

InCK Marks: SYNOPSIS OF CMMI'S INTEGRATED CARE FOR KIDS (InCK) MODEL

The Center for Medicare and Medicaid Services Innovation Center (CMMI) was established as part of the Affordable Care Act to test models that “improve care, lower costs, and better align payment systems to support patient-centered practices.” The CMMI Integrated Care for Kids (InCK) model is CMMI’s first completely child-focused model developed to advance health payment and delivery system reform to improve health quality, population health, and achieve health cost savings. The detailed federal application announcement (the Notice of Funding Opportunity/NOFO) was released February 8th, and completed applications are due by June 10, 2019,

STRUCTURE. Through a competitive process, CMMI will establish cooperative agreements in eight states of up to \$16 million each over a seven-year period for the InCK Model. The first two years will be for pre-implementation planning and the next five for implementation. InCK funding may be used only to support model planning and implementation activities (existing funding sources must be used to deliver services). The state Medicaid agency must participate and provide local implementation support and develop one or more alternative payment models (APMs), with a Lead Organization (which could be the Medicaid agency) convening community partners, establishing a Partnership Council, and integrating coordination across and management of the InCK Model’s core child services.

POPULATION. InCK Model participants will serve all children covered by Medicaid and CHIP, if applicable, from the prenatal period up to 21 years of age residing within an awardee-specified (and CMS-approved), sub-state geographic service area.

GOALS. The goals of the InCK Model are to improve child health, reduce substance use disorders and opioid use, reduce avoidable inpatient stays and out of home placements, and create sustainable Alternative Payment Models (APMs) through a framework of child-centered care integration across behavioral, physical, and other child providers.

SPECIFIC SERVICE ELEMENTS. The NOFO establishes specific parameters for establishing Service Integration Levels (SILs) through population-wide risk-stratification according to level of need and integrated care coordination for children identified at SIL levels 2 (children with needs involving more than one service type and who exhibit a functional symptom or impairment) and 3 (children in or at-risk of out-of-home placement). Lead organizations will coordinate the integration of core child service types. While core services must include (but not be limited to): (1) clinical care (physical), (2) clinical care (behavioral), (3) school district or equivalent, (4) housing, (5) food, (6) early care and education, (7) Title V agencies, (8) child welfare and (9) mobile crisis response services.

APPLICATION REQUIREMENTS. The NOFO requires:

- A Model Implementation Plan (60 points) consisting of: (1) state and community engagement, organizational capacity and Partnership Council descriptions, (2) service integration plan including a care map, a stratification plan, and an information sharing infrastructure; and a Medicaid and CHIP authorities and payment model proposal;
- A Model Impact Analysis (30 points) – consisting of: (1) a root cause analysis for out-of-home placements and hospitalizations, and (2) health outcomes and cost saving projections; and

ADDITIONAL RESOURCES. The complete Notice of Funding Opportunity and other resources provided by CMMI about the InCK Model may be found at: <https://innovation.cms.gov/initiatives/integrated-care-for-kids-model/> and also on the InCK Marks website and its InCK Basics page: www.inckmarks.org.

Purpose: The Integrated Care for Kids (InCK) Model will test whether combining a local service delivery model coordinating integrated child health services and a state-specific alternative payment model (APM) to support coordination of those integrated services reduces health care expenditures and improves the quality of care for pediatric Medicaid and CHIP beneficiaries. – NOFO – page 6.

ABOUT **InCK Marks**: A RESOURCE FOR STATES IN REVIEWING THE FEDERAL INTEGRATED CARE FOR KIDS (InCK) MODEL

InCK Marks is a project that gathers and disseminates information to help states and child health leaders review and apply for the Integrated Care for Kids (InCK) funding opportunity from the Center for Medicare and Medicaid Innovation (CMMI). The InCK Marks project engagES experts and leading child health organizations to produce specific papers and conduct webinars on key issues and is managing a website (www.inckmarks.org) to provide relevant information and resources related to the InCK Model.

InCK Marks believes the InCK model can catalyze new planning and collaboration within states and represents an opportunity for all states and their health experts, child health advocates, state administrators and policy makers, and practitioner and family champions to move their child health system forward – **whether through the InCK Model or on their own**. In providing resources, InCK Marks is guided by a framework regarding improving child health based upon seven tenets:

1. The Importance of an Integrated Approach to Child Health
2. Medicaid's Critical Role
3. The Different Needs and Opportunities by Developmental Stage
4. The Importance of Both New Preventive and Treatment Responses
5. The Base of Evidenced-Based Practices to Guide Change
6. The Definition of Value-Based Care as Broader than "Cost-Containment" Care
7. The Importance of Measuring Child Health Based Upon its Broad Definition

InCK Marks is engaging partners and sharing their resources and expertise. Initial partners include:



For more information: www.inckmarks.org, info@inckmarks.org