

Egyptian Public & Mental Health Department

Integrated Care for Kids (InCK) Model

Illinois

Lead Organization: Egyptian Public & Mental Health Department (Egyptian Health Department) (Award Recipient)

Maximum Award Amount Over 7 Years: \$15,666,736

State Medicaid/CHIP Agency: Illinois Department of Healthcare and Family Services

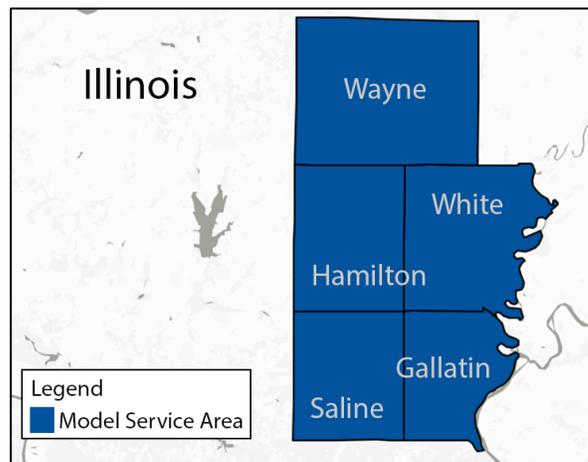
Model Goals: Egyptian Health Department, an integrated local public health department and behavioral health agency, leads Village InCK. Village InCK aims to increase early identification services to 80 percent of the Medicaid population. In order to achieve this goal, Egyptian Health Department will use an integrated services team called “i-Hub” as a central access point for care coordination. Village InCK is also designed to reduce costs for emergency department visits, inpatient psychiatric care, and residential substance use disorder (SUD) services. Egyptian Health Department seeks to reduce expenditures through heightened education, mobile crisis response services, and increased engagement in SUD prevention, treatment, and recovery services, respectively. Village InCK will serve children and adolescents in five contiguous rural counties that have higher rates of poverty than state and national averages.

Highlights: Egyptian Health Department estimates that approximately 500-700 of its 7,900 Village InCK attributed children will have higher levels of need and will require services commensurate with their higher levels of need. Key services for the subset of individuals requiring higher levels of need include mobile crisis response, wellness coaches (for those with medically complex or chronic health conditions), medical telehealth specialty services, integrated case management with mobile crisis response, peer support, respite, in-home community support team services follow up, and a family support program.

Implementation Strategy: Egyptian Health Department will use routine physical and behavioral health assessments and screenings across the attributed population to support timely and appropriate referrals. Mobile assessment teams will administer comprehensive needs assessments in homes, schools, and in the community. The i-Hub, which is comprised of a Resources Coordinator, Service Integration Coordinators, and the Partnership Council, will review screening results and stratify children into service integration levels according to individual need using a comprehensive needs assessment. The i-Hub will then provide children and/or caregivers with information and referrals to core community services. A care management platform, HealthEC, will support children, caregivers, and providers in coordinating care for individuals demonstrating higher levels of need.

Alternative Payment Model: Village InCK’s alternative payment model (APM) builds on Illinois’ state plan amendment for Integrated Health Homes. This model includes three provider-specific incentive funding pools including primary care, community services, and care teams. Incentive pools will be funded through a shared savings program and supplemental managed care organization funding. Egyptian Health Department will convene an APM working group to design a Cost and Quality Scorecard based on performance metrics as well as a work plan. The work plan will include key milestones and ensure a focus on data analysis, incentive development strategy and planning, and clear communication strategies for all stakeholders.

Community Partners: Partnership Council members representing local core child services providers; Illinois Department of Healthcare and Family Services; Illinois Chapter of American Academy of Pediatrics; and the Office of Medicaid Innovation at the University of Illinois.



Model Service Area & Population

Target population: ~7,900 Medicaid beneficiaries from birth to age 21 across five adjacent rural counties.

This model is supported by the Centers for Medicare & Medicaid Services of the U.S. Department of Health and Human Services.