



*Advancing Integrated Care for Kids
(InCK) in Medicaid and CHIP*

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Part of Connecticut Children's Office for Community Child Health

www.helpmegrownational.org

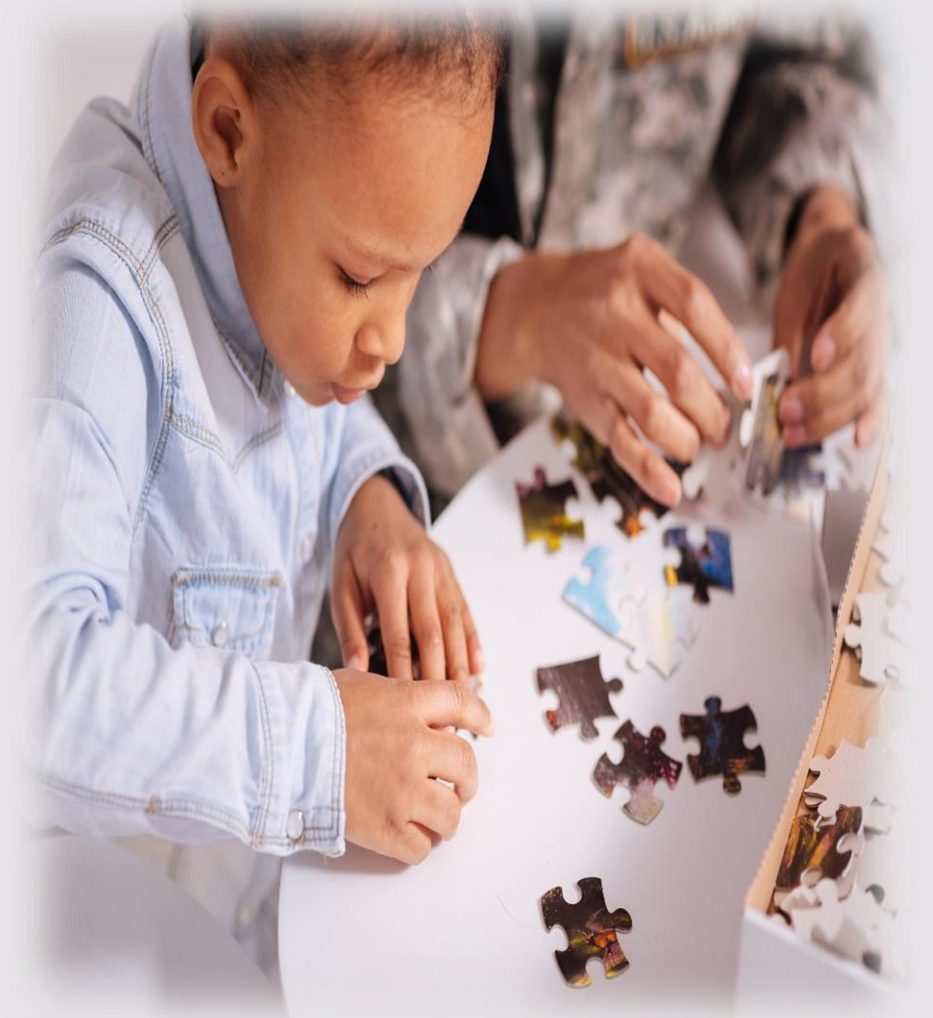


TOGETHER AT THE TABLE

Regardless of what organization, program, or initiative we each represent, we can all agree: there is a reason for everyone to be together at the table.

When we share our values, knowledge capital, our successes and failures, we accelerate change.

Steady momentum of incremental efforts can become transformation.



INTEGRATED CARE FOR KIDS

Drivers for our collective work:

- **Address health disparities early in life.** If unaddressed, such stressors can have detrimental effects on children and lead them to them being on an at-risk or even delayed developmental trajectory.
- **Promote protective factors.** Evidence shows they can provide a buffer to offset the negative consequences of toxic stress, leading children to reach healthy developmental trajectories.
- **Advance systemic innovations.** Implement innovations that improve the child-serving system



INTEGRATED CARE FOR KIDS

Use model funding to support infrastructure investments and activities necessary to support model planning, installation and implementation

Identify, assess, and risk-stratify children with or at-risk for significant behavioral health, substance use and physical health needs and utilization of services.

Local, state, and federal child-focused programs such as Medicaid and CHIP, Head Start, child welfare services, and school based nutrition programs offer children and their families services that can help address ACEs and health-related needs.

Consider pediatric care innovation that improves prevention, identification, and treatment of physical and behavioral health challenges.



INTEGRATING SYSTEMS

Early childhood systems must promote the healthy development of each and every child.

- Key to **success: comprehensive system building** to strengthen families to promote children's optimal health, development, wellbeing

Integration of cross-sector services and supports is necessary to ensure families have timely access to appropriate services that meet their needs.

- Build systems characterized by **“all sectors in”** and **“cross sector collaboration”**

To function optimally, early childhood systems must maximize resources, leverage opportunities, and advance a coalition working collaboratively toward a shared agenda.

- **Help Me Grow** model as vehicle for **comprehensive system building**



SUPPORTING ACTIVATION AND ACTION OF CHAMPIONS



Charles Bruner

Resource Manager at InCK Marks | Freelance Child Policy Agitator | Senior Fellow at the Center for the Study of Social Policy & the RISE Institute

Bruner consults with national foundations and state and federal policy makers and advocates for developing more comprehensive and holistic responses to vulnerable children. He is recognized for synthesizing research and using the best available knowledge and information to develop policy through collaborative work across researchers, policy makers, advocates, and children and families with the greatest stake in improving children's opportunities and lives.



The Integrated Care for Children (InCK) Model: Roles for HMG Champions

Charles Bruner, FCPA (Freelance Child Policy Agitator)

February 19, 2019

CMS Innovation Center

- Established and received \$10 billion in funding (over ten years) under the Affordable Care Act to promote innovation in health care payment and service delivery
- Primarily has supported innovations related to (adult) high cost and chronic care populations in Medicare and Medicaid, including state SIMs grants
- **New Integrated Care for Kids (InCK) model first CMMI funding effort specifically focused upon children and on social and behavioral as well as physical health**

InCK Model – The Basics

- Provides up to \$16 million in funding over 7 years to eight states in competitive grant model (\$128 million total)
- Funding to be used to design and implement an alternative payment model and service delivery models for children prenatal to 21 within a specific geographic area
- State Medicaid agency must be involved and partner with a Lead Organization (key to local level implementation) to develop an integrated community model
- Emphasis includes addressing opioid use and preventing unnecessary placements and hospitalizations of children and youth, including foster care placements

Three Entities Must be Engaged

Medicaid Agency

- Partner with Lead Organization
- Responsible for Alternative Payment Model and data

Lead Organization

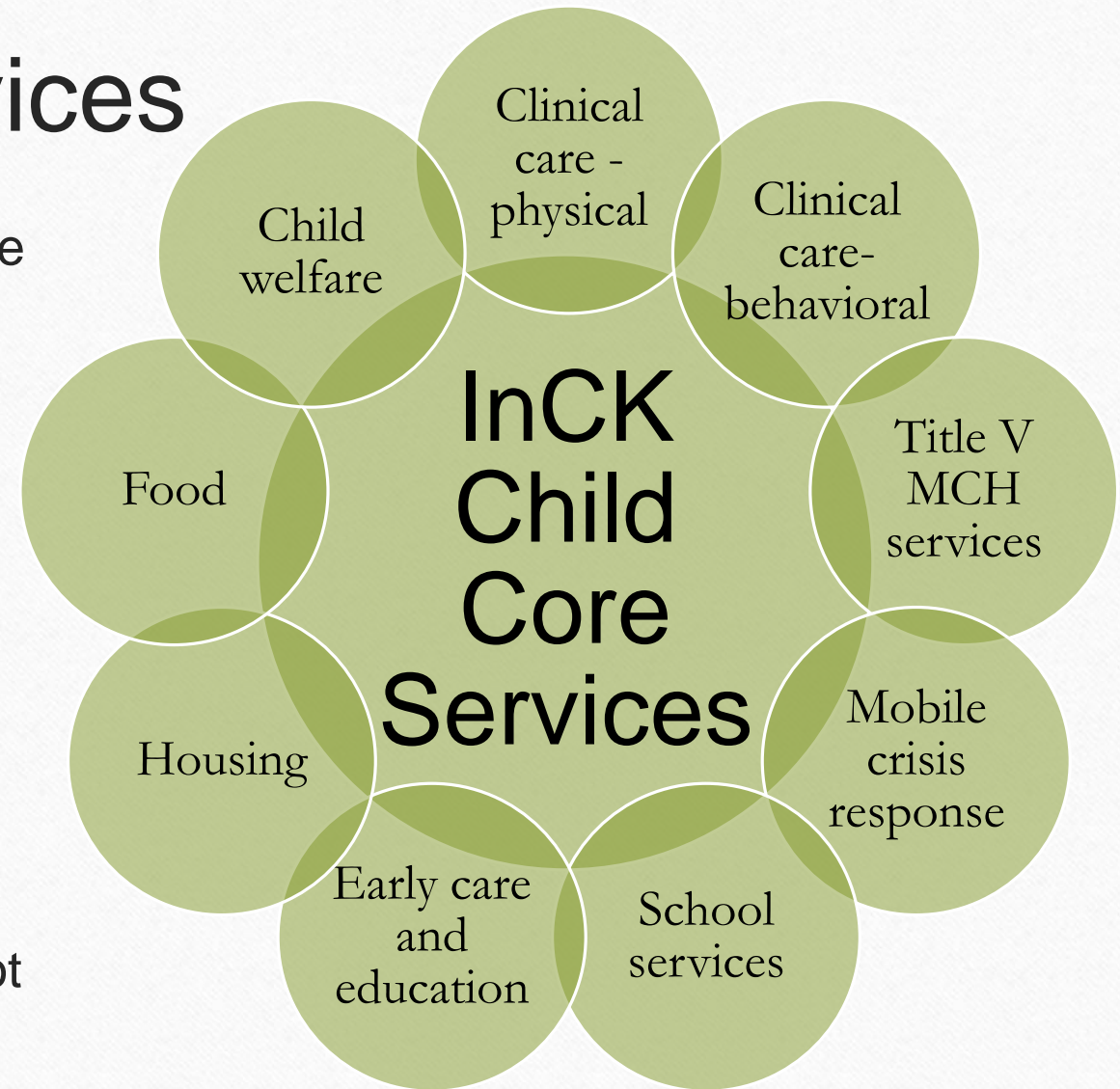
- Established entity
- Local convening of Partnership
- Coordination & accountability

Partnership Council

- Represent core service areas
- Chartered, formal, engaged

InCK Child Core Services

- Lead Organizations must coordinate the systematic integration of Core Child Services within model service area for the purposes of integrated care coordination and case management.
- Partnership Council must include representatives from these service areas.
- Lead Organizations and community partners will coordinate these services so that families receive an integrated experience of care despite separate funding streams. Medicaid/CHIP will not pay for all services.



InCK Model Challenges and Opportunities

- Alternative payment models must be directed to children identified through stratified risk as at high medical cost and provide for more cost-effective treatment (e.g. achieve medical cost savings)
- Alternative service models may be developed for other children to provide more preventive and developmental services (higher value care)
- Funding may be used only for planning, infrastructure, and implementation and not for services
- NOFO enumerates application guidelines that focus upon complex children at risk of or in out-of-home placement, with substantial needs for data development, risk stratification, and outcome and cost estimation

Application Requirements: Addressing NOFO Expectations

- States **must** “risk stratify” child population to identify small percent of the child population contributing the major share to Medicaid (and CHIP) costs today and develop integrated care (through care coordination) and alternative payment models (APMs) that contain their costs.
- Lead organization **must** establish Partnership Council to improve service integration and design care coordination, reduce duplication, and share information.
- States **may** develop alternative service models to improve the health trajectories for lower-risk populations – providing greater value in primary and preventive health care (but these likely involve increased upfront Medicaid investments, which might be financed from any savings from APMs or simply incorporated into Medicaid/EPSTD payment systems)

Early Childhood and the NOFO

- Mention is made of two-generation approaches early identification and response, and school readiness as a measure, but application guidelines and scoring do not provide specific places to articulate (and be scored for articulating) actions with young children, particularly around prevention/early intervention ecological responses
- The “root cause” analysis and the “risk stratification” sections **could be** places to bring in more preventive and holistic responses, consistent with Help Me Grow

InCK Marks Activities

- InCK Marks developed under funding from the Robert Wood Johnson Foundation and the Perigee Fund to provide resources and supports to child health advocates and experts, practitioner champions, community leaders, state administrators, and policy makers regarding reviewing and, if appropriate, developing applications for the InCK Mark model
- Help Me Grow National Center a core partner and Paul Dworkin a member of the National Advisory Team for InCK Marks
- One of first steps for InCK Marks was to develop a guiding framework that included an emphasis upon prevention and young children – that could be used regardless of whether a state/community applied for CMMI funding

Guiding Framework: Drawing Upon Evidenced-Based Practices

- Evidenced-based practices exist both for high-cost populations and for preventive and developmental primary health care services, but with different practices for different stages of development and different roles for the primary health practice vis a vis other systems
 - Perinatal (prenatal to six months)
 - Birth to Three
 - Three to Six
 - Six to Eleven
 - Eleven to Seventeen
 - Seventeen to Twenty-One

Guiding Framework: Designing Age-Appropriate Child Specific Goals by Age

- Perinatal – Optimal birth outcomes for mother and child
- Birth to 3 -- Optimal physical health, secure attachment and early development of self-regulation, language, and identity
- 3 to 6 -- School readiness (physical health & motor development, language & literacy, approaches to learning, social & emotional development, general cognition)
- 6 to 11 -- Staying healthy and strengthening social, emotional, and cognitive skills, including learning to read (by eight or nine) and on-grade school performance
- 12 to 17 -- Staying healthy and successful in school, exhibiting responsible behaviors (alcohol, tobacco, and drug use; sexual activity; law-abiding behavior)
- 17-21 -- Staying healthy and transitioning to adulthood to succeed in the world of work/career, school/lifelong learning (including responsible adulthood and parenting when ready)

Age-Appropriate Overarching Child Health Outcomes

Infant/Toddler

Perinatal – Optimal birth outcomes for mother and child

Birth to 3 – Optimal physical health, secure attachment and early development of self-regulation, language, and identity

Child

3 to 6 -- School readiness (physical health, language & literacy, approaches to learning, social & emotional development, cognition)

6 to 11 -- Staying healthy and strengthening social, emotional, and cognitive skills, including learning to read and on-grade school performance

Adolescent

12 to 17 -- Staying healthy and successful in school, responsible behaviors (alcohol, tobacco, and drug use; sexual activity; law-abiding behavior)

17-21 -- Staying healthy and transitioning to adulthood to succeed in the world of work and community, school/lifelong learning, responsible parenting

The Devil in the Details: Birth to Three

Overarching Goals

- Optimal physical health, secure attachment and early development of self-regulation, language, and identity (**dependent upon safe, secure, stable and nurturing home environment**)

Indicators

- No unidentified and untreated congenital abnormalities, BMI, physical and language and cognitive and social and emotional development within normal parameters, no unplanned moves or child welfare or foster care involvement, regular complement of well-child visits and developmental/social screens, including autism screening

The Devil in the Details (cont.)

High Value Preventive Practices

- Comprehensive well-child visits conforming to *Bright Futures* and employing developmental and SDOH screens (well-visit planner, Reach Out and Read, SEEK, **Help Me Grow**)
- Additional care coordination/targeted case management to children and families identified with some social risk and follow-up linkages (**Help Me Grow**, Medical Legal Partnerships, HealthySteps, Project LAUNCH, home visiting, 1st Five San Diego, Primary Care Iowa, Maricopa Health Systems, etc.)
- Strong linkages to Part C programs and consistent and effective referrals and coordinated plans (Massachusetts) and early childhood mental health consultation (Colorado, Michigan, Minnesota)

High Value Practices for Risk-Stratified Populations and Placement Avoidance

- Intensive response services to families at risk of child placement/child protective service system involvement (Wraparound Milwaukee, New Jersey crisis response teams, intensive family preservation services)
- Intensive care coordination and parent training and respite and support and assistive technology services for medically complex infants (circle of support care planning, family-centered medical homes with highly individualized case plans with integrated teams and family-directed care)

High Value Preventive Visits

Design for High Performing Pediatric Medical Homes in Medicaid

Well-Child Visits

- Comprehensive well child visits as required under EPSDT.
- Adherence to AAP Bright Futures scope and schedule.
- Screening for physical, developmental, social-emotional-behavioral health, maternal depression and other social determinants of health.
- Anticipatory guidance and parent education, as required in EPSDT and Bright Futures.
- Family engagement, focused on two-generation approaches to ensuring child health
- Other primary care practice augmentations (e.g., Reach Out and Read).

Care Coordination / Case Management

- Individualized, with intensity commensurate with need.
- Routine care coordination for all as part of medical home.
- Intensive care coordination/case management for those with higher needs identified.
- Structured, family-focused approach to assess and respond to medical and non-medical health-related needs.
- Linkages to community resources, with active identification and engagement of those resources.

Other Services

- Child/family support programs, including those designed to be colocated in primary care (e.g., Healthy Steps, Project DULCE).
- Integrated behavioral health in primary care setting.
- Referrals to and integration with other services such as home visiting, family support, early intervention, early childhood mental health, and other programs.

What Help Me Grow Champions Can Do

- Contact state Medicaid agency and encourage state to review InCK Model AND GIVE ATTENTION TO ADDRESSING THE ROOT CAUSES IN EARLY CHILDHOOD
- Offer to provide help and participate in InCK model review and planning, particularly around young children
- Identify other allies, practitioner champions, and experts who can contribute to planning process (and strategize around roles from them to play)
- Provide information on the current status of children and health needs and opportunities for improving healthy development over the life course –PARTICULARLY FOCUSED UPON YOUNG CHILDREN
- Lead with “what works” and examples (HMG work to date, state and national) that are improving children’s health and development where the child health system (and Medicaid) can lead
- Emphasize that action is needed and OPPORTUNITIES EXIST whether or not the state applies for or receives InCK designation – all states can and should do something (particularly around young children)

What Help Me Grow Advocates Can Stress

- We don't have to start from scratch – we can build upon what works.
- Medicaid and its EPSDT benefit support such actions and leverage federal funds.
- Value-based care does not mean “cost containment” care.
- Investing in child health has long-term benefits and is the best way to
 - reduce preventable health conditions driving health costs, AND
 - improve educational and social successes and reduce other public costs.
- The public supports, and our state needs, more preventive and developmental responses to improve children's healthy development and success.

What InCK Marks Is Doing

- Providing “state of the field” information and resources from leading experts and organizations related to the InCK Model for use by states, child health experts, and advocates
- Supporting select organizations, including Help Me Grow National Center, in sharing resources with members in the field
- Seeking feedback from advocates and champions in the field on the progress of activities to use Medicaid to improve child health trajectories through more preventive and more integrated and comprehensive responses

InCK Marks Website and Activities

www.inckmarks.org

- Our Partners (Help Me Grow National Center, AAP, Georgetown Center for Children and Families, Mental Health America, Partnership for America's Children, etc. – with their resources and areas of focus)
- InCK Basics (summaries of and links to CMMI descriptions and resources)
- Our Framework (the Developmental Stage Approach and the Preventive/Developmental and High-Cost Population Distinction)
- Key Issues (key resources on InCK topics – opioids, foster care placements, risk stratification and value-based care models, evidenced-based preventive programs, evidenced-based crisis and cost-containment programs, metrics and performance measures, etc.)
- Contact Us (and feedback)
- Webinars and Teleconferences

InCK Marks

NEXT STEPS

Survey Collection

- Satisfaction
- InCK in your state

Next Webinar

Stay tuned for a follow up webinar about leveraging InCK, where you will be encouraged to invite other state partners

CMS Webinar

- Notice of Funding Opportunity Application
- February 19, 2019 | 2:30 – 4:00 ET





Thank You

