

MODEL OVERVIEW

The Integrated Care for Kids (InCK) Model is a delivery and payment model. It is being tested by seven award recipients across six states. The model began in 2022 and will continue through 2026. Model award recipients use administrative data and screen-based assessments to identify health and health-related needs among Medicaid-enrolled children (age 0-20) in test regions. Two award recipients also include pregnant/postpartum beneficiaries. Award recipients assign beneficiaries to one of three Service Integration Levels (SILs 1-3) based on needs. Beneficiaries with greater needs receive integrated care coordination and case management services.

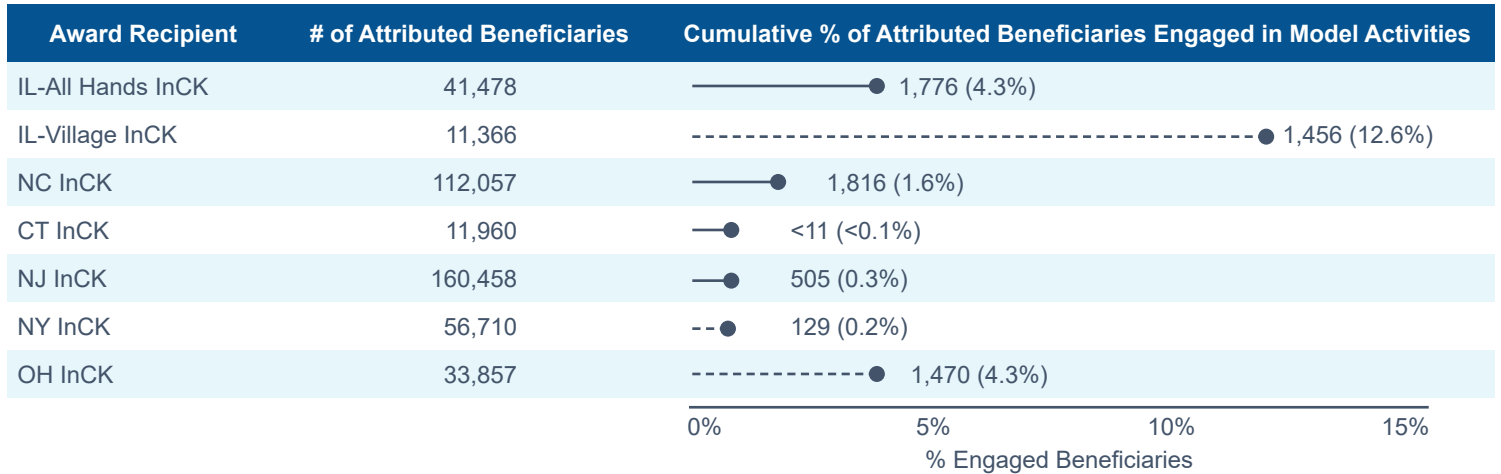
The evaluation tracked implementation progress for each award recipient over the first two years of the model test period (2022 – 2023) and compared outcomes between attributed beneficiaries and a comparison group. Impacts on well-child visits, emergency department (ED) visits and total cost of care (TCOC) are reported for three award recipients.

The InCK Model aims to:

- ✓ Improve quality of care
- ✓ Reduce out-of-home placements
- ✓ Reduce or maintain Medicaid expenditures

MODEL PARTICIPANTS

The evaluation assessed the number of beneficiaries engaged and the design and implementation of the APM to determine the feasibility of detecting model impacts on quality, utilization, and cost. Impact assessment was feasible for three award recipients (IL-All Hands InCK, IL-Village InCK, and NC InCK).



Note: ---- indicates award recipients with only partial alternative payment model (APM) implementation. All other award recipients had fully implemented their APM.

FINDINGS






Two award recipients showed promising findings in improved outcomes but overall findings for quality improvement and cost reduction were mixed.

Award Recipient	Model Engagement	Model Impact		
		Well-Child Visits	ED Visits	TCOC
IL-All Hands InCK	4.3%	0.2% Increase	9.0% Increase	
IL-Village InCK	12.6%		1.1% Increase	4.8% Decrease
NC InCK	1.6%	2.9% Increase		3.3% Increase

Key: ■ Green = Statistically significant impact aligned with model theory; ■ Red = Statistically significant impact not aligned with model theory; □ White = Difference not statistically significant; □ Grey = Not statistically sound.

The core InCK Model components build on each other to achieve model outcomes and population impacts.

Two award recipients achieved successful implementation by the end of 2023.

	 Prevention: Screening and risk stratification	 Service Integration: Single point of contact, care coordination	 APM: Adoption of family-centered and quality incentives	 Model Outcomes	 Population Impacts
IL-All Hands InCK	●	●	●	<ul style="list-style-type: none"> Care Delivery Redesign Strong Partnerships Infrastructure Investments 	<ul style="list-style-type: none"> Improved Quality Reduced Spending & Use Increased High Value Care
IL-Village InCK	●	●	◐		
NC InCK	●	●	●		
CT InCK	●	●	●		
NJ InCK	●	●	●		
NY InCK	◐	●	◐		
OH InCK	◐	●	◐		

● Fully Implemented
 ◐ Partially Implemented
 ● Design Limited Implementation

PREVENTION

- ◐ **Delayed implementation** readiness led to decreased screening numbers.
- **Labor intensive screening** approaches hindered beneficiary engagement.
- ◐ **Limited care organization buy-in** reduced pool of eligible beneficiaries to screen.

SERVICE INTEGRATION

- **All award recipients provided** beneficiaries **care coordination**.

APM

- ◐ **Managed care** organization engagement **delayed** full **APM** implementation.
- Enrolling **new Medicaid providers** was **complex**.
- ◐ **Concurrent** statewide Medicaid **initiatives delayed** InCK **APM** rollout.

KEY TAKEAWAYS

1 PREVENTION

- **Administrative data** streamlined screening.
- **Outreach efforts** expanded reach.
- Care coordinators **prioritized families'** urgent **food** and **housing needs**.

2 ALTERNATIVE PAYMENT MODELS

- Award recipients refined and rolled out **InCK-specific APMs**.
- Some **addressed a system gap** by paying for care coordination.
- Others **incentivized a shift** to higher-value services.

3 POPULATION IMPACTS

- Low screening engagement** led to limited quantitative impacts which include the following:
- **NC InCK** increased **quality**.
 - **Village InCK** generated savings while **NC InCK** increased **costs**.