SACHS POLICY GROUP
60 East 42nd Street, Suite 1762
New York, NY 10165
Phone: 212 827 0660
Fax: 212 827 0667

Integrated Care for Kids (InCK) Model Notice of Funding Opportunity

OVERVIEW

On February 8th, the Centers for Medicare and Medicaid Services (CMS) Innovation Center announced a Notice of Funding Opportunity (NOFO) for a new 1115A Medicaid demonstration, the Integrated Care for Kids (InCK) Model. Under the InCK Model, a lead organization, in collaboration with their state's Medicaid Agency, will partner with community providers to offer integrated access to a set of Core Child Services, focusing on prevention, early identification, and treatment of behavioral and physical health needs, with a focus on addressing opioid addiction issues. Through InCK, CMS 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's goals include:

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

CMS will award approximately $128 million to a maximum of eight awardees.

Applications are due on June 10th. The NOFA is attached. Additional information on the model is available here and a fact sheet is available here.

FUNDING

CMS anticipates providing awards of up $16 million each to up to eight partnerships (in different states) to 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, consisting of two phases. The first phase will be a two-year pre-implementation period, in which CMS will work with states and Lead Organizations to develop the required infrastructure and necessary procedures for model implementation, while the second phase will be 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 be the State Medicaid Agency itself, 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 Agency will be required to participate in the implementation of the model regardless of whether it is 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 or currently placed outside of their home.

State-Specific APMs

The APM that is 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 who 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 and must ensure long-term sustainability of the model.

APPLICATION

Applications will be evaluated on the following basis:

- Model Implementation Plan
  - State and Local Community Engagement, including a signed Memorandum of Understanding (MOU) with the State Medicaid Agency and the formation of a Partnership Council (20 points)
  - Service Integration Plan (25 points)
  - Medicaid and CHIP Authorities and Payment Model Proposal (15 points)
- Model Impact Analysis
  - Root Cause Analysis (15 points)
  - Health Outcomes and Cost Savings Projection (15 points)
- Budget Narrative (15 points)
- Program Duplication Questionnaire (5 points)

Timeline

Applications are due on June 10th.

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