

Duke University

Integrated Care for Kids (InCK) Model

North Carolina

Lead Organization: Duke University (Award Recipient) and University of North Carolina at Chapel Hill (Co-Lead)

Maximum Award Amount Over 7 Years: \$16,000,000

State Medicaid/CHIP Agency: North Carolina Division of Health Benefits (Medicaid and Health Choice [CHIP])

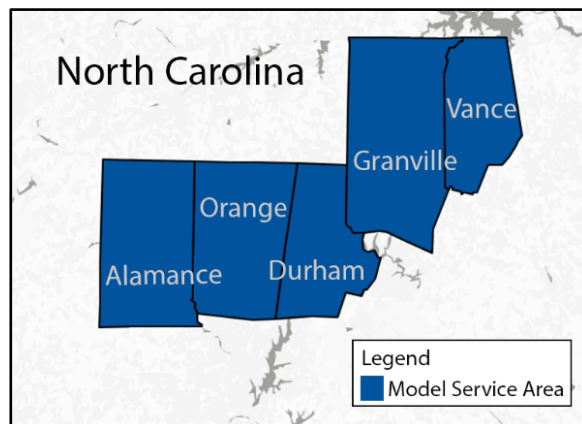
Model Goals: The North Carolina Integrated Care for Kids Model (NC InCK) is designed to build and support the infrastructure needed to integrate health and human services for Medicaid and CHIP-enrolled beneficiaries, from birth to age 20, in the five-county model service area. One goal of service integration is to provide whole-person care by identifying and addressing social drivers of health in addition to physical and behavioral health issues. An analysis of the model service area population's utilization data shows that these unmet needs and disconnected service sectors are important root causes of out-of-home placements, inpatient admissions, and emergency department visits. To address these issues, the NC InCK Lead Organizations will collaborate with a variety of data partners to identify the unmet healthcare and social service needs of InCK attributed children; deploy Service Integration Coordinators across these sectors to collaborate with children's existing care coordinators and care managers; and share data responsibly between child-serving organizations on its Partnership Council, providers, payers and others to provide more holistic, integrated care for attributed children.

Highlights: Once NC transitions to managed care, Medicaid eligible children will be enrolled in comprehensive whole-person plans including, Standard Plans (SPs); Tailored Plans (TPs) for individuals with serious persistent mental illness, substance use disorder, or intellectual and developmental disabilities; or Medicaid Direct (managed care-excluded populations). The NC InCK team will build on the care needs screening and risk stratification processes that NC Medicaid has developed for SPs, TPs and Medicaid Direct; and with NC Medicaid payers, will develop a standardized assessment for children in the model service area. Data and results from these multigenerational and cross-sector data sources will help determine a child's level of risk and their assignment to one of three service integration levels, ranging from basic and usual care to progressively more complex integrated care.

Implementation Strategy: NC Medicaid will develop data linkages between data generated in Medicaid and schools as well as other core child services, such as food, housing, child welfare, and juvenile justice. Key initiatives that will be implemented include an individualized cross-sector plan of care that identifies and prioritizes common goals to improve a child's well-being, and use of existing data platforms to support care integration.

Alternative Payment Model: NC InCK will leverage the 1115 Medicaid authority in the model service area to develop and implement several pediatric alternative payment models (APMs). NC Medicaid will implement the APMs that focus on early childhood and whole-child care, preventative care, and cross-sector performance.

Community Partners: The NC InCK leadership team and Partnership Council members represent local core child services and other partners including, parent groups (e.g., Moms Rising and NC Families United); the Foundation for Health Leadership and Innovation; UNC School of Education and local school districts; National Implementation Research Network; local health departments; the NC-Psychiatry Access Line; and other local programs (e.g., Smart Start networks, Family Success Alliance and Innovative Approaches).



Model Service Area & Population

Target population: ~87,000 Medicaid and CHIP beneficiaries from birth to age 20, across five counties.

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