



NC Integrated Care for Kids (NC InCK)

An Innovative Model to Promote Child and Family Well-being in Central North Carolina

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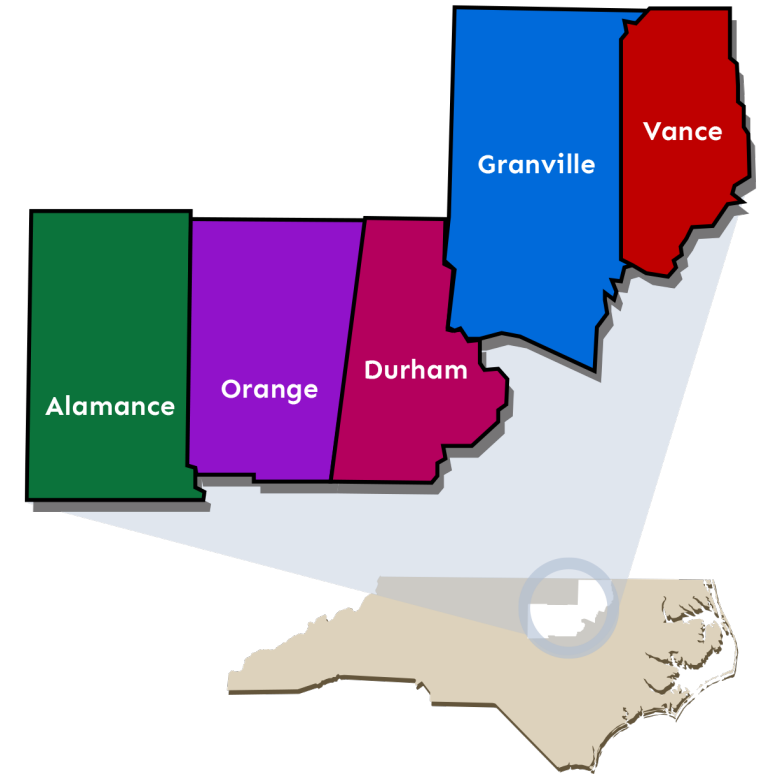
NC InCK: Brief Overview

- **Attributed population: All Medicaid and CHIP-insured children in this 5-county area**
 - Birth to age 21
 - Regardless of where they receive medical care
 - ~95,000 children
- **Funding: A 7-year, \$16M grant from CMS to the following institutions:**

Duke
UNIVERSITY



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**



Model launched in January 2022

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



Providers and Practices Face These Challenges Every Day

- We understand the critical impact of **social drivers of health** – and want to help families address needs that aren't being met beyond the walls of the clinic
- We have **limited time** during appointments and many patients to provide care for
- We often **do not know what other services** our patients are receiving, particularly those delivered via schools or other community organizations
- We are often unsure who to talk with to **coordinate and integrate care and supports** for our patients and to see the full picture

**NC InCK will partner with you to support and bridge services
where children live, learn, and play**



Three Key Strategies to Integrate Care for Children in NC InCK

1 UNDERSTAND NEEDS

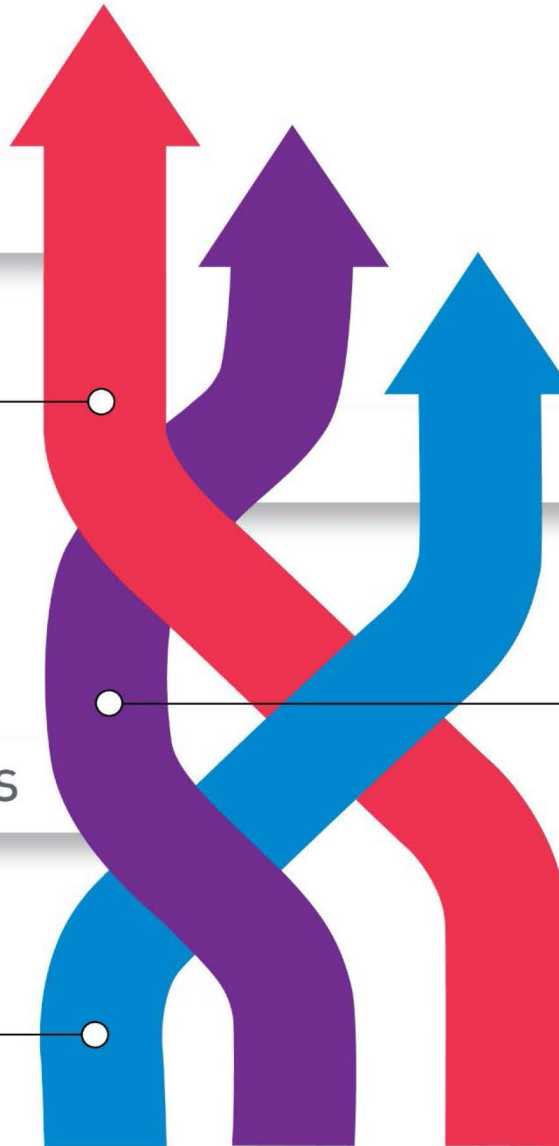
More holistically understand the needs of children and youth

2 SUPPORT AND BRIDGE SERVICES

Integrate services across sectors for children and youth who could benefit from additional support

3 FOCUS HEALTH CARE INVESTMENTS

Find ways to invest resources into what matters most for children, youth, and families



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



Overview: NC InCK's Service Integration Levels

The Child's Health and Healthcare Experiences

Physical, behavioral, and
developmental diagnoses

Healthcare utilization

The Child's Context

Socioeconomic, educational,
developmental, and
parent/guardian risk factors

Out-of-Home Placement

Prior or current out-of-home
placement or markers of risk of
future out-of-home placement

SIL-3: Estimate ~4,000 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, SDOH risks.

SIL-2: Estimate ~10,000 children

Children experiencing multiple, moderate-severity health,
SDOH, education or guardian risks.

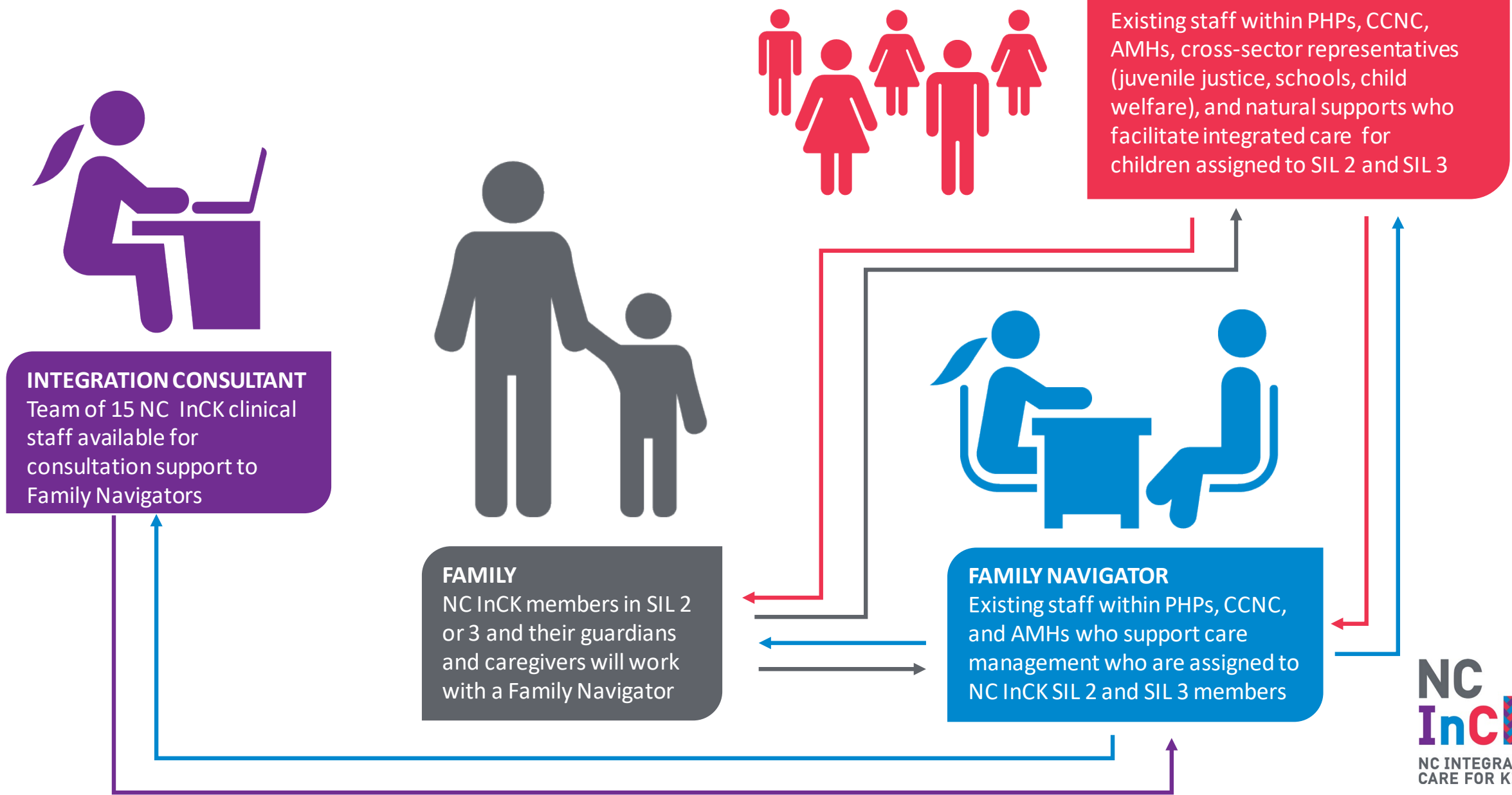
Focus is on impactable rising risks to improve
well-being and reduce future out-of-home placement

SIL-1: Estimate ~77,000 children

All other children in NC InCK counties.

May have isolated health and contextual risks.

Key Roles in the NC InCK Model



A Child's NC InCK Journey

Understand a
child's needs

Integrate
services

Invest in what
matters most



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

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

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

Cross-sector
child well-
being metrics

Health care
utilization
metrics

NC InCK APM Performance Measures

Kindergarten Readiness Promotion Bundle

Food Security

Housing Stability

Shared Action Plan

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**

What PCPs should remember about NC InCK

- NC InCK will **enhance whole child care** for children insured by Medicaid, optimizing multi-system integrated care and resources for improved health outcomes.
- More of our pediatric patients will be **newly elevated for care management** that the PHPs and health systems will offer and that will support us in improving child well-being.
- **Care teams will be convened around our patients with higher needs.** We will have the opportunity to participate in these convenings and will have access to a brief Shared Action Plan where the family's top goals and care team members are listed.
- We will regularly **receive actionable data on novel child-centered measures**, such as rates of kindergarten readiness and chronic absenteeism, among children in our practice who are in NC InCK.