Integrated Care for Kids (InCK)

Model Overview

Center for Medicare & Medicaid Innovation (CMMI)
Centers for Medicare & Medicaid Services (CMS)
Agenda

- CMS Innovation Center Overview
- Child Health Priorities
- Stakeholder Recommendations
- Integrated Care for Kids Model
- Next Steps
CMS Innovation Center Overview
The CMS Innovation Center Statute

• “The purpose of the [Center] is to test innovative payment and service delivery models to reduce program expenditures...while preserving or enhancing the quality of care furnished to individuals under such titles.”

Three scenarios for success from Statute:
1. Quality improves; cost neutral
2. Quality neutral; cost reduced
3. Quality improves; cost reduced (best case)

If a model meets one of these three criteria and other statutory prerequisites, the statute allows the Secretary to expand the duration and scope of a model through rulemaking.
Child Health Priorities
Behavioral health risk factors begin in childhood

- Exposure to trauma or adverse childhood experiences (ACEs) in childhood contribute to increased risk of behavioral health diagnoses.

- Half of all lifetime cases of mental illness and substance use disorders start by the age of 14.

- Late diagnoses negatively impact health outcomes.
Most substance use disorders start in childhood

- **3 in 4** adults ages 18-30 years in substance use disorder (SUD) treatment began using by age 17; **1 in 10** started by age 11.

- In 2015, an average of 1 in 25 adolescents ages 12-17 misused opioids; this rate doubled by age 21.

**OPIOID MISUSE IS A PUBLIC HEALTH EMERGENCY**
Lack of coordination across health care and service sectors impacts child health

- Variation remains in how and when children receive of Early and Periodic Screening, Diagnostic, and Treatment services.

- An estimated 1 in 3 Medicaid-covered children have behavioral health challenges; only one-third receive treatment.

- Late diagnoses are often treated in emergency departments and inpatient or residential settings, which can increase overall costs.
Stakeholder Recommendations
CMS has received broad input on child health innovations

Pediatric Alternative Payment Model Request for Information released in February 2017

- Put children and families first and at the center of coordinated care across child programs.
- Integrate physical and behavioral health care.
- Prioritize home and community-based care.
The Integrated Care for Kids Model
The **Integrated Care for Kids (InCK) Model** 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.
### EXISTING CHALLENGES

- **Risk factors** for behavioral health challenges start early in life
- Child health services **exist in silos; late diagnoses** are often treated in **higher cost settings**
- **Limited infrastructure** investments to coordinate across sectors and develop pediatric APMs

### MODEL INTERVENTIONS

- **Early identification and treatment** of health needs and risk factors by assessing children’s needs
- **Integrated care coordination and case management** of physical, behavioral, and other health services
- **Funding and support for development of state-specific APMs** and infrastructure

### MODEL GOALS

- **Improving performance on priority measures of child health**, like mental illness and substance use
- **Reduce avoidable** out-of-home placement and inpatient stays
- **Align payment to quality and outcomes** to drive child health transformation
Population

- Medicaid- and CHIP-covered beneficiaries up to 21 years old
- Defined geographic service area
Core Child Services

- Clinical care (physical and behavioral)
- Schools
- Housing
- Food and nutrition
- Early care and education
- Title V Agencies
- Child welfare
- Mobile crisis response services
The Integrated Care for Kids (InCK) Model is a child-centered local service delivery and state payment model aimed at reducing expenditures and improving the quality of care for children covered by Medicaid and CHIP, especially those with or at-risk for developing significant health needs.

Goals:

1. Improving performance on priority measures of child health
2. Reducing avoidable inpatient stays and out-of-home placements
3. Creation of sustainable Alternative Payment Models (APMs)
Population attribution and stratification

Level 1
Medicaid/CHIP beneficiaries aged 0-21

Level 2
Multiple sector needs with functional impairment

Level 3
At risk for out of home placement
Service Integration Model

1. Population-wide approach
2. Person and family-centered service delivery
3. Streamlined eligibility and enrollment
4. Service accessibility
5. Mobile crisis response services
6. Information sharing
Alternative Payment Model (APM)

- CMS will support states to design and implement one or multiple APMs
- APMs will support payment and accountability for achieving model goals
- APMs will leverage available Medicaid/CHIP waiver authorities
Two-phase implementation

- **Pre-implementation Period**: Two years
- **Model Performance Period**: Five years
Next Steps
Fall 2018 | Notice of Funding Opportunity (NOFO) release

As early as Summer 2019 | Award cooperative agreements
How to Prepare

- Identify state and local priorities
- Seek opportunities for partnership
- Stay tuned for Notice of Funding Opportunity release
Additional Resources/Contact Info

- Email: healthychildrenandyouth@cms.hhs.gov

- Visit: https://innovation.cms.gov/initiatives/integrated-care-for-kids-model/