

Comparing the InCK & MOM Models

Overview

The Integrated Care for Kids (InCK) and Maternal Opioid Misuse (MOM) Models are two new Center for Medicare and Medicaid Innovation (Innovation Center) models designed to improve care delivery for vulnerable Medicaid and Children’s Health Insurance Program (CHIP) beneficiaries, in particular those affected by the nation’s opioid crisis, and to improve quality of care and reduce expenditures for beneficiaries. By catalyzing state-driven care transformation and aligning financial incentives, both models aim to improve health outcomes and address fragmentation of care for affected beneficiaries. Ultimately, the InCK and MOM models aim to enable better coordination of clinical care and the integration of other services critical for health, wellbeing, and recovery.

Model Comparison

The following table provides a summary of key model elements for both models.

Key Model Elements	InCK Model	MOM Model
Focus Population	All attributed Medicaid and CHIP beneficiaries from prenatal stage up to age 21	Pregnant and postpartum Medicaid beneficiaries with opioid use disorder (OUD) and their infants
Model Intervention	<ul style="list-style-type: none"> Population stratification approach that uses a risk assessment strategy for every eligible beneficiary via a comprehensive needs assessment tool. Requires integrated care coordination, and case management of clinical care with seven other cross-sector core child health services. 	<ul style="list-style-type: none"> Coordinated and integrated care-delivery approach, including addressing beneficiaries’ physical and behavioral health needs Requires screening, treatment, and referral to critical wraparound services, with the flexibility to define the specific set of services that satisfy five components: <ol style="list-style-type: none"> 1. Comprehensive care management; 2. Care coordination; 3. Health promotion; 4. Individual and family support; and, 5. Referral to family and social services.
Model Goals	This child-centered local service delivery and state payment model is aimed at reducing expenditures and improving the	To address fragmentation in the care of pregnant and postpartum Medicaid beneficiaries with opioid use

Key Model Elements	InCK Model	MOM Model
	quality of care for children under 21 years of age covered by Medicaid and CHIP through prevention, early identification, and treatment of behavioral and physical health needs. The model intends to improve performance on priority measures of child health, reduce avoidable inpatient stays and out-of-home placements, and create sustainable APMs.	disorder (OUD) through state-driven transformation of the delivery system surrounding this vulnerable population. By supporting the coordination of clinical care and the integration of other services critical for health, wellbeing, and recovery, the MOM model has the potential to improve quality of care and reduce costs for mothers and infants.
Payment Model	<ul style="list-style-type: none"> State-designed Alternative Payment Models (APMs). 	<ul style="list-style-type: none"> State-designed coverage and payment strategy.
Model Timeline	Seven-year model, with implementation beginning in Year 3	Five-year model, with care delivery under the model beginning in Year 2
Eligible Model Applicants	State Medicaid Agency or HIPAA-covered local “Lead Organization”	State Medicaid agency that has partnered with at least one “care-delivery partner”
Required Model Partners	<ul style="list-style-type: none"> State Medicaid Agency Local Lead Organization Core Child services: Physical and Mental Health providers, Child Welfare, Schools, Early Care and Education, Food and Nutrition, Housing, Title V programs, and Mobile Crisis. 	<ul style="list-style-type: none"> Care-delivery partner(s), such as: Health system or Managed Care Plan
Model Service Area	Single or multiple sub-state geographic service area(s); cannot be statewide	Statewide or in a sub-state geographic service area
Number of Potential Awardees	Up to 8	Up to 12
Anticipated NOFO release	Early 2019	

Application Notes

- InCK allows for either the state Medicaid agency or a local Lead Organization to submit a model application. In the MOM Model, only state Medicaid agencies may apply.
- An entity that has applied to the InCK model as a Lead Organization may not also be listed in a MOM model application as a care-delivery partner. If a state is the InCK model applicant, however, a Lead Organization in that state (including a proposed Lead Organization if the application is still under review) may be listed on a MOM model application as a care-delivery partner.

Resources and Support

InCK Model

Email: HealthyChildrenandYouth@cms.hhs.gov

Visit: [Government link to Integrated Care for Kids](#)

Initiatives

If you are interested in receiving updates and announcements about the InCK Model please [click here](#) to subscribe.

MOM Model

Email: MOMmodel@cms.hhs.gov

Visit: [Government Link to Maternal Opioid Misuse Model Information](#)

If you are interested in receiving updates and announcements about the MOM Model please [click here](#) to subscribe.