**New York Department of Health**

**Integrated Care for Kids (InCK) Model**

**New York**

**Lead Organization:** Montefiore Medical Center  
**Award Recipient:** The New York Department of Health  
**Maximum Award Amount Over 7 Years:** $16,000,000  
**State Medicaid/CHIP Agency:** New York State Medicaid Agency (NY Medicaid)

**Model Goals:** As the Lead Organization for the New York InCK Model (NY InCK), Montefiore has provided quality care throughout its 150-year history for a clinically complex and economically disadvantaged population. The total population of Medicaid individuals targeted for inclusion in the InCK model is approximately 143,000 children and eligible pregnant women in the Bronx. Seven out of eight of the targeted zip codes are Health Professional Shortage Areas and five are Medically Underserved Areas. NY InCK plans to focus on targeted reductions of preventable inpatient admissions, emergency department utilization, and out-of-home placement by improving upfront care integration and leveraging delivery system reforms made through the Delivery System Reform Incentive Payment 1115 waiver program. NY InCK has also chosen to focus on two chronic conditions known for high utilization and poor health outcomes: sickle cell disease and behavioral health conditions.

**Highlights:** Montefiore will use the Bronx Accountable Healthcare Network Health Home portal and Bronx Regional Health Information Organization for information sharing among providers, families, and others involved in care planning. The Montefiore Health Home portal will be adapted for Service Integration Coordinators to enter eligibility and enrollment information, results from non-clinical assessments, summaries of interactions with attributed children and their families, and care plans.

**Implementation Strategy:** Montefiore has assembled a team of clinical, financial, and data-sharing experts to oversee primary care, specialty services, behavioral health care, developmental disability services, child welfare services, data sharing and analysis, and services that address the full spectrum of social determinants of health to meet the two-generational needs of children and their caregivers. A service integration approach based on implementing a single point of coordination, with improved data sharing abilities across agencies, as well as integrating core child services will be utilized. Families are considered partners in the care planning process and the model will establish a network of supports across the healthcare system in order to engage children and their families.

**Alternative Payment Model:** NY Medicaid will develop an alternative payment model (APM) that is a shared savings arrangement between the Lead Organization, Montefiore, and a Medicaid managed care plan. The APM will resemble a Medicare Shared Savings Plan with the flexibility to share incentives across multiple care providers. NY Medicaid will also develop an APM with a health plan. It will be a total cost of care arrangement to include all Medicaid managed care covered services including integrated care coordination, case management, and mobile crisis response services.

**Community Partners:** Partners include the New York State Offices of Quality and Patient Safety; Public Health; Addiction Services and Supports; Mental Health; Children and Family Services; People with Developmental Disabilities; the New York State Council for Children and Families; and the Montefiore Health System and its numerous community partners.

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