



clifford beers

MOVING FORWARD



Where healthcare meets community.

System of Care Design Group



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Your Name & Affiliation...



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Agenda 08-02-2021

Welcome, Introductions

Agenda

Review Recap
 Meeting Steps-Schedule Timeline

SOP Service Integration

- Processes and Timelines
- Integrated Care Coordination
 - Care Planning Teams
 - Centering Family in Care Coordination

Discussion

Next Steps Aug 24 @ 1:00-2:30PM v [zoom](#)

Agenda 08-24-2021

Welcome, Introductions

Agenda

Review Recap
Meeting Steps-Schedule Timeline

Design Group

- **InCK Providers** -Terms & Conditions
- Family Engagement
- Technology Platform - UniteUs

Discussion

Next Steps Sep - need to schedule 2 dates

System of Care Design Group - Meeting Plan

Apr 28, 2021

Meeting 1:

Background InCK
InCK Driver Diagram
Overview DG
Meeting practices
Action Steps:

May 17, 2021

Meeting 2:

PCMH/+ (NCQA)
WRAP Around Model
Best Practices
Critical Success Factors
Action Steps

Jul 1, 2021

Meeting 3:

Review
Best Practices
Provider
Terms & Conditions
Action Steps

Aug 2, 2021

Meeting 4:

InCK Providers
Service Integration
SOP
Action Steps:

Aug 24, 2021

Meeting 5:

Review Providers
Family & Community
Engagement
Technology Platform
Action Steps:

Sep xx, 2021

Meeting 6:

Training & TA
QI Monitoring
Performance Based
Payment (tied to
APM)
Action Steps:

+ Meeting 7:

Feedback Loop
Recommendations
Summary Report



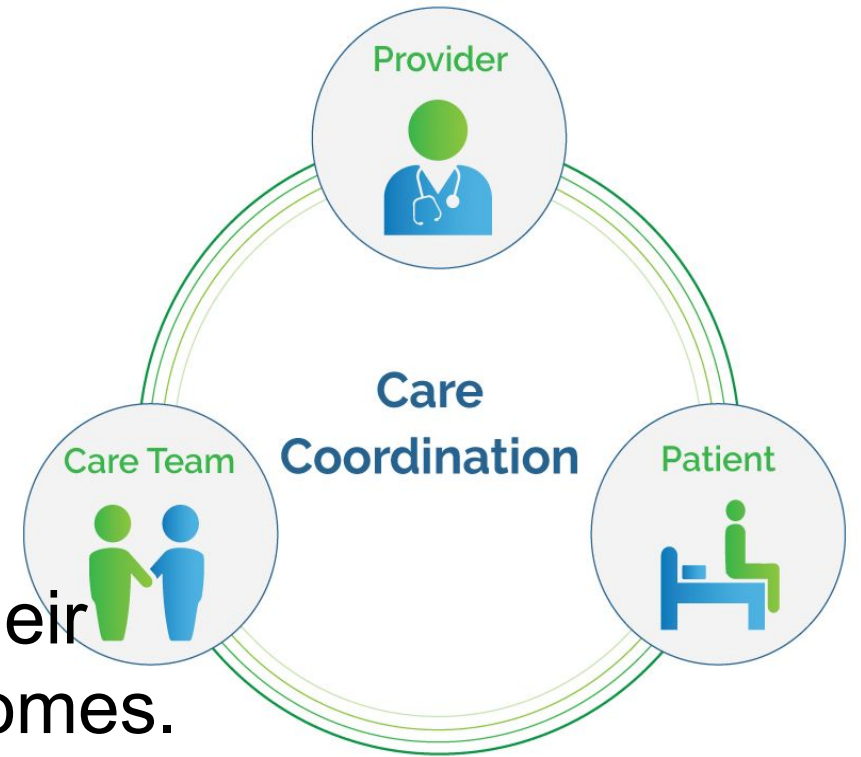
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System of Care

Integrated care coordination

and case management across

- physical health, behavioral health, and other local service providers
- for children with health needs that impact their functioning in schools, communities, and homes.
 - a. **Coordination of child health services across ...**
physical and behavioral health providers and...**child services**
 - a. **Intensive, team-based case management** for children at-risk for, or already in, out-of-home placement





Service Integration Goals

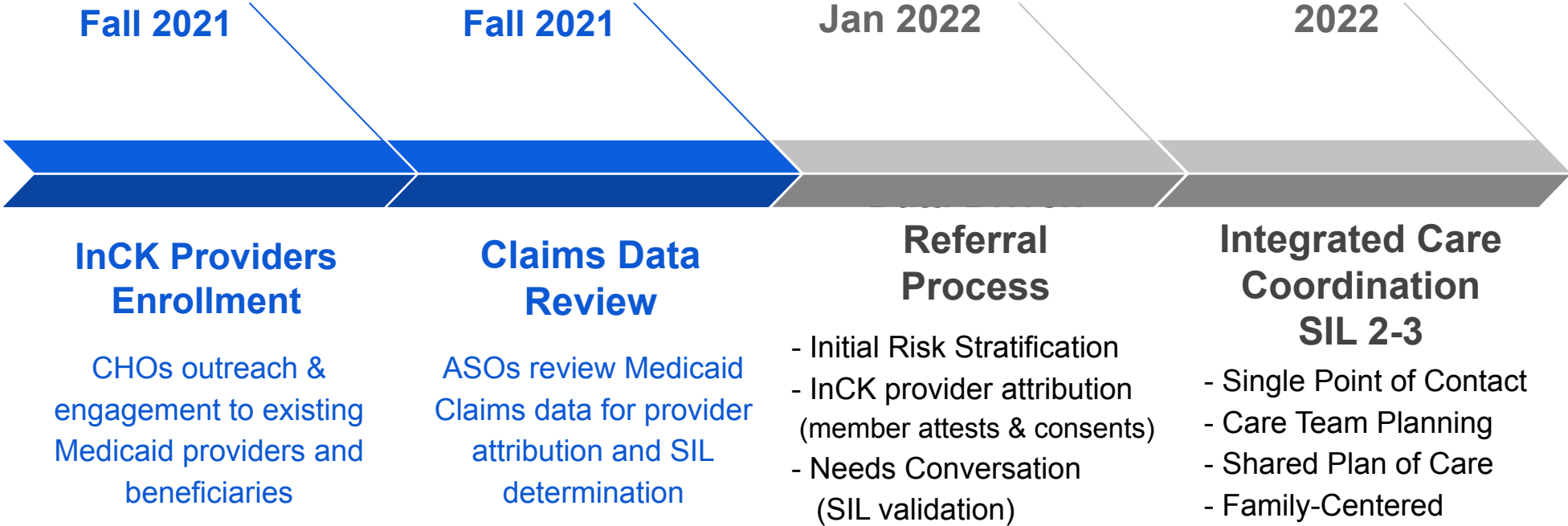
to provide each primary caregiver of a Medicaid-(CHIP-) covered child in SILs 2 and 3 **a single point of coordination** for all of their child's providers, regardless of Core Child Service, and

increase the provision of services at home and in the community, rather than inpatient, residential, foster care, juvenile detention, or other out-of-home settings for attributed children.



SOP Service Integration - final plan due Oct 30, 2021

What we know & Where we are headed...




Service Integration Level - SIL

SIL 1	SIL 2	SIL 3
CHO/Attributed InCK Provider	ICC	ICC
Annual Needs Conversation	Annual Needs Conversation	Jan/Jul Needs Conversation
Includes entire target population.	Includes children with needs involving more than one service type <i>and</i> who exhibit a functional symptom or impairment.	Includes children who meet Level 2 criteria who are currently, or are at imminent risk of being, placed outside the home.
Focuses on basic, preventive care and active surveillance for developing needs and functional impairments.	Focuses on comprehensive needs assessments and integrated care coordination.	Focuses on child-centered care planning, integrated case management, and home and community-based services.

Any beneficiary opting out of Level 2 or 3 integrated care coordination and case management continues to receive usual care through existing providers and programs.

Integrated Care Coordination - *for* SILs 2 & 3

CHOs	Assigned to InCK Provider/ICC
InCK Providers (existing and non-Medicaid, based on eligibility)	<ul style="list-style-type: none">● Champions● Care Coordinators● Case Managers● Caseloads & Capacity  <p>The diagram illustrates a circular process for care coordination. At the top is a circle labeled 'Provider' with a stethoscope icon. At the bottom left is a circle labeled 'Care Team' with two human figures. At the bottom right is a circle labeled 'Patient' with a person in a wheelchair icon. The text 'Care Coordination' is centered in the middle. Three curved lines connect the Provider to the Care Team, the Care Team to the Patient, and the Patient back to the Provider, forming a continuous loop.</p>
ICC	Single Point of Contact Care Planning Team
Core Child Services	<ul style="list-style-type: none">● Care Coordinators● Case Managers● other

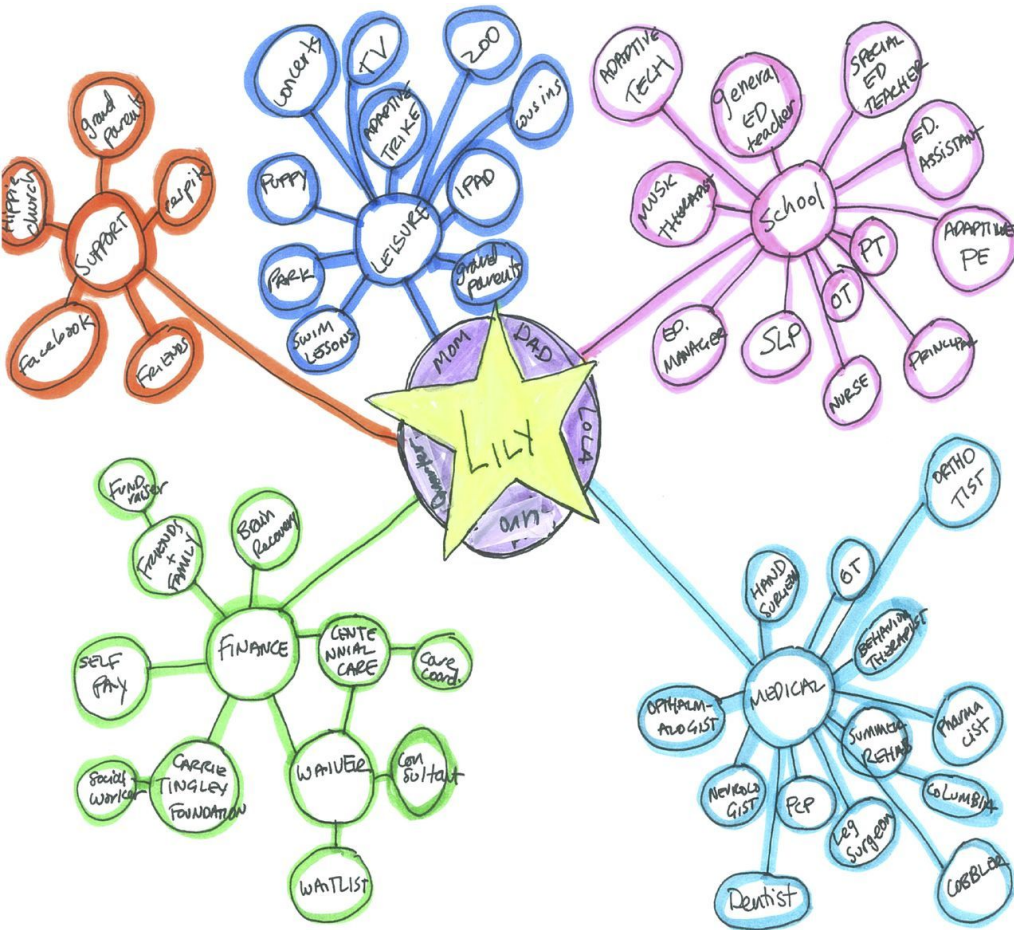
Care Planning Teams - (SILs 2 & 3)

Who or what is an InCK provider?

- “Champion” of care coordination
- Clinician - leads and recommends care plan
- Integrated Care Coordinator (ICC) - point of contact
- Care Planning Team - centers family: *patient/beneficiary/caregiver*
 - includes all of the above + Core Child Services + CHO + family

Centering Family in Care Coordination

What is your sense of **family-centered care** and **communication**?



Next steps for System of Care Design Group

- ✓ Terms and conditions for InCK provider eligibility
- ✓ InCK provider outreach and engagement
- ✓ Family and Caregiver outreach and engagement
- ✓ Information and Promotional Materials



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Next Meeting: Aug 24 @ 1:00PM



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Embrace CT-InCK Website:

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

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