CT-InCK APM Planning

Jennifer Richmond, Clifford Beers

Melanie Rossacci, Clifford Beers

Hope Glassberg, HG Consulting

August 25, 2021

This project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS), Grant No. 2B2CMS331760-01-00. Contents herein 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.

Agenda

- Introductions
- InCK Overview
- APM Parameters
- Workgroup Detail
- Q&A

InCK Overview

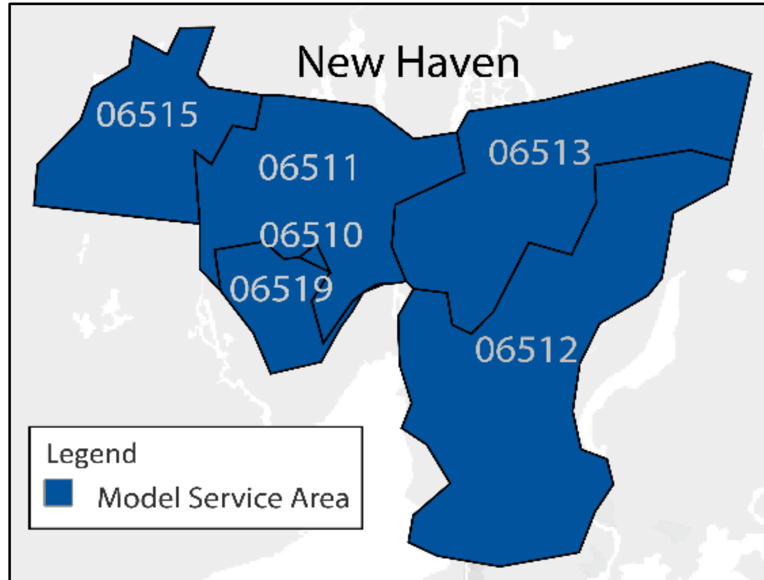
Integrated Care for Kids System of Care Framework

Goals:

1. Early identification and treatment
2. Integrated care coordination and case management
3. Development of a state payment model

clifford beers
MOVING FORWARD

Clifford Beers & Connecticut Department of Social Services InCK Overview



Model Service Area & Population

Attributed Population: ~35K beneficiaries including:

- Children ages 0-21
- Pregnant and Postpartum (up to 1 year) Individuals
- Reside in one of 6 New Haven zip codes

Contributors to Driver Diagram Development

- CT Department of Social Services
- Clifford Beers Child Guidance Center

Successful strategies and lessons learned to date:

- Convening the willingness of community associates to participate in the Partnership Council to act as an advisory board comprised of all members with a vested interest in children's welfare, a commitment to community system change
- Initiating the leveraging of a collective impact of state networks and championing quality family support in effort to strengthen practices and policies embedded in clinical services and care coordination for families identified in need

Embrace New Haven
CT INCK

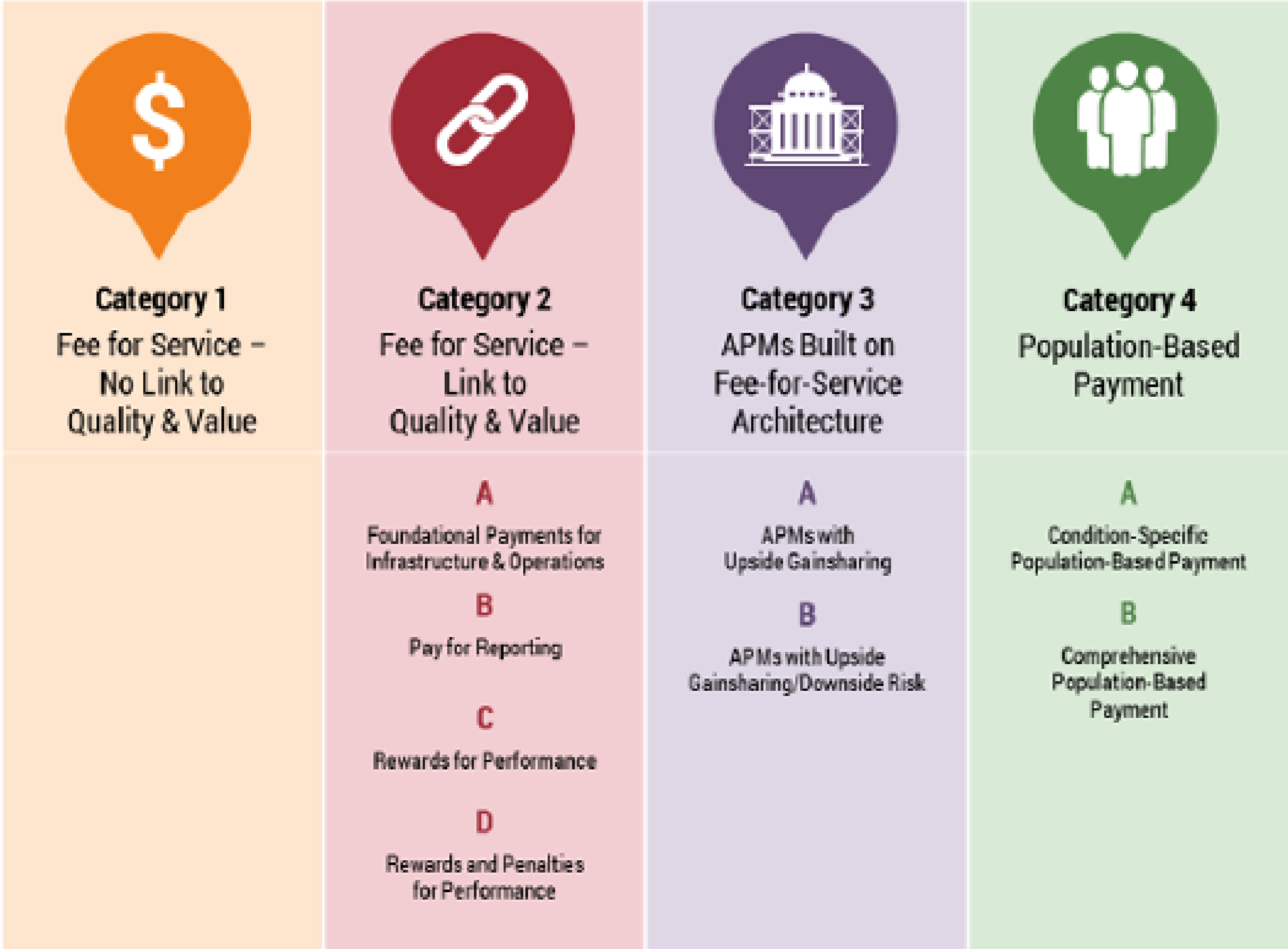
Our Model Aims and Drivers

Aim Statement	Primary Drivers	Secondary Drivers*	Measures*
Embrace CT InCK is a child-centered local service delivery and state payment model aimed to: • Strive for health equity by working to eliminate racial and ethnic inequities in health and health care services • Whole family approach to support and strengthen children and families • Support prevention, early identification, treatment of priority behavioral health challenges, physical health needs and education services • Improve the health and well-being of children, youth, pregnant and post-partum individuals • Provide high quality, equitable intensive care coordination focused on strengthening families • Reduce costs by developing a state payment model • Reimburse eligible InCK providers (physical and mental health) for intensive care coordination services	1 Improve Child/ Adolescent/Pregnant Individuals Health Outcomes 2 Child and Family-Centered Service Delivery 3 Reduce Avoidable Inpatient Stays and Out of Home Placement 4 Create Sustainable and Accountable Care Systems for Children and Adolescents and pregnant/post-partum individuals	1|2|3: Implement Integrated Needs Assessment and Service Integration Level Stratification Process 1|2|3: Timely access to an optimal mix of integrated health-related services 1|3|4: Prioritize Population Health Monitoring and Management 1|2|3: Offer Single Point of Contact for Care Coordination and Case Management 1|2|3: Engage Partnership & Family/ Youth design group to design best system of care for families 1|2|3: Increase Service Accessibility 1|2|3: Multigenerational data to assign Service Integration Level 2|4: Develop State-Specific Alternative Payment Models 1|3|4: Improve Communication and Interoperability between State/Local Systems	• Well-Child Visits in the first 15 months of Life • Well-Child Visits Ages 3-6 • Adolescent Well-Care Visits Ages 12-21 • Ambulatory Care: Emergency Department Visits • Follow-up after Hospitalization for Mental Illness • Depression Screening and Follow-up • Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics • Food Security Assessment • Housing Stability Assessment • Kindergarten Readiness • Chronic Absenteeism • Maternal depression and/or SUD screening

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

APM Parameters

Overview of Alternative Payment Models



InCK Model APM Development Requirements

Include integrated care coordination, case management, and mobile crisis response services, paid for by Medicaid and CHIP funds using appropriate Medicaid and/or CHIP authorities

Utilize a clear method of patient attribution with a process for communicating attribution to providers (including prospective patient attribution, when feasible)

Cover children in Service Integration Levels (SILs) 2 and 3

Implemented by Year 4, with downside risk applied in Year 5 (if applicable)

Adopt one of the following approaches:

- Build on existing fee-for-service infrastructure to connect payment to health care quality and efficiency
- Implement a population-based payment approach to compensate providers for caring for a specific population over a fixed period of time

Source: Integrated Care For Kids Notice of Funding Opportunity, page 26-28. Posting date of February 8, 2019.

Key Components of CT-InCK APM

Type of APM

Specific adjusted care coordination Per Member Per Month (PMPMs) level-based

Children and pregnant individuals at Service Integration Level (SIL) SIL 2 & SIL 3 are referred/receive intensive care coordination services from a Medicaid enrolled InCK provider

Risk Stratification

SIL level of severity determined through risk stratification:

SIL 1	SIL 2	SIL 3
--	2 Core Child Service Needs	2 Core Child Service Needs
--	& Functional Symptoms /Impairment	& Functional Symptoms /Impairment
--		& In/At Risk for Out-of-home Placement/ED Visits or inpatient hospitalization
Preventative/ Routine Care	Intensive Care Coordination	Wrap-Around Intensive Care Coordination

Quality Measures

- **Reduce avoidable hospitalizations/ER visits**
- **Developmental and behavioral health screening in primary care, including trauma screening**
- **Reduce referrals to DCF, juvenile justice**
- **Reduce chronic absenteeism**
- **Improve family well-being**
- **Improve housing stability**
- **Improve food security**

CT-InCK and Deliverables

Embrace New Haven
CT INCK

APM Workgroup

- Will focus on a series of design questions with each meeting, following on key APM workstreams defined by CMMI
- Goal is to generate brainstorm in meeting, react to draft deliverables, and finalize for further review
- Will define roles, responsibilities, and follow-ups associated with the design questions

Sample Workstreams

Workstream	Description
Engage Stakeholders	Review and obtain consensus from key partners on APM goals, design parameters, reliability and accuracy of data, and selected measures and benchmarks
Secure Medicaid Authorities	Working toward achieving approval for 1932A waiver submissions and follow-ups
Collect and Validate Data	Secure necessary data sharing agreements, including BAAs, MOUs, and DUAs. After selecting measures for the APM, develop summaries of utilization, cost, quality and outcomes and review with stakeholders
Benchmarks	Determine measures of cost and/or utilization to be used in the APM to assess provider performance Define benchmark methodology for cost and quality
Payment Mechanism(s)	Develop mechanisms for payment, frequency defined, provider buy in; possible parameters around downstream payments to partner CBOs
Provider Readiness	Training, materials, and resources to train providers to participate successfully in the APM

Sample Design Group Agendas

Meeting 1:
- Driver Diagram
- Background and Overview
- Homework: consider drivers of success

Meeting 2:
- Best Practices
- Critical Success Factors
- Review outline of suggested questions
- Provide feedback or alternative questions
- Homework: review draft questions

Meeting 3:
- Review updated draft and provide feedback
- Begin discussion on collection workflow

Meeting 4:
- Finalize draft questions
- Discuss collection workflow, including who/when/where

Meeting 5:
- Continue discussion of collection workflow

Meeting 6:
- Recommendations

Q&A

Embrace
New Haven
CT INC.