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CT INCK

Where healthcare meets community.

***Doing together what we cannot do apart***



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## Agenda - This meeting will be recorded

## Time

Welcoming Remarks, Introductions, Agenda

5 min

Updates  
Timeline  
Website

10 min

System of Care Design Group

10 min

Needs Conversation Design Group

10 min

APM Design Group

10 min

Breakout Session - Design Questions

30 min

Next Steps and Contact Information

5 min



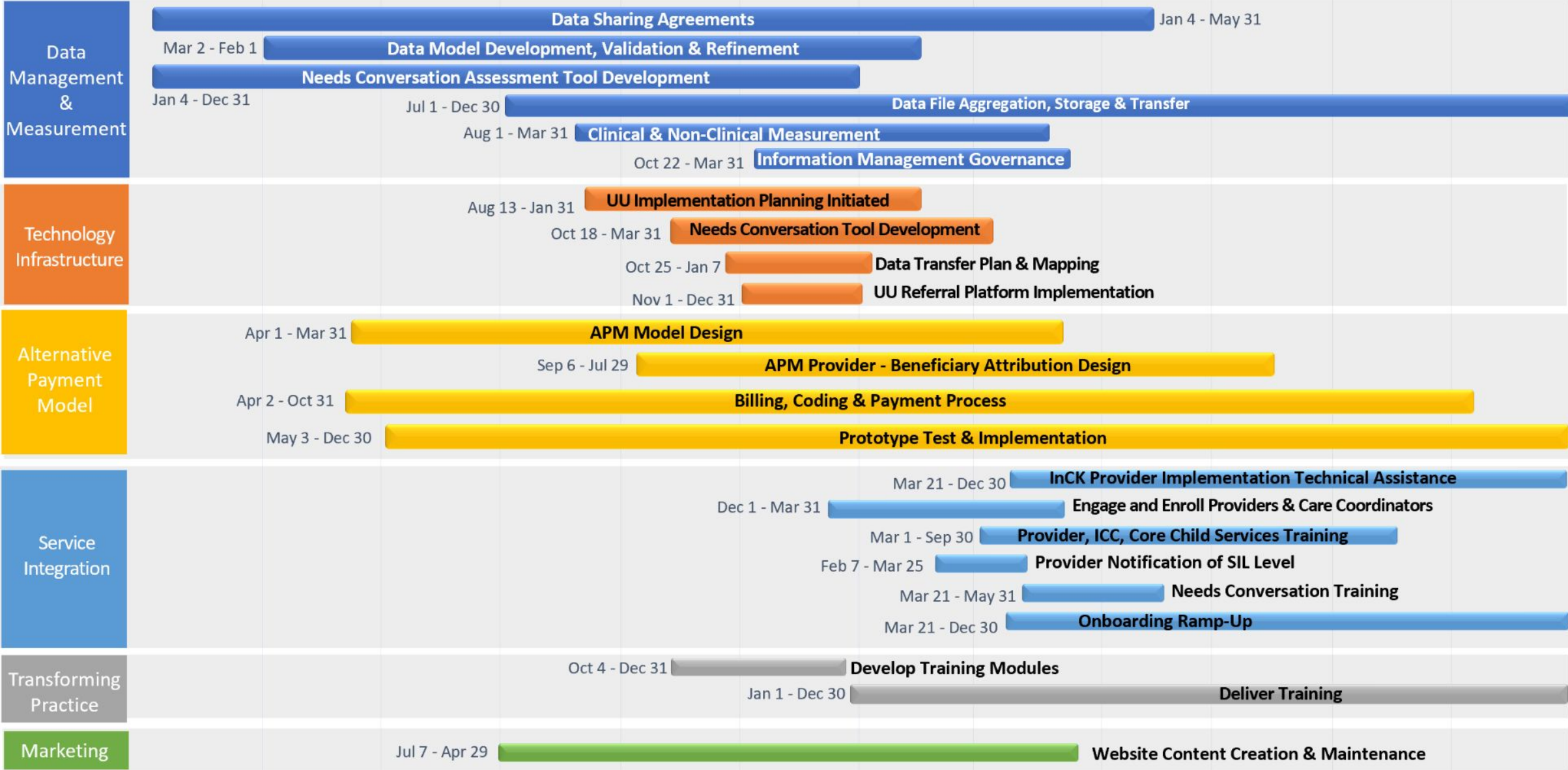
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# Updates

Today



# CT-InCK

## Partnership Council Design Groups



Our free emotional support line:  
**Reach Out Connecticut**  
844-TALK-4CT  
844-825-5428

[Learn More](#)

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Contact our clinic:  
**(203) 772-1270**

*password*

**2021Partnership**

Community Resources Services About **CT InCK** Careers Donate More

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- For Providers
- For Children/Teens
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### Overview

The Integrated Care for Kids (iNCK) Model is a child-centered local service delivery and state payment model that aims to reduce expenditures and improve the quality of care for children under 21 years of age covered by Medicaid through prevention, early identification, and treatment of behavioral and physical health needs. Some programs also include Children's Health Insurance Program (CHIP) beneficiaries and pregnant individuals who are covered by Medicaid. The model will empower states and local providers to better address these needs, as well as the impact of opioid addiction through care integration across all types of healthcare providers.

Connecticut is 1 of 8 states awarded with iNCK Model funding for this 7-year initiative, with Clifford Beers chosen as the lead organization for the state.



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Clifford Beers  
93 Edwards Street  
New Haven, CT 06511  
P: 203 772-1270  
F: 203 772-8951  
[www.cliffordbeers.org](http://www.cliffordbeers.org)



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# Partnership Council Design Groups



# Needs Conversation Design Group

## Successes

- Critical Success Factors
- Demographics
- Housing questions
- Food security questions
- Functional impairments
- Piloting feedback
- Submitted initial Standard Operating Procedure

## Next Steps:

- Identify further areas for data-driven approach to reduce respondent burden
- Build completed conversation into Unite Us
- Pilot with staff and families
- Develop and deliver training



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# System of Care Design Group

## Best Practices Model Review

- [WRAPAround Fidelity](#)
- [Care Coordination](#)
- [PCMH/PCMH+](#)
- [NCQA Standards](#)
- [SDoH](#)
  - ACEs/Trauma
  - Housing
  - Food
  - School Readiness



## Next Steps:

- Community Outreach & Engagement Plan to recruit Providers and Families
- Practice Transformation guidelines for Providers
- Develop Data Agreements

# APM - Alternative Payment Model - Design Group

## Completed:

- Determined payment model type (targeted case management)
- Developed approach to incentivize needs conversation
- Began public comment process on APM

## Next Steps:

- Official submission of payment details to federal partners
- Determining precise dollar amounts
- Deciding upon key performance metrics for APM



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# Breakout Session

# Needs Conversation Design Group

## Questions:

1. We are one of the only states including pregnant individuals in our population, and we are the only state including postpartum individuals. What are some needs specific to these families we should know about?
2. This project, and the Needs Conversation in particular, ask families for sensitive information such as a child's developmental delays. How can we best prepare ourselves to introduce these ideas to families in a way that makes them feel comfortable?
3. Some of the data will be identified through a "data driven approach" which means we may use data that is already available from other sources, such as claims data, to understand a family's health needs. How can we best explain this to families during the needs conversation so they are comfortable with this?



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# System of Care Design Group

## Questions:

1. Should InCK provider(s) be required to have “clinical” staff assigned to supervise/oversee InCK cases? Or contract with established entities able to provide Intensive Care Coordination?
2. What strategies should we use to identify and engage potential InCK providers?
3. What is the role of the ICC, as a “single point of contact” for SIL3 who are “out of home”?



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# APM - Alternative Payment Model - Design Group

## Questions:

1. What do you see as key differences between intensive care coordination models vs primary-care based case management?
2. We are hoping to incentivize partnerships among health and social service providers - what kinds of outcome measures do you think would best support this objective?
3. What kinds of outcome measures would reflect that the whole-family has been effectively served by InCK?
4. What type of training and supports would you recommend for InCK providers billing Medicaid for the first time?



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# Debrief Breakout Session



# Partnership Council Meeting Next Steps...

Description	Completed Date
Next Partnership Council Meeting	December 21, 2021
System of Care Design	
Needs Conversation Design	
APM Design Group	
Website: <a href="https://www.cliffordbeers.org/embrace-new-haven-ct-inck">https://www.cliffordbeers.org/embrace-new-haven-ct-inck</a>	Password: 2021Partnership



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## GET CONNECTED



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[www.cliffordbeers.org](http://www.cliffordbeers.org)



(203) 772-1270

Embrace CT-InCK Website:

<https://www.cliffordbeers.org/embrace-new-haven-ct-inck>

### Contact Information:

[CTInCK@cliffordbeers.org](mailto:CTInCK@cliffordbeers.org)

Seth Poole, Director Systems of Care

[spoole@cliffordbeers.org](mailto:spoole@cliffordbeers.org)

Alycia Santilli, Director CARE

[santillia1@southernct.edu](mailto:santillia1@southernct.edu)

Jennifer Richmond, InCK Project Director

[jrichmond@cliffordbeers.org](mailto:jrichmond@cliffordbeers.org)

Whitney Jordan, InCK Project Manager

[wjordan@cliffordbeers.org](mailto:wjordan@cliffordbeers.org)



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