



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

Participants



State Medicaid Agency



Lead Organization

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

Framework

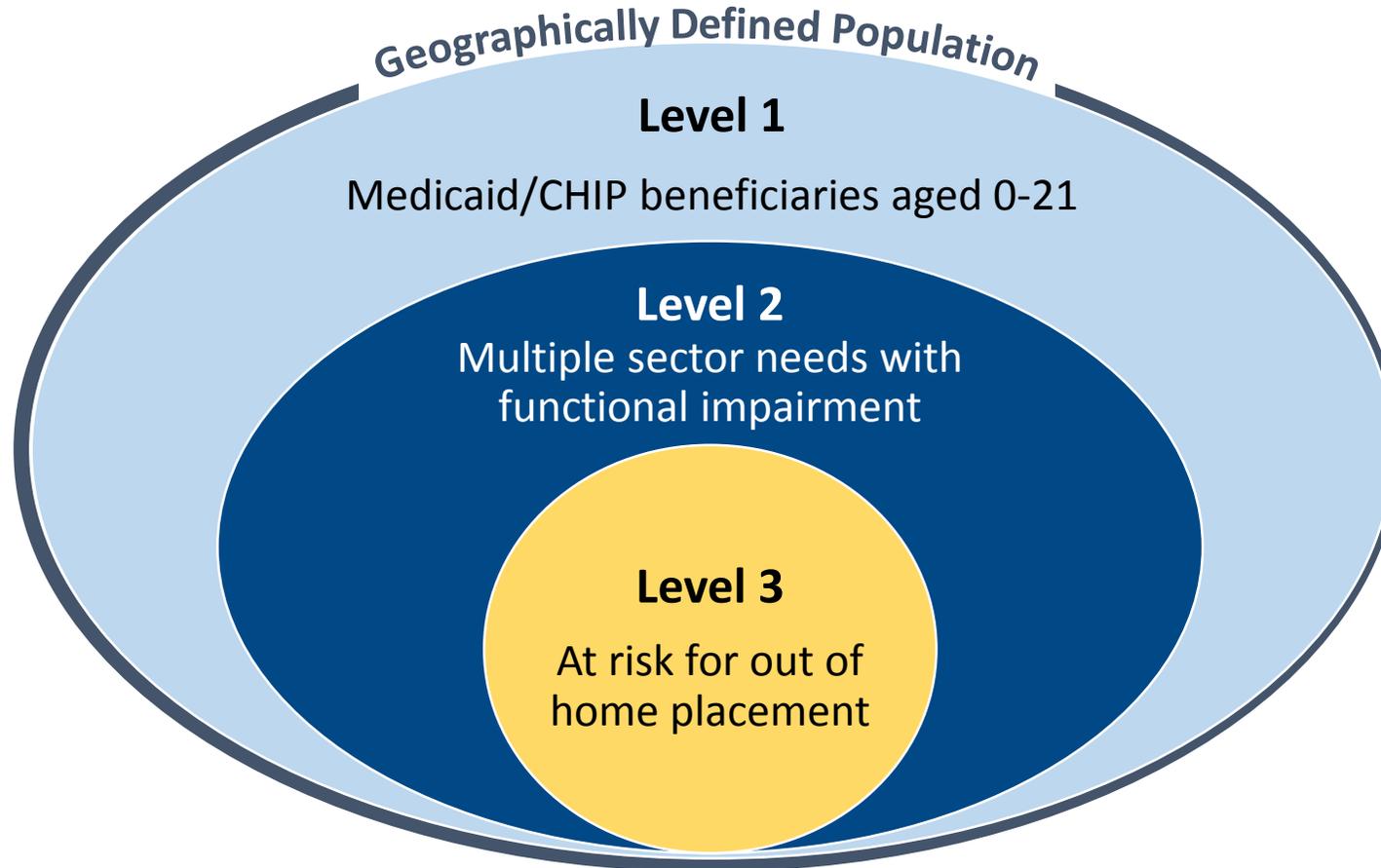
The **Integrated Care for Kids (InCK) Model** is a child-centered *local service delivery* and *state payment model* aimed at **reducing expenditures** and **improving the quality of care** for children covered by Medicaid and CHIP, especially those with or at-risk for developing significant health needs.

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



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



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/>