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The Integrated Care for Kids Model (InCK) Model and InCK Marks: An Overview

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Overview: InCK Model and InCK Marks

1. Center for Medicare and Medicaid Innovation (CMMI) and the Basics of the Integrated Care for Kids (InCK) Model
2. Role of InCK Marks in Supporting Actions from Child Health Champions
3. InCK Marks Guiding Framework and Key Issues Raised in Integrating Care for Kids
4. Key Roles for Child Health Champions: Opportunities for health care experts, advocates, practitioner innovators, family and community leaders, Medicaid administrators, and policy leaders
5. Next Steps and Opportunities

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Basics: Funding from CMS Innovation Center

- The Center for Medicare and Medicaid Innovation (CMMI) established and received $10 billion in funding (over ten years) under the Affordable Care Act to promote innovation in health care payment and service delivery
- CMMI's grants primarily have supported innovations related to (adult) high cost and chronic care populations in Medicare and Medicaid, including state SIMs grants
- New *Integrated Care for Kids* (InCK) model the first CMMI funding effort specifically focused upon children and on social and behavioral as well as physical health

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Basics – The InCK Initiative Framework

- Provides up to $16 million in funding over 7 years to eight states in competitive grant model ($128 million total)
- Applications described in Notice of Funding Opportunity (NOFO) and due June 10, 2019
- Funds to design and implement an alternative payment model and integrated service delivery models for children prenatal to 21 within a specific, sub-state geographic area
- State Medicaid agency must be involved and partner with a Lead Organization (key to local level implementation) to develop an integrated community model.
- Emphasis includes reducing and preventing unnecessary out-of-home placements and hospitalizations of children and youth, as well as addressing opioid/substance use

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Basics: Three Entities Must be Engaged

Medicaid Agency
- Partner with Lead Organization
- Responsible for Alternative Payment Model and data

Lead Organization
- Established entity
- Local convening of Partnership
- Coordination & accountability

Partnership Council
- Represent core service areas
- Chartered, formal, engaged

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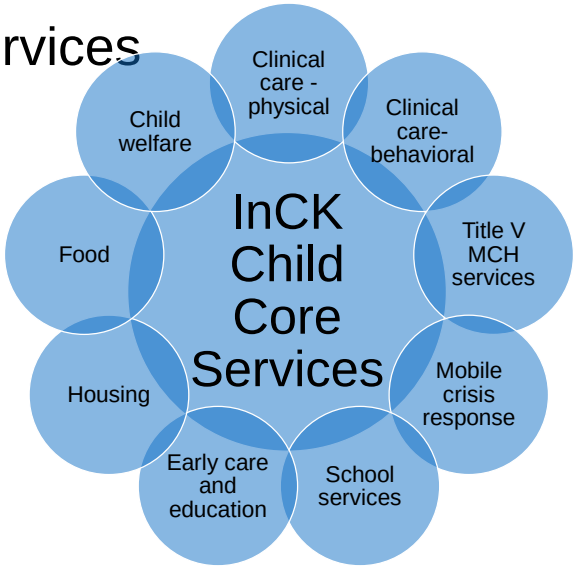
Basics: Child Core Services

- Lead Organizations must coordinate the systematic integration of Core Child Services within model service area for the purposes of integrated care coordination and case management.
- Partnership Council must include representatives from these service areas.
- Lead Organizations and community partners will coordinate these services so families receive an integrated experience of care despite separate funding streams.



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Basics: Musts and Mays

- States **MUST "risk stratify**" child Medicaid population to identify small percent contributing the major share to Medicaid (and CHIP) costs today and develop integrated care (through care coordination) and alternative payment models (APMs) designed to reduce costs and improve results.
- Lead organization **MUST establish Partnership Council** to improve service integration and care coordination, reduce duplication, and share information.
- States **MAY develop alternative service models to improve the health trajectories for lower-risk populations**
  - Providing greater value in primary and preventive health care
  - May involve upfront Medicaid investments, which might be financed from any savings from APMs or simply incorporated into Medicaid/EPSDT payment systems.

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Basics: Some References to Prevention

- NOFO does reference the importance of prevention and early intervention responses.
- NOFO references Adverse Childhood Experiences (ACEs) and specifies that "preference" will be given to applications which incorporate two generation strategies.
- Risk stratification for young children (0-6) specifically includes parental conditions that can impact children's healthy development.
- The "root cause" analysis and the "risk stratification" sections could be places to bring in more preventive responses, including those addressing family conditions and incorporating two generation strategies.

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InCK Marks: Purpose and Disclaimer

- InCK Marks developed under funding from the Robert Wood Johnson Foundation and the Perigee Fund to:

  provide resources and supports to child health advocates and experts, practitioner champions, family and community leaders, state administrators, and policy makers regarding reviewing and developing applications for the InCK model

- InCK Marks has no affiliation with CMS, produces only nonproprietary information, and does not claim to be an authoritative source for developing a competitive grant proposal

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InCK Marks Partner Resource Network

InCK Marks has enlisted a network of leading organizations in child health and Medicaid to share their resources.

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InCK Marks: Modus Operandi

- InCK Marks offers "state of the field" information on Medicaid and child health that brings the best thinking and research to inform application review and to advance innovation in child health
  - Through website, webinars, shared resources from partners, and new syntheses of resources relevant to different aspects of the InCK Model.
- InCK Marks has established a guiding framework for its work that emphasizes the value of:
  1. prevention, early intervention and treatment responses to child health,
  2. a developmental approach that recognizes the need for different responses and pediatric roles by child age, and
  3. building upon high-value, evidenced-based practices and their value in providing care in developing payment systems.

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InCK Marks Guiding Framework Tenets

1. The Importance of an Integrated Approach to Child Health Care Based Upon Child Health's Definition;
2. Medicaid's Critical Role;
3. The Different Needs and Opportunities by Developmental Stage;
4. The Importance of Both New Preventive and Treatment Responses;
5. The Presence of High Value, Evidenced-Based Practices to Guide Change;
6. The Definition of Value-Based Care as Broader than "Cost-Containment" Care; and
7. The Importance of Measuring Child Health Based Upon its Broad Definition.

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NOFO's Definition of Child Health

- "The extent to which an individual child or groups of children are able or enabled to a) develop and realize their potential; b) satisfy their needs and c) develop the capacities to allow them to interact successfully with their biological, physical and social environment." (National Research Council; Institute of Medicine, 2004).
- In other words, child and youth health is the "full range of health constructs, including physical health, developmental, social, emotional and behavioral health, oral health, nutrition, and physical activity." (U.S. Department of Health and Human Services; U.S. Department of Education). NOFO, page 96.

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Guiding Framework: Drawing Upon Evidenced-Based Approaches from Developmental Perspective

- Evidenced-based approaches exist both for treating high-cost populations and for providing preventive and developmental primary health care services, but with different approaches for different stages of development and different roles for the primary health practice vis a vis other systems.
  - Perinatal (prenatal to six months)
  - Birth to 3 years
  - 3 to 6 years
  - 6 to 11 years
  - 11 to 17 years
  - 17 to 21 years

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Age-Appropriate Overarching Child Health Outcomes

Infant/Toddler

Perinatal – Optimal birth outcomes for mother and child

Birth to 3 – Optimal physical health, secure attachment and early development of self-regulation, language, and identity

Child

3 to 6 -- School readiness (physical health, language & literacy, approaches to learning, social & emotional development, cognition)

6 to 11 -- Staying healthy and strengthening social, emotional, and cognitive skills, including learning to read and on-grade school performance

Adolescent

12 to 17 -- Staying healthy and successful in school, responsible behaviors (alcohol, tobacco, and drug use; sexual activity; law-abiding behavior)

17-21 -- Staying healthy and transitioning to adulthood to succeed in the world of work and community, school/lifelong learning, responsible parenting

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The Devil in the Details: Birth to Three

- **Overarching Goals**
  - Optimal physical health, secure attachment and early development of self-regulation, language, and identity (dependent upon safe, secure, stable and nurturing home/community environment)
- **Indicators**
  - No unidentified and untreated congenital abnormalities, BMI, secure attachment, physical and language and cognitive and social and emotional development within normal parameters, no unplanned moves or child welfare or foster care involvement, regular complement of well-child visits and developmental/social screens, including autism screening (screening for and response to home/community environment and strengthened protective factors)

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The Devil in the Details (cont.)

- **High Value Preventive Practices and Approaches**
  - Comprehensive well-child visits conforming to Bright Futures guidelines and employing developmental and SDOH screens
  - Additional care coordination/ case management to children and families identified with medical and social risks or complexity, with follow-up linkages (Help Me Grow, Medical Legal Partnerships, Healthy Steps, etc.)
  - Strong linkages to Part C Early Intervention programs, early childhood mental health services, home visiting, and other family support programs

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The Devil in the Details (cont.)

High Value Treatment Practices for Risk-Stratified Populations and Placement Avoidance

- Intensive response services to families at risk of child placement/child protective service system involvement
  - e.g., Wraparound Milwaukee, New Jersey crisis response teams, intensive family preservation services
- Intensive care coordination and parent training and respite and support and assistive technology services for medically complex infants
  - e.g., Circle of Support care planning, family-centered medical homes with highly individualized case plans with integrated teams and family-directed care

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InCK Marks Website: Resource Repository

- **Our Partners**
  - 20+ Resource Partners Network, National Advisory Team, Funders
- **InCK Basics**
  - Summaries of and links to CMMI descriptions and resources
  - Basic description of InCK Model
- **Guiding Framework of InCK Marks**
  - Framework and “Devil in the Detail” by developmental stage
- **Key Issues** and state of the field resources on topics
  - Medicaid and EPSDT
  - Value-Based Care, Risk Stratification,
  - Preventive and Relational Health
  - Root Cause Analyses
  - Exemplary Early Childhood Primary Care Practices
  - Opioids and Child Health

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Key Issues Example: Medicaid and EPSDT

The Early Periodic Screening Diagnostic and Treatment (EPSDT) benefit requires states to cover more preventive and developmental services for children – beyond what they may provide for adults. These resources provide information on how to use Medicaid to advance child health consistent with the goals of the InCK model and InCK Marks guiding framework.

- Health Equity and Young Children Initiative. A Sourcebook on Medicaid's Role in Early Childhood. Sourcebook provides data on current Medicaid programs by state, the EPSDT benefit and its requirements, and the opportunities for using Medicaid to advance "high performing medical homes" to improve child health.
- Georgetown Center for Children and Families. Promoting Young Children's Healthy Development in Medicaid and CHIP. Issue brief provides an overview of expanding coverage and expanding services covered under Medicaid, starting with ensuring that eligible children are enrolled and receive continuous care.
- American Academy of Pediatrics and Georgetown Center for Children and Families. Medical Necessity and EPSDT: Tools for Providers and Advocates. These slides offer a national perspective on EPSDT as it is defined across the states, with two state presentations on advancing child health through the EPSDT benefit.
- Nemours. Early Childhood and Medicaid: Opportunities for Partnering. Report discusses how advocates and leaders in related fields can approach Medicaid agencies to expand coverage for health-related needs.
- National Center for Children in Poverty. How States Use Medicaid to Cover Key Infant and Early Childhood Mental Health Services Report on survey of states shows the growing use of Medicaid to finance different health-related services to support young children's social and emotional development and mental health.
- Johnson Consulting Group. Medicaid Financing for Home Visiting: The State of State Approaches. Issue brief is based upon a survey of states and describes the ways different states have used Medicaid to finance home visiting, including targeted case management, waivers, and through managed care.

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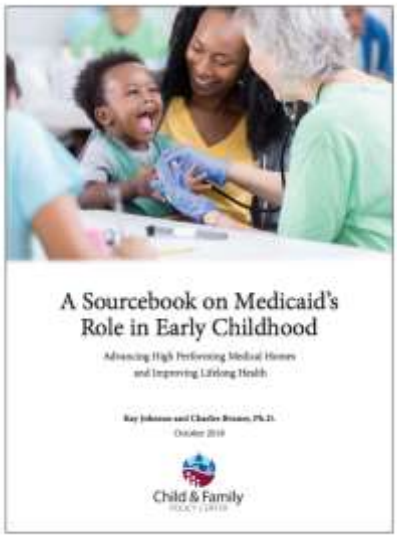

Medicaid's Role in Early Childhood: Advancing High Performing Medical Homes

- Introduction, Executive Summary, Overview
- Part 1: Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT)
- Part 2: Covering well-child care
- Part 3: Care coordination and case management
- Part 4: Screening - Development, health, and well-being
- Part 5: Medicaid financing for other needed services
- Part 6: Optimizing payment approaches
- Part 7: Measuring Performance and Progress
- APPENDICES
- https://www.cfpciowa.org/en/issues/health_equity/sourcebook_on_medicaids_role_in_early_childhood/

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Reasons to Engage Child Health Champions

- InCK Model provides an opportunity (catalyst) to draw upon the best thinking and practice in the state to advance healthy child development under Medicaid
- Leaders with knowledge and experience need to participate to ensure that opportunity is realized
- Champions exist in all states – child health experts, advocates, practitioner innovators, family and community leaders, Medicaid administrators and policy makers – to provide their knowledge and passion

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Engaging Child Health Champions: Activities

- Contact state Medicaid agency and encourage state to review InCK Model and give attention to prevention and early intervention as well as treatment and crisis response approaches
- Offer to provide help and participate in InCK model review and planning
- Identify other allies, practitioner champions, and experts who can contribute to planning process (and strategize around roles from them to play)
- Provide information on the current status of children and health needs and opportunities for improving healthy development over the life course – particularly focused upon primary and preventive health services
- Lead with “what works” and provide state examples that are improving children’s health and development where the child health system (and Medicaid) can lead
- Emphasize that action is needed and opportunities exist whether or not the state applies for or receives InCK designation – all states can and should do something

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Engaging Child Health Champions: Talking Points

- We don't have to start from scratch – we can build upon what works.
- Medicaid and its EPSDT benefit support such actions and leverage federal funds.
- Value-based care does not mean "cost containment" care.
- Investing in child health has long-term benefits and is the best way to
  - reduce preventable health conditions driving health costs, AND
  - improve educational and social successes and reduce other public costs.
- The public supports, and our state needs, more preventive and developmental responses to improve children's healthy development and success.

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Next Steps: **Future InCK Marks Webinars**

- InCK Model and Family-Centered Care
- InCK Model and Health Equity
- InCK Model and the Medicaid EPSDT Benefit
- InCK Model and Prevention – Root Causes and Risk Stratification
- InCK Model and Alternative Payment Models and High Value Care
- InCK Model and Foster Care

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Next Steps: Champions

- Complete Survey on Webinar
- Sign Up for and Participate in Future Webinars
- Share State Experiences
- Provide Ideas for InCK Marks Activities

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Word Cloud from CMMI InCK Fact Sheet