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Integrated Care for Kids (InCK) Model

OVERVIEW

On August 23rd, the Centers for Medicare and Medicaid Services (CMS) Innovation Center announced a new 1115A Medicaid demonstration, the Integrated Care for Kids (InCK) Model. This new state payment and local service delivery model aims to reduce spending and improve the quality of care for children residing in specific service areas who are covered by Medicaid and the Children's Health Insurance Program (CHIP). The InCK Model will focus on early identification and treatment of behavioral and physical health needs. The development of the InCK model is part of a multi-pronged strategy to combat the nation's opioid crisis. The goals of developing the InCK Model include:

- Improving child health outcomes, including preventing substance use disorder;
- Reducing avoidable inpatient stays and out of home placement, including foster care; and
- Creating sustainable Alternative Payment Models (APMs) that ensure provider accountability for cost and quality outcomes.

Additional information on the model is available here and a fact sheet is available here. CMS anticipates releasing a Notice of Funding Opportunity with additional details in Fall 2018.

FUNDING

CMS anticipates providing awards of up $16 million each to up to 8 states that implement the InCK Model. Funding may only be used to support model planning and implementation activities. Applicants must demonstrate how they will leverage existing funding resources to support continued service delivery and ensure long-term sustainability of the model.

The contract period will last for seven years, with two years of pre-implementation in which CMS will work with states and Lead Organizations to develop the required infrastructure and necessary procedures for model implementation. This will be followed a five-year model implementation period in which states and Lead Organizations will measure their progress and report required data to CMS.

ELIGIBLE APPLICANTS

Eligible applicants include State Medicaid Agencies in collaboration with a local HIPAA-covered entity called a "Lead Organization" that will be responsible for the coordination and development of the core child service types and for convening child agencies to provide and support population health. The Lead Organization may also be the State Medicaid Agency, or it may be a provider system, managed care organization, health maintenance organization, State Department of Health, or another HIPAA-covered entity.

The State Medicaid Agency and Lead Organization may partner together to write the application; however, only one of these entities will be considered the applicant. The State Medicaid Agencies will participate in the implementation of the model regardless of whether they are also identified as the Lead Organization.

MODEL COMPONENTS

Core Child Services

Lead Organizations will be responsible for coordinating the integration of the following core child service types:

- Clinical care (physical and behavioral);
- Schools;
- Housing;
- Food and nutrition;
- Early care and education;
- Title V Agencies;
- Child welfare; and
- Mobile crisis response services.

While these service types are required, Lead Organizations may also consider including other child service types as appropriate to meet local needs and capabilities.

Service Integration

The InCK Model aims to increase integration across service sectors to better coordinate care for children. Participants will be required to integrate care coordination and case management across physical and behavioral health and other local service providers. While Lead Organizations and their partners have the flexibility to employ the service integration strategies that will best achieve the model's goals in their particular environment, they must incorporate the following six key design characteristics into their implementation plan:

- Population-wide approach;
- Person and family-centered service delivery;
- Streamlined and coordinated eligibility and enrollment processes;
- Service accessibility;
- Mobile crisis response services; and
- Information sharing across providers and family/caregiver(s).

The service integration structure is based on population-wide risk-stratification according to the child's level of need. Service Integration Levels (SILs) are composed of integrated care coordination and case management levels that identify the appropriate intensity of services and ensure that children receive the individualized care that they need. SIL 1 includes all children eligible for services because they are Medicaid or CHIP beneficiaries up to age 21 who reside in the awardee's defined geographic service area. SILs 2 and 3 identify children who have multi-sector needs, functional impairments, and are at-risk for being or are currently placed outside of their homes.

State-specific APMs

APMs developed through this model should increase state and provider accountability for reducing costs and improving child health outcomes. The State Medicaid Agency will be responsible for working with CMS and the Lead Organization to design and implement at least one pediatric APM in Medicaid and CHIP. States that have existing APMs may alter them as necessary to align with the criteria and goals of the InCK Model. The state-specific APMs must prioritize case management, care coordination, and mobile crisis response and stabilization services. They must also ensure the long-term sustainability of the model.

APPLICATION

Timeline

CMS plans to release a detailed Notice of Funding Opportunity in Fall 2018, which will provide more information on how State Medicaid Agencies and local health and community-based organizations can apply to participate in the model. Applications will be due in Winter 2018 and awarded applicants will be announced as early as Spring 2019.

Questions may be submitted to HealthyChildrenandYouth@cms.hhs.gov.