Remodeling Healthcare for Children with NJ FamilyCare:

Integrating Care Coordination into your Practice

NJ InCK Webinar Series

Thursday, October 14th, 2021

New Jersey Chapter
INCORPORATED IN NEW JERSEY
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

InCK
NJ Integrated Care for Kids

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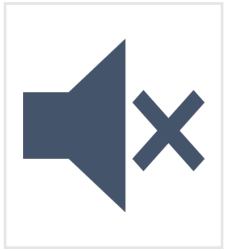
Participant Reminders



All participants will be muted throughout the duration of the session to minimize any disruptions.

Utilize the Q&A feature to ask our presenters questions.

Please remain respectful and professional within the Q&A box.

Continuing Medical Education Disclosure

Accreditation Statement for 10/14/21 Webinar:

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Medical Society of New Jersey through the joint providership of Atlantic Health System and the American Academy of Pediatrics, New Jersey Chapter. Atlantic Health System is accredited by the Medical Society of New Jersey to provide continuing medical education for physicians.

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Nursing Contact Hours:

The New Jersey Board of Nursing (NJAC 13:37-5.3) states: *"A registered professional nurse or licensed practical nurse may obtain continuing education hours from the following: (d)3. Successful completion of continuing medical education courses recognized by the American Medical Association, the American Osteopathic Association or the American Podiatric Medical Association: one hour for each 60 minutes of attendance."* Nurses should claim only the credit commensurate with the extent of their participation in the live activity.

Learning Objectives

1. Learn about how the Integrated Care for Kids approach will assist your practice in meeting the medical, behavioral and social needs of children with New Jersey FamilyCare

2. Detail how the Integrated Care for Kids approach to ensuring quality care is achieved through family-centered care integration

3. Understand the Integrated Care for Kids Needs Assessment and the leading-edge technology that will be utilized to share information with children and families

4. Recognize the key players and process involved with the Integrated Care for Kids Service Integration Levels (SIL) and Share Plans of Care (SPOC)

5. Identify the available family-centered New Jersey resources and how to connect children and families with the appropriate organizations and tools

Disclosures

Our presenters have NO financial disclosures or conflicts of interest with the material presented in this webinar.

The presentation reflects the viewpoints of the presenter only and does not necessarily represent the viewpoint of the state of New Jersey or other partners.

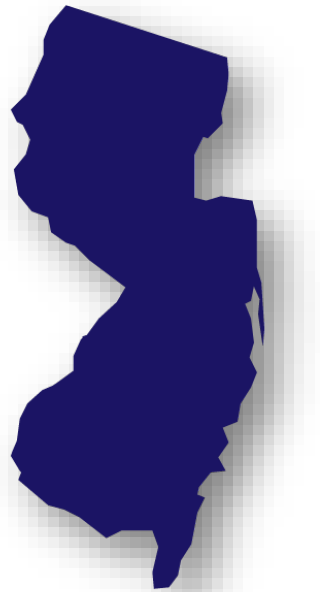
Integrated Care for Kids Approach to Care Management

The When/Where/WHO of InCK

- **Clinical launch is in January of 2022**
- NJ and 7 other sites around the country will be simultaneously launching these projects which are funded to continue **through 2026**
  - **NJ**—HMH, VNACJ, & NJHCQI
  - **NY**—NYS DOH/Montefiore
  - **CT**—Clifford Beers Guidance Clinic, New Haven
  - **NC**—Duke & UNC
  - **IL**
    - *Lurie Children's Hospital*
    - *Egyptian Regional Health Department*
  - **OH**—Nationwide Children's Hospital
  - **OR**—OR Health Authority/OHSU
- All kids 0-20 covered by Medicaid/CHIP in a defined service area
- In NJ this is NJ Family Care Beneficiaries in Monmouth & Ocean Counties

Who is making InCK happen in NJ?

- **Co-lead agencies**: Hackensack Meridian Health (awardee), NJ Health Care Quality Institute, VNA of Central Jersey
- **Partnership Council**: Representatives of the CMMI defined Core Child Services
- **Coordinating Council**: Data and Information Sharing Governance
- **Other Key Partners:** New Jersey Chapter of the American Academy of Pediatrics, Central Jersey Family Health Consortium



How does NJ InCK Work?

- After Screening and Review of Claims (Diagnoses & Utilization Hx) kids are put in ***risk tiers***
  [Service Integrations Levels (SIL) in CMMI parlance]
  - SILs 1—2—3 (3 being the highest risk)

- Level 2 & 3 kids eligible for additional services by InCK Model funded staff

- NJ InCK sponsored resources are provided to medical providers and the community (InCK partners) to connect Level 1 kids to needed resources

NJAAP's Role in the NJ InCK Project

- The NJAAP will provide ***support and education to healthcare providers and practices*** to understand the NJ InCK program through virtual/in-person engagement opportunities, such as:

  - ✓ Webinar series
  - ✓ Office hours/coaching calls
  - ✓ Practice Office Visits

- The NJ Pediatric Psychiatric Care Collaborative will be critical to ***supporting behavioral health care***

NJ InCK: Key Features

- Development of ***interoperable electronic platform*** for real time sharing of individual child information between agencies, clinicians, and beneficiaries
- Development of ***electronic database*** to track outcomes and metrics
- **Advanced Case Management teams:**
  - ***Care Integration Managers*** will serve as the liaison between family/youth and their support teams among multiple agencies and practices.
  - InCK funded **Advanced Care Management Teams** will be available to beneficiaries without sufficient existing support. These teams include licensed social workers, community health workers, child life specialists, and family support specialists
  - Teams will work in the community
  - Individual care plans and SIL will determine intensity of services

Presented By:

Mary Remhoff, RN, MSN, APN

Director, Center for Early Childhood Development and Family Support, Children and Family Health Institute, VNAHG
Care Integration Director/ Clinical Team Supervisor, NJ InCK

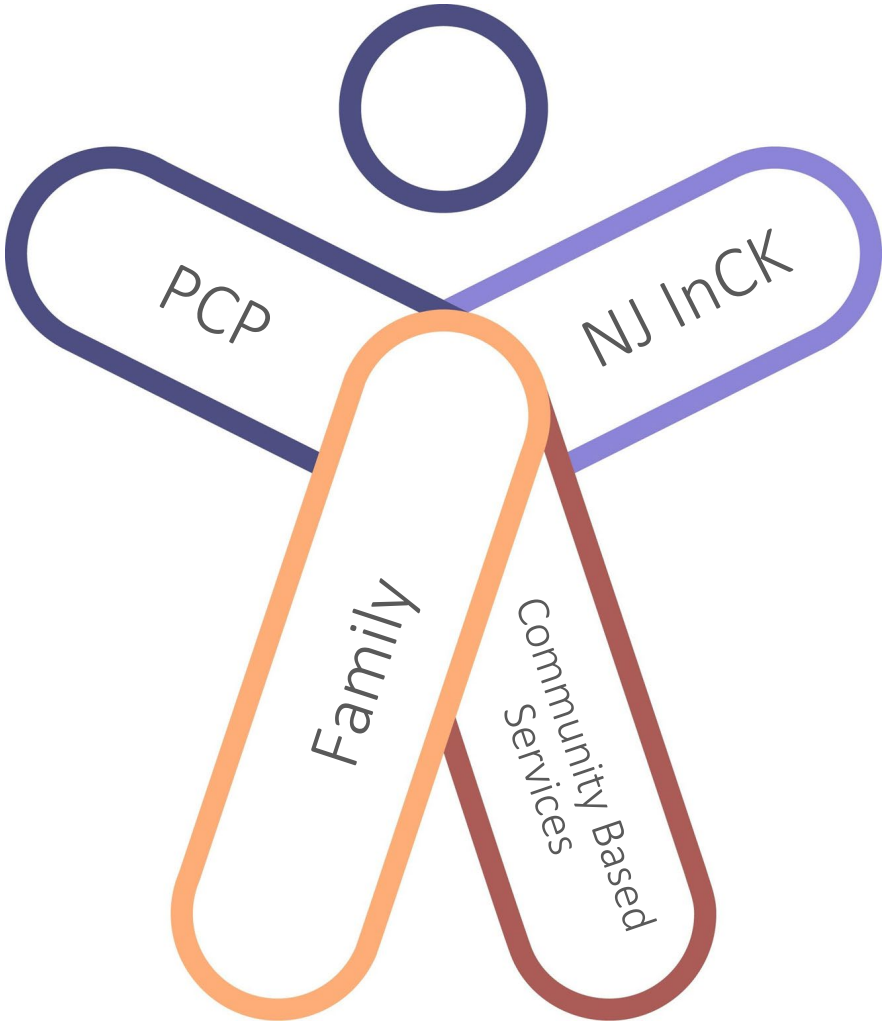
Meredith Byrne, MSW, LSW

Care Integration Program Manager, NJ InCK, VNAHG

Allison Romeo, MS

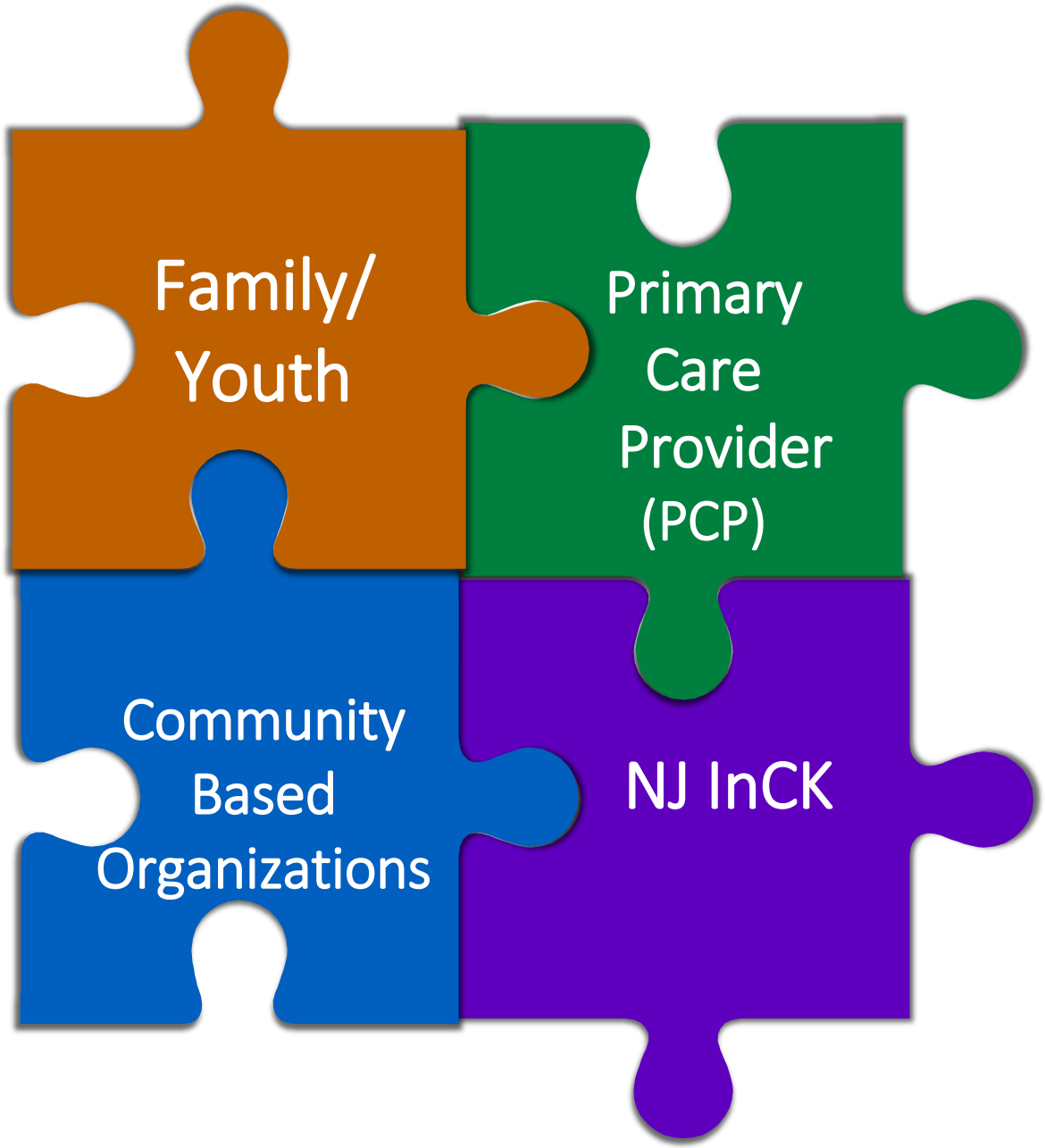
Technology Applications Specialist, NJ InCK, VNAHG

Improving Health and Lives Together

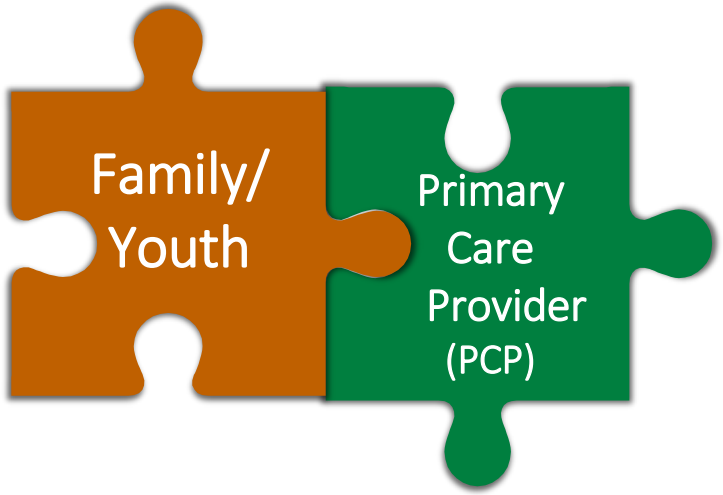


GOAL of NJ InCK

To provide a platform for Families/Youth to partner with their Primary Care Provider and Community Based Organizations to have **Optimal Health and Life Outcomes**.

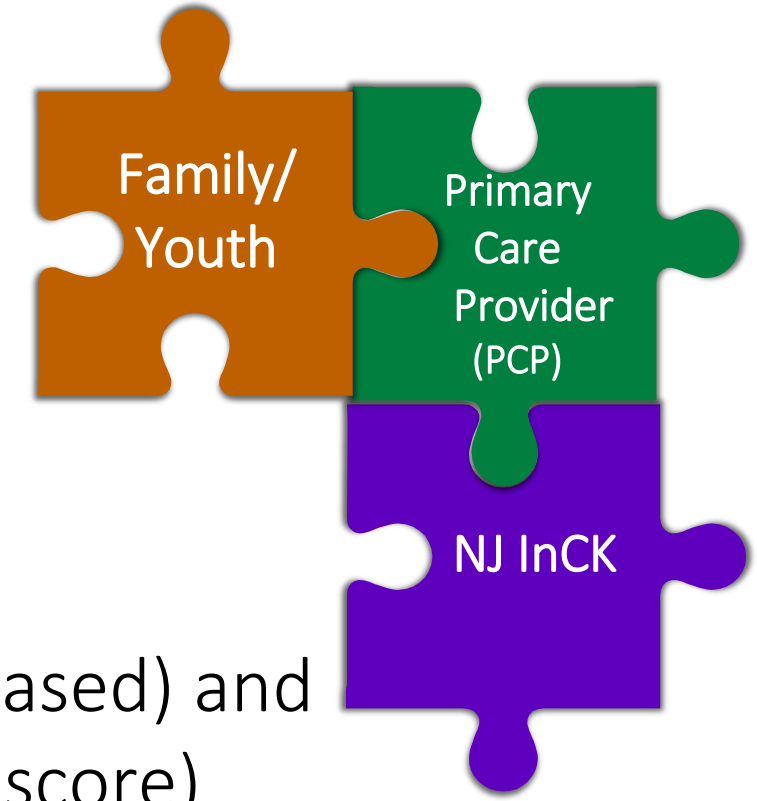


HOW does NJ InCK work?



1. Family/youth completes Needs Assessment that is shared with Primary Care Provider (PCP) as part of their Well Child Visit
   - The Needs Assessment can be completed on a tablet/phone while at home, at their PCP's office or with a Community Partner

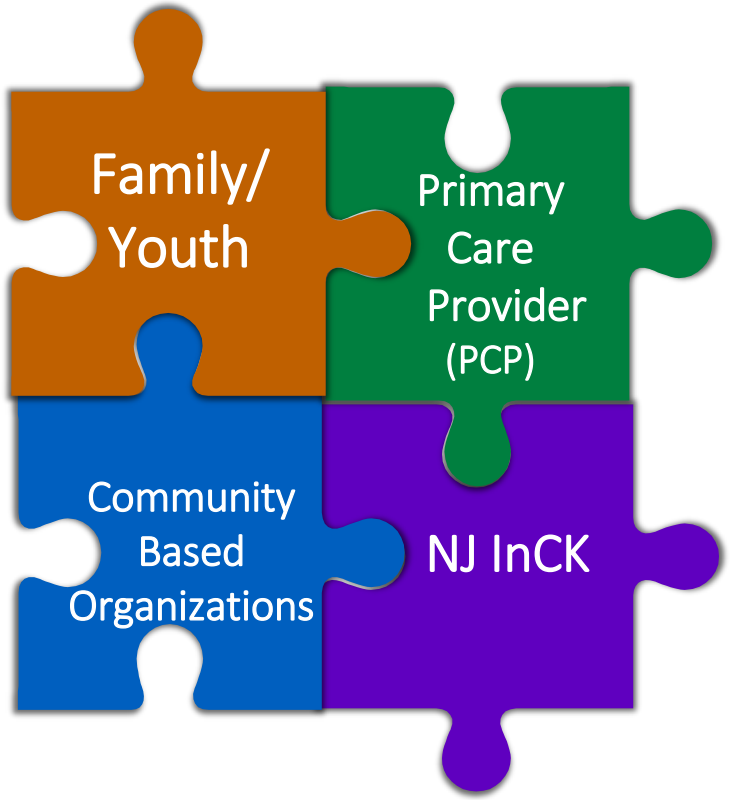
HOW does NJ InCK work?



2. The family/youth is offered NJ InCK Care Coordination based on gathered information that includes:
   - Level of Medical Complexity (claims based) and Social Complexity (needs assessment score)
   - Other items from the Needs Assessment
   - Family/Youth Interview

HOW does NJ InCK work?

3. NJ InCK Care Coordination works with the family/youth to:
   - Identify needs
   - Identify current services received
   - Determine services needed
   - Develop a Shared Plan of Care



Seven Distinguishing Characteristics of Care Coordination

1. Proactive ***planned visits*** instead of reactive
2. Tracking family/youth needs, goals and progress using ***Care Management Database***
3. Support for ***self-management*** of physical, behavioral and social situations
4. Family/youth involvement in ***decision making***
5. Coordinated and woven care across ***all environments*** of home, school and community
6. Leading edge technology for ***communication***
7. Family/youth goal driven care

Core Child Services

- Clinical care (physical)
- Clinical care (behavioral)
- Mobile Response
- Education K-12
- Housing
- Title V/MCH Agencies
- Nutrition Services
- Early care and education
- Child welfare

Key Qualifying Risk Factors for InCK Services

- Out of Home Placement Risk
- Functional symptoms or impairments in any of the core service area domains

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Closed Loop Referrals Across Core Child Services

- PCP, CBO, InCK CIM/ACMT and family track referral information directly on a referral platform

- Provide timely follow-up to the PCP, CBO, InCK CIM/ACMT

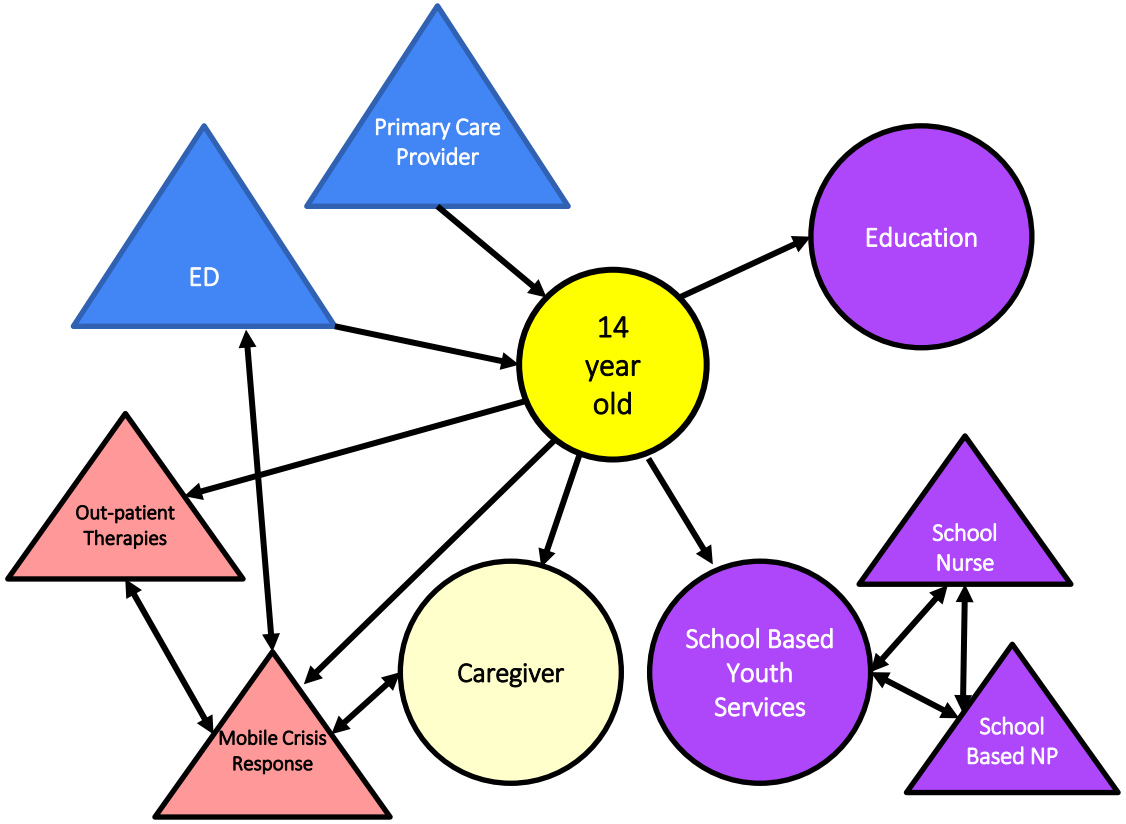
- Use a workflow and AHRQ Pathway system to ensure needs are met
- If needs are unmet, then documentation will direct new Path.

Shared Plan of Care (SPOC)

- The *Shared Plan of Care (SPOC)* is completed with the family/youth and captures medical, social and behavioral services used by family/youth
- Family/youth, InCK CIM/ACMT, CBO and PCP are able to *collaborate and operate from the same page* - asking what the family/youth feels they need
- Family/youth *has a clear contact person and access to their SPOC*
- The ACMT monitors progress and adjusts the SPOC as needed with input from the family/youth, PCP and CBO

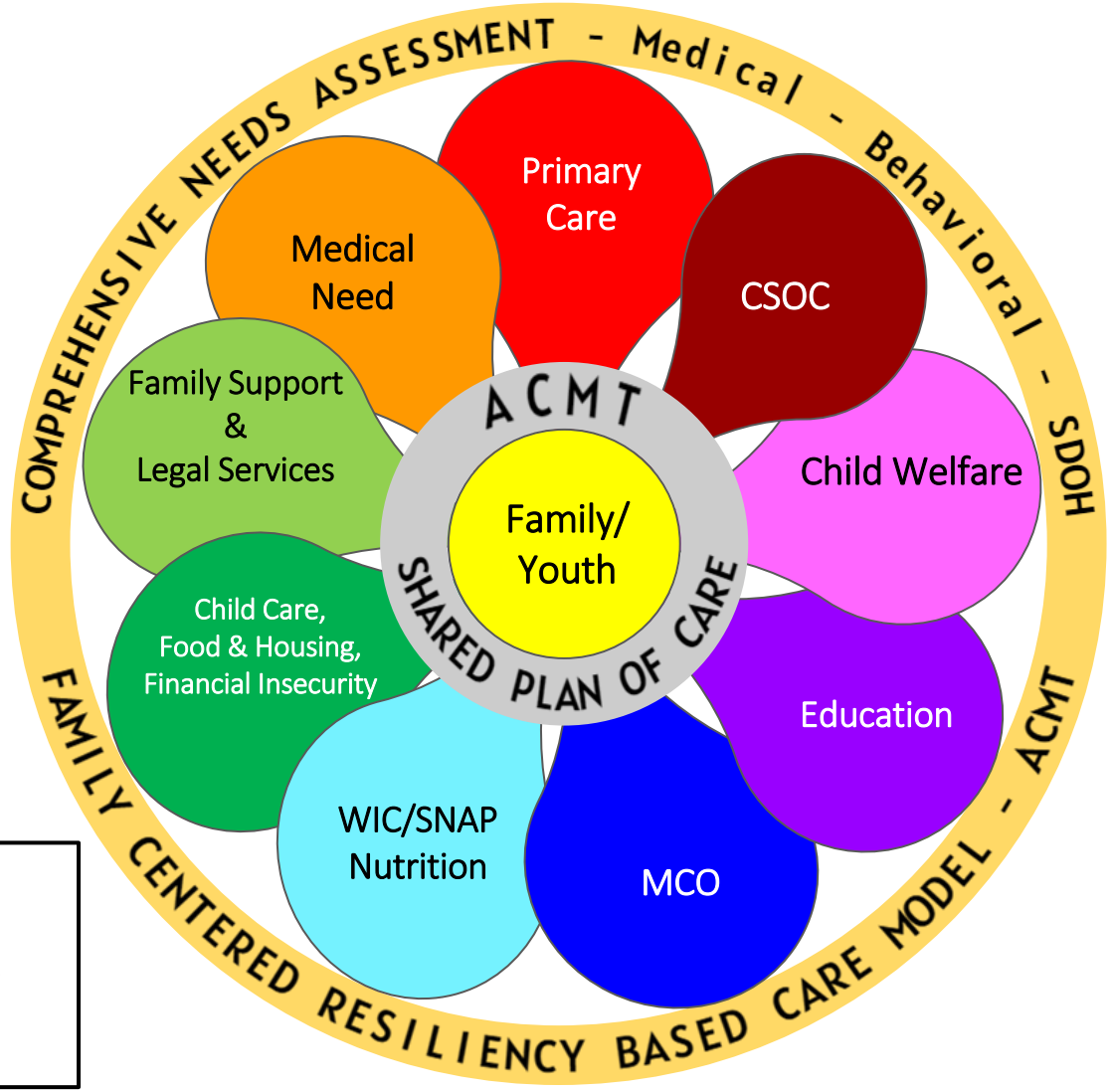
Adolescent - 14 year old

Current System



- Parent substance abuse
- Parent and adolescent depression and anxiety
- Sub-specialty needed
- From out of state
- Hydrocephalus
- Incontinence
- Child abuse/trauma
- Insurance/temporary Medicaid
- Housing
- School IEP
- Premature

InCK System



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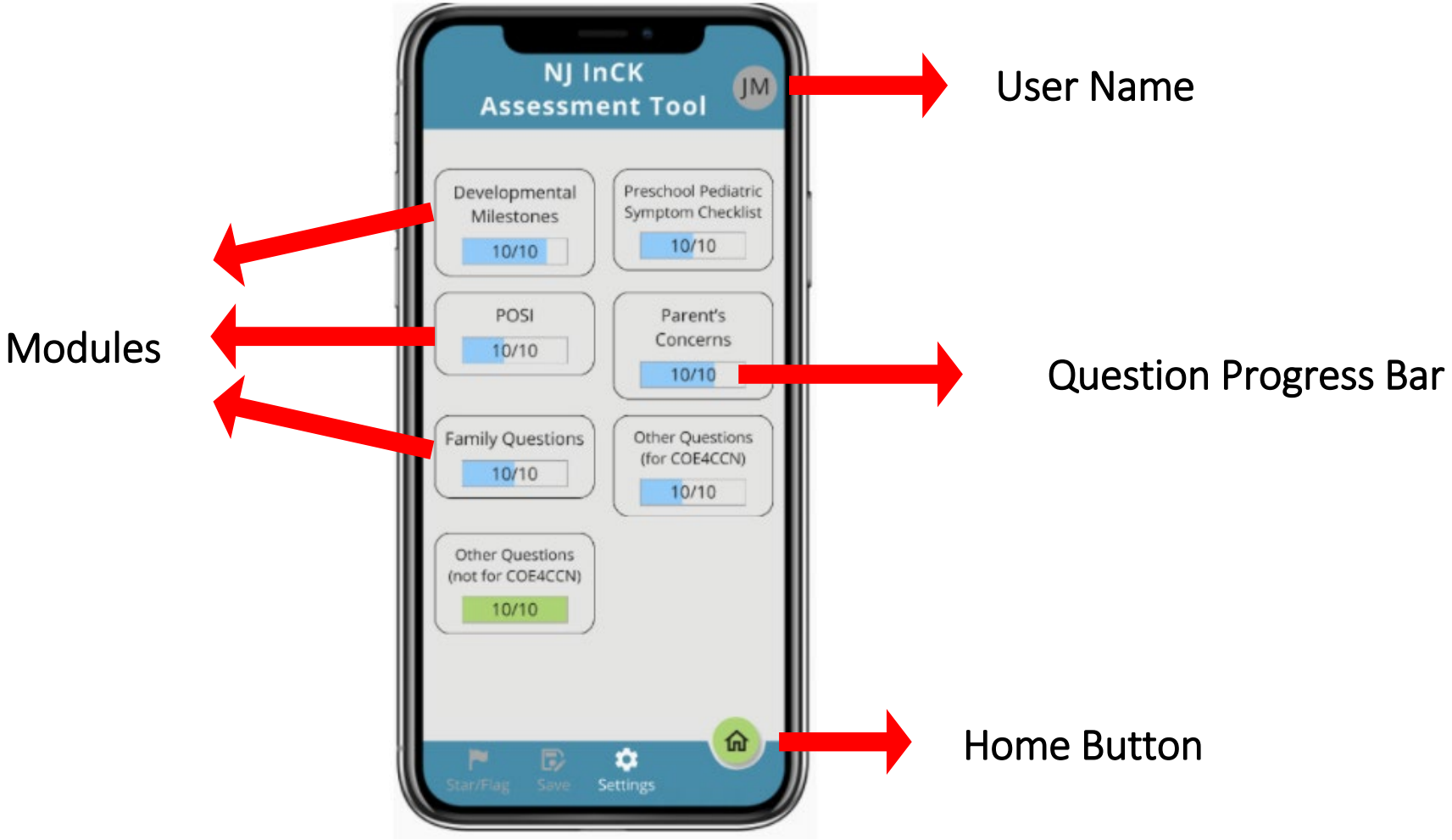
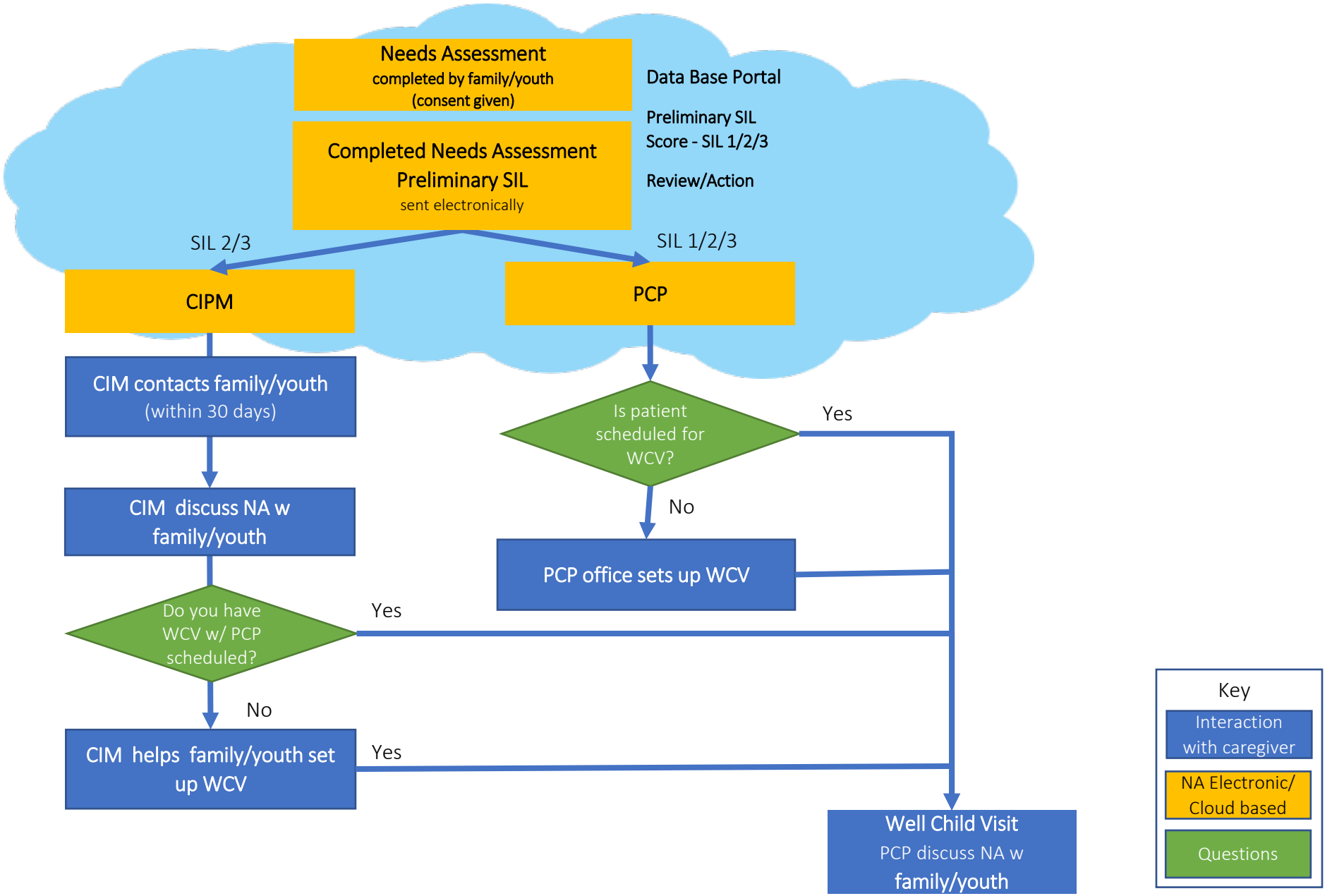
Using Leading Edge Technology for Development and Social Screening



Process when Needs Assessment is completed



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NJ InCK & NJ 211

- NJ InCK intends to partner with NJ 211 (contract approval pending with CMS) to create a new electronic user interface for accessing the 211 database and creating referral suggestions based on the needs assessment, tracked referrals, automated service eligibility.
- PCP offices and NJ InCK partners will be offered the opportunity to use this system for their NJ FamilyCare kids.
- Families/Youth will also be able to access this new system and generate their own resource referrals.

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NJ InCK & NJ 211

If a patient falls into level 2 or 3 they will be assigned a CIM/ACMT to review the already established plan of care from the PCP/key care coordinator or case manager

- InCK staff will assist families youth in determining what referrals are needed to address the concerns provided based on the results of the needs assessment and further discussions
- For SIL 2 & 3 kids the new NJ 211 system will be integrated into the care management platform for seamless use
- Referrals will be linked to established care pathways to document this aspect of pathway workflow, as well as the patient/family outcome
- For ACMT assigned kids, the CHW will be responsible for ensuring these referrals are followed up with in a timely manner and closed or revised

Service Integration Levels (SIL)

- *Preliminary Service Integration Levels (SILs) are generated after the Needs Assessment is completed and reviewed by the PCP and CIM.*
- SIL 1: If the family/youth does not have other qualifying medical/social dysfunction not picked up by the Needs Assessment, the family/youth will remain in SIL 1. They will continue to follow-up with their PCP for coordinated care. If at any time, if the PCP believes the family/youth has experienced changes in medical or social areas, the PCP will refer to the CIM and a change in SIL will be considered.
- SIL 2: Family/youth exhibits medical **and** social complexities and is in need of **multiple** services and resources.
- SIL 3: Family/youth exhibits medical and social complexities as above. Also, the youth is either at risk for out-of-home placement or is already experiencing out-of-home placement.

WHAT is the Care Integration Program?

- The *Care Integration Program* is the first point of contact for all new family/youth beneficiaries.
- The Care Integration Managers (CIMs) are *"Air Traffic Controllers"*
  - The CIM reviews the preliminary SIL in light of the claims history, the Needs Assessment, as well as other sources of information, such as from the PCP or other InCK Partner community agencies
  - The CIM contacts the family/youth, confirms the SIL 2 or 3 appropriateness with them, and if they consent to participation, conducts an Intake
- As a component of the intake the CIM determines the lead care coordinator for the family/youth—potentially assigning an *Advanced Care Management Team (ACMT)*

WHAT is the Advanced Care Management Team (ACMT)?

- Provides ***hands-on care management*** for those SIL 2 & 3 family/youth without sufficient care coordination from another source
- Meets regularly with the family/youth in their home community or doctor's office
- **Team includes:**
  - Licensed Social Worker (LSW)
  - Community Health Worker (CHW)
  - Child Life Specialist (CLS)
  - Family Support Specialist (FSS)

The goal of the ACMT is to provide community-based assistance for family/youth who have complex intersecting social & medical needs, including risk for or current status in out of home placement.

Role of Licensed Social Worker (LSW)

- Is the team lead for the ACMT, responsible for overseeing the ACMT staff and tracking program deliverables
- Experienced with care coordination, leadership, family engagement, primary care and community resources.
- **Supervises:**
  - Community Health Worker
  - Family Support Specialist
  - Child Life Specialist

Role of Community Health Worker (CHW)

- Builds individual and community relationships
- Aids communication between family/youth and the PCP to clarify cultural differences
- Bridges the gap between communities and the health and social service systems.
- Provides direct assistance with accessing community resources
- Facilitates communication between ACMT, state and local municipalities, PCP, Core Child service providers

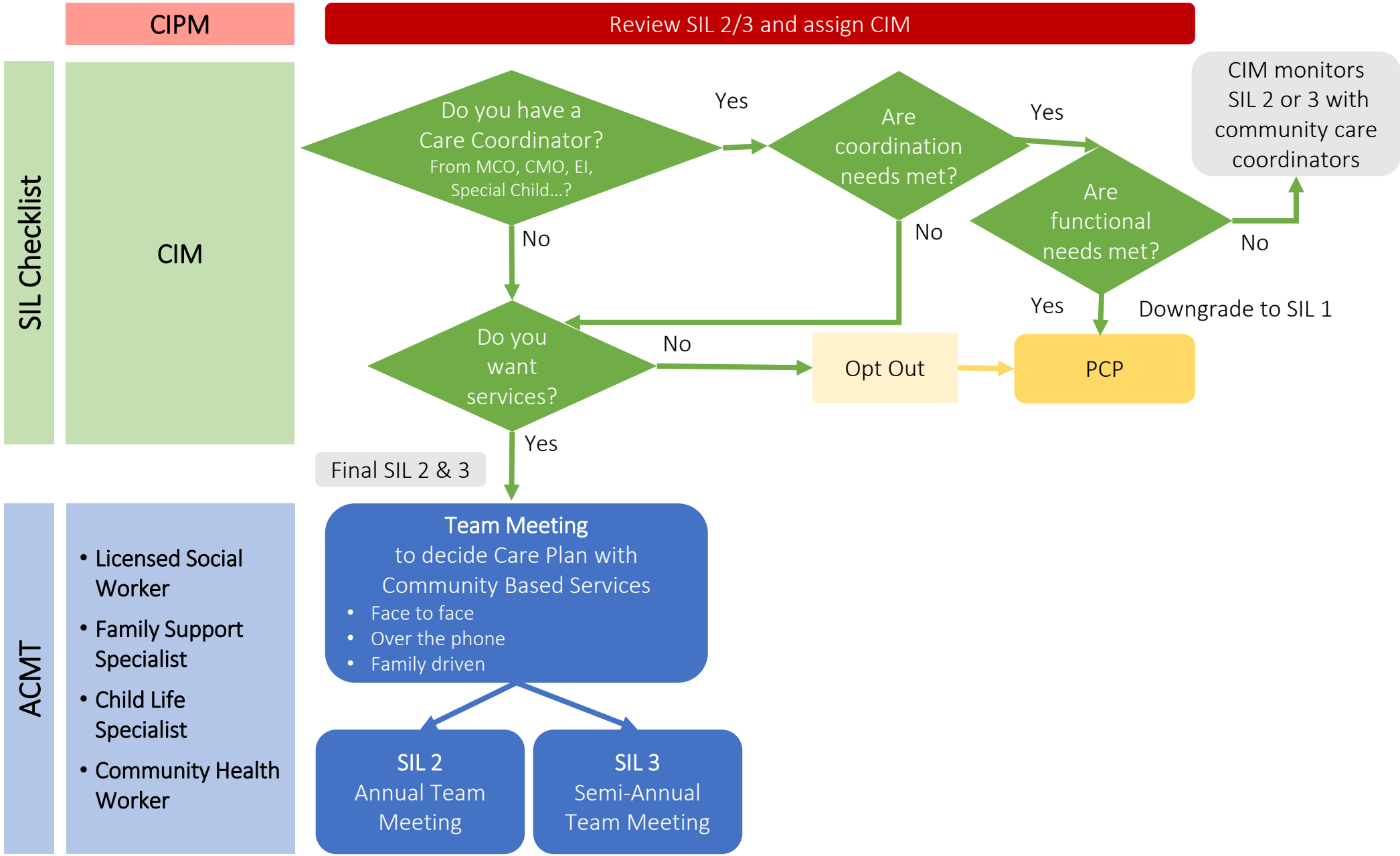
Role of Child Life Specialist (CLS)

- A Child Life Specialist consistently integrates age specific and culturally diverse concepts into patient care, taking into consideration the patient's chronological age as it relates to developmental functioning and supporting family/youth in adjusting to injury, diagnosis, chronic illness or disability, including anticipating concerns and issues
- The NJ InCK CLSs will focus on adolescents, specifically focusing on setting the child/youth up for a smooth transition to adulthood.
- **Key roles include**
  - Building report
  - Teaching Advocacy and Empowerment

Role of Family Support Specialist (FSS)

- Assist the families in learning about the dynamics of systems, such as, education, health and social services
- Empower families in advocating for their children with other professionals providing services
- Give families an opportunity for parent-to-parent support
- Assist families in learning tools , such as Shared Plan of Care and Care Mapping, to help with navigating through multiple systems

CIM/ACMT Process for Preliminary SIL 2 & 3



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Questions?

NJAAP NJ InCK Team

609.842.0014

njinck@njaap.org

Join us for our upcoming sessions!

Remodeling Healthcare for Children with NJ FamilyCare:
Enhancing Cultural Competence

Wednesday, November 10th
12-1 PM

Sophia Jones, PhD
Training and Consultant Specialist,
Rutgers Behavioral Research and Training Institute

Register Here!

Remodeling Healthcare for Children with NJ FamilyCare:
Q&A Session

Thursday, December 9th
12-1 PM

Register Here!

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