NC InCK
NC INTEGRATED CARE FOR KIDS

NC InCK Quarterly Webinar

Y2 Q4: Monday, December 6th: 12:00-1:00p.m.

This project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of an award now totaling $5,999,227 in 2021 with 0 percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS, HHS or the U.S. Government.

Inspired by the children and families we serve



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Agenda

- NC InCK Model: Basics and Updates
- Spotlight: Kindergarten Readiness
- Looking Back and Looking Ahead to Launch!

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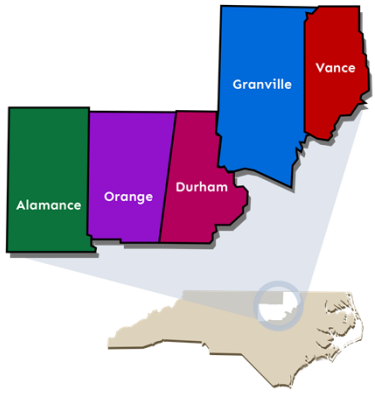
NC InCK: Brief Overview

- **Population: All Medicaid and CHIP-insured children in this 5-county area**
  - Birth to age 20
  - Regardless of where they receive medical care
  - ~95,000 children
- **Funding: A 7-year, $16M grant from CMS to the following institutions:**

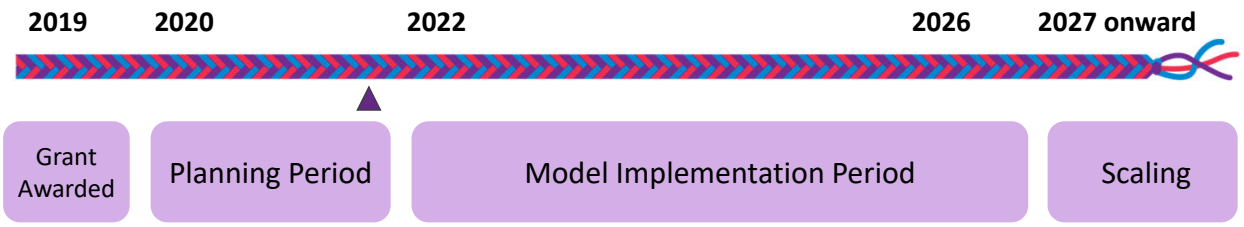
Duke UNIVERSITY

THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES



The NC InCK Journey



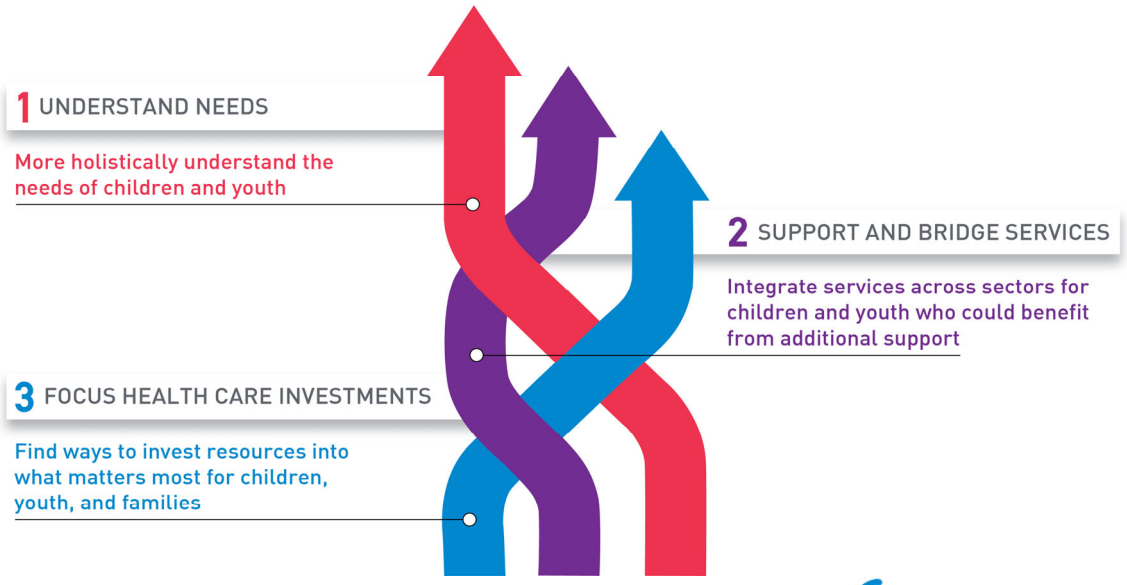
NC InCK is led by Coalition of Cross-Sector Partners Representing the NC InCK Core Child Services

carolina complete health
AmeriHealth Caritas
Community Care of North Carolina
Duke University
Smart Start Each Child. Every Community.
LEGAL AID NC
HealthyBlue
VAYAHEALTH
N C DPS Department of Public Safety Prevent · Protect · Prepare
NC InCK NC Integrated Care for Kids
Family Council & Partnership Council
ublic Schools of North Carolina State Board of Education Department of Public Instruction
SNAP Supplemental Nutrition Assistance Program
United Healthcare
Alliance Health
NC Department of Health and Human Services
The University of North Carolina at Chapel Hill
DAYMARK Recovery Services
WellCare

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Preparing for Launch: InCK Model Design

Three Key Strategies to Integrate Care for Children in NC InCK



	Understanding a Child's Needs	Integrating Services	Investing in What Matters
Current State in NC	Children's **health and health care data** drive their risk stratification and services	A small subset of children with high medical needs receive **health-specific care management**	Health care providers are paid predominantly **fee-for-service**
NC InCK's Intervention	**Cross-sector data informs child-specific risk stratification** and elevates additional children for more integrated supports	More children receive cross-sector integrated care via a **Family Navigator** and tools like a **Shared Action Plan**	**Innovative incentives and payment models** facilitate resources and flexibility to support more whole child care approaches

Understand a child's needs → Integrate services → Invest in what matters most

NC InCK's Service Integration Levels

The Child's Health and Health Care Experiences	Physical, behavioral, and developmental diagnoses --- Health care utilization	**SIL-3: Estimate ~5,000 children** Children who are out-of-home or have high risk of out-of-home placement. --- Children experiencing multiple, complex health and education, JJ, CW, social determinant needs.
The Child's Context	Socioeconomic, educational, developmental, and parent/guardian risk factors	**SIL-2: Estimate ~10,000 children** Children experiencing multiple, moderate-severity health, social determinant, education or guardian needs. --- Focus is on impactable rising risks to improve well-being and reduce future out-of-home placement
Out-of-Home Placement	Prior or current out-of-home placement or markers of risk of future out-of-home placement	**SIL-1: Estimate ~80,000 children** All other children in NC InCK counties. --- May have isolated health and contextual risks.

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Understand a child's needs | Integrate services | Invest in what matters most

Merging New Data to Stratify Children in InCK

Value: NC InCK will integrate statewide data beyond administrative healthcare in a pediatric-focused risk model.

Category	Examples of Data used to Assess Needs
SDOH Needs	• Food, housing, transportation needs from Care Needs Screen • Social Deprivation Index for member address
Education	• # of school absences and suspensions
Juvenile Justice	• Placement in detention or development center • Probation status
Child Welfare	• Current foster care placement • Recently returned home from foster placement
Guardian	• Casehead substance use during pregnancy • Casehead qualifies for Tailored Plan
Medical Complexity	• Pediatric Medical Complexity Algorithm, Level 3

Understand a child's needs | Integrate services | Invest in what matters most

Engagement Moment

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Respond in the Chat: What data indicator are you most intrigued by as we integrate new data to better understand the holistic needs of children?

Understand a child's needs | Integrate services | Invest in what matters most

NC InCK will Integrate Services Across These Core Child Services

1. Schools
2. Early Care and Education
3. Food – SNAP, WIC, Food banks
4. Housing
5. Physical and Behavioral Healthcare
6. Maternal and Child Services – Title V
7. Social Services – Child Welfare
8. Mobile Crisis Response
9. Juvenile Justice
10. Legal Aid

Public Schools of North Carolina
State Board of Education
Department of Public Instruction

Smart Start
Each Child. Every Community.

LEGAL AID NC

DPS
DEPARTMENT OF PUBLIC SAFETY
PREVENT · PROTECT · PREPARE

SNAP Supplemental Nutrition Assistance Program

DAYMARK
Recovery Services



Understand a child's needs | Integrate services | Invest in what matters most

A Child's NC InCK Journey



Child is identified through NC InCK's integrated **cross-sector data** as needing additional supports

Child is assigned a **Family Navigator** to serve as their care manager

Family meets with Family Navigator to form their **integrated care team** of trusted individuals across sectors

Family, Family Navigator, and integrated care team collaborate to create a **Shared Action Plan**

Family and Family Navigator meet at least **quarterly** to discuss unmet or emerging needs

Integrated care consultation, education, ongoing training and support by the InCK Integration Consultant



INTEGRATION CONSULTANT
Team of 16 NC InCK clinical staff available to support a child

Understand a child's needs | **Integrate services** | Invest in what matters most

Developing the Shared Action Plan (SAP): Our process

Goal: Create Shared Action Plan for improved **family-centered, whole-child** service coordination

Identify range of care plans across health and child service agencies → Analyze strengths and weaknesses of existing care plans → Develop, test and revise Shared Action Plan for NC InCK children

1. **National review of over 120 existing care plans** across various core child service areas
2. **Interviewed frontline care managers in health and child service agencies to learn:** Who develops care plans and based on what assessments, where are they stored, how they are shared, how their effectiveness is evaluated
3. **Hosted focus groups with families** to learn about their experiences with the development and use of care plans for their children
4. **Co-designed the Shared Action Plan based on analysis** in collaboration with families, care managers, health care providers, and representatives from child protection services & Juvenile Justice
5. **Usability Testing** was used to refine the Shared Action Plan from July to October

Components of the SAP

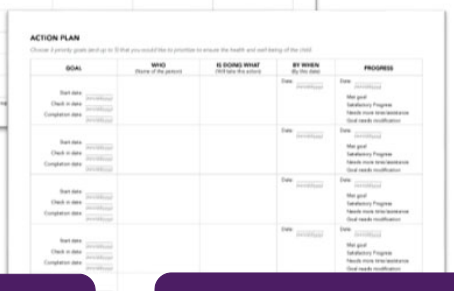
Understand a child's needs | **Integrate services** | Invest in what matters most


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SHARED ACTION PLAN FOR:

CHILD & FAMILY BACKGROUND


CURRENT ENGAGEMENT WITH HEALTH AND SOCIAL SERVICES & PLANS OF CARE


ACTION PLAN

Child & Family Background

Integrated Care Team Roster

Establishment of Goals and Action Plan

Understand a child's needs | Integrate services | Invest in what matters most

Integration Consultant Support of Family Navigators

- Integration Consultants are **available to all Family Navigators** (in PHPs, CCNC, AMHs or LHDs) to help them provide integrated care to InCK members in SIL 2 and SIL 3.
- Capacity building by Integration Consultants includes **one-on-one consultation, group trainings & convenings, & written guides**.



Consultation and education for Family Navigators within the 10 NC InCK core child service areas

Training for family-centered completion of **Shared Action Plan**

Best practices guides & ongoing support for creating **an integrated care team** with representatives from core child services critical to a child's success

Beneficiary Transition Support: Health plan changes; coverage lapses; aging out

Support for InCK Operations: VirtualHealth + Consent

Monthly integrated care rounds focused on a core child service area and capacity building topics for pediatric care management

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Engagement Moment

As you consider a child's journey through NC InCK, what component of the model do you imagine might have the most significant impact on a child and family? Why?

Write your answer in the chat!

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Understand a child's needs | Integrate services | Invest in what matters most

Investing in Health: NC InCK's Alternative Payment Model

- NC InCK has been working with Medicaid, the PHPs and health systems to design a payment model that **links incentive payments to more meaningful measures of child well-being**
- **Goal**: Increase resourcing and flexibility for practices to support more whole child care approaches

	NC InCK APM Performance Measures
Cross-sector child well-being metrics	Kindergarten Readiness Promotion Bundle
	Food Security
	Housing Stability
	Shared Action Plan
Health care utilization metrics	Screening for Clinical Depression & Follow-Up
	Rate of Emergency Dept Visits
	Equity: Reduction in disparity in infant well child visits
	Total Cost of Care

- Designed by an **NC InCK APM Working Group** with leadership representation from Medicaid, CINs & all 5 PHPs
- NC InCK APM will launch in **July 2022**

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Spotlight: Kindergarten Readiness and NC InCK



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Kindergarten Readiness: A Whole-Child, Cross-Sector Well Being Measure

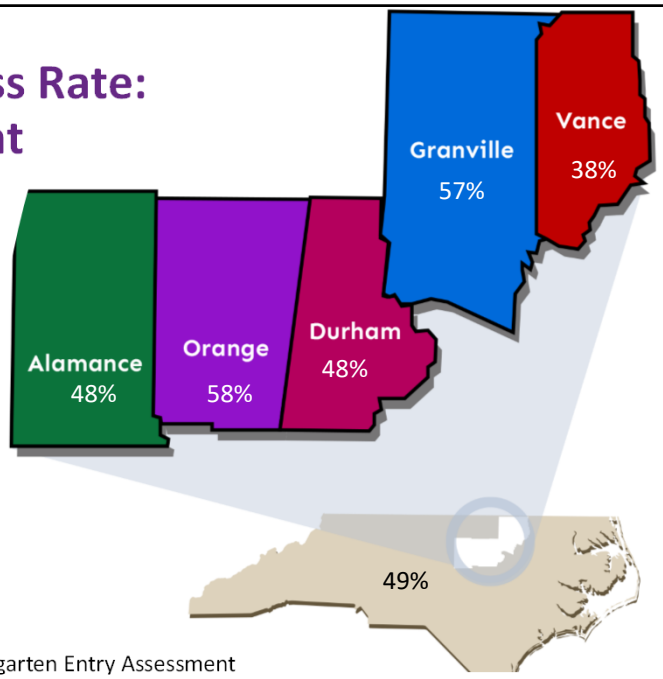
- **Definition**
  - The condition of children as they enter school, based on the following five domains of development:

Health & physical development	Social & emotional development	Approaches toward learning	Language development & communication	Cognition & general knowledge

  - The capacity of schools to serve all kindergartners effectively
- **Measurement**: Early Learning Inventory, which includes an observation-based formative assessment on the above domains

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Kindergarten Readiness Rate: Room for Improvement



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Data Source: Kindergarten Entry Assessment 2019, Department of Public Instruction

NC InCK Kindergarten Readiness Strategy

Incentivize kindergarten readiness promotion activities in primary care



Support community-based efforts to promote kindergarten readiness through partnerships



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Kindergarten Readiness Promotion Bundle

NC InCK Early Childhood Innovation Committee identified interventions that primary care practices can take to promote kindergarten readiness from birth to age 6

- Well visit
- Office-Based Literacy Promotion
- Developmental screening
- Social emotional screening
- PreK referral
- Parenting support programs
- Early intervention referral
- Early childhood mental health services
- Community-based literacy programs

- **Goal**: Encourage and give providers credit for taking these actions
- **Incentive**: Bundle documentation via a new Medicaid administrative code will be linked to an incentive payment in the NC InCK APM

Supporting Community-based Efforts and Linkages

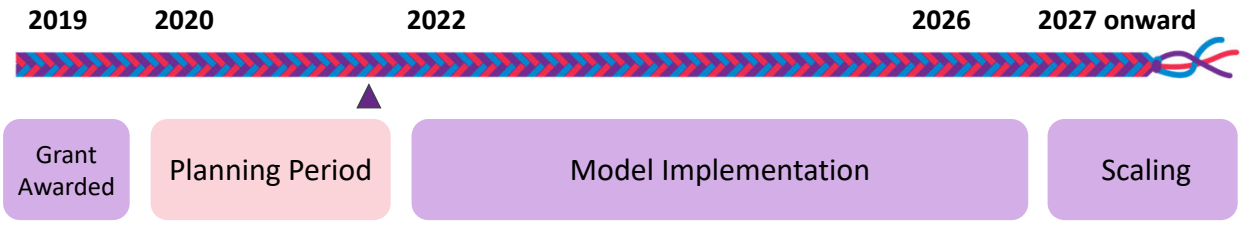
Bringing together local experts and stakeholders in the NC InCK Early Childhood Innovation Committee

Collaboration with Smart Start and the NCPC to expand access & capacity of programs included in the Kindergarten Readiness Promotion Bundle

Development of the Early Childhood Resource Guide and promotion of NCCARE360 to support linkages/referrals to early childhood programs from primary care

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Looking Back at NC InCK's Planning Period



What we've learned so far…

Core child service sectors are ready and eager to work together

- **InCK's Partnership Council** brings together cross-sector leaders for model design & implementation
- Payers & health systems recognize **importance of social determinants of health** and that we must work together to build infrastructure to address unmet needs

Linking cross-sector data requires partnership, persistence & a data integrator

- Several governmental departments aligned on importance of **linking data** to holistically understand children's needs and ultimately improve their well-being outcomes
- We found a data integrator in the **Government Data Analytic Center**

Co-designing the model has been a must for buy-in and operational feasibility

- An **intentional and inclusive design process** allowed diverse stakeholders to voice their point of view early and often – raising new ideas and pointing out barriers as we designed
- **NC InCK APM working group** brought together payers to cooperate and coordinate on a model that is on the cutting edge of value-based care for children

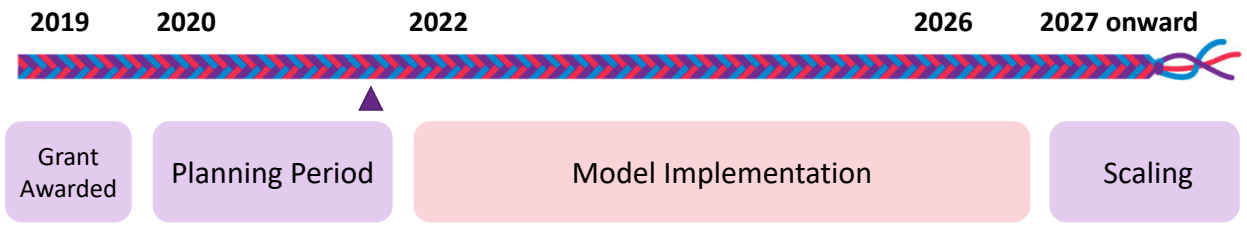
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What we've learned so far…

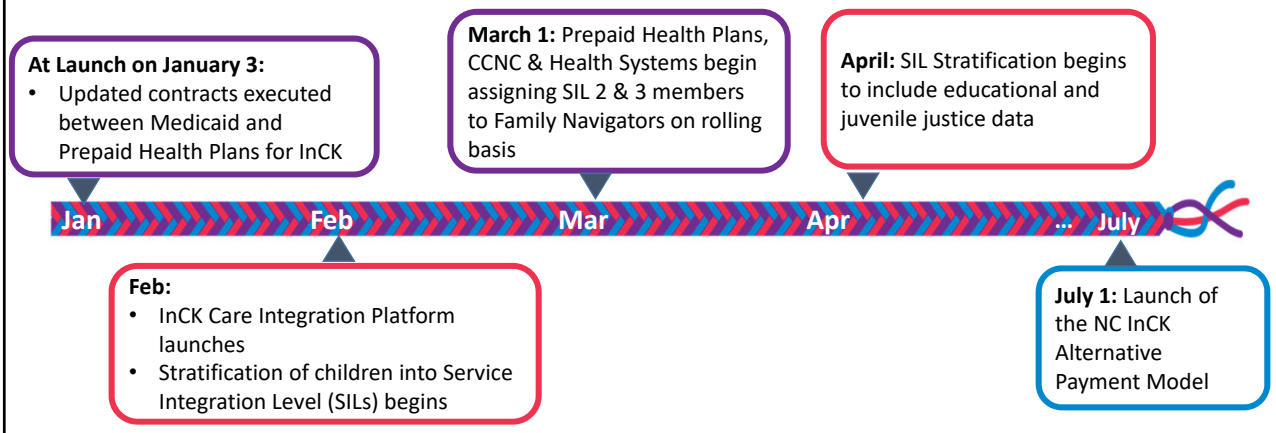
- **Alignment is key in a very complex ecosystem**

	Understanding a Child's Needs	Integrating Services	Investing in What Matters
Medicaid Transformation	• **Universal SDOH screening** • **Comprehensive Assessments** for Children with High Needs	**Care Management** requirements include care plans & service linkages	Driving towards **value-based payments** with standardized, prioritized **performance measures**
NC InCK's Additional Support	• Risk stratification uses health & SDOH screening data with the addition of **education, child welfare & juvenile justice data** • Elevates more children for care management	Reinforces pediatric care management with • **Family Navigator assignment for 1-year** • **Integrated care team convening** • **Shared Action Plan**	InCK's APM aligns with Medicaid's AMH model & performance measures, **enhanced with child well-being and equity measures** (e.g., Kindergarten Readiness, Food, Housing)

Looking Ahead to InCK Model Launch in January 2022



The Phases of NC InCK's Launch Timeline



NC InCK: What to Remember

- For almost two years, a **coalition of partners -** including families and youth, Duke University, UNC, NCDHHS, and local and state-wide leaders of core child services - have designed NC InCK model
  - For the first time, NC will use **administrative data from schools, health care, child welfare and juvenile justice** together to prioritize children & families for outreach and additional supports
  - NC InCK with strong Medicaid partnership has built infrastructure and contracting support to **strengthen integrated care for ~ 95,000 children** in central NC
  - Multi-sector leaders from NC Medicaid, PHPs, & Health Systems have built a **new payment model to link payments to meaningful measures** of children's well-being

We are grateful for all of you who have been, continue to be or will be NC InCK ambassadors - supporting our coalition of partners in operationalizing the model with the aim of meeting the health and well-being needs of children across the NC InCK region

Contact Us if you want to get more involved at info@ncinck.org