Lead Organization: Hackensack Meridian Health (HMH) (Award Recipient), Visiting Nurse Association of Central Jersey (VNA) (Co-lead), and New Jersey Health Care Quality Institute (NJHCQI) (Co-lead)

Maximum Award Amount Over 7 Years: $15,820,437

State Medicaid/CHIP Agency: New Jersey Department of Human Services, Division of Medical Assistance and Health Services

Model Goals: The three co-leads of NJ InCK represent the largest hospital system in the area (HMH), the most comprehensive provider of community health programs (VNA), and a key partner in developing Medicaid delivery and payment systems (NJHCQI). NJ InCK’s approach emphasizes the development of community-based case management and screening capacity and the use of Advanced Case Management Teams (ACMTs). ACMTs are structured to supplement the patient centered medical home and will be locally accessible, conducting visits in the home and at other community sites. Information sharing will be provided via the development and implementation of an ambitious Medicaid-focused regional health information exchange/population health platform.

Highlights: The NJ InCK Model will include: integrated advanced case management, care planning, and community health workers. When gaps in population based services are identified, NJ InCK will advocate for new clinical modalities. The NJ InCK Model will increase flexibility for selecting treatment modalities for adolescent substance use disorder.

Implementation Strategy: NJ InCK will use public service campaigns to build awareness of its service integration strategy, which focuses on the development of screening and community-based case management capabilities. Service integration will be supported by an integrated technology system that allows providers and care coordinators to view and update care plans for attributed children. Service Integration Coordinators (SICs) will review the automated service integration level (SIL) classification to ensure that medical and behavioral complexity scores are adjusted or contextualized as needed, and incorporate information from care coordinators to place children in the appropriate SILs.

Alternative Payment Model: NJ InCK’s alternative payment model (APM) blends base funding and incentive payments to support eventual implementation of a shared savings APM built on New Jersey’s managed care program. The APM will incentivize higher screening rates to support appropriate stratification and connection to needed services, and will support intensive case management for high-needs children.

Community Partners: In addition to the three co-lead organizations, the following project partners will be contracted to support model implementation: a privacy and information sharing consultant, the New Jersey Chapter of American Academy of Pediatrics, the Central Jersey Family Health Consortium, and a technology vendor. The co-lead organizations have also formed a Partnership Council with a charter signed by 14 entities including local health departments, stakeholder representatives (e.g., Family Support Organizations and the Statewide Parent Advocacy Network), Medicaid payers (e.g., New Jersey Medicaid and Amerigroup), and providers responsible for core child services, including physical and behavioral clinical care, schools, housing authorities, food support services, early care and education, Title VI agencies, child welfare, and mobile crisis response services.

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