

The *Integrated Care for Kids (InCK) Model* builds on Coordinated Care Organization 2.0 key goals, regional partnerships and existing infrastructure with the following goals:

1. **Improve health outcomes** of children and youth age 0-21
2. **Reduce out of home placements** (e.g., foster care, juvenile justice, residential behavior health)
3. **Reduce costs** associated with unnecessary emergency department visits and inpatient stays.

The **InCK Model** aims to achieve these goals through the following key elements:

- **Early identification of children** with multiple physical, behavioral or other health-related needs and risk factors through population level assessments and risk stratification. In Oregon, we will leverage **children's health complexity** system-level data and child-level needs assessments to identify priority populations who have higher needs for care coordination.
- **Integrated care coordination and case management** across physical health, behavioral health, and other local service providers. Oregon's InCK Model will provide training and dissemination of best practices in care coordination and community-based services with a focus on culturally and linguistically responsive care.
- **Health information exchange** enhancements and regional service integration coordinators to support care coordination for children with health complexity.
- **Development and Implementation of Alternative Payment Models (APM)** to align payment with care quality and accountability for improved child health outcomes.

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The Oregon Health Authority (awardee) and the Oregon Pediatric Improvement Partnership (OPIP; sub-awardee and "Lead Organization") jointly applied for InCK Model funding to be implemented in partnership with regional "child core service" partners and CCOs in Oregon.

The InCK Model cooperative funding from CMS/CMMI consists of *up to* \$16M distributed over seven years, including a **pre-implementation period** (years 1-2, 2020-21) and **performance period** (years 3-7; 2022-2026). A subset of funding (\$500K) in years 5-7 of the performance period is contingent on performance against a set of measures.

InCK Model Region:

Oregon's InCK target population is all Medicaid/CHIP enrolled children in **Crook, Deschutes, Jefferson, Marion and Polk counties**.

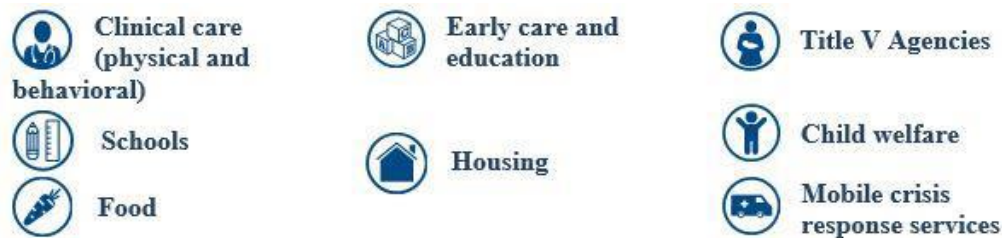
InCK Model Participants and Roles:

State Medicaid Agency – Oregon Health Authority (OHA): OHA will support the InCK Model implementation by providing population-level data and analytic support for the InCK target region; informing data sharing arrangements and infrastructure; aligning the Model with state child health policy priorities, ensuring engagement with child-focused state agencies, and developing the pediatric APM with CCO partners and consultants. OHA will be accountable for the target population enrolled in Fee-For-Service Medicaid and will also be responsible for overall project management and reporting (financial and performance) to CMS/CMMI.

Lead Organization- Oregon Pediatric Improvement Partnership: OPIP will help to inform the InCK Model development through facilitating, convening and supporting the local community partners and establishing the **regional Partnership Councils**. OPIP will provide funds to local organizations to support the region-specific Service Integration Coordinator position and Health Information Exchange enhancements. OPIP will also be responsible for **training and best practice dissemination related to care coordination for children with health complexity**.

Coordinated Care Organizations are a critical partner for implementing InCK Model activities and achieving InCK Model goals, including but not limited to: participation on the regional Partnership Council; collaboration and coordination on the implementation stratification plan and data exchange; determining appropriate leverage of local health information exchange resources; developing and applying Alternative Payment models; and applying best matched care coordination for members identified through the risk stratification.

Region-Specific Partnership Council will be convened regularly in each of Oregon's InCK sub-regions (Central Oregon and Willamette Valley) to provide input on the formulation, priorities and implementation of the InCK Model in their region. The Partnership Council includes "Child Core Service" representatives outlined below and other organizations that address factors that impact child health and health care use. OPIP will develop and facilitate Partnership Councils to build on regional structures and partnerships already in place.



Communities most impacted by health inequities, youth, and parents will be specifically engaged to participate in the development and implementation of Oregon's InCK Model, building on existing relationships and supported by the development of Youth and Parent Advisory Committees and intentional community engagement focused on promoting health equity.

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