

# Hackensack Meridian Health

## Integrated Care for Kids (InCK) Model

### New Jersey

**Lead Organization:** Hackensack Meridian Health (HMH) (Award Recipient), Visiting Nurse Association of Central Jersey (VNA) (Co-lead), and New Jersey Health Care Quality Institute (NJHCQI) (Co-lead)

**Maximum Award Amount Over 7 Years:** \$15,820,437

**State Medicaid/CHIP Agency:** New Jersey Department of Human Services, Division of Medical Assistance and Health Services

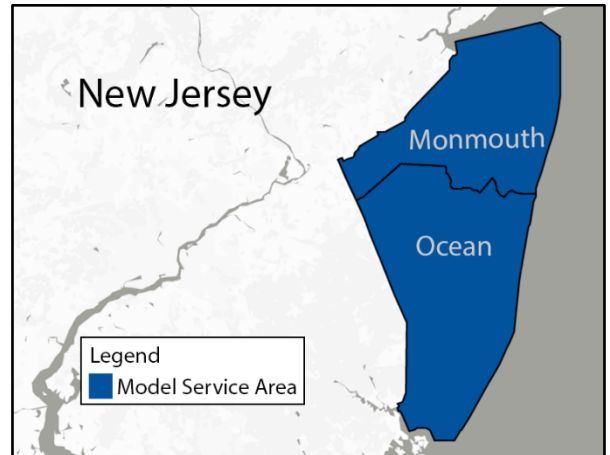
**Model Goals:** NJ InCK's three co-leads represent the largest hospital system in the area (HMH), the most comprehensive provider of community health programs (VNA), and a key partner in developing Medicaid delivery and payment systems (NJHCQI). NJ InCK's approach emphasizes the development of community-based case management and screening capacity and the use of Advanced Case Management Teams (ACMTs). ACMTs are structured to supplement the patient-centered medical home and locally accessible, conducting visits in the home and at other community sites. Information sharing occurs via the development and implementation of an ambitious Medicaid-focused regional health information exchange/population health platform.

**Highlights:** The NJ InCK Model includes integrated advanced case management, care planning, community health workers, and clinical modalities. . NJ InCK prioritizes advocating for new clinical modalities when gaps in any population-based services are found within the program. The model increases flexibility for selecting treatment modalities for adolescent substance use disorder. In addition, NJ InCK aims to integrate their needs assessment and care planning into provider workflows in order to support provider and beneficiary engagement.

**Implementation Strategy:** NJ InCK's service integration strategy focuses on development of screening and community-based case management capabilities. NJ InCK uses public service campaigns to build awareness of screenings and the program. Service integration is supported by an integrated technology system which allows providers and care coordinators to view and update care plans for attributed children and families. Service Integration Coordinators (SICs) review the automated Service Integration Level (SIL) classification to ensure medical and behavioral complexity scores are adjusted and contextualized as needed and they incorporate information from care coordinators to place children in the appropriate SILs.

**Alternative Payment Model (APM):** NJ InCK is implementing a blended payment model supporting preventive care with targeted case management and addresses both social and medical complexities. Providers receive a \$29 reimbursement for reviewing and interpreting results of the needs assessment (Health Story) taken with the beneficiary and/or family member. Additionally, the ACMT is paid \$65 (for SIL 2) or \$110 (for SIL 3) per member per month for each child served. NJ InCK is utilizing a State Plan Amendment and a Medicaid Section 1115 demonstration to implement their APM.

**Community Partners:** The three co-lead organizations formed a Partnership Council with a charter signed by local health departments, stakeholder representatives (e.g., Family Support Organizations and the Statewide Parent Advocacy Network), Medicaid payers (e.g., New Jersey Medicaid and Amerigroup), and providers responsible for core child services, including physical and behavioral clinical care, schools, housing authorities, food support services, early care and education, Title VI agencies, child welfare, and mobile crisis response services.



#### Model Service Area & Population

**Target Population:** ~150,000 Medicaid and CHIP Beneficiaries from birth to age 21 in Monmouth and Ocean Counties.