Division of Medicaid and Medical Assistance

CHILDREN WITH MEDICAL COMPLEXITY ADVISORY COMMITTEE
CHILDREN WITH MEDICAL COMPLEXITY

ADVISORY COMMITTEE AGENDA

▪ Welcome and Roll Call – DMMA Director, CMCAC Chair, Steve Groff
▪ Review Notes from July 17th meeting
▪ General Updates
  ▪ 4/17/19 Meeting notes revisions
  ▪ Annual Summary
  ▪ Website – links and family involvement
▪ Skilled Home Health Workgroup Quarterly Report
▪ Private Duty Nursing Workforce Study
▪ Emergent Care Decision Tree
▪ Data Workgroup Quarterly Report
▪ Data Update
▪ Private Duty Nursing Gaps in Care Update
▪ Public Comment
## SKILLED HOME HEALTH NURSING WORK GROUP

### QUARTER 3 ACTIVITIES
- Met bi-weekly
- Arranged for University of Delaware Center for Disabilities Studies to conduct the Workforce Capacity Study
- Finalized definition of emergent care and PDN Emergent Care Decision Tree
- Obtained hospital and home health agency perspective on Prior Authorization (PA) process
- Identified need to review DE Medicaid Provider Manual content specific to PA process
- Identified need to review DE Home Health Agency Regulations specific to the provision of PDN

### KEY ISSUES TO NOTE
- Workforce Capacity Study is moving forward
- Emergent Care definition and Emergent Care Decision Tree finalized with extensive family input
- Obtained information on PA process from multiple perspectives

### UPCOMING ACTIVITIES
- Conduct Workforce Capacity Study
- Develop toolkit for navigating the PA Process
- Complete review of Medicaid Provider Manual and Home Health Agency Regulations
- Upcoming meetings: 10/21, 11/4, 11/18

### 2019 Q1
- Finalize work plan
- Present highlights to Advisory Committee

### 2019 Q2
- Design workforce study
- Review existing provider/provider agency PA process

### 2019 Q3
- Develop PDN Emergent Care definition and Decision tree
- Arrange for administration of Workforce Capacity Study
- Collect feedback regarding PA process from multiple stakeholder groups

### 2019 Q4
- Conduct Workforce Capacity Study
- Develop toolkit for PA process
- Complete review of Provider Manual, Home Health Agency Regulations
- Review timeline for cultural competency training prior to year end based on Family Voices’ availability
EMERGENT CARE DECISION TREE

STRENGTHEN THE NETWORK OF HOME HEALTH PROVIDERS FOR CHILDREN WITH MEDICAL COMPLEXITY.
Private Duty Nursing Emergent Care Decision Tree

Emergent Private Duty Nursing (PDN) Need

1. Nurse/nursing agency conducts an assessment with the family/guardian to determine health and safety needs of member.

2. Nurse/nursing agency notifies the member’s MCO care coordinator and physician (PCP) about the emergent PDN need/situation.

Is the backup/secondary caregiver able and available to provide and/or direct care?

- YES
- NO

Emergent PDN Need = Parent/primary caregiver is unexpectedly unable to provide or direct care for the member with complex medical needs.
Private Duty Nursing Emergent Care Decision Tree

YES
1. Backup plan is activated.
2. Backup/secondary caregiver assumes primary caregiver role and responsibilities.
Nurse/nursing agency works with backup/secondary caregiver.
PDN services/authorizations are re-evaluated to determine if increased hours or services are needed and available.

NO
See page 2

Increased hours needed
1. Nursing agency notifies PCP and obtains feedback regarding next steps and care plan orders.
2. MCO completes prior authorization.
3. MCO care coordinator supports as needed.
4. Effectiveness of backup plan reassessed every 24-48 hours to ensure member’s safety and health are maintained.

No need to increase hours
Effectiveness of backup plan reassessed every 24-48 hours to ensure member’s safety and health are maintained.
Private Duty Nursing Emergent Care Decision Tree

See page 1

NO

Nurse/nursing agency assesses and evaluates health and safety needs of the member to determine if needs can be met at home

NO

Nurse/nursing agency, MCO coordinator, PCP and family/guardian discuss different options and possible arrangements for transferring a member to an inpatient facility appropriate for the member’s level of care.

NO

Not safe to maintain member in home.

NO

The need for PDN services cannot be met.

NO

The need for PDN services can be met.

YES

PDN services are evaluated every 24-48 hours.

1. Nurse/nursing agency notifies PCP and requests order for increased PDN hours.
2. MCO completes prior authorization.
3. MCO coordinates supports as needed.

YES

Maintain member in the home and reassess health and safety every 24 hours.
## DATA WORK GROUP QUARTERLY REPORT

**PERIOD ENDING SEPTEMBER 30, 2019**

### QUARTER 3 ACTIVITIES
- Met biweekly
- Reviewed MCO PDN gaps in care data
- Completed collection of demographic data and utilization data for CY 2014-2017 and initial analysis
- Secured Vital Research to conduct family focus groups and survey

### KEY ISSUES TO NOTE
- Findings from demographic and utilization data trend analysis
- Continued review of MCO PDN gaps in care data

### UPCOMING ACTIVITIES
- Develop and implement family focus groups and survey
- Begin analysis of MCO PDN gaps in care data
- Complete collection/analysis of demographic and utilization data for CY 2014-2017
- Upcoming meetings: 10/22, 11/5

### 2019 Q1
- Identify CMC population
- Present initial data to Advisory Committee
- Draft elements for MCO PDN gaps in care analysis

### 2019 Q2
- MCOs complete PDN gaps in care analysis. Workgroup reviews results
- Present initial summary to Advisory Committee
- Analysis of CY 2017 demographic and utilization data

### 2019 Q3
- Secure resource for family focus groups and survey
- Reviewed MCO PDN gaps in care data
- Continue analysis of demographic and utilization data

### 2019 Q4
- Continue analysis of MCO PDN gaps in care data
- Develop and implement family focus groups and survey
- Continue analysis of demographic and utilization data
- Present updates
PRIVATE DUTY NURSING
GAPS IN CARE UPDATE
PUBLIC COMMENT