

DELAWARE'S CHILDREN WITH MEDICAL COMPLEXITY ADVISORY COMMITTEE

October 11, 2022

9:00 -11:00 AM

Meeting Notes

Welcome and Roll Call	<ul style="list-style-type: none"> DMMA Director and CMCAC Chair, Stephen Groff welcomes everyone. Attendees announce their name and affiliation via the chat box.
DMMA Update	<p>Director Groff discussed the following information:</p> <ul style="list-style-type: none"> The COVID-19 PHE (Federal Public Health Emergency) is still in effect but may end in January 2023. However, this end date is not guaranteed, and notification of the actual expiration date will be sent out from DHSS 60 days prior to such date. The importance of having members update their personal information with Medicaid as unwinding efforts continue. This will ensure the continuity of benefits post-PHE. Informed that Medicaid is moving forward with 1115 Waiver Amendment and is working with CMS regarding changes requiring implementation. DMMA continues work on a new respite benefit for children with complex medical conditions and children with intellectual disabilities and behavioral health concerns. Children with Autism Spectrum Disorder currently have this benefit through the Department of Education, which ends on December 31, 2022. DMMA is working towards enrolling all qualified children to ensure continuity of services. DMMA has scheduled multiple family and provider stakeholder sessions regarding the New Medicaid Pediatric respite benefit. Registration can be completed through the following Virtual Listening Sessions for families registration link: https://dhss.delaware.gov/dhss/dmma/files/cmc_pediatric_respite_family_listen_sessions.pdf The powerpoint will be uploaded at a later date to our CMC page: (https://dhss.delaware.gov/dhss/dmma/children_with_medical_complexity.html). CMS Health Home option update for Children with Medically Complex Conditions: CMS published guidance for states regarding guidance for Health Homes for Children with Medical Complexity. This would be an optional benefit for children with a focus on comprehensive system care coordination. For more information on this new benefit/grant please view: https://www.grants.gov/web/grants/view-opportunity.html?oppId=343826 DMMA will further explore details regarding this optional benefit. Potential option suggested by parent advocate to train family members, post-hospital discharge, on how to best care for a loved one. DMMA will explore if this is possible through the parameters of the optional health home benefit. Parent advocate stated she will do more research on her inquiry and will follow up with the team. Director Groff announced that he will be retiring as the Director of Delaware Medicaid at the end of December 2022 and this will be his last CMCAC meeting.
SHHN Quarterly Report	Overview of Skilled Home Health Nursing (SHHN) Quarterly Report was provided.

<p>DME and Supplies Quarterly Report</p>	<p>Overview of DME and Supplies Quarterly Report was provided.</p> <p>Suggestion posed by parent advocate to move the next DME and Supplies work group meeting due to Election Day.</p>
<p>CMCAC: Health Homes</p>	<p>DMMA reviewed the Medicaid 1945A Health Home Optional State Benefit for Children with Medically Complex Conditions</p> <ul style="list-style-type: none"> • CMS recently put out guidance for States on a new Optional Benefit called Health Homes for Children with Medically Complex Conditions. • This benefit is not mandatory; states have the option to decide whether to include this benefit in their Medicaid program. The health homes benefit option is focused on care coordination for Children with Medical Complexity. The goal is to support the coordination of prompt care and improve health outcomes for Children with Medical Complexity. • The health homes benefit seeks to create a comprehensive system of care coordination. • The new benefit would be provided to Medicaid eligible children up to age 21 with medically complex conditions. • The care coordination services would be offered by a designated provider, a team of health care professionals operating with a designated provider, or a health team as the child’s health home services provider. • This option provides enhanced FMAP for care coordination services (not care services) for the first two quarters the option is implemented. • The definition of a child with Medically Complex Conditions used by CMS: <ul style="list-style-type: none"> ○ One or more chronic conditions that cumulatively affect three or more organ systems and severely reduces cognitive or physical functioning (such as the ability to eat, drink, or breathe independently) and that also requires the use of medication, durable medical equipment, therapy, surgery, or other treatments; or one life-limiting illness or rare pediatric disease. ○ Chronic condition defined as “a serious, long-term physical, mental, or developmental disability or disease” and includes but is not limited to: <ul style="list-style-type: none"> ▪ Cerebral palsy; Cystic fibrosis; HIV/AIDS; Blood diseases, such as anemia or sickle cell disease; Muscular dystrophy; Spina bifida; Epilepsy; Severe autism spectrum disorder; and/or Serious emotional disturbance or serious mental health illness. ○ The child’s condition does not have to be specifically listed as an example but needs to meet the definition of “chronic condition,” such as long COVID. • DMMA is pleased to see that CMS is bringing attention to an issue that we here in Delaware have already been working on through the CMC work groups. • Through the dedication of the CMC work groups and collaboration of parents, advocates, providers, and MCOs, Delaware is already on the path of enhancing and improving care coordination for CMC.
<p>PDN Provider Specific Policy Manual</p>	<p>DMMA discussed the summary of changes to the PDN Provider Specific Policy Manual:</p> <ul style="list-style-type: none"> • General: All of the areas where changes were made were based on input provided by SHHN workgroup, including family, provider and MCO stakeholders. A list of specific edits to the manual follows.

- Additional language was added to the Overview section to clarify that the manual’s scope was specific to children under age 21.
- Additional language was added to the Overview sections to include a more detailed definition of Medical Necessity. This language was taken directly from Appendix H of the General Policy Manual
- Within the medical necessity language, additional text was recommended to allow for maintenance of adaptive functioning, not solely attaining or retaining independence.
- Within the service definition section, a reference to Title XIX Medicaid authorized by Section 1905(a)(8) of the Social Security Act and 42 CFR§440.80 was added to clarify policy basis for PDN within Medicaid regulations
- Within the service definition section, additional language was added to clarify types of settings where PDN was provided.
- Within the service definition section, additional language was added to include flexibility for the provision of HHA and CNA services for individuals who do not meet entrance or maintenance criteria for PDN.
- Within the service definition section, removed language referencing cost of care, stressing that review of medical necessity for PDN services will be considered according to EPSDT.
- Within the Qualified Providers section, removed detail about total hours worked per shift as DOL regulations define hours worked for PDN
- Within the Qualified Providers section, added new language indicating that Care Coordination will be provided to all children receiving 8 or more hours of PDN when the child is served by an MCO.
- Within the Documentation section, new language was added referencing the DMAP General Policy Manual Section 1.12, provider specific policy manuals, and MCO contracts regarding documentation standards
- Within the Documentation section, clarifying language was added regarding the nature of the assessment needed being comprehensive detailing specifically the nursing skills required to meet the child’s care needs
- Within the Documentation section, removed language indicating “adequate documentation” with clarifying language indicated in # 10 above. Included reference to DMMA General Policy Manual, Delaware Administrative Code 4410, other regulations specified by the Delaware Office of Health Facilities Licensing and Certification specific to the setting where PDN services are delivered, and practice guidance detailed by the Delaware Division of Professional Regulation- Board of Nursing.
- Within the Reimbursement section, added language to indicate that MCOs establish rates for reimbursement
- Within the Reimbursement section, removed language indicating that rates will be reviewed annually as this is not a current practice
- Within Prior Authorization section, removed previous language referencing sending requests to specific state office locations as some are no longer receiving requests. Language added to indicate referencing the General Policy Manual for contact information of the office where authorization requests should be sent.
- Within Prior Authorization section, updated all language with current DMMA prior authorization practices per Diane Anton.

	<ul style="list-style-type: none"> • Within Prior Authorization section, added new language regarding MCO authorization process and use of industry approved decision-making tools and clinical judgement of the reviewer • There is one final section that the group is working to finalize, but the remainder of the changes will move forward.
Future Work Group Meetings	<ul style="list-style-type: none"> • A Request was made for more participants to join the work groups. • Recommendation from parent advocate to open the invitation to join the work group to the public. • DMMA Chief informed that meeting dates can be posted on the CMC website for the public and all materials will be on CMC website.
COVID-19 Update and Discussion	<ul style="list-style-type: none"> • Director Groff gave an update on COVID-19 and the division’s work and priorities around the PHE.
Public Comment	<ul style="list-style-type: none"> • In response to the Private Duty Nursing Updates, one parent shared that “it is important to include the review and consideration of the physician’s letter of medical necessity (LMN) for each child when the medical reviewer makes a decision on child’s care/service needs and prior to a denial being issued.” Parent also had a concern of child not seeing PCP in time for LMN to be completed on time for approval to be received for services or device(s). Another Parent informed that LMN can be completed by any physician treating child for the condition that LMN is being written for. Another parent feels this is a case specific concern that should be addressed with care coordination. • DMMA recommended the parent to submit recommendations for the workgroup to review and to also view updated policy surrounding this topic. DMMA further stated that the Peer-to-Peer process will be revised in regard to timing, with a focus on ensuring that providers have timely communication with doctors. • A parent had a concern regarding the new benefit for pediatric respite and believes that it may clash with the PDN benefit. Parent asked, “will home health nursing committee discuss this concern?” • DMMA informed that the two benefits are being handled separately and DMMA will be working this all out with MCOs. DMMA further informed that there have been discussion surrounding this in the HH Skilled Nursing Workgroups and that the new respite benefit is not meant to take over from the PDN benefit and is not meant to be used instead of the PDN benefit.

Future Meeting Dates: These will be scheduled and sent out to the group.

✚ All CMCAC meetings are currently held via Zoom due to the COVID-19 PHE.