Integrated Care for Kids (InCK) Model – FAQs

Contents

Program Description:

1. **How can the InCK Model help states and communities address the opioid crisis?**
   The InCK Model responds to the national opioid crisis through early identification of behavioral health risk factors for substance use and abuse in children and youth. The 7-year model focuses on engaging children and youth in community-based treatment and services to prevent and reduce opioid and substance use disorders. In addition, the InCK Model engages in a two-generation approach that aims to assess and mitigate the effects of family and caregiver substance use on children, through early identification of those at risk and coordination of services for those affected. Using this multi-pronged approach, the InCK Model will help assess, identify, treat, and coordinate care for children at risk of, or actively engaged in, opioid and substance use. In addition to allowing states and communities the flexibility to address the opioid crisis, the InCK Model addresses a broad range of behavioral and physical health issues through integrated care coordination and case management across physical and behavioral health and other local service providers. The Center for Medicare and Medicaid Innovation (CMMI) anticipates funding up to 8 cooperative agreements at a maximum of $16 million for each award.

2. **How is this model different from existing care coordination or case management services that pediatric Medicaid beneficiaries may currently receive?**
   The InCK Model extends existing coordination and case management to include the coordination and case management of non-Medicaid covered services within the model's required Core Child Services, such as housing, child welfare, title V, food and nutrition, schools, early care and education, and mobile crisis response services. This extension of coordination and case management does not allow for the payment of delivering non-Medicaid covered services to beneficiaries. The InCK Model also prioritizes providing children and their primary caregivers with one primary point of contact who can assist them with coordinating all their core child service needs.

Awardee

3. **What is the Lead Organization and what is its role?**
   The Lead Organization is an existing or newly-created HIPAA-covered entity that will work with the state Medicaid agency to ensure that all aspects of the model are fulfilled, including reporting requirements, milestones, and communication with CMMI. In part, the Lead Organization will be responsible for improving and reporting on population-level care quality and outcomes and developing service integration protocols and processes for all child services for the attributed population. For more details on the role of Lead Organizations, see Notice of Funding Opportunity (NOFO) section A4 and Section C1 on Eligibility. Examples of possible Lead Organizations include, but are not limited to, managed care organizations, health care providers, and public health departments. Organizations not currently qualifying as HIPAA-covered entities may create a new business entity that meets the definition of a covered entity for the purpose of applying for this model. For additional information on covered entities, visit the CMS website: CMS HIPAA information.

4. **What constitutes a state Medicaid agency and what is its role?**
   The state Medicaid agency is the single state agency administering or supervising the administration of a state Medicaid plan. The state Medicaid agency will need to provide population-level data to CMS or the Lead Organization for monitoring and process improvement. The state Medicaid agency will also need to support the development of an information-sharing infrastructure and develop one or more alternative payment models (APMs). The state Medicaid agency should assist the Lead Organization in aligning support across child-focused state agencies such as housing and welfare as outlined under the required Core Child Services. The state Medicaid agency will also confer with the Center for Medicaid and CHIP Services (CMCS) regarding state Medicaid and CHIP policy. See NOFO Sections A4 on the Awardees, and A 4.2.1.3 on Alternative Payment Models.

5. **Can an organization submit multiple applications as the Lead Organization in partnership with different state Medicaid agencies?**
   Yes. It is permissible for an organization to submit multiple applications as the Lead Organization in partnership with different state Medicaid agencies. However, each proposed community must be distinct and meet all application criteria independently.

6. **Can more than one application be submitted per state?**
   Yes. CMS will accept more than one application from each state. A state Medicaid agency, or its partner Lead Organization, may submit multiple applications to participate in the model, as long as each application is sufficiently different. For example, 1) the Lead Organization must be different on each application, and 2) the model service areas must also be different. Each application should provide a compelling health impact analysis for each application as required in the NOFO.

7. **Can a Bona Fide Agent or another entity apply for this opportunity on behalf of the state Medicaid agency?**
   No. The state Medicaid agency or Lead Organization will need to submit and sign the application directly. This does not preclude the state from working with a Bona Fide Agent which may perform some administrative functions on its behalf, or another entity to manage or implement aspects of the model in accordance with the NOFO and all applicable grant regulations. For additional information on the role and responsibilities of the state Medicaid agency, please see section A4 Program Requirements.

8. **Is it possible to apply as co-lead agencies, or as a joint venture between multiple entities, to fulfill the role of Lead Organization, in partnership with the State Medicaid Agency?**
   CMMI awards typically require a single entity to assume accountability for meeting the terms of the award, although other organizations may form partnerships with the awardee to assist in activities under the model. While the InCK Model does require a Lead Organization to partner with the State Medicaid Agency (either of which can serve as the Lead), local Lead Organizations may be existing or newly created business entities, examples of which include a single hospital, local health department or managed care plan, or newly created consortium of hospitals or managed care plans.

Model Service Area

9. Can an InCK Model award be statewide?

No. The InCK Model cannot be awarded statewide.The evaluation of the InCK Model requires an in-state comparison group for each awardee. Applicants must define a state administrative division that functions as their service area for the model *and* an in-state comparison population that CMS could potentially use for InCK Model evaluation purposes. Applicants' proposed model service areas may cover contiguous or non-contiguous sub-state areas. However, proposed service areas may not cross state borders. Applicants will be required to designate their proposed model service area and its comparison group in the form of zip codes, counties, metropolitan statistical areas, or another designation that denotes a state administrative division.

10. Are Awardees required to serve a minimum number of children within their proposed model service area?

No. There is no requirement that Awardees must serve a minimum number of children. However, CMS will give priority to applications demonstrating the greatest ability to affect cost and quality outcomes. Each applicant must submit a Root Cause Analysis and a projection of Health Outcomes and Cost Savings. For further information, see NOFO section A.4.2.1.1.1 on Model Service Area and A 4.2.2.2 on Model Impact Analysis.

11. Can applicants serve children outside their defined model service area?

Yes. The Lead Organization and/or the required Core Child Service providers can continue to, or begin to, serve children who reside outside of the designated InCK model service area(s). However, CMS will not monitor or evaluate the outcomes of non-attributed children, and model funds cannot be used towards serving non-attributed children.

12. Can applicants propose an attributed population that consists only of a subset of Medicaid- or CHIP-covered children residing in the proposed model service area? For example, can applicants focus on children with a particular condition, belonging to a narrowed age group, or covered by a particular managed care plan?

No. Applicants must include all Medicaid-covered and CHIP-covered children under age 21 residing in the model service area, regardless of whether they are included in specialized Medicaid health plans, managed care organizations (MCOs), or Health Homes. Applicants may propose a variety of strategies to assess the needs and treat different age ranges or health conditions within their service area. *Applicants may also choose whether to include CHIP beneficiaries in the attributed population.* Lastly, applicants may propose one or multiple APMs targeted towards improving care quality and costs for children with specific health needs (i.e. Asthma, Sickle Cell Disease, etc.). See NOFO A 4.2.1.1.1. on Model Service Area.

Partnership Council

13. **May the Lead Organization identify Core Child Service partners after being awarded?**
    Applicants must include all required Core Child Service partners at the time of application for the application to be complete. However, the Lead Organization may identify additional service partners after being awarded. In NOFO, see A 4.2.1.1.4 on Partnership Council Convening and Section E on Application Review Information.

14. **If a state already has a crisis hotline and a mobile response system with appropriate staff for this population, would the state need to do anything differently under this agreement?**
    Under the InCK Model, awardees may use an existing mobile crisis response system. However, awardees will need to make any necessary adjustments to an existing system to ensure that it meets all of the minimum requirements for a mobile crisis response system as outlined in the NOFO and is able to serve as one of the required Core Services. See NOFO A. 4.2.1.1.4 Partnership Council Convening on Core Child Services.

Medicaid and CHIP Authorities

15. **Will awardees need to pursue additional federal flexibilities to participate in the InCK Model (i.e. an additional state plan amendment or section 1115 waiver)?**
    State Medicaid agencies may be required to amend their current state Medicaid plan or pursue waivers to implement the InCK Model after award. Immediately upon award, the awardee must meet with CMCS which will assist in making a determination about whether the awardee requires additional federal flexibilities. States should consider and identify potential authorities they believe may be necessary in their proposals under which they may receive federal reimbursement for Medicaid-covered services. Awardees will have at least two years during the pre-implementation period to obtain waivers and/or amendments. See NOFO Section A 4.2.1.3. on Medicaid and CHIP Authorities and Payment Model Proposal.

Alternative Payment Model and Sustainability Plan

16. **What is the long-term plan in terms of sustainability of this model?**
    Each awardee will develop at least one APM that could be implemented beyond the award period for the InCK Model.

17. **What are the Alternative Payment Model requirements for this model?**
    At a minimum, awardees must design and implement at least one APM that includes integrated care coordination, case management and mobile crisis response services. The APM must be designed using the appropriate Medicaid and/or CHIP waiver authorities to pay for services that require Medicaid and/or CHIP funds. It is permissible for applicants to use existing APMs that meet the model's minimum APM requirements. For additional information about APMs, please view our APM webinar located on the InCK Model website under "How to Apply" where you will find the recording and slides. Applicants can find details in NOFO Section A 4.2.1.3 Medicaid and CHIP Authorities and Alternative Payment Model Proposal.

18. **What types of APMs would fulfill the InCK Model requirements?**
    Potential APM approaches include episode-based payments, shared savings arrangements, and population-based payments that incorporate meaningful quality measures and are designed in a manner that incentivizes providers to adopt high-value, patient-centered practices. States with Medicaid MCOs will use the model pre-implementation period to work with MCOs in their InCK Model service area to support APM implementation and to ensure that existing care coordination and case management efforts are incorporated into the efforts of the awardee implementing the InCK Model. For additional information about APM requirements please view the InCK APM webinar recording and slides on the InCK Model website under "How to Apply." Applicants can find details in NOFO Section A 4.2.1.3. on Medicaid and CHIP Authorities and Alternative Payment Model Proposal.

19. **Will technical assistance be provided on how to implement an APM for the InCK Model?**
    Yes. Awardees will participate in learning activities covering a variety of technical areas relevant to model implementation and meeting milestones. However, applicants must propose an APM, or multiple APMs, that meet the minimum requirements for the InCK Model in their application. See NOFO Section A 4.2.1.3 on Medicaid and CHIP Authorities and Alternative Payment Model Proposal.

Program Duplication

20. **If awarded, can an applicant continue to receive funding from another model that has similar goals to the InCK Model?**
    CMMI will review applications and determine if there are concerns related to potential funding overlaps. Applicants will take all necessary steps to prevent duplication of payments to ensure that InCK Model funds do not supplant funding for existing program efforts. The applicant will have to address any potential overlap in funding and will be expected to submit a Program Duplication questionnaire and proposed budget. The application must also address how it will leverage existing provision of services and how duplication will be avoided. If an applicant is at serious risk of program duplication or fails to submit the questionnaire, CMS may disqualify the applicant from participating in the InCK Model. Additional details are in the NOFO Section A 4.2.3. on Program Duplication Questionnaire.

Federal Award Information

21. **May participants use InCK Model funding to financially compensate partner organizations for InCK Model implementation activities?**
    Awardees may use InCK Model funding for model planning and implementation activities. Awardees may determine the need to sub-award to partners in order to implement the InCK Model, and must indicate any planned sub-awards in their application budget. Awardees may not use InCK Model funding for direct service provision. For additional information on examples of permissible and prohibited funding uses, see NOFO section A 4: Program Requirements.

22. **Will InCK funding allow programs to pay for service provision?**
    No. InCK Model cooperative agreement funding may not be used for direct provision of existing services. Funding may be used for model planning and implementation activities, examples of which include, but are not limited to, staffing requirements for development and implementation of Alternative Payment Models (APMs) and adaptations to or development of data systems. See NOFO section A.4 on Program Requirements and section D.6. on Cost Restrictions.

Eligibility Information

23. Can an organization apply if it already received another CMMI award?
Yes. The prior receipt of a participant agreement or cooperative agreement from CMMI does not disqualify an applicant from applying to the InCK Model. Applicants must identify all programs and models currently being implemented so that the Application Review panel can determine whether any aspects of these models conflict with the InCK Model.

24. How can potential applicants find contact information for their state Medicaid agency?
CMMI cannot provide specific information on any individual state Medicaid agency. However, we can provide the contact information for the National Association of Medicaid Directors (NAMD) site available here, or at the NAMD website.

25. My organization represents one of the Core Child Services and is interested in partnering with other organizations in my state on the InCK Model. Whom can I contact?
CMMI cannot provide specific information to facilitate potential partnerships. However, the Lead Organization and the state Medicaid agency are required to partner with Core Child Services and include other relevant community organizations and stakeholders. Organizations representing a Core Child Service are encouraged to contact their state Medicaid agency and work with other community organizations to provide input on developing and implementing a locally relevant InCK model. You can also contact the NAMD using the information available here, or at the NAMD website.

Application and Submission Information

26. The NOFO says that a Letter of Intent is optional and that it should be submitted through Grants.gov, but we cannot find the submission form. How should we submit a Letter of Intent?
Unfortunately, the submission form was omitted from grants.gov in error. CMMI has therefore decided to remove the letter of intent as an optional component of the application. The NOFO has now been revised to reflect that the letter of intent is "Not-Applicable." If you have further questions, please email us at HealthyChildrenandYouth@cms.hhs.gov.

Evaluation

27. How will the InCK model be evaluated?
CMMI's model evaluations are conducted by an independent, third-party entity using both quantitative methods, such as claims analysis and chart reviews, and qualitative methods, such as site visits, focus groups, and telephone interviews. Awardees and states, along with sites, program staff, providers, and other affiliates are expected to cooperate with all aspects of data collection undertaken by the model evaluator. The evaluation will consider the model participants relative to an in-state comparison group. The evaluation will cover both the two-year pre-implementation period and the full implementation period.

28. How will comparison groups be established?

Each applicant must propose a comparison group within its own state that matches, as closely as possible, the population of beneficiaries covered by the InCK model. Factors to consider in proposing a comparison group are demographic composition, service availability, urbanicity, and any factors that may be particular to an individual state. CMMI understands that the consistency and integrity of populations cannot be completely controlled, but to the extent possible, there should not be overlap between the InCK participant and comparison populations. The evaluation contractor will determine the ultimate comparison group, which may differ from the one proposed by the awardee.

29. Who pays for the evaluation? May awardees conduct their own evaluation?

Model funds will support the formal evaluation, but will not pay for awardees to conduct their own evaluations. However, awardees may budget for costs related to cooperating with the federal evaluator, such as data collection, administration, storage, and staff and provider time needed to complete evaluation activities.

30. How will model success be determined by the evaluation?

CMS assesses how well an awardee met overall model goals. The primary areas of interest for CMS evaluations are care quality, utilization, and costs; however, evaluations are comprehensive and consider many specific aspects of awardees and models, such as patient experience and program implementation. CMS will begin its evaluation during the pre-implementation period, and will work with all awardees during this time to finalize the required scope and content for the evaluation of the implementation period. Specific details on the expectations for achieving cost savings while preserving or enhancing quality of care can be found in the NOFO in Section A 4.2.2. on Model Impact Analysis and on Health Outcomes/Cost Savings Projections.

InCK-MOM Overlap

31. How is the InCK Model different from the MOM Model?

The InCK Model requires participating states to design an APM(s) that encourages coordination and integration of clinical care for all health needs across multiple child-serving systems, for Medicaid and CHIP beneficiaries from birth up to age 21, with the option to include pregnant women. The MOM Model does not require an APM, and only focuses on coordinating and integrating care for pregnant and postpartum Medicaid beneficiaries with opioid use disorder (OUD) and their infants. CMMI has published a model comparison Fact Sheet available here.

32. Can states apply to both InCK and MOM?

Yes. However, an entity that has applied to the InCK model as a Lead Organization may not also be listed in a MOM model application as a care-delivery partner. If a state is the InCK model applicant, however, a Lead Organization in that state (including a proposed Lead Organization if the application is still under review) may be listed on a MOM model application as a care-delivery partner.

Other InCK Inquiries

33. **Can representatives from the InCK model provide guidance about demonstration design?**
CMS cannot provide direct feedback or suggestions to potential applicants on their specific model concepts. Potential applicants should assess whether their model concepts meet application requirements using the criteria made available in the NOFO. Specific inquiries may be submitted via email, and CMS will provide an applicable response if appropriate.