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# Remodeling Healthcare for Children with NJ FamilyCare:

## *NJ Integrated Care for Kids (NJ InCK)*

**Dec 11, 2022**

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# NJ InCK- The Cooperative Agreement

- Model awarded to six states- NJ, CT, NY, IL, NC, OH; NJ InCK received $15.8 million over a seven-year period. **Launched in January of 2022.**
- Pilot is for Monmouth and Ocean Counties and the nearly 140,000 children under 21 enrolled in Medicaid and CHIP.
- Hackensack Meridian *Health* is the lead organization, partnering with the VNA of Central Jersey, and New Jersey Health Care Quality Institute. NJ FamilyCare (NJ Medicaid) is involved in all aspects of the model, including working with CMS as needed for the model to work.
- Supporting organizations include NJ American Academy of Pediatrics and Central Jersey Family Health Consortium.
- National InCK model aims to improve outcomes, reduce Emergency Department use, inpatient admissions and out-of-home placements for escalated behavioral needs and substance use disorders through coordinated efforts between juvenile justice, education, child welfare, and other core services assisted by InCK funded integrated care coordination/technology and state specific changes to Medicaid payments/incentives (aka Alternative Payment Model or APM)

# Integrated Care for Kids (InCK)

- NJ and 6 other sites around the country are part of the CMMI cooperative agreement, funded from **2020 through 2026**
  - **NJ** — HMH, VNACJ, & NJHCQI
  - **NY** — NYS DOH/Montefiore
  - **CT** — Clifford Beers Guidance Clinic, New Haven
  - **NC** — Duke & UNC
  - **IL** — Lurie Children's Hospital; Egyptian Regional Health Department
  - **OH** — Nationwide Children's Hospital
- All kids 0-20 covered by Medicaid/CHIP in a defined service area
- In NJ, it includes NJ FamilyCare beneficiaries in Monmouth & Ocean  Counties. **The NJ InCK pilot launched in January of 2022**

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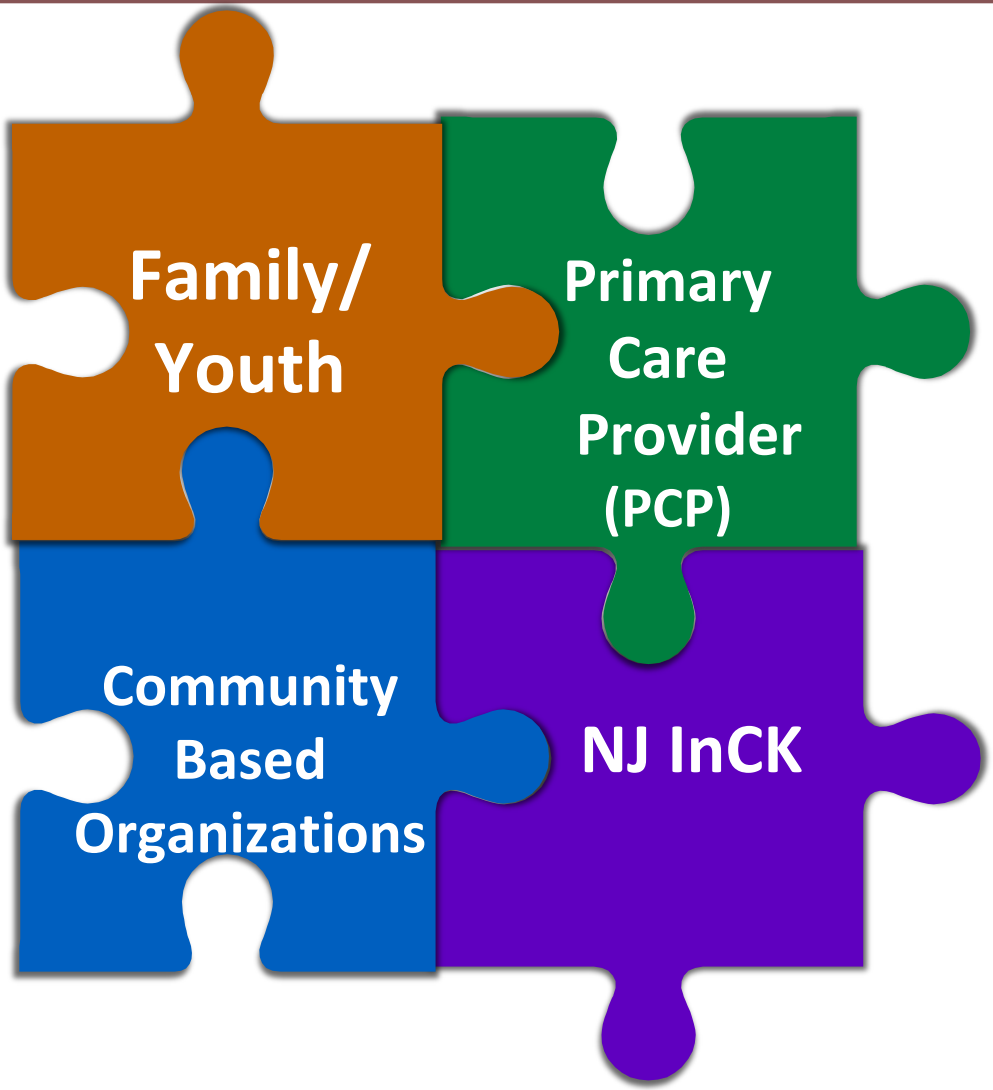
# GOAL of NJ InCK

To provide a platform for **Families/Youth** to partner with their **Primary Care Provider** and **Community Based Organizations** to have **Optimal Health and Life Outcomes**.



# Our focus today is on the 2nd bullet

**Surveillance & Screening**

- This will follow the Life Course Framework

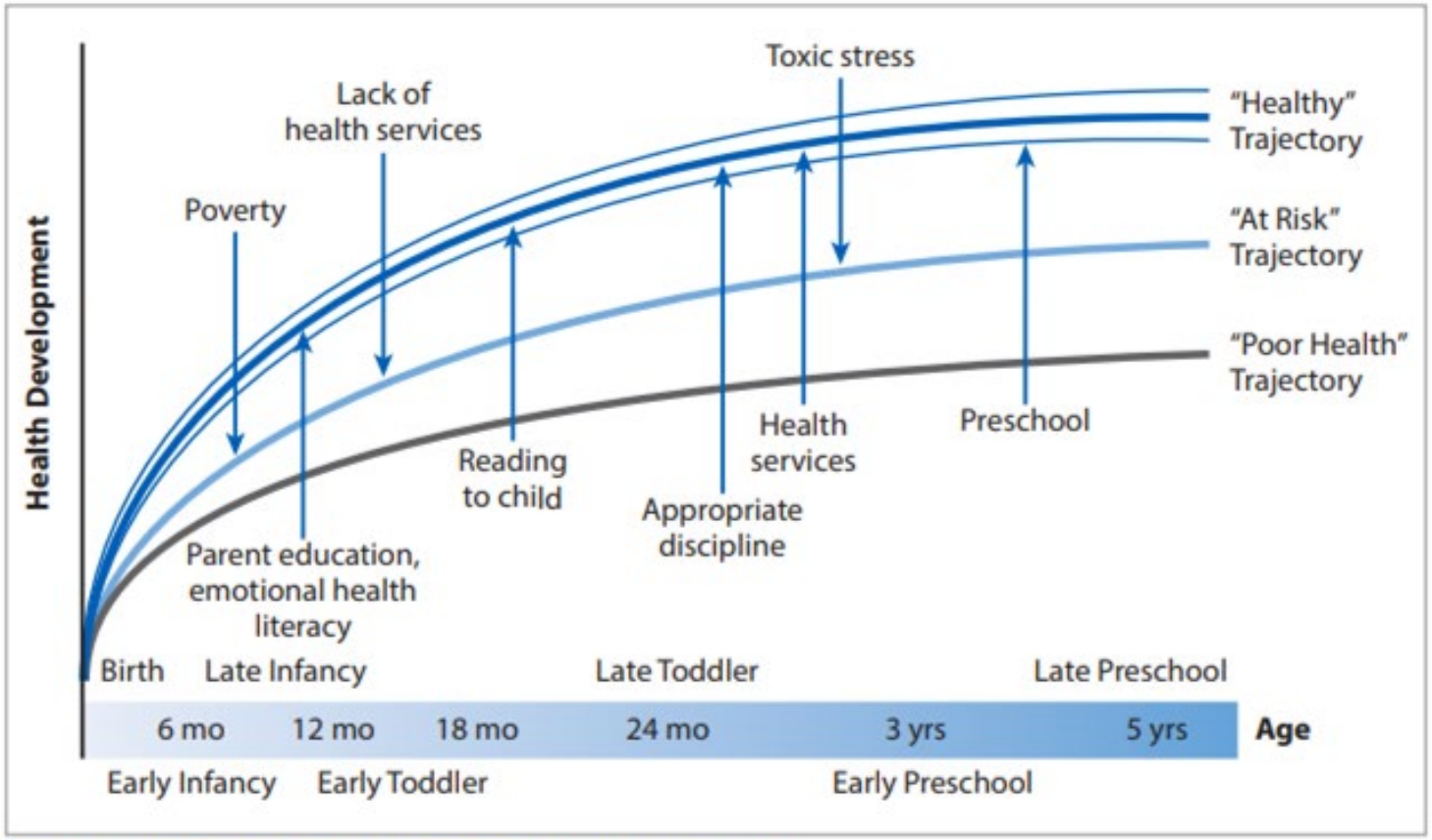



**Figure 3: Life Course Perspective of Health Development**[11]


Hagan JF, Shaw JS, Duncan PM. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents: Pocket Guide*. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017.

Halfon, N., Larson, K., Lu, M. *et al.* Lifecourse Health Development: Past, Present and Future. *Matern Child Health J* **18,** 344–365 (2014). https://doi.org/10.1007/s10995-013-1346-2

# NJ InCK: Design and Goal

- Screen children using Medicaid diagnoses & utilization History plus validated social risk criteria

- Children are assigned health risk scores. Scores are assigned ***risk tiers***
  - Tiers are called Service Integration Levels (SILs)
  - SILs 1—2—3; SIL3 is highest risk

- Further assess needs of the SIL 2 & SIL 3 children to determine eligibility for additional services InCK Model Service from ACMT.

- Gather social and medical information from all points of care and assist caregiver in developing the child's ***Integrated Care Plan (ICP)***

- Advanced Care Management Team (ACMT) coordinates care among/between those providers - Team consists of LSW, CHW, CCLS, FSS

# InCK New Jersey

- Key Features of the NJ model
  - Use Medicaid Data to develop a baseline of Risk Stratification
    - Use the Pediatric Medical Complexity Algorithm model developed at U Washington
    - Level one– no/moderate medical complexity and no to low social complexity
    - Level two- moderate to high medical complexity and moderate to high social complexity
    - Level three- high medical and social complexity such that children are at risk of being placed outside of the home
  - The algorithm predicts that when medical/behavioral complexity adds social complexity
    - 2.4 % of the population with have high medical/social= 2880 children
    - 7.2% will have moderate medical and social complexity= 8640 children
    - 32% will have no medical but will have at least moderate social need=38,400

# InCK New Jersey: Key Features

- Each of the 140,000 children will be screened at least yearly
- All covered children will have yearly enhanced EPSDT that will also include screening for behavioral health, social determinants and adverse childhood experiences. Will be done electronically using an App
- Those who are deemed higher risk at service integration level two and three will be referred to the Advanced Case Management Team for comprehensive support services.
- The APM will fund the enhanced EPSDT and the Advanced Case Management
    - $29 incentive payment for each enhanced EPSDT
    - $60 to $120 per member per month for 12 months for advanced case management.

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# Supporting Families at the Center of Care Coordination

- A better understanding of families, including their medical, social, and behavioral well-being
- Building a system of support for highly complex (medical and social)
- Real-time integration and care coordination of efforts
- Community connections
- More resources/support to be able to help families
- Overall: less ED admissions/inpatient, reduce out-of-home placements, timely well-child visits, preventative care, efficient pre-screening process


*Source: CMS Webinar - InCK Implementing Effective Care Coordination Strategies in the InCK Model on January 19, 2021.*

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# *WHAT* is the Care Integration Program?

- The ***Care Integration Program*** is the first point of contact for all new family/youth beneficiaries.
- The Care Integration Managers (CIMs) are ***"Air Traffic Controllers"***
  - CIM reviews the preliminary SIL determined by the claims history, the Needs Assessment, and any other available information, such as from the PCP or other community agencies
  - The CIM interviews the family to confirm the SIL 2 or 3, and obtain consent to participation
- Family/youth who do not have an existing care coordinator from another program are assigned to an Advanced Care Management Team (ACMT)
- With family/youth permission, ACMT will share needs assessment information and collaborate with the existing care coordination

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# Care Management Platform

1. Collects information on the needs identified and services available
2. Will allow agencies as diverse as child care, schools, juvenile justice, social services,  primary care providers, and hospitals to share/view/integrate data
3. Ability to conduct Interdisciplinary Team Meetings with families while they build their Integrated Care Plan (ICP)

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# *WHAT* is the Advanced Care Management Team (ACMT)?

- Provides ***integrated care management*** for those SIL 2 & 3 family/youth without care coordination from another source
- Meets regularly with the family/youth in their home, community, or doctor's office
- **Team includes:**
  - Licensed Social Worker (LSW)
  - Community Health Worker (CHW)
  - Child Life Specialist (CCLS)
  - Family Support Specialist (FSS)

***The goal of the ACMT is to provide community-based assistance for family/youth who have complex intersecting social & medical needs***

# The NJ InCK Partnership Council

A required, chartered, component of the national model. Participants include Core Child Services from Ocean and Monmouth:

- Child Welfare, Clinical Care, Food, Housing, Schools, Mobile Response, Title V, Children's System of Care, CIACC, Managed Care Organizations, Early Care and Education, pre-K-12 Education, CMOs, Community Health Law Project, and SPAN
- Representatives from state departments: DHS (Medicaid), DCF, DOH, DOE
- Meets quarterly and guides all aspects of the model
- Coordinating Committee created by the Partnership Council oversees information & data governance to support concurrent sharing of child level information between agencies and with physical and behavioral health clinicians

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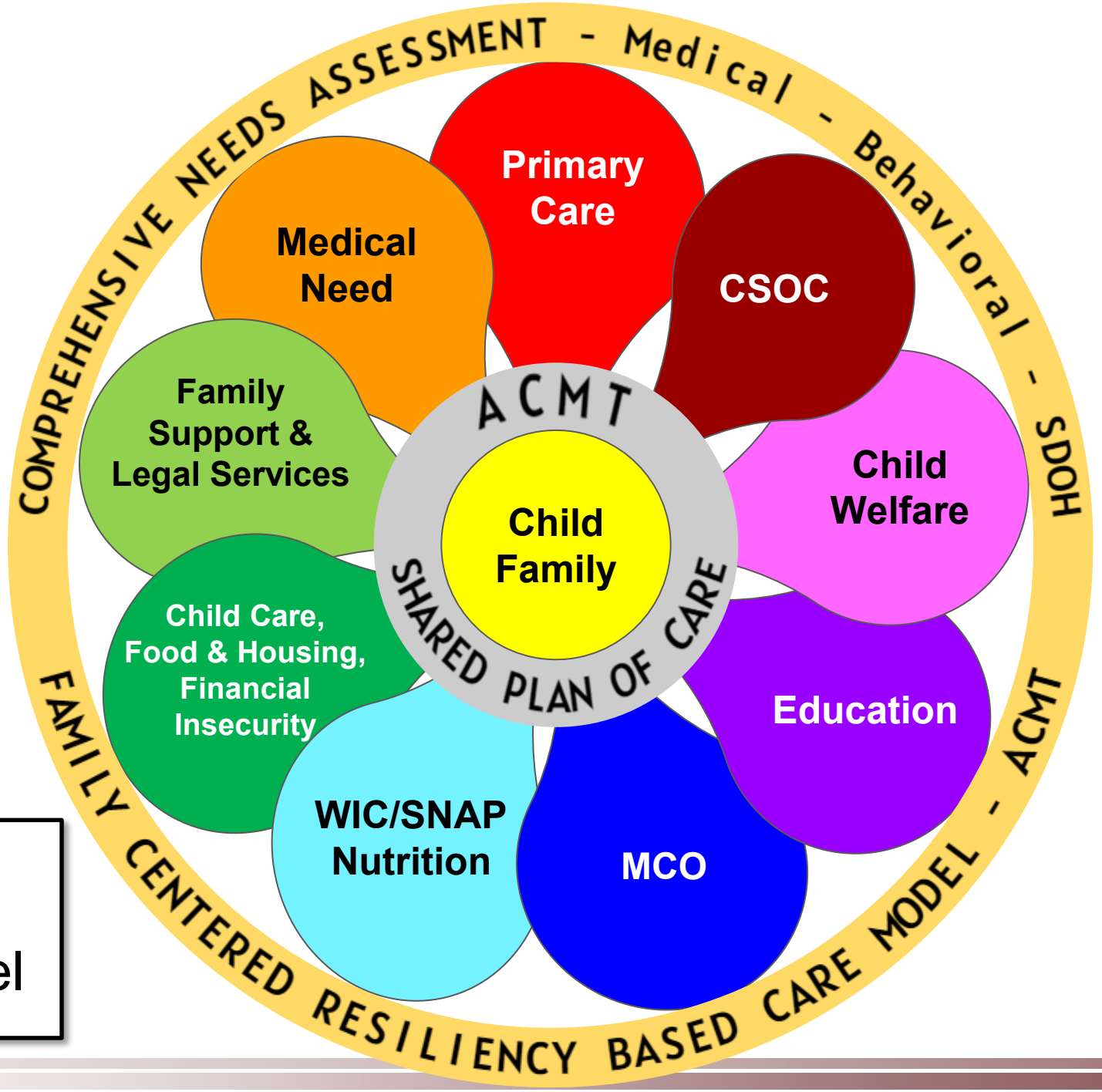


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# Whole Child Model

# It requires investment—including your time