Division of Medicaid and Medical Assistance

CHILDREN WITH MEDICAL COMPLEXITY ADVISORY COMMITTEE

PRIVATE DUTY NURSING GAPS IN CARE: ANALYSIS UPDATE
Process Overview

- Developed a reporting sheet and instructions
- DMMA provided MCOs with list of children who received PDN in CY 18
- MCOs collaborated with nursing agencies to complete data collection
- MCOs compiled PDN gaps in care data and results sent to DMMA for initial analysis

Preliminary Findings (presented July 2019 CMCAC meeting)

- Stratified number of children who received PDN by MCO
- Stratified number of children who received PDN by county
INITIAL FINDING

Children Receiving Private Duty Nursing (PDN)
Calendar Year 2018

Total Number of Children

N = 266
### GAPS IN CARE DATA ANALYSIS: AREAS OF EXPLORATION

<table>
<thead>
<tr>
<th>Geography</th>
<th>Number of PDN Agencies Serving Each Child</th>
<th>PDN Hours Authorized*</th>
<th>Reason Codes for Gaps in Care</th>
</tr>
</thead>
</table>

*Note: Authorized includes “flex” hours*
CHILDREN RECEIVING PDN BY COUNTY

Total Children
N=266

New Castle
Kent
Sussex
# Gaps in Care Data Analysis: Areas of Exploration

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PRIVATE DUTY NURSING (PDN) AGENCY DISTRIBUTION

Number of PDN Agencies Serving Each Child

- 1 Agency
- 2+ Agencies
PRIVATE DUTY NURSING (PDN) AGENCY DISTRIBUTION, BY COUNTY

Number of PDN Agencies Serving Each Child

1 Agency

County #1

County #2

County #3

Number of Children

Percent of Children

Number of Children with Gaps

Percent of Children with Gaps

Reason Codes for Gaps
# Gaps in Care Data Analysis: Areas of Exploration

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DATA CONSIDERATIONS FOR PDN HOURS AUTHORIZED

*By Each Month*

- Number of Hours
- Number of Children with Hours
- Percent of Children with Hours
- Average Authorized Hours per Child
- Number of Hours *Not Covered*
- Number of Children with Gap
- Percent of Children with Gap
DATA CONSIDERATIONS
FOR PDN HOURS AUTHORIZED

By Calendar Year (2018)

- Total Number Hours
- Total Member Months
- Average Hours per Member Month
- Total Number of Hours Not Covered
- Total Number Member Months with Gap
# Gaps in Care Data Analysis: Areas of Exploration

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REASON CODES FOR GAPS IN CARE

- AD  Agency declined
- AI  Acute increase in child's care needs
- FLEX  Flex hours were approved but not needed
- FD  Family declined/family deferred
- HO  Child was in the hospital
- ILL  Child was ill
- MD  Child had a medical appointment
- NA  Staff not available (e.g. holiday/night shift, weekend shift)
- OTHR  Other reason
- SCH  School closure
- UN  Agency(ies) unable to staff
- WE  Inclement weather
PDN ANALYSIS GAPS IN CARE: NEXT STEPS

- Continue to review initial data results to consider approach for analysis
  - Focus on county-level data vs. agency-level data?
  - Focus on number of children vs. member months?

- Consider impact of nursing staffing and availability on agency-level data

- For total authorized hours → separate regular authorized hours from “flex” hours

- Review and update gap reason codes for more precise definition and accurate results

- Conduct data comparison analysis of children with higher vs lower authorized hours

- Further explore authorization process from provider approval to home care delivery

- Leverage the knowledge gained through the Gaps in Care Analysis with other inquiries such as the Workforce Capacity study and the Family Satisfaction Focus Groups and Survey

- Continue bridging discussions between data and SHHN workgroups