

Integrated Care for Kids (InCK) Model – FAQs

Contents

Program Description:	2
Awardee	3
Model Service Area	4
Partnership Council	5
Medicaid and CHIP Authorities	5
Alternative Payment Model and Sustainability Plan	6
Program Duplication	6
Federal Award Information	6
Evaluation	7
InCK-MOM Overlap	7
Other InCK Model Inquiries	8

Program Description:

1. Why develop a model for children?

Children and youth with multiple chronic conditions and behavioral health challenges, including use of opiates and other substances, drive significant morbidity, health care utilization, and premature death. One in three children in Medicaid and CHIP have behavioral health needs, yet only one-third of those in need receive care. The current child health care system has challenges in identifying and addressing risk factors for behavioral health conditions, because the earliest signs of a problem may present outside of clinical care—such as behavioral problems in schools, or chaotic family situations known to child welfare and foster care programs. Although a variety of federal, state, and local services exist to support children’s health, limited information sharing and differing eligibility and enrollment processes may create barriers to putting children and families at the center of their care.

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.

3. How can the InCK Model help states and communities address the opioid crisis?

The InCK Model supports CMS’ response to the national opioid crisis through the use of early identification of behavioral health risk factors for substance use and abuse in children and youth. The seven-year model focuses on engaging children and youth in community-based treatment and services, which can be useful to communities working 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 can 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 Innovation Center has awarded eight cooperative agreements for a total of almost \$126 million to implement the InCK Model beginning in January 2020.

Awardee

4. 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 CMS. 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 [here](#).

5. 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). Please note that APMs developed for purposes of the InCK Model are not “Alternative Payment Models” defined in 42 CFR 414.1305 for the Quality Payment Program (QPP). 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.

6. Which states and organizations received InCK Model Awards?

Almost \$126 million in funding is being awarded to the states and organizations below:

State	Organization	Awardee Type	Model Service Area
Connecticut	Clifford W. Beers Guidance Clinic	Lead Organization	Urban
Illinois	Ann & Robert Lurie Children’s Hospital	Lead Organization	Urban
Illinois	Egyptian Health	Lead Organization	Rural
New Jersey	Hackensack Meridian Health Hospital	Lead Organization	Urban
New York	New York Department of Health	State Medicaid	Urban
North Carolina	Duke University	Lead Organization	Urban

State	Organization	Awardee Type	Model Service Area
Ohio	Ohio Department of Medicaid	State Medicaid	Rural
Oregon	Oregon Health Authority	State Medicaid	Rural

7. Was more than one InCK Model award issued in any state?

Yes. Of the eight awards, CMS issued two in Illinois to different Lead Organizations in separate areas of the state.

Model Service Area

8. Will awardees implement the InCK Model statewide?

No. The InCK Model cannot be awarded statewide. The evaluation of the InCK Model requires an in-state comparison group for each awardee. Awardees defined 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. Awardees’ model service areas may cover contiguous or non-contiguous sub-state areas. However, these service areas may not cross state borders. Awardee were 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.

9. 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 gave priority to proposals demonstrating the greatest ability to affect cost and quality outcomes. Each awardee submitted a Root Cause Analysis and a projection of Health Outcomes and Cost Savings.

10. Can awardees 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.

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

No. Awardees 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. Awardees have flexibility to use a variety of strategies to assess the needs and treat different age ranges or health conditions within their service area. Some awardees opted to include CHIP beneficiaries in the attributed population and Medicaid-

covered pregnant women over the age of 21 years old in their attributed population, as allowed in the Notice of Funding Opportunity (NOFO). Lastly, awardees proposed one or multiple APMs targeted towards improving care quality and costs for children with specific health needs (i.e. Asthma, Sickle Cell Disease, etc.).

Partnership Council

12. May the Lead Organization identify Core Child Service partners after being awarded?

Yes, the Lead Organization may identify additional service partners after being awarded. The awardee Partnership Council charter must be signed by each council member demonstrating their commitment to participating in the service integration plan for the life of the model and their capacity to improve the experience of the children served. Awardees must include all required Core Child Service partners and may include other recommended optional service partners on their council. Information about InCK Model awardees is available [here](#) on the model website.

13. How can I join an InCK Partnership Council in my state?

If you are interested in working with one of the InCK Model awardees, please contact the Lead Organization directly. Information about InCK Model awardees is available [here](#) on the model website.

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 and is able to serve as one of the required Core 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)?

This will vary state by state. States had to consider and identify potential authorities they believed were necessary for their intervention under which they may receive federal funding for Medicaid-covered services. If needed, the state Medicaid agency will work with their Lead Organization and CMCS to amend their current state Medicaid plan or pursue waivers to implement the InCK Model. Immediately upon award, the awardee must meet with CMCS who will assist in making a determination about whether the awardee requires additional federal flexibilities. Awardees will have at least two years during the pre-implementation period to obtain waivers and/or amendments by the start of the five-year implementation period.

Alternative Payment Model and Sustainability Plan

16. What is the long-term plan in terms of sustainability of this model?

17. Each awardee will develop and implement at least one APM during the model period that can be continued beyond the InCK Model project period to sustain improvements in child health.

18. What are the Alternative Payment Model requirements for this model?

At a minimum, awardees will design and implement at least one APM that includes integrated care coordination, case management and mobile crisis response services. Acceptable APM approaches range from episode-based payments, shared savings arrangements, and population-based payments. The APM(s) will incorporate meaningful quality measures and incentivize providers to adopt high-value, patient-centered practices. An awardee's APM will be designed and implemented using the appropriate Medicaid and/or CHIP waiver authorities to pay for services with Medicaid and/or CHIP funds. It is permissible for awardees to use existing APMs that meet the model's minimum APM requirements. For additional information about InCK Model APM requirements, please view our APM webinar located on the [InCK Model website](#) under "Additional Information" where you will find the recording and slides.

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.

Program Duplication

20. Can an awardee continue to receive funding from another model that has similar goals to the InCK Model?

Awardees 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 awardee will have to address any potential overlap in funding. The awardee must leverage existing provision of services and avoid duplication for the entire life of the model.

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 are allowed to issue sub-awards in order to implement the InCK Model. Awardees may not use InCK Model funding for direct service provision.

22. Will InCK Model funding allow programs to pay for service provision?

No. InCK Model cooperative agreement funding may not be used for direct provision of 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.

Eligibility Information

23. 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?

The Innovation Center cannot provide specific information to facilitate potential partnerships.

Organizations representing a Core Child Service are encouraged to contact their state Medicaid agency or Lead Organization, if applicable, and work with other community organizations to meet local needs.

Evaluation

24. How will the InCK Model be evaluated?

The Innovation Center's model evaluations are conducted by an independent, third-party entity using both quantitative methods, including 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 will 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.

25. How are comparison groups being established?

Each awardee proposed a comparison group that resides in a geographic area within the state that matches, as closely as possible, the population of beneficiaries covered by the InCK Model. The evaluation contractor will determine the ultimate comparison group, which may differ from the one proposed by the awardee.

26. 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.

InCK-MOM Overlap

27. 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. The Innovation Center has published a model comparison Fact Sheet available [here](#).

28. Did any states receive both InCK and MOM model funding?

No. Seven states received InCK Model awards, and 10 different states received funding for the MOM Model. No state is participating in both models. Click here for additional information on MOM model awardees, and here for information on InCK awardees.

29. Can awardees receive funding for the InCK Model, while still participating in other Innovation Center models?

Yes. The prior receipt of a participant agreement or cooperative agreement from The Innovation Center did not disqualify awardees from receiving InCK Model funding. All applicants to the model were required to submit a “Duplication and Overlap Questionnaire” to identify all programs and models currently being implemented, so that the Application Review panel could determine whether any aspects of these models conflicted with the InCK Model.

Other InCK Model Inquiries

30. Will there be another round of InCK Model funding released in the near future?

The Innovation Center funded eight awardees for a seven-year demonstration of the InCK Model to start on January 1, 2020. Per the statute, if an Innovation Center model meets the criteria for success and other statutory prerequisites, the duration and scope of a model may be expanded.