



Integrated Care for Kids (InCK)

Notice of Funding Opportunity

Center for Medicare and Medicaid Innovation (CMMI)
Centers for Medicare & Medicaid Services (CMS)



Agenda

- Overview
- InCK Model Requirements
- Model Timeline
- Federal Award Information
- Eligibility Criteria
- Application and Submission Information
- Application Review Information
- Federal Award Information
- Next Steps

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.

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)



Up to 8 cooperative agreements; up to \$16 million per award

Application Timeline

Notice of Funding Opportunity (NOFO) **Release**

February 8, 2019

Letter of Intent to Apply (*optional*) **Due**

Not Applicable

Cooperative Agreement Applications **Due**

June 10, 2019

Notices of Award (*anticipated*) **Issuance**

December 2019

InCK Model Requirements

Model Guidelines & Application Requirements

- Partnerships
- Population-Wide approach
- Integrated Care Coordination and Case Management
- Service Accessibility
- Information Sharing & Streamlined eligibility and enrollment
- Alternative Payment Models (APMs)
- Model Impact Analysis
- Budget Narrative

Model Partners and the Awardee

- Model Partners
 - State Medicaid Agency
 - Lead Organization
 - Partnership Council
- Awardee
 - CMS will award funding to a single entity, either a Lead Organization or State Medicaid Agency, depending on which of these parties submits the application.
 - Responsible for determining budget allocations consistent with terms of the cooperative agreement, and for the receipt and management of CMMI funding in accordance with the model terms and conditions and applicable federal grant laws.
 - Responsible for demonstrating how the State Medicaid Agency and Lead Organization will use funds to accomplish their respective InCK roles.

Notice of Funding Opportunity section A4 Program Requirements:
Awardee, Lead Organization, State Medicaid Office, and Partnership
Council



State Medicaid Agency (SMA)



- Supports development and implementation of the model
- Provides data on the attributed population
- Secures State Plan Amendments and/or Medicaid Waivers
- Implements Alternative Payment Models

Notice of Funding Opportunity section A4 Program Requirements:
Awardee, Lead Organization, State Medicaid Office, and Partnership
Council

Lead Organization (LO)



- HIPAA-covered entity
- Community integrator that engages core child service partners and convenes Partnership Council
- Collaborates to align service delivery model with payment model
- Executes arrangements with providers/entities for Protected Health Information (PHI)

Notice of Funding Opportunity section A4 Program Requirements:
Awardee, Lead Organization, State Medicaid Office, and Partnership
Council

Partnership Council



- Operational for the full 7-year award period
- Includes representatives from all core child services, community stakeholders and payers.
- Develops processes for managing care coordination services across Core Child Services
- Data-sharing arrangements with Lead Organization, State Medicaid Agency, and other Partnership Council members as necessary for model implementation.

Notice of Funding Opportunity section A4 Program Requirements:
Awardee, Lead Organization, State Medicaid Office, and Partnership
Council

Required Core Child Services



Clinical care (physical and behavioral)



Early care and education



Schools



Title V Agencies



Housing



Child welfare



Food and nutrition



Mobile crisis response services

Notice of Funding Opportunity section A4 Program Requirements: Core Child Service Partners

Recommended *Optional* Child Services



Law Enforcement



Family/Juvenile Courts



Civil Legal Aid



Other Community Partners

Notice of Funding Opportunity section A4 Program Requirements: Core
Child Service Partners

Partnership Requirements

Applications should include:

- Past experience and current engagement with state and proposed model service area(s)
- Sufficient organizational capacity to support implementation
- Signed MOU between Lead Organization and State Medicaid Agency with details on intended roles, including data submission requirements
- Signed Partnership Council charter with details on membership, intended roles

Notice of Funding Opportunity section A 4.2.1. Model Implementation Plan



Service Area

- Applications should include the proposal of a service area that is:
 - One or multiple contiguous or non-contiguous areas
 - Designated by County, Zip code, metropolitan statistical area or other state administrative division
 - **Not** statewide and **not** across state borders
- Applications should include the proposal of a comparison area that is:
 - Demographically similar to service area
 - Untouched by the InCK service or payment interventions
 - Proposed by applicant for evaluation purposes, but ultimately decided upon by CMMI after Notice of Award which must be agreed upon by the awardee.

Notice of Funding Opportunity section A4.2.1.1.1. Model Service Area



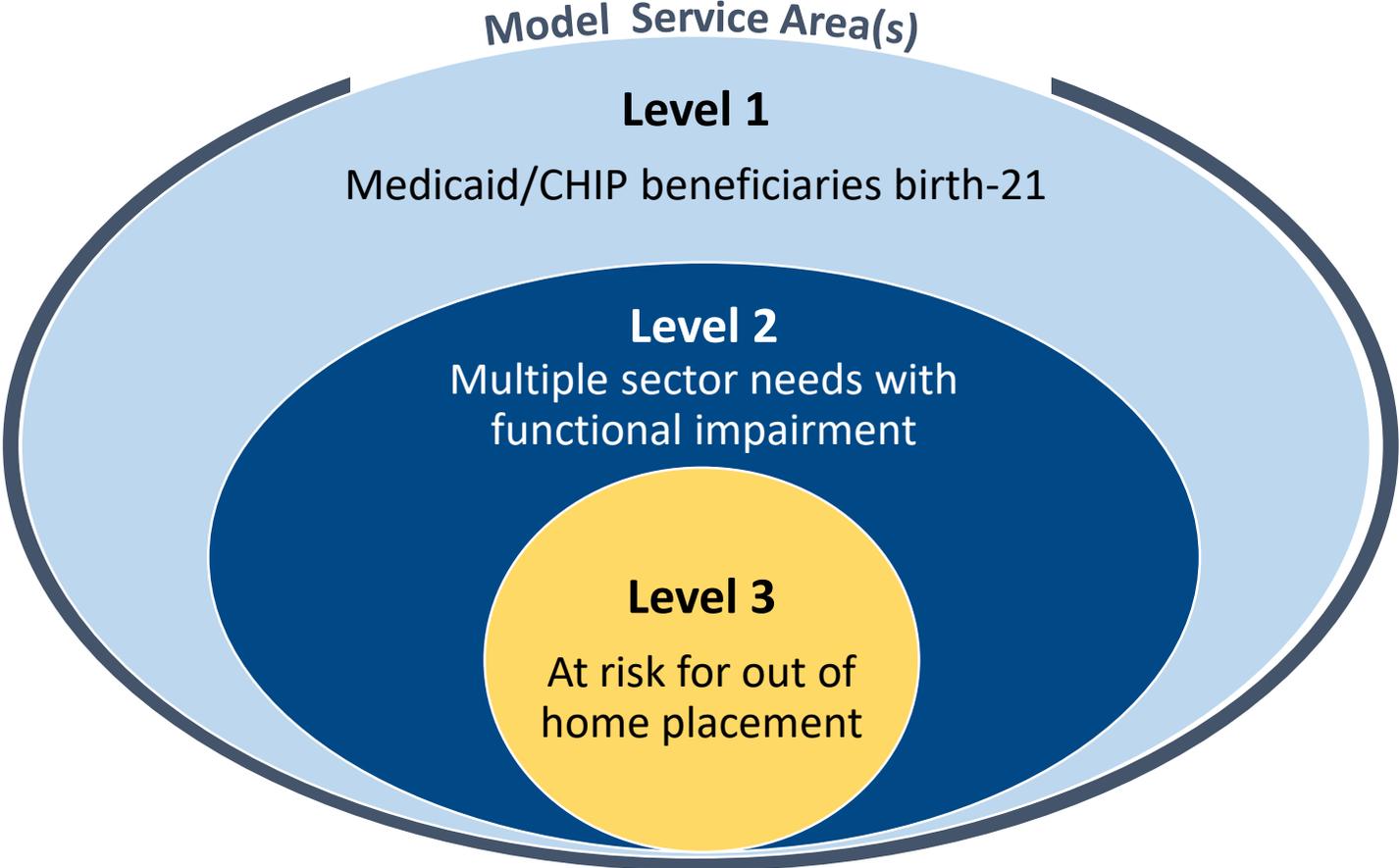
Attributed Population

- Applicants must serve all children covered by Medicaid from **birth to age 21** residing in the proposed service area.
 - This includes children who meet this criteria regardless of current health status and whether they are covered by a Medicaid managed care plan or are in a medical home.
 - Note: Serving only one or multiple sub-population age groups is not permitted (for example, only children ages birth-5 or 18-21).
- Applicants may choose to include all children covered by the Children's Health Insurance Program and/or all pregnant women covered by Medicaid residing in the proposed service area.
- Beneficiaries in the attributed population and comparison areas must include those with at least 1 month of coverage during the previous 12 months

Notice of Funding Opportunity section A4.2.1.1.1. Model Service Area



Population attribution and stratification



Notice of Funding Opportunity Section A4.2.1.2.2. Stratification Plan



Service Integration Level 1

Model Service Area(s)

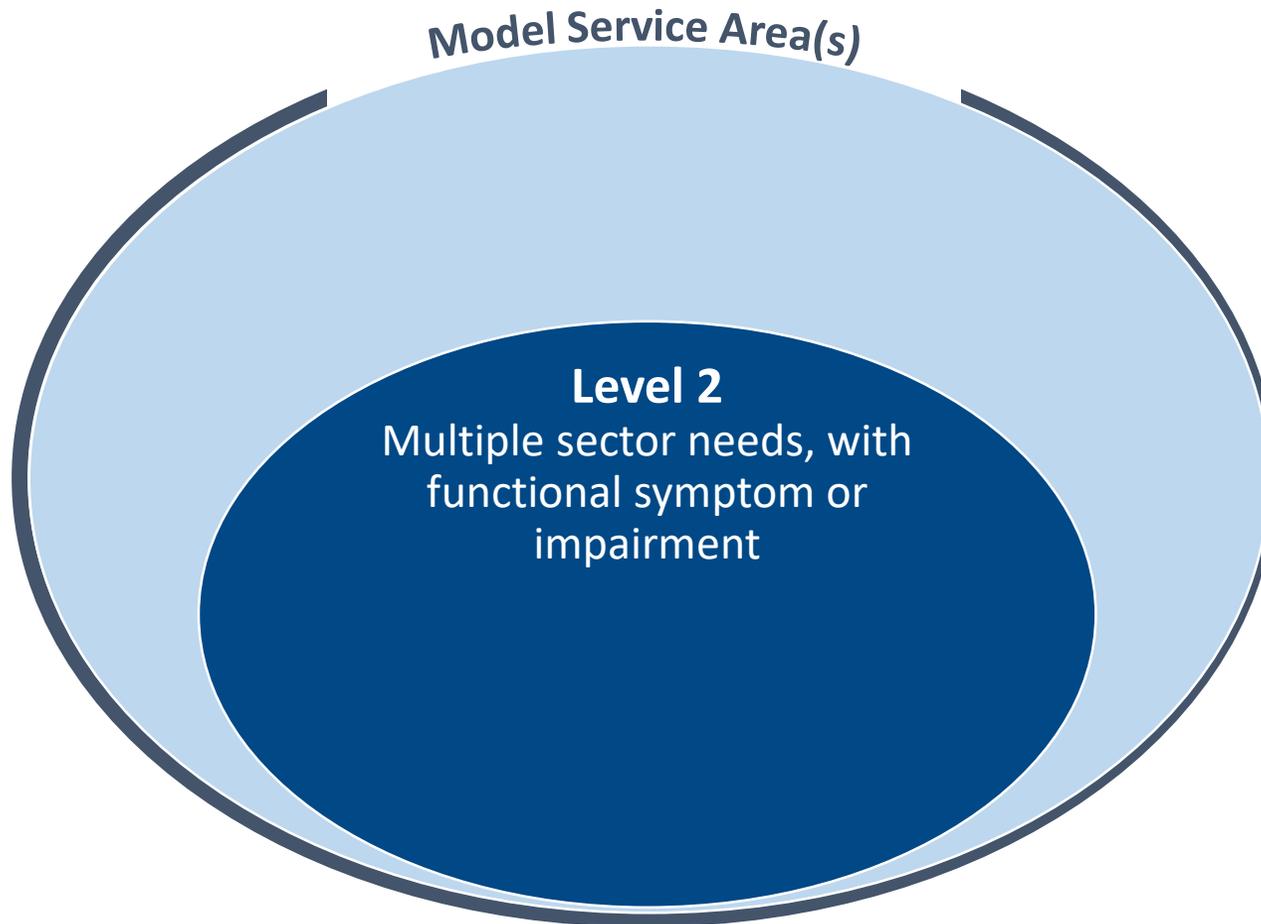
Level 1

Entire Attributed
Population

- Basic, preventive care and active, comprehensive needs assessments of the entire attributed InCK model population

Notice of Funding Opportunity Section A.4.2.1.2.2 Stratification Plan:
SIL Eligibility Criteria

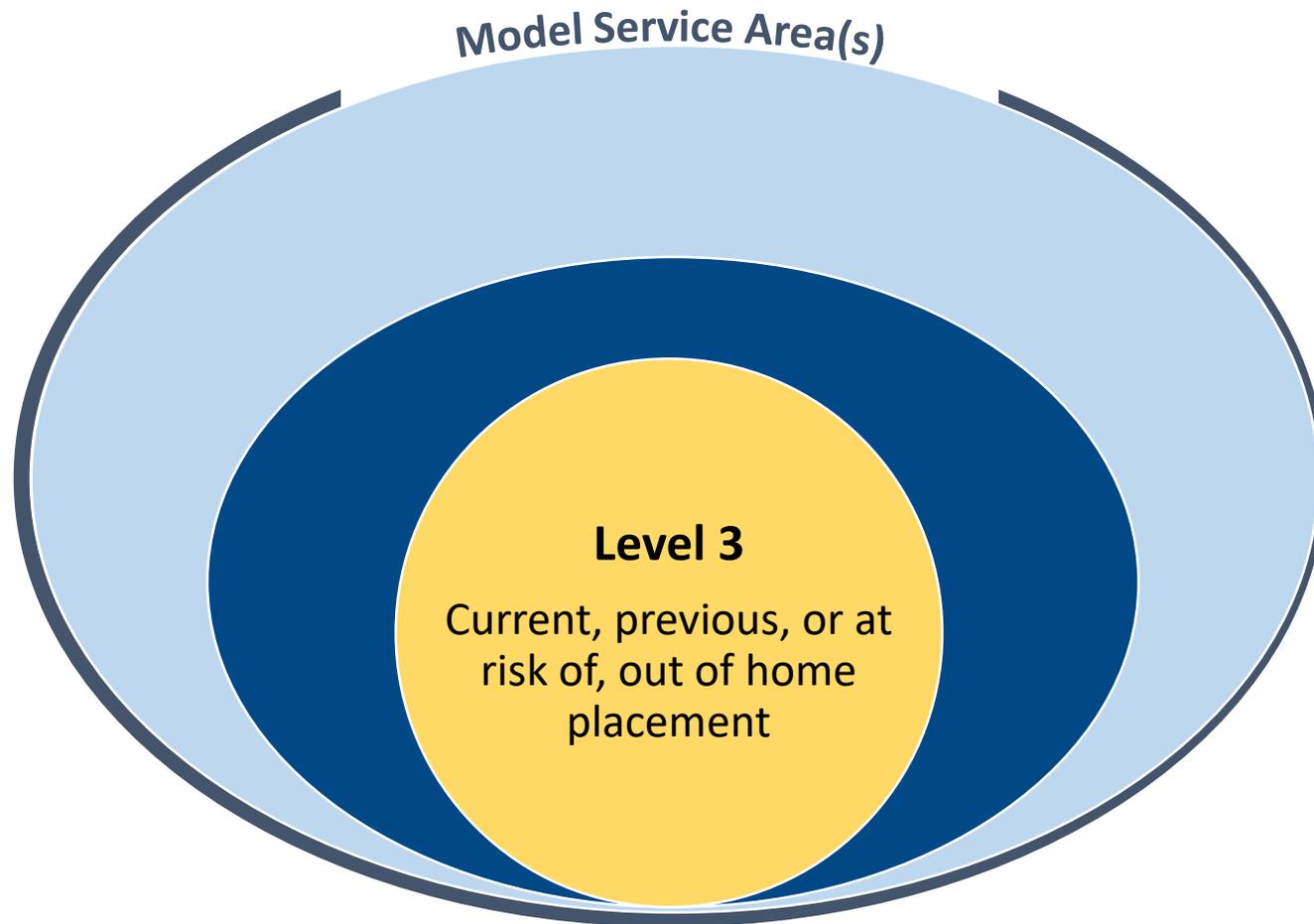
Service Integration Level 2



- Received more than 1 service type in the previous 12 months, **and** exhibits functional symptom or impairment
- Identified need for integrated care coordination to be provided for at least 1 year; including enrollment assistance, facilitating cross-system communication and arranging and coordinating service appointments and follow-ups
- Re-assessed every 12 months

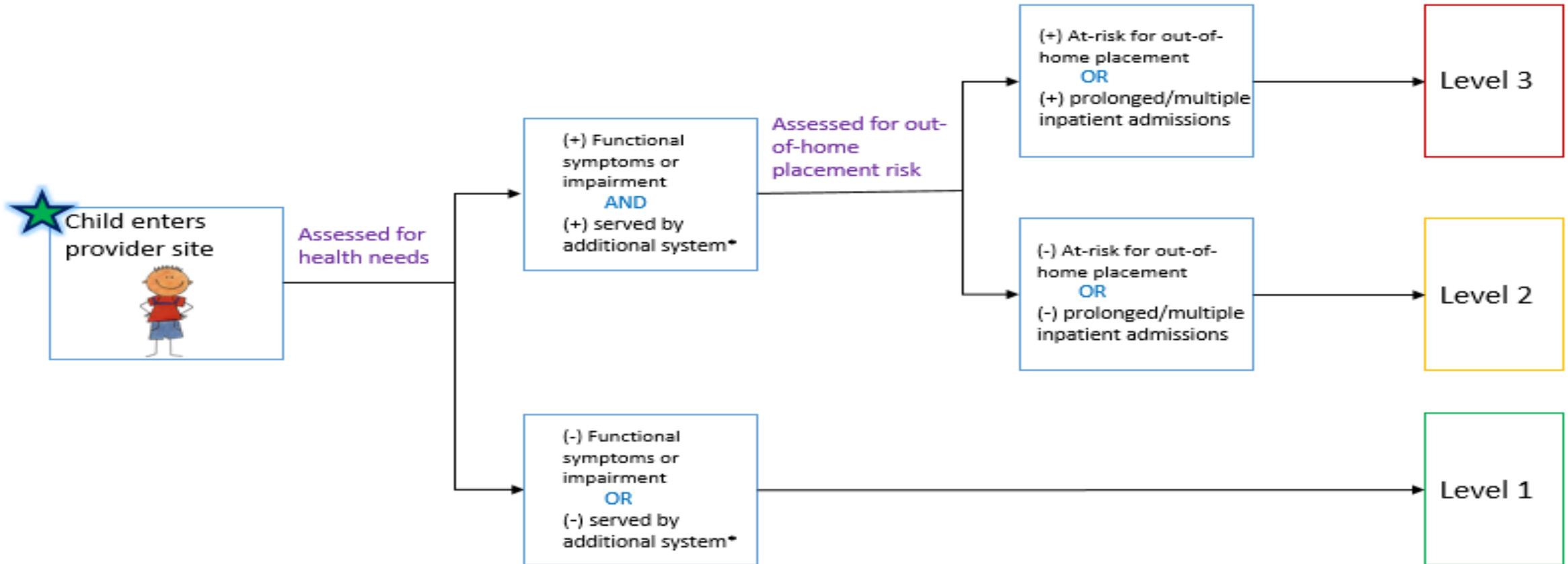
Notice of Funding Opportunity Section A.4.2.1.2.2 Stratification Plan:
SIL Eligibility Criteria

Service Integration Level 3



- Level 2 eligibility AND
- Previous inpatient admission in the past year, or, residing in, or at imminent risk of out-of-home placement
- Provision of integrated case management services to include child-centered care planning, and home and community based services for at least 6 months.
- Services for children currently in placement, should support home and community re-integration
- Re-assessed every 6 months

What does stratification look like?



*For example, behavioral/mental health, special education, child welfare, juvenile justice

Stratification: Application Requirements

Applications should include:

- Plan for needs assessment and longitudinal tracking of attributed population
- Plan for information sharing, and aligning eligibility and enrollment
- Plan for delivering integrated care coordination and case management that includes required core services
- Service accessibility for SILs 2 and 3
- Justification for proposed stratification strategy linked to model impact analysis
- Plan for collecting, aggregating and reporting outcomes and quality measures to CMS

Notice of Funding Opportunity Section A.4.2.1.2.2 Stratification Plan; E1.
Application Review Criteria: Service Integration Plan



Needs Assessment: Application Requirements

Applicants should include:

- Description of how, when and where assessment will be completed.
- Identification of what tools providers will use to assess attributed children.
- Identification of which Core Child Services providers or staff will perform needs assessment and stratification.
- Description of the number and role of the SIC(s)

Integrated Care Coordination & Case Management Guidelines

- Service Integration Coordinator (SIC)
 - Employed or contracted by Lead Organization
 - Single Point of contact for child's caregiver for integrated care coordination and/or case management of all Core Child Services
 - **Does not** deliver services to attributed children using InCK funding
- Care Coordination
 - Help families enroll in child health programs and facilitate cross-system communication
 - Arrange service appointments, conduct follow-up and coordinate care with core child service providers
- Care Planning Team
 - Multidisciplinary case management, includes caregiver and child

Notice of Funding Opportunity Section A.4.2.1.2.2 Stratification Plan



Integrated Care Coordination & Case Management: Application Requirements

Applications should include:

- Person- and family-centered plans for care coordination and case management that places children and caregivers at the center of care decisions
- Plans to coordinate care across the required core child services
- Processes and plans for using a SIC and care planning team
- Whether optional services such as juvenile justice, family courts, etc. will be a part of the model

**Preference will be given to applicants that include two-generational approaches to care coordination and case management that assess needs for young children based on their caregiver*

Notice of Funding Opportunity Section A.4.2.1.2.2 Stratification Plan; E1.
Application Review Criteria: Service Integration Plan



Service Accessibility: Application Requirements

Applications should include:

- Current health status of attributed population
- Plan to improve timely access to home and community based services
- Proposed changes in service mapping that will benefit children in SILs 2 or 3 using “before” and “after” care maps
- How the proposed plan leverages existing infrastructure or addresses current barriers

Notice of Funding Opportunity sections A4.2.1.2.1. Service Accessibility and Care Map, A4.2.1.2.2.Stratification plan; E. Application Review



Information Sharing & Streamlined Eligibility and Enrollment: Application Requirements

Applications should include:

- Plan for streamlining family enrollment in services
- Transition plans to address churn
- The process applicants plan to implement for information sharing across providers and sectors.
- Intended approach to standardize common data elements and support interoperability across state systems.
- How their plan addresses existing barriers (i.e. privacy laws, systems, staffing)

Alternative Payment Model (APM) Guidelines

- State Medicaid programs will need to implement payment models that support payment and accountability for achieving model goals in the target area(s).
- CMS recognizes that some details of the payment model approach detailed in the application may change as states work through details in the 2-year pre-implementation period.
- The APM may be built off of Fee-For-Service or Population-Based-Payment approaches
- Downside financial risk sharing is not required to participate in the model, and if proposed, cannot be implemented until year 5 of award.

Notice of Funding Opportunity section A4.2.1.3 Medicaid and CHIP
Authorities and Payment Model Proposal



APM Application Requirements

Applications should include:

- Proposed APM(s) that include integrated care coordination, case management and mobile crisis services using the appropriate Medicaid and/or CHIP authorities to pay for these services with Medicaid and CHIP funds.
- The Medicaid and CHIP authorities applicants plan to use to support APM implementation and sustainability.
- How Managed Care Organizations will play a role in the APM development and implementation.

Notice of Funding Opportunity section A4.2.1.3 Medicaid and CHIP
Authorities and Payment Model Proposal; Section E: Application Review



APM Application Requirements (continued)

Applications should include:

- Provider types, service types and units to be paid under the APM
- The basis and/or rate determination methods the state anticipates using to develop the APM
- If payment will be made directly from the state or under a managed care arrangement
- How the state plans to fund the non-federal portion of payments
- Type(s) of performance based payments to be made under the APM and how they will be developed
- If state plans to implement Population-Based Payments (how they will be developed and what data and sources of data will be used)
- How quality of care will be measured

Model Impact: Root Cause Analysis Application Requirements

Applications should include:

- Identification of target attributed population for InCK, and a comparison group that is demographically similar to those in the target InCK area(s).
- Detail on attributed population, including demographics, prevalence, and root causes of out-of-home placement linked to complex conditions and health needs.
- Explanation of existing barriers to accessing integrated Home and Community Based Services (HCBS), including root causes of challenges and the relationship of these to care access, inpatient admissions, ER visits, and out-of-home placement for the attributed population.

Notice of Funding Opportunity section A4.2.2.1. Root Cause Analysis;
Section E: Application Review



Model Impact: Health Outcomes & Cost Savings Application Requirements

Applications should include:

- Description of the proposed impact on health outcomes and Medicaid spending for attributed population.
- Identification of how the model mitigates health challenges outlined in applicant's root cause analysis.
- Financial models explaining forecasted impact on per member per month Medicaid and CHIP spending, that includes baseline totals. Applicants must provide savings estimates that include assumed spending ***with and without*** the InCK model.

Notice of Funding Opportunity section A4.2.2.2. Health Outcomes and Cost Savings Projection; Section E: Application Review



Budget Narrative: Application Guidelines

- How project objectives will be met using model funds
- Identify current or future funding streams that could apply to model activities
- Identify gaps in funding that the model award can be applied to
- Clear delineation and apportionment of funds between State Medicaid Agency and Lead Organization with line itemization for implementation activities

Notice of Funding Opportunity section D, Application and Submission Information; Appendix A. Guidance for Preparing a Budget Request and Narrative

Budget Narrative: Application Requirements

Applications should provide reasonable justification and rationale for the proposed model for both award periods that includes:

- The nature of the financial relationships it foresees using to achieve model goals (e.g., financial relationships involving the state Medicaid agency, Lead Organization, Partnership Council(s), SICs, core child service providers, and others).
- A yearly breakdown of costs for each line item by grant year. This breakdown should be provided for each activity/cost within the line item. The proportion of the requested funding designated for each activity should be clearly defined and should justify the applicant's readiness to receive funding.
- Clear separation of funding that is administered directly by the Awardee from funding that will be subcontracted to other partners or entities. *For more information on subrecipient and contractual relationships, please refer to HHS regulation 45 CFR 75.351 Subrecipient and Contractor Determinations and 75.352 Requirements for pass-through entities.*

Notice of Funding Opportunity section D, Application and Submission Information; E: Application Review; Appendix A. Guidance for Preparing a Budget Request and Narrative

Program Duplication Application Requirements

Applications should describe how model funds will be used to provide new and distinct intensive care coordination support to the attributed population, including:

- How the proposed model will leverage existing programs and initiatives
- How duplication will be avoided with Medicaid, Title V, and other federal, state or local care coordination funding
- Details on avoiding duplication or supplanting of funds if applicant is, or will be concurrently participating in a similar program serving Medicaid beneficiaries in either the target or comparison areas (including medical home or care management demos)
- How any existing or new service provision will be funded outside of model funds which are ineligible for direct service provision

Notice of Funding Opportunity section E: Application Review;
Appendix F. Program Duplication Assessment Questionnaire



Model Timeline

Two-phase implementation

Pre-implementation Period
Two years

Up to \$6 million total per award

Performance Period
Five years

Up to \$10 million total per award

Federal Award Information

Funding by Award Years 1-2

| Pre-Implementation Period | Operational Milestones Amount | Performance Milestones Amount |
|----------------------------------|--------------------------------------|--------------------------------------|
| Year 1 | \$3 million | Not applicable |
| Year 2 | \$3 million | Not eligible |
| Total | \$6 million | \$0 |

Notice of Funding Opportunity Section B4. Period of Performance



Funding by Award Years 3-7

| Performance Period | Operational Milestones Amount | Performance Milestones Amount (Restricted funds for 5 measures at \$100,000/measure) |
|---------------------------|--------------------------------------|---|
| Year 1 | \$2 million | Not eligible |
| Year 2 | \$2 million | Not eligible |
| Year 3 | \$1.5 million | Max \$500,000 |
| Year 4 | \$1.5 million | Max \$500,000 |
| Year 5 | \$1.5 million | Max \$500,000 |
| Total performance | \$8.5 million | Max: \$1.5 million |
| Total | \$14.5 million | Eligible for max of \$1.5 million |

Notice of Funding Opportunity Section B4. Period of Performance



Eligibility

Eligible Applicants

- Eligible Applicants are identified in Section C1. of the Notice of Funding Opportunity. Eligible entities include, but are not limited to, state, local, and county government and non-government organizations; for-profit organizations, universities, and small businesses.
- Letter of Intent (Optional). This is encouraged to enable CMS to gauge interest and plan accordingly, but not required.

Ineligibility Criteria

- Non-Compliance with Application Requirements: Omission of required documents or failure to comply with other application submission requirements (e.g. page number limitations, late submission, insufficient supporting detail).
- Program Integrity Concerns: Based upon an integrity review of applicant entities.
- Overlap with another model: This may result in duplicate payments for similar services or a waste of federal funds.
- Inability or unwillingness to collect and share monitoring and evaluation data.
- Insufficient detail in proposal for utilization of Medicaid and CHIP authorities.

Application & Submission

Application Submission

- Application materials will be available at <http://www.grants.gov>. Please visit <http://www.grants.gov> to begin the registration process.
- All applications must be submitted to Grants.gov by the deadline date.
- HHS strongly recommends that you do not wait until the application due date to begin the application submission process.

Application Submission (continued)

The Authorized Organizational Representative (AOR) who will officially submit an application on behalf of the organization must register with Grants.gov for a username and password.

All applications must:

- Have a valid Employer Identification Number (EIN) / Taxpayer Identification Number (TIN).
- Have a Dun and Bradstreet (D&B) Data Universal Number System (DUNS) number to apply.
- Register in the System for Award Management (SAM) database to be able to submit an application. This registration must be annually renewed.

Application Submission (continued)

- The Authorized Organizational Representative (AOR) must submit the application to Grants.gov. The **AOR** is the individual, named by the applicant/recipient organization, who is authorized to act for the applicant/recipient and to assume the obligations imposed by the federal laws, regulations, requirements, and conditions that apply to grant applications or awards.
- The electronic signature of the individual who is logged in and submits the application to Grants.gov will automatically populate throughout the application. The electronic signature must match the AOR named on the SF-424.

Application Submission (continued)

- Applicants should review Sections D. AND Appendix B of the Notice of Funding Opportunity for instructions on how to submit a complete application. Please follow the application instructions in Appendix B specific to competitive applications.
- Applicants must adhere to the formatting and content requirements included in Section D2. (e.g. font size, formatting, page limitations, required forms and documents, etc.) to ensure that you have an eligible application.
- Applicants should review Section E. for application review criteria. This section explains how applications will be assessed.

Notice of Funding Opportunity: Section D and Appendix B. Application and Submission Information; Section E: Application Review Information



Application Submission (continued)

All applications must include the following standard forms:

- Project Abstract Summary
- SF424: Official Application for Federal Assistance
- SF424A: Budget Information Non-Construction
- SF424B: Assurances (Non-Construction)
- SF LLL: Disclosure of Lobbying Activities
- Project Site Location

Notice of Funding Opportunity: Section D



Application Submission (continued)

Other required documents include:

- Project Narrative
- Budget Narrative
- Business Assessment of Applicant Organization
- Program Duplication Assessment Questionnaire
- Partnership Council Charter
- Memorandum of Understanding

Applicants must make sure that all of the documents listed in Appendix C: Application Check-off List are included in the submission to Grants.gov.

Notice of Funding Opportunity: Section D. Application and Submission Information; Appendix C. Application Check-off List; Appendix D: Business Assessment; Appendix F. Program Duplication Assessment



Application Review

Award Selection Process

- The award selection process includes an initial eligibility review, a risk assessment, objective review, as well as an evaluation of grants management compliance.
- Applicants should refer to Appendix E. Review and Selection Process for an full explanation of how CMS will make award selections.

Notice of Funding Opportunity: Section E. E. Application Review Information;
Appendix E. Review and Selection Process



Application Review Criteria

| Proposal Area | Criteria | Points |
|--|--|--------|
| Model Implementation Plan (60 points) | State and Local Community Engagement | 20 |
| | Service Integration Plan | 25 |
| | Medicaid & CHIP Authorities and Payment Proposal | 15 |
| Model Impact Analysis (30 points) | Root Cause Analysis | 15 |
| | Health Outcomes & Savings Projection | 15 |
| Model Budget Proposal and Duplication Questionnaire (20 points) | Budget Proposal | 15 |
| | Program Duplication Questionnaire | 5 |

Total 110

Notice of Funding Opportunity: Section E. E. Application Review Information



Federal Award Administration

What is a Cooperative Agreement?

- The administrative and funding instrument used for the Integrated Care for Kids (InCK) Model will be a Cooperative Agreement, an assistance mechanism in which substantial CMS program involvement with the recipient is anticipated during the performance of the activities.
- Under each Cooperative Agreement, CMS' purpose is to support and stimulate the recipient's activities by involvement in, and otherwise working jointly with, the award recipient in a partnership role.

Grants Regulation & Policy

- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards
 - 45 CFR Subpart 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards
- HHS Grants Policy Statement
- Beta.Sam.gov
 - Excluded Parties List System (EPLS)
 - Central Contractor Registration (CCR)
- Federal Awardee Performance & Integrity Information System – *initiated January 2016*

Notice of Funding Opportunity: Section F



Reporting

Monitoring

Awardees must agree to be subject to and participate in monitoring of key activities by CMS and its implementation contractor, including but not limited to:

- Provision of service integration requirements
- Successful development and implementation of at least one APM
- Submission of quarterly and annual reports
- Tracking Operational and Performance Measure Milestones

7 Operational Milestones

1. Learning System attendance and participation
2. Medicaid or CHIP SPA/Waiver timeline
3. Managed Care Plan participation (if applicable)
4. Updated Partnership Council Charter
5. Implementation Plan
6. Contract between State Medicaid Agency and Lead Organization
7. Beneficiary Data

Documented and Reported Quarterly and/or Annually

Performance Measures

**CMS-selected measure linked to funding*
+Awardee selects 2 of these to link to funding

Clinical (Behavioral and Medical)

- Well Child visits in first 15 months
- Well Child visits in 3rd-6th years of life
- Adolescent Well-care visits, Ages 12-21
- Ambulatory Care: ED Visits
- Follow-up after Mental Illness Hospitalization
- Use of First-Line Psychosocial Care
- *Depression Screening and Follow-up**
- *Treatment Initiation and Engagement**

Care Coordination

- *Family Experiences with Coordination of Care**

Education

- *Kindergarten Readiness⁺*
- Chronic Absence from school (K-12)

Food Security

- *Food Insecurity Assessment⁺*

Housing

- *Housing Stability Assessment⁺*

Notice of Funding Opportunity: Section F. Federal Award Information



Next Steps

Submission Dates

Not Applicable

Optional Letter of Intent Due

June 10, 2019

Application Deadline

December 2019

Award cooperative agreements

Additional Resources/Contact Info

- **Upcoming Webinars**
- **Email:** healthychildrenandyouth@cms.hhs.gov
- **Visit:** <https://innovation.cms.gov/initiatives/integrated-care-for-kids-model/>
- **Subscribe to InCK Listserv for updates**