Duke University Integrated Care for Kids (InCK) Model North Carolina

Lead Organization: Duke University (Award Recipient) and University of North Carolina at Chapel Hill (Co-Lead)

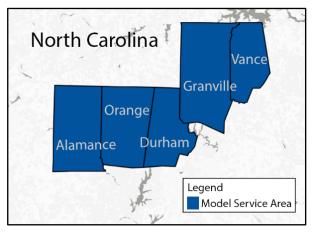
Maximum Award Amount Over 7 Years: \$16,000,000

State Medicaid/CHIP Agency: North Carolina Division of Health Benefits (Medicaid)

Model Goals: The North Carolina Integrated Care for Kids Model

(NC InCK) is designed to build and support the infrastructure needed to integrate health and human services for children and youth, from birth to age 20 enrolled in Medicaid in the five-county model service area. An analysis of the model service area population's utilization data showed unmet social needs and disconnected service sectors are important root causes of out-of-home placements, inpatient admissions, and emergency department visits.

To address these issues through providing more holistic, integrated care for children and youth, the NC InCK Lead Organizations collaborate with a variety of data partners to identify the unmet healthcare and social



Model Service Area & Population

Target population: ~100,000 Medicaid beneficiaries from birth to age 20, across 5 counties.

service needs of children and youth in the attributed population; deploy Integration Consultants across these sectors to collaborate with children's care coordinators and care managers; and share data responsibly between child-serving organizations on its Partnership Council, providers, payers and others.

Highlights: North Carolina transitioned to Medicaid managed care effective July 2021. The NC InCK team has built upon care needs screening and risk stratification processes NC Medicaid developed for Standard Plans (SPs), Tailored Plans (TPs) and Medicaid Direct. Additionally, managed care organizations, called Prepaid Health Plans (PHPs) in NC, have developed a standardized assessment for children and youth in NC InCK's model service area. In early 2022, NC InCK updated contracts between Medicaid, PHPs, and health systems to include care management requirements, including prioritizing children for care based on their InCK Service Integration Level (SIL) assignment, use of InCK's Shared Action Plan for care, and integration of the state's 10 Core Child Service Areas into assessment and care management practices.

Implementation Strategy: NC InCK uses Medicaid claims data and a referral process to determine the health needs of the InCK target population. Also included in needs assessment are the results from the NC Medicaid Health Opportunity Screener administered by the PHPs, which includes social drivers screening questions to determine food, housing, interpersonal violence, and transportation needs among families/young adults. Community and healthcare partners can provide referrals on children eligible for InCK in a format designed to parallel Medicaid data criteria and still allow for community partners to elevate children in need of care in real-time, such as those experiencing homelessness or elevated or undiagnosed behavioral health needs.

Alternative Payment Model (APM): NC InCK's APM launched on January 1, 2023. All five PHPs are contracted with three large health systems to implement the APM. Contracts include provider incentive rates and performance benchmarks for each of the six measures in the APM designed to enhance whole-child health. Incentive payments to providers for achieving tiered benchmarks for each measure are expected to be distributed for the first time in mid-2024.

Community Partners: The leadership team and Partnership Council members of NC InCK represent Core Child Services, the North Carolina Department of Health and Human Services, Duke University, University of North Carolina at Chapel Hill, family members/caregivers, and other stakeholders from early care and education, Title V, child welfare, mobile crisis response services, juvenile justice, and legal aid.