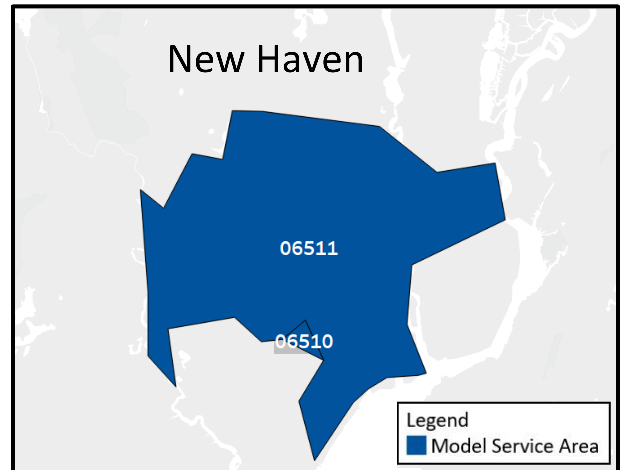
Clifford W. Beers Community Care Center
Integrated Care for Kids (InCK) Model
Connecticut

Lead Organization: Clifford W. Beers Community Care Center (Award Recipient)

Maximum Award Amount Over 7 Years: $16,000,000

State Medicaid/CHIP Agency: CT Department of Social Services, HUSKY Health Medicaid and CHIP

Model Goals: Clifford Beers Community Care Center ("Clifford Beers"), a mental health outpatient clinic for children, youth, and families, leads CT InCK Embrace New Haven ("CT InCK"). CT InCK is designed to increase access to services and reduce disparities in health outcomes for children and youth up to age 21 enrolled in Medicaid and CHIP and for pregnant and 12-month postpartum women in New Haven, the model service area.



Model Service Area & Population
Target Population: 13,000 Medicaid and CHIP Beneficiaries from birth to age 21, including pregnant women, in zip codes 06511 and 06510.

Compared to statewide averages, children in New Haven have relatively high emergency department use, inpatient admissions, and chronic school absenteeism. Additionally, this area has a high rate of infants born with neonatal abstinence syndrome and low birthweight. To reduce these rates, Clifford Beers and its local partners will use needs assessment of physical, behavioral, and social drivers of health to identify children and pregnant women at high risk. CT InCK mobilizes medical and non-medical Core Child Service providers to provide integrated, coordinated care meeting the needs of families.

Highlights: CT InCK, supported by the Department of Social Services, operates within a fee-for-service delivery system with three Administrative Service Organizations (ASOs) that administer medical, behavioral, and dental health services. CT InCK's strategy for creating a system of care is based on working with the whole family, reducing chronic stress, and integrating physical, mental, and social determinants of health to identify long-term services and supports. Community Health Organizers (CHOs) employed by Clifford Beers are the primary points of contact for CT InCK participants without Medicaid claims and for Integrated Care Coordinators (ICCs) hired by InCK providers. ICCs are the primary points of contact for participants and family/caregivers assigned to InCK providers.

Implementation Strategy: CT InCK uses a needs assessment combined with an analysis of existing data to identify the health needs in its InCK Population. The needs assessment is administered to participants by CHOs and providers through a secure technology platform and via families' mobile devices or email. The ICCs and other care planning team members utilize an additional referral management platform to make referrals for food, housing, or other basic needs for participants based on the results of their needs assessment. Over the course of the model, this platform will be enhanced to support tracking of referrals across a family unit.

Alternative Payment Model (APM): In 2023, CT InCK will implement an APM using Targeted Case Management (TCM) Medicaid authority which allows non-traditional provider types such as community-based organizations to become Medicaid providers. CT InCK providers will receive per member per month reimbursement payments for serving InCK participants with higher levels of health needs. Initial performance measures are focused on process and equity, while future measures will include pay for quality measures focused on both medical and non-medical outcomes.

Community Partners: Partnership Council members represent Clifford Beers, the city of New Haven leadership, the state of Connecticut leadership, clinical care stakeholders, food and housing stakeholders, school district representatives, Title V agencies, children welfare agencies, mobile crisis response services, law enforcement, juvenile justice, legal aid, and other community partners.

This model is supported by the Centers for Medicare & Medicaid Services of the U.S. Department of Health and Human Services.