CMMI’s New Integrated Care for Kids (InCK) Model
InCK is a child-centered local service delivery and state payment model, aimed at reducing expenditures and improving the quality of care for children in Medicaid and CHIP, especially those with or at-risk for developing significant health needs.
InCK Includes You!

- Specifically names school sector as core child service;
- requires LEA and
- Medicaid involvement; and
- Education measures will be collected.
Do You Want to...

• Promote children’s behavioral health?
• Work with partners to integrate systems across health, education and other sectors?
• Get long-term funding to develop a sustainable revenue model?
• Get funding specifically to integrate processes and infrastructure?
• Focus on prevention, screening and early intervention?
• Tackle sticky issues like data privacy?
The Facts about Funding

• Up to 8 awards will be made
• Up to $16M per awardee over the period
• 7 year funding period
  • 2 year pre-implementation
  • 5 year implementation
• Funding may only be used for model planning and implementation, not to fund existing services
• FOA will be out soon
• Awards expected as early as Summer 2019
What’s the Rationale?

- Trauma/ACEs in childhood contribute to increased risk of behavioral health diagnoses
- $\frac{1}{2}$ of mental illness and substance use disorders start by age of 14
- Late diagnoses negatively impact outcomes
What’s the Problem?

• Variation in access to EPSDT services
• Service silos
• Only 1 in 3 children in Medicaid with behavioral challenges receives treatment
• Late diagnoses negatively impact health outcomes
What are the Goals?

1. Improve children's health
   • Mental illness
   • Substance use in later life

2. Reduce costs
   • Reduce avoidable out of home placement
   • Reduce inpatient stays

3. Align payment and quality
   • Invest in infrastructure for state specific APMs models
How will it Work?

1. Propose a Geographic Service Area of Medicaid Recipients 0-21 and Expectant Mothers

2. Identify a Lead Organization
   • State Medicaid Agency OR
   • Lead Organization, HIPAA covered

3. Get Commitment from Medicaid Agency
How will it Work? Integrate Core Child Services

- Clinical care (physical and behavioral)
- Schools
- Food
- Early care and education
- Housing
- Title V Agencies
- Child welfare
- Mobile crisis response services
How will it Work?
Service Integration Design
Characteristics
How will it Work? Risk Stratification Approach & Tiered Service Delivery
How will it Work? Alternative Payment Models

• One or more child –focused APMs in Medicaid (and CHIP)
• Must support care coordination, case management and mobile crisis response and stabilization services via existing state authorities under Medicaid/CHIP
• Promote accountability for improved outcomes, such as rates of avoidable out-of-home placement and opiate use
• Goal is to ensure long-term sustainability for model
What can Change with this Funding?

- Early identification of needs and risk factors and treatment
- Integrated care coordination and case management of physical, behavioral and other health services with no wrong door approach
- Funding for infrastructure and processes to integrate systems
- Increased availability and use of home and community-based services
- Reduced duplication of services
- Data integration and tackling the privacy hurdle
- Funding and support for development of state-specific APMs
Steps to Take Now to Prepare

- Begin talking to local partners in the indicated sectors
- Get the interest of the Medicaid agency
- Work to identify a lead organization
- Identify the scope – the geographic area
How to Learn More

• Live Q and A Webinar December 13 3pm EST
• Email to HealthyChildrenandYouth@cms.hhs.gov
• Visit website
  • https://innovation.cms.gov/initiatives/integrated-care-for-kids-model/
  • Fact Sheet and FAQ
  • InCK Model Overview Webinar – watch it!
• Join the InCK listserve