, foster parents, adoptive parents, caregivers, parents, DCBS and DJJ have all the information needed about community resources that are available to help the member.

Care Coordinators/Care Coordination Teams help to meet the needs of SKY members by:

- Providing information to assist providers, members, foster parents, adoptive parents, caregivers, parents, DCBS and DJJ coordinate services
- Ensuring members have access to primary, dental, and specialty care by helping obtain and schedule appointments
- Expediting assessments that help with determining DCBS and DJJ placements
- Arranging community supports and referrals to community-based resources
- Collaborating with PCPs, primary dental providers, specialists and prior MCOs if needed to ensure continuity of care for SKY members

The Care Coordinator is also the single point of contact that will help to ensure that all required assessments and screenings are initiated upon initial enrollment of youth with SKY and are completed within the timeframes specified by the State.

The Care Coordinator will:

- Help coordinate the assignment of a PCP and facilitate a physical health screening and/or treatment as needed within the required timeframe
- Help schedule a medical exam, visual exam and dental exam within the required timeframe
- Help schedule a mental health screening within the required timeframe
- Arrange for services when screenings indicate further assessment or treatment is needed
- Arrange for a youth to have a complete medical, dental, and visual exam yearly.

Levels of Care Management/Care Coordination Services

SKY members will receive Care Coordination services according to their individual needs. The level of intensity and frequency of Care Coordination services is based on information from assessments, caregivers, providers, parents, adoptive parents, DCBS and DJJ workers.

SKY members may receive the following levels of Care Coordination services:

- Care Management
- Intensive Care Coordination
- Complex Care Coordination

Accessing the Care Coordination team

Aetna Better Health of Kentucky's Care Coordination Team are here to help our members, as well as their families, guardians, foster parents, and primary care providers and dental providers. We can help with changes and provide information so that members and caregivers are better prepared and informed about health care decisions and goals.

Our Care Coordination team will call new members to complete a health risk assessment.

To contact the Care Coordination Team, or you have any questions about the program, call Member Services at **1-855-300-5528 (TTY:711)**, Monday through Friday, 7 AM to 7 PM ET. Ask to speak to a care manager or look for us online at AetnaBetterHealth.com/Kentucky.

Extra Benefits for SKY Members

The SKY program serves children and youth in foster care, children who have been adopted from foster care, former foster care members, children dually committed to the Department for Community Based Services (DCBS) and the Department of Juvenile Justice (DJJ) and the Department of Juvenile Justice (DJJ) Medicaid eligible youth, who can receive these extra benefits:

Extra Benefits	
Connections for Life (13-17)	Free smartphone and wireless plan (eligible members who are not in a stable placement).
Connections for Life (18-26)	Free laptop for eligible members

SKY Duffle Bag Program	Duffle bags filled with personal hygiene items, supplies and a blanket to SKY members that are going from one home to another.
Birthday in a Box	Eligible members get a “birthday in a box” that includes party supplies and a gift.

Aging Out – Transitional Services

Aetna understands the transition into adulthood is an important and difficult time and we help our SKY members to learn the skills needed to be healthy and productive adults. Aetna offers support to our members who are transitioning out of the foster care and juvenile justice systems. The Care Coordination Team will make sure to help these members develop their own transitional care plans that will include:

- Specific options for housing
- Health insurance
- Education
- Mentoring/peer support opportunities
- Continuing support services
- Workforce supports
- Employment services

For SKY members ages **12-15**, Aetna will help to develop independent living skills and basic daily living skills such as cooking, doing laundry and money management through the Getting on T.R.A.C.K (Transition Ready Assistance and Core Knowledge) program. This program involves help from organizations out in the community and offers specific training classes.

The SKY member’s Care Coordinator will help them get engaged in this program and the classes will be held at community organizations throughout Kentucky.

At **15 years old**, SKY youth, if in agreement and with permission from the Department for Community Based Services (DCBS) social worker, is referred to formal Life Skills classes and has the opportunity to complete aptitude tests and job interest surveys using tools such as the U.S. Department of Labor’s O*NET Interest Profiler.

When the youth is **16 years old**, the care coordinator collaborates with DCBS and DJJ (if involved) to make certain that youth becomes enrolled in state formal life skills classes (John H. Chafee Foster Care Independence Program).

When the member turns **17 years old**, Aetna also supports members, as well as DCBS and DJJ, in the formal transition planning process. To help youth work on their transition plans, Aetna will utilize easy-to-use tools such as the Department of Education's Foster Care Transition Toolkit and the Planning Tool for Transition Planning for Youth with Disabilities from the Child Welfare System to Adulthood (Juvenile Law Center) to help youth plan their next steps. Transition planning will be incorporated into Care Coordination Team meetings.

SKY members that are **18 years old** will have support and assistance as they enter adulthood. DCBS involved youth have the option to extend their involvement in the foster care system. This extension allows 18- to 21-year-olds to stay in or re-enter foster care. For those youth who choose to end commitment at 18, the Care Coordinator will help the youth identify and prioritize their needs. SKY members will have access to community supports, including **Regional Independent Living Coordinators**, to assist with their transition planning.

For youth that are **20 years old**, the Care Coordination Team will help to ensure that care coordination, housing, education, and financial support are included in their transitional care plan. These are critical skills to help ensure SKY members will be empowered to make decisions regarding the services they need during and after their transition into adulthood.

For youth that are **21 years old**, the Care Coordination Team's primary focus will be on aftercare planning (when the youth transitions out of the children's system).

Accessing the Inquiry Coordinator

The Inquiry Coordinator works with SKY Members, families, and providers to make sure they are aware of how to file grievances and appeals and provide training to SKY staff to reduce areas of concern. The Inquiry Coordinator works for the member to make recommendations for any changes needed to improve either care is provided or the way in which care is delivered. These recommendations are provided to SKY, the Department of Medicaid Services, DCBS, and DJJ on inquiries and complaints made by/for SKY members and providers. You can reach the Inquiry Coordinator by calling **1-855-300-5528 (TTY:711)**.

For more information on filing a grievance, see Appeals and Grievances (page 41 in your handbook).

Accessing the Website

You can get up to date information about your Aetna Better Health plan on our website at **[AetnaBetterHealth.com/Kentucky](https://www.aetna.com/betterhealth/kentucky)**. You can visit our website to get information about the services we provide, our provider network, frequently asked questions, contact phone numbers and email addresses. Need help? Just call **1-855-300-5528 (TTY:711)**.

Aetna Better Health of Kentucky
9900 Corporate Campus Drive, Suite 1000
Louisville, KY 40223

Member Services
1-855-300-5528 (TTY: 711)

[AetnaBetterHealth.com/Kentucky](https://www.aetna.com/betterhealth/kentucky)

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