Evaluation of Integrated Care for Kids (InCK) Model

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Executive Summary

In compliance with Senate Bill (S.B.) 1896, 87th Legislature, Regular Session, 2021, this report provides an overview of the Texas Health and Human Services Commission's (HHSC's) evaluation, in collaboration with the Department of Family and Protective Services (DFPS), of the Integrated Care for Kids (InCK) model and whether the model would benefit children in Texas, including children enrolled in STAR Health.

In 2020, the Center for Medicare & Medicaid Innovation (Innovation Center) in the Centers for Medicare & Medicaid Services (CMS) awarded eight lead organizations funding to implement the InCK model. Texas did not apply for funding to implement the InCK model because of the limited time to apply[1]. Funding is not expected to be available again until the Innovation Center can determine the impact of and next steps for the model.

This report summarizes the InCK model and pre-implementation activities of the seven organizations that participated. HHSC examined the InCK model activities and compared these activities with the existing services available within Texas Medicaid and the Children's Health Insurance Program (CHIP). This report identifies elements of the InCK model that HHSC could incorporate into Texas Medicaid and CHIP programs.

[1] The funding opportunity opened 2/2019 and closed 6/2019.

Introduction

S.B. 1896 requires HHSC, in collaboration with DFPS, to review the CMS Innovation Center InCK model to determine whether implementing the model could benefit children in the state, including children enrolled in the STAR Health Medicaid managed care program, which is the Texas program for children and youth in foster care. A report of HHSC's findings must be submitted to the Governor and Legislature by December 1, 2022.

The InCK model is a child-centered local service delivery system and state payment model designed to improve the quality of care for children under the age of 21 covered by Medicaid and CHIP, particularly those with or at risk of developing significant healthcare needs.[2] Some programs also include pregnant women over the age of 21 who are covered by Medicaid.

In 2020, the CMS Innovation Center awarded eight lead organizations and their partner Medicaid agencies funding to implement the InCK model. Lead organizations convene community partners to integrate coordination and management of the InCK Model's core child services for the attributed population. Lead organizations include children's hospitals, universities, and health departments. Ultimately, seven organizations participated operating in six states (see Appendix A). Based on the limited window to apply for funding to implement the InCK model, Texas did not apply.[3]

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[2] Integrated Care for Kids (InCK) model information available at: https://innovation.cms.gov/innovation-models/integrated-care-for-kids-model.
[3] The funding window opened on 2/2019 and closed on 6/2019.

Background

The Innovation Center developed the InCK model to improve child health, reduce avoidable inpatient stays and out-of-home placement, and create sustainable alternative payment models (APMs). The InCK model funding totaled nearly $126 million for the seven-year project, starting in early 2020.

Beginning with the two-year pre-implementation period in 2020 and 2021, the Innovation Center worked with states and lead organizations to provide technical assistance to develop the infrastructure and procedures for implementation of the InCK model. During this period, the seven lead organizations established required partnership councils. Partnership councils planned, designed, and carried out pre-implementation activities in coordination with the lead organizations and state Medicaid agencies.

The five-year InCK implementation period began on January 1, 2022 and will end in 2026. Seven lead organizations will implement the model and report required data to the Innovation Center. Since the application and initial implementation process for the InCK model has ended, states do not anticipate additional funding opportunities until the Innovation Center can determine the impact of and next steps for the model.

InCK Model

Participants

Multiple participants collaborate in the InCK model. The Innovation Center defines the following roles for states implementing the InCK model.

Lead Organizations bring community partners together to coordinate and manage the InCK model's core child services (CCS), such as education, food, and housing. The lead organization is responsible for improving the quality and outcomes of care as well as implementing service integration standards and processes.[4] Lead organizations include children's hospitals, universities, and health departments. A complete list of lead organizations is available in Appendix A.

State Medicaid Agencies aid local implementation by providing population-level data for the geographic service area, developing information sharing agreements and infrastructure, coordinating support for the model across child-focused state agencies, reimbursing for services provided under the InCK model, and developing pediatric APMs.[5]

Partnership Councils are convened by the lead organization and are responsible for developing strategies and processes to coordinate service delivery.[6] Partnership councils include representation from local health departments, community stakeholder representatives, Medicaid payers, and all organizations delivering CCS.

Services

InCK model funding is intended to allow participating states the flexibility to design an intervention for their local communities that aligns health care delivery systems with child welfare supports, educational systems, housing and nutrition services, mobile crisis response services, maternal and child health systems, and other relevant service systems.[7]

[4] Ibid.
[5] Ibid.
[6] Ibid.
[7] InCK Award Fact Sheet (cms.gov)

Goals and Benefits

The InCK model seeks to improve the health of children, including prevention of substance use disorders; reduce avoidable inpatient stays and out-of-home placements, including foster care; and create sustainable APMs that ensure provider accountability for cost and quality outcomes.[8]

Participating states identified the following motivation to apply for InCK funds:

- Improve the care system for children up to age 21;
- Leverage existing work in the state or by care delivery organizations;
- Enhance partnerships with CCS providers; and
- Integrate primary, specialty, and behavioral health care.[9]

Requirements

The Innovation Center requires all InCK model participants to:

- Conduct early identification and treatment of children with health-related needs across settings;
- Deliver child and family-centered care by integrating care coordination and case management across physical and behavioral health and other local service providers;
- Develop mechanisms to share and integrate health and CCS data across providers, organizations, and systems;
- Initiate mobile crisis response services;
- Share responsibility for outcomes and costs among state and local providers; and
- Develop and test an APM to incentivize and facilitate quality improvements in care.[10]

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[8] Integrated Care for Kids (InCK) Model | CMS Innovation Center
[9] Integrated Care for Kids (InCK) Model Evaluation: Report 1 (cms.gov)
[10] Ibid.

Discussion and Analysis

In the fall of 2021, Oregon Health Authority stopped participating in the pilot program due to the workload associated with federal data collection requirements, leaving seven organizations to participate in the implementation period.[11]

CMS released in August 2022 a report on the pre-implementation phase (2020-2021) detailing each award recipient's progress to date.[12] HHSC collaborated with DFPS to examine the available InCK model data from the pre-implementation phase report. The report identifies challenges states faced during the pre-implementation phase related to the COVID-19 public health emergency, complexity of designing APMs, and difficulties establishing data sharing agreements between lead organizations and their partners in the community.

The report outlines plans for evaluating implementation activities. However, implementation is still in an early stage and outcome data from participating states is not yet available. Therefore, HHSC is unable to draw conclusions about the effectiveness of the model or the empirical benefits of any individual awardee's intervention.

[11] Ibid.
[12] Ibid.

Medicaid and CHIP Programs Serving Children in Texas and Alignment with the InCK Model

Every organization implementing the InCK model was required to include:

- Early identification and treatment of children with health-related needs across settings;
- Integrated care coordination and case management across physical and behavioral health and other local service providers;
- Shared responsibility for outcomes and costs among states and local providers;
- APMs;
- Mechanisms to share and integrate health data across providers, organizations, and systems; and
- 24/7 Mobile Crisis Response services.

Texas's STAR Health Medicaid, STAR Kids Medicaid, STAR Medicaid and CHIP programs include initiatives that align with the InCK model requirements for pilot organizations, as outlined in the section below.

Table 1. InCK model components compared to Texas Medicaid and CHIP program

Medicaid Programs	Early identification and treatment	Integrated care coordination and case management	Shared responsibility for outcomes and costs	APMs	Mechanisms to share and integrate health data	24/7 Mobile Crisis Response services
STAR Health Medicaid (21 and younger)	Yes	Yes	Yes, through MCO APMs with their providers	Yes	Yes (through Health Passport)	Yes
STAR Kids Medicaid	Yes	Yes	Yes, through MCO APMs with their providers	Yes	Yes, through MCO APMS with their providers	Yes
STAR Medicaid (21 and younger)	Yes	Yes, only for members with special health care needs (MSHCN)	Yes, through MCO APMs with their providers	Yes	Yes, through MCO APMs with providers	Yes

Medicaid Programs	Early identification and treatment	Integrated care coordination and case management	Shared responsibility for outcomes and costs	APMs	Mechanisms to share and integrate health data	24/7 Mobile Crisis Response services
CHIP[13]	Yes	Yes, only for MSHCN	Yes, through MCO APMs with their providers	Yes	Yes, through MCO APMs with their providers	No

Certain aspects of the services offered through the InCK model may be broader than the services offered by MCOs in Texas Medicaid. The InCK model involves significant collaboration between organizations and systems, enhanced mechanisms to share and integrate data, and has a lead agency function which extends beyond the Texas Medicaid MCO requirements.

In addition, the InCK model incorporates non-medical services (i.e., housing and education) that are not required services for Texas Medicaid (STAR Health, STAR Kids, or STAR) or CHIP MCOs.

The InCK Model and STAR Health

STAR Health Population

In partnership with DFPS, HHSC provides STAR Health, a managed care program for children in state conservatorship operated by a single, statewide MCO. Children in foster care and kinship care are a high-risk population with greater medical and behavioral health needs than most children with Medicaid. STAR Health provides a medical home for children as soon as they enter state conservatorship.[14]

The STAR Health Medicaid managed care program serves the following populations:

- Children in DFPS conservatorship (under 18 years old).
- Children in the Adoption Assistance or Permanency Care Assistance Program who are transitioning from STAR Health to STAR or STAR Kids.

[13] CHIP coverage, if meeting all other eligibility criteria, is up through the month of a recipient's 19th birthday.
[14] https://www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-programs-services/foster-care-youth/star-health

- Youth age 21 years and younger with voluntary extended foster care placement agreements (Extended Foster Care).
- Youth age 20 and younger who are former foster care children.

Evaluation of InCK Model Benefits to STAR Health Program Recipients

The STAR Health program provides the majority of the elements of the InCK model through patient-centered medical homes, health needs assessments, integrated care coordination including service management, a health passport system for data sharing across providers, service managers, the MCO and DFPS, as well as required APMs with providers. The following are STAR Health program elements that overlap with InCK model components.

Each child has access to primary care providers (PCPs), behavioral health clinicians, specialists, dentists, and vision services through patient-centered medical homes. Additionally, integrated medical homes are provided through STAR Health Foster Care Centers of Excellence (FCCOE) in areas of the state where FCCOEs are available. As of April 2022, there are 18 FCCOE locations and 10 clinics across the state. FCCOE consist of STAR Health network providers with extensive foster care knowledge and training in working with children and youth who have experienced trauma.

- **The 3 in 30 Program**: Children in foster care receive three important checkups within the first 30 days of entering the foster care system. These include:
  - *3-Day Initial Medical Exam*: Within three business days, children entering DFPS conservatorship must see a doctor to be examined for injuries or illnesses and receive any treatments needed.
  - *Texas Health Steps (THSteps) Medical Checkup*: Children must receive a THSteps medical checkup by a doctor with lab work within 30 days of entering conservatorship. This ensures that medical issues are addressed early, kids are growing and developing as expected, and caregivers know how to support strong growth and development.
  - *Texas' Comprehensive Child & Adolescent Needs & Strengths (CANS) 2.0 Assessment*: Children age three or older must get a CANS assessment within 30 days of entering conservatorship and each year thereafter. CANS 2.0 is a comprehensive trauma-informed behavioral health evaluation. It gathers information about the strengths and needs of the

child and helps in planning services that will help the child and family reach their goals.

- **Integrated care coordination**: Children enrolled in STAR Health receive THSteps services. These services ensure early identification and treatment of children with health-related needs through comprehensive health screens recommended by the THSteps schedule.[15] THSteps also includes the Comprehensive Care Program, which expands coverage to any medically necessary services, even if the services are not covered by the Medicaid state plan. This includes:
    - *Service management*: The MCO provides service management for STAR Health members with special health care needs and other members, when appropriate. Service management facilitates the development of a member's healthcare service plan and the timely coordination of clinical services with the member's PCP and specialty providers to ensure the member can access and use their medically necessary benefits.
- **Mechanisms to Share and Integrate Health Data:** The STAR Health MCO operates Health Passport, a web-based, secure application system used by the MCO, DFPS, and providers to share and document health data and information regarding medical services provided to a member. The STAR Health MCO also uses utilization data and assessments to identify members with special healthcare needs and provide them with additional services.
- **24/7 Mobile Crisis Response Services:** STAR Health members have access to the traditional Medicaid service array, which includes Mental Health Rehabilitation (MHR) services. MHR services includes 24/7 mobile responses crisis services. The managed care contract also allows the STAR Health MCO to arrange emergency services and crisis behavioral health services through mobile crisis teams.[16]
- **APMs with providers:** These arrangements between MCOs and providers are designed to improve health outcomes for members, empower members, improve experience of care, lower healthcare cost trends, and incentivize providers. Examples of APMs in the STAR Health program include:
    - *3 in 30 Program*: PCPs earn incentive payments for coordinating the timely completion of all required 3 in 30 Program checkups;

[15] https://www.hhs.texas.gov/providers/health-services-providers/texas-health-steps/medical-providers
[16] Uniform Managed Care Contract, Attachment B-1, Section 8.1.3

- *Prenatal & Postpartum Care Program*: Obstetrician-gynecologists earn incentive payments for actions that contribute to the delivery of timely prenatal and postpartum care, including for members with a history of preterm delivery, psychosocial issues, or other conditions that can complicate the course of pregnancy; and
- *Outpatient Behavioral Health, Trauma-Informed Care APM*: Providers earn incentive payments for completing trauma informed care training; using evidence based, trauma informed practices; and improving relevant quality measures.

Integrating InCK Model Elements with STAR Health

Most of the essential InCK model elements are available in STAR Health Medicaid. However, the coordination services offered through the InCK model may be broader due to the role of the lead organization and collaboration between organizations and systems built into the model. The InCK model also includes non-medical services (i.e., housing and education).

HHSC could consider the following initiatives to greater align with the InCK model:

- Additional APMs with shared accountability for outcomes and cost, similar to APMs used by InCK model organizations across the nation.
- Focus on data analysis initiatives: The STAR Health MCO already uses data to identify children at highest risk and mobilize medical and non-medical providers to provide integrated care; however, Texas could encourage the use of data to address other high priority issues. For example, through the InCK model New York uses data to identify areas of the state that are experiencing health professional provider shortages, tailoring services to ensure access to care.[17]

The InCK Model and STAR

STAR Population

STAR is the largest managed care program in Texas. The program primarily covers children, pregnant women, and some families. Most children receiving children's Medicaid are enrolled in STAR. In addition, the STAR program serves most recipients of Medicaid for pregnant women and adults caring for a related

[17] New York Department of Health Integrated Care for Kids Model

dependent child receiving Medicaid. Currently, 16 MCOs administer the STAR program in 13 service delivery areas that cover the entire state.[18]

Evaluation of InCK Model Benefits to STAR Program Recipients

STAR currently provides some InCK model components. The following are STAR program elements that overlap with InCK model components.

- **Initial health needs screening:** MCOs conduct outreach to all STAR members to initiate the administration of an initial health needs screening within 90 days of the effective date of the member's enrollment with the MCO. The MCO must use the initial health needs screening to gauge the need for a more comprehensive assessment, to identify MSHCN, and to prioritize members for service coordination.[19]
- **Integrated Care Coordination** Children enrolled in STAR receive THSteps, services include the Comprehensive Care Program, which expands coverage to any medically necessary services, even if the services are not covered by the state plan.
  - *Service coordination*: STAR members with special health care needs have access to service coordination through their MCO. MSHCN include members with serious ongoing illness or a chronic complex condition, members with mental illness and co-occurring substance use disorder diagnoses, and high-risk pregnant women. A STAR service coordinator helps a MSHCN obtain access to covered and non-covered services that are important to the health and well-being of the member. Service coordination includes the development of a service plan and referrals to community organizations and state programs.[20]
- **24/7 Mobile Response Crisis Services:** STAR members have access to the traditional Medicaid service array, which includes MHR services. MHR services includes 24/7 mobile responses crisis services. The managed care contracts also allow an MCO to arrange emergency services and crisis behavioral health services through mobile crisis teams.[21]

[18] Texas Medicaid and CHIP Reference Guide, Thirteenth Edition
[19] Uniform Managed Care Contract, Attachment B-1, Section 8.1.13
[20] Uniform Managed Care Contract, Attachment B-1, Section 8.1.12
[21] Uniform Managed Care Contract, Attachment B-1, Section 8.1.3

- **Mechanisms to Share and Integrate Health Data:** In addition to the initial health needs screening described above, HHSC includes an "MSHCN indicator" in the member enrollment file sent to STAR MCOs. STAR MCOs are also required to use methods such as codes in the enrollment files, claims data, and medical history data review to identify MSHCN. In cases where the member moves to a different payer, STAR MCOs must comply with an individual's request to have the individual's health data transferred from payer to payer.[22]
- **APMs with providers:** STAR MCOs have conducted several APMs.[23] They include:
  - *Certified Community Behavioral Health Clinic (CCBHC) Incentive Program*: CCBHC providers earn performance bonuses for closing care gaps for specific Healthcare Effectiveness Data Information Set (HEDIS) behavioral health measures, such as follow-up care with a mental health provider after discharge from a hospital.
  - *THSteps Pilot*: THSteps providers have both upside incentives and downside financial risk for completing all elements of THSteps checkups and challenge the provider to achieve a rate higher than the plan average based on a three-level tier system.
  - *Prenatal and Postpartum/OB-GYN Incentive*: OB-GYN providers earn performance bonuses based on prenatal and postpartum care measures and for timely notification of pregnancy to the MCO.

Integrating InCK Model Elements with STAR

The coordination services offered through the InCK model may be broader than what is offered by Medicaid STAR MCOs due to the lead agency role and significant collaboration between organizations and systems built into the model. The InCK model also includes non-medical services (i.e., housing and education).

HHSC could consider the following InCK model elements for STAR Medicaid:

- Incentives or direction for MCOs to increase the use of APMs with accountability for both cost and outcomes and to better align metrics and quality improvement goals across APMs. HHSC may encourage or facilitate but does not prescribe specific APM arrangements.

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[22] Uniform Managed Care Contract, Attachment B-1, Section 8.1.30.1
[23] https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/medicaid-chip-quality-efficiency-improvement/value-based-care

The InCK Model and STAR Kids

STAR Kids Population

STAR Kids is a managed care program that provides acute care services and long-term services and supports to children and young adults under the age of 21 with disabilities. Currently, nine MCOs administer the STAR Kids program in 13 service delivery areas that cover the entire state.

The STAR Kids Medicaid managed care program serves people who meet at least one of the following:

- Receive Supplemental Security Income (SSI) and SSI-related Medicaid.
- Receive SSI and Medicare.
- Receive Medically Dependent Children's Program, Youth Empowerment Services, Home and Community based Services, Texas Home Living, Deaf-Blind Multiple Disabilities, or Community Living Assistance and Support waiver services.
- Receive services through the Medicaid Buy-in for Children or Medicaid Buy-in programs.
- Reside in an Intermediate Care Facility for Individuals with Intellectual Disability, in a nursing facility (other than Truman Smith or a state veteran's home or a state supported living center).

Evaluation of InCK Model Benefits to STAR Kids Program Recipients

The following InCK model components are currently provided by the STAR Kids program.

- **Integrated Care Coordination** Children enrolled in STAR Kids receive THSteps. Services include the Comprehensive Care Program, which expands coverage to any medically necessary services, even if the services are not covered by the state plan. STAR Kids provides comprehensive medical, dental, and care coordination for children with Medicaid. In the STAR Kids program, every member is assessed by the MCO using the STAR Kids Screening and Assessment Instrument (SK-SAI). The SK-SAI is used to create an individual service plan for each member and identify potential referrals for additional services.

- **Service Coordination**: All STAR Kids members have access to service coordination through their MCO. Services are performed or arranged by the MCO to facilitate development of a service plan, or individualized service plan as appropriate, and coordination of services among a member's PCP, specialty providers, and non-medical providers to ensure appropriate access to covered services. The MCO must demonstrate sufficient levels of qualified and competent personnel devoted to service coordination to meet the everyday and unique needs of STAR Kids members, including members who are eligible for both Medicaid and Medicare. STAR Kids has three levels of service coordination based on the needs of the individual.
- **Patient-centered medical homes**: Each child has access to PCPs, behavioral health clinicians, specialists, dentists, and vision services through patient-centered medical homes. Additionally, HHSC is implementing several pilots as required in S.B. 1648, 87th Legislature, Regular Session, 2021. The Comprehensive Health Homes for Integrated Care Pilot will provide enhanced care coordination through health homes that are specially designed for children with medically complex conditions.[24] HHSC will be evaluating the pilot after completion in 2023 to determine the effectiveness of these models of care.
- **APMs with providers:** These arrangements between MCOs and providers are designed to improve health outcomes for members, empower members, improve experience of care, lower healthcare cost trends, and incentivize providers. STAR Kids MCOs have conducted several APMs, including:
  - *Health Home Seton Comprehensive Care Clinic*: The MCO shares savings with the clinic based on measures of efficiency and patient outcomes.
  - *Integrated Service Coordination*: The provider has upside and downside risk for comprehensive care coordination and health promotion for members for improving quality measures and facilitating appropriate care transitions and referrals to community-based organizations.
  - *Primary Care Shared Savings Program*: The MCO shares savings with primary care providers based on total cost of care and performance on a comprehensive range of quality measures. Providers have the option to accept downside risk in exchange for higher performance payments.
- **24/7 Mobile Response Crisis Services:** STAR Kids members have access to the traditional Medicaid service array, which includes MHR services. MHR services includes 24/7 mobile responses crisis services. The managed care

[24] https://statutes.capitol.texas.gov/Docs/GV/htm/GV.531.htm

contracts also allow an MCO to arrange emergency services and crisis behavioral health services through mobile crisis teams.[25]

- **Mechanisms to Share and Integrate Health Data:**
  STAR Kids Screening and Assessment Process for every member that includes but is not limited to the review of claims data to prioritize members who may need the most immediate assistance, as well as other methods determined appropriate by the MCO, to identify members who require special services and ongoing special conditions requiring a course of treatment or regular monitoring. The MCO must develop and maintain a system and procedures for identifying:
  - Members who are medically complex
  - Children with Severe Emotional Disturbance (SED)
  - Members with disabilities or chronic or complex physical, behavioral health or chemical dependency conditions
  - Members with high-risk pregnancies
  - Members with significant challenges in their natural support systems

Integrating InCK Model Elements with STAR Kids Medicaid

The coordination services offered through the InCK model may be broader than what is offered by Medicaid STAR Kids MCOs due to the lead agency role and significant collaboration between organizations and systems built into the model. The InCK model also includes non-medical services (i.e., housing and education).

HHSC could consider the following InCK model elements for STAR Kids Medicaid:

- STAR Kids MCOs have the ability to share responsibility for outcomes and costs through APMs with providers. HHSC is evolving its APM performance framework for MCOs to develop APMs with providers to share accountability for outcomes and costs.

[25] Uniform Managed Care Contract, Attachment B-1, Section 8.1.3

The InCK Model and CHIP

CHIP Population

CHIP covers children through the month of their 19th birthday in families who are not financially eligible for Medicaid but cannot afford to purchase private insurance. People who apply for benefits and do not qualify for Medicaid are automatically tested for CHIP eligibility. States with separate CHIP programs, like Texas, have flexibility in determining benefits. The Texas CHIP benefit package provides acute care, behavioral healthcare, dental benefits, and pharmacy services. Currently, 15 MCOs administer CHIP in 13 service delivery areas that cover the entire state.

Evaluation of InCK Model Benefits to CHIP Program Recipients

The following are CHIP program elements that overlap with InCK model components.

- **Initial health needs screening:** CHIP MCOs outreach members to start the administration of an initial health needs screening within 90 days of the effective date of the member's enrollment with the MCO. The MCO must use the initial health needs screening to gauge the need for a more comprehensive assessment, to identify MSHCN, and to prioritize members for service coordination.
- **Service coordination**: CHIP MCOs must provide service coordination for CHIP MSHCN. A CHIP service coordinator facilitates the development of a member's healthcare service plan to ensure member access to covered and non-covered services to promote health and well-being of the MSHCN. Service coordination in CHIP operates similar to STAR service coordination.
- **Mechanisms to Share and Integrate Health Data:** On the initial health needs screening described above, HHSC includes an "MSHCN indicator" in the member enrollment file sent to CHIP MCOs. CHIP MCOs are also required to use methods such as codes in the enrollment files, claims data, and medical history data review to identify MSHCN.

In cases where the member moves to a different payer, CHIP MCOs must comply with an individual's request to have the individual’s health data transferred from payer to payer.[26]

- **APMs with providers:** CHIP MCOs have conducted several APMs, including:
  - *Weight Assessment and Nutrition Counseling (WCC)*: APMs implemented by four MCOs, included Pay for Performance and Shared Savings (both with upside risk only) and Shared Savings with upside incentives and downside risks. All models involved primary care physicians including THSteps.
  - *Provider Quality Incentive Program*: The MCO shares savings with primary care physicians based on performance on HEDIS quality measures.
  - *Asthma APM*: The MCO shares savings with primary care and pharmacy providers for success at improving metrics for asthma control and the reduction of asthma related emergency department visits.

Integrating InCK Model Elements with CHIP

The coordination services offered through the InCK model may be broader than what is offered by CHIP MCOs due to the lead agency role and significant collaboration between organizations and systems built into the model. The InCK model also includes non-medical services (i.e., housing and education).

Additionally, The CHIP service array does not include 24/7 mobile response crisis services. HHSC could also consider the following InCK model elements for CHIP:

- Incentivizing MCOs to expand the use of APMs with accountability for both cost and outcomes and to better align metrics and quality improvement goals across APMs.

[26] Uniform Managed Care Contract, Attachment B-1, Section 8.1.30.1

Conclusion

By combining local service delivery models with integrated child health and social services and state-specific APMs, the InCK model intends to improve quality of care provided to children enrolled in Medicaid and CHIP, targeting those at risk of developing significant health issues. As part of the InCK model, all participating states are required to focus on improving children's health, preventing substance use disorders, reducing avoidable inpatient stays and out-of-home placements, including foster care, and creating sustainable APMs to ensure provider accountability for cost and quality outcomes.

There are currently seven lead organizations participating in the implementation period of this model and CMS plans to provide outcome measures on the impact of the model on its website by the end of 2023.

The coordination services offered through the InCK model may be broader than what is offered by Medicaid and CHIP MCOs as outlined above. However, the most important goals of the InCK model pilot align with benefits found in Texas' Medicaid and CHIP programs for children. STAR Health, STAR Kids, STAR, and CHIP offer to varying degrees the key components of early identification and treatment, integrated care coordination, and case management across physical and behavioral health and other local service providers, APMs, and mechanisms to share and integrate health data. All programs, except CHIP, provide 24/7 mobile crisis response services. While there are currently APMs specifically focused on shared responsibility for outcomes and costs in both Medicaid and CHIP MCOs, new APMs associated with increased accountability could be pursued by MCOs in the future.

Implementing a pilot version of the InCK model in Texas would have costs that cannot be funded federally. For example, a fundamental aspect of InCK's approach is partnering with lead organizations and community groups to form partnership councils. These partnerships require resources to organize and implement.

However, some of the benefits of the InCK model could be achieved without the organizational and administrative requirements of full InCK model implementation. This could be done through MCOs implementing APMs. STAR Health, STAR Kids, STAR, and CHIP MCOs are all encouraged to develop APMs which improve outcomes. APMs similar to those developed by states during the InCK model pre-implementation phase could be pursued by Texas Medicaid and CHIP MCOs.

Medicaid and CHIP MCOs could pursue APMs specifically focused on sharing costs among state and local providers and could increase data sharing and integration.

Other aspects of the InCK model could be incorporated to some extent and might prove beneficial to children in Texas, such as further enhancing service coordination for CHIP and STAR recipients. However, the impact on managed care capitation rates would need to be determined.

While an initial pre-implementation report on the InCK model pilot was published by CMS, outcome data is not yet available. Until the outcome data is available, the full extent to which the InCK model could be beneficial is unclear.

List of Acronyms

Acronym	Full Name
APM	Alternative Payment Model
CANS	Child & Adolescent Needs & Strengths
CCBHC	Certified Community Behavioral Health Clinic
CCS	Core Child Services
CHIP	Children’s Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
DFPS	Department of Family and Protective Services
FCCOE	Foster Care Centers of Excellence
HEDIS	Healthcare Effectiveness Data Information Set
HHSC	Health and Human Services Commission
InCK	Integrated Care for Kids
InCK Model	Integrated Care for Kids Model
MCO	Managed Care Organization
MHR	Mental Health Rehabilitation
MSHCN	Members with Special Healthcare Needs
PCP	Primary Care Provider
S.B.	Senate Bill
SSI	Supplemental Security Income
THSteps	Texas Health Steps

Appendix A. Participating InCK Model States

Connecticut

- Lead organization: Clifford W Beers Guidance Clinic, a 106-year-old mental health provider for children and families.
- State Medicaid/CHIP agency: Connecticut Department of Social Services, HUSKY Health Medicaid and CHIP.
- Clifford Beers' award is designed to address the physical, mental, and social health of enrollees in Medicaid and CHIP (together known as HUSKY Health in Connecticut).
- Population served: All Medicaid and CHIP beneficiaries from birth to age 21, including more than 1,600 pregnant women across six New Haven zip codes.
- Model goals: Improve coordinated care through prevention, early identification, and treatment of physical, behavioral, and social drivers of health.
- Implementation strategy: Children will receive a comprehensive screening and be assigned to a service integration level based on needs assessment results and analysis of existing data (e.g., access to state, health, social services) and Medicaid/CHIP data.
- Participants benefit from systematic integration, coordination, and management of core child services, including clinical care, school-based health services, housing, and other health-related supports.

Illinois (1)

- Lead organization: Egyptian Public & Mental Health Department
- State Medicaid/CHIP agency: Illinois Department of Healthcare and Family Services.
- Population served: All Medicaid-covered children, birth to age 21, including pregnant women residing in the Egyptian Health Department service area of Gallatin, Hamilton, Saline, Wayne, and White Counties.
- Model goals: Include improving child health, reducing avoidable hospital stays and out-of-home placements, and providing individualized family support.
- Implementation strategy: The Egyptian Health Department will use routine physical and behavioral health assessments and screenings across the attributed

population to support timely and appropriate referrals. Mobile assessment teams will conduct comprehensive needs assessments in homes, schools, and the community.

- The i-Hub, which comprises a resource coordinator, service integration coordinators, and the partnership council, uses a comprehensive assessment to review screening results and stratify children into different service integration levels according to their individual needs.

Illinois (2)

- Lead organization: Ann & Robert H. Lurie Children's Hospital of Chicago.
- State Medicaid/CHIP agency: Illinois Department of Healthcare and Family Services.
- Population served: Medicaid-covered children, birth to age 21, residing in the Belmont Cragin and Austin neighborhoods in Chicago.
- Model goals: Expand access to quality primary care, specialty care, and behavioral health services and improve care coordination and service integration.
- Implementation strategy: Develop a two-generational needs assessment tool to determine which levels of service integration and care are required for children based on their individual needs.
- The cloud-based assessment will be available at core child service providers and community partners in the area using a smart device or web-based application.
- Core child service providers, MCOs, youth, parents, and caregivers will have role-based access to the application, and schools may choose to incorporate the assessment into the student enrollment process.
- Individuals will be linked to a community resource database to receive information on appropriate referrals and resources.

North Carolina

- Lead organization: Duke University and University of North Carolina at Chapel Hill.
- State Medicaid/CHIP agency: North Carolina Division of Health Benefits (Medicaid and Health Choice [CHIP]).

- Population served: Children and youth from birth to age 21 who are insured by Medicaid or CHIP (NC Health Choice) and who live in five North Carolina counties: Alamance, Durham, Granville, Orange, and Vance.
- Model goals: Provide integrated care for children by understanding their needs, supporting, and bridging services for children and their families, and investing in what matters most to them.
- Implementation strategy: Integrate information from multiple sources to give a complete picture of a child's health, education, and social service needs along with their caregiver's needs.
- Identify children and youth who could benefit from additional support and coordinate with families to support care across their service providers.

New Jersey

- Lead organizations: Hackensack Meridian Health (HMH) (award recipient), Visiting Nurse Association of Central Jersey (co-lead), and New Jersey Health Care Quality Institute (NJHCQI) (co-lead).
- State Medicaid/CHIP agency: New Jersey Department of Human Services, Division of Medical Assistance and Health Services.
- Population served: New Jersey children living in Monmouth and Ocean counties birth through 20 years old.
- Model goals: Identify children in need of more coordinated care and work with families, medical professionals, community-based organizations, and schools to ensure an integrated approach that optimizes child outcomes.
- Implementation strategy: Develop public awareness campaigns about the service integration strategy, which focuses on the development of screening and community-based case management capabilities.
- Providers and care coordinators can view and update plans for attributed children through an integrated technology system.
- Service integration coordinators review the automated service integration level classification so medical and behavioral complexity scores can be adjusted or contextualized as needed and incorporate information from care coordinators to place children in the appropriate service integration level.

New York

- Lead organization: Montefiore Medical Center.
- State Medicaid/CHIP agency: New York State Medicaid Agency (NY Medicaid).
- Population served: All Medicaid beneficiaries from birth to age 21 including pregnant women. Seven out of eight of the targeted ZIP codes are Health Professional Shortage Areas and five are Medically Underserved Area.
- Model goals: Reductions in preventable inpatient admissions, emergency department utilization, and out-of-home placement by improving upfront care integration and leveraging delivery system reforms made through the Delivery System Reform Incentive Payment 1115 waiver program.
- New York has chosen to focus on two chronic conditions known for high utilization and poor health outcomes: sickle cell disease and behavioral health conditions.
- Implementation strategy: An integrated child services approach based on establishing a single point of coordination, improved data sharing capabilities, and integrating core child services will be utilized.

Ohio

- Lead organization: Nationwide Children's Hospital.
- State Medicaid/CHIP agency: Ohio Department of Medicaid.
- Population served: All Medicaid beneficiaries from birth to age 21 including pregnant women. Two rural contiguous counties adjacent to Columbus: Licking and Muskingum counties.
- Model goals: Opportunity to generate significant results for a high-need population while testing locally tailored, whole-child, and whole-family approaches to address pressing pediatric needs in rural areas.
- Enhanced care coordination and data sharing to address behavioral health needs and reduce out-of-home placement within the targeted population.
- Implementation strategy: Tailor services to meet the needs of children, particularly for children involved in multiple state systems (e.g., juvenile justice, child protective services, intellectual/developmental disabilities) or other youth with complex behavioral health needs including an intensive care coordination model.

- Share data infrastructure that allows for attribution based on needs and utilize Service Integration Coordinators to test the approach of training existing managers and care coordinators in the use of that data infrastructure.