

DELAWARE'S CHILDREN WITH MEDICAL COMPLEXITY ADVISORY COMMITTEE

April 11, 2023

9:00 AM -11AM

Meeting Notes

Welcome and Roll Call	<ul style="list-style-type: none"> DMMA Interim Director and CMCAC Chair, Theodore (Ted) Mermigos welcomed everyone. Attendees announced their name and affiliation via the chat box.
DMMA Update	<p>Pediatric SDAC and Respite Update</p> <p>DMMA Chief of Managed Care Operations, Kathleen Dougherty, provided the following information regarding Pediatric Self Directed Attendant Care (SDAC) and Respite:</p> <p>SDAC Update:</p> <ul style="list-style-type: none"> DMMA summarized the pediatric SDAC benefit and acknowledged that the benefit was implemented in a short timeframe (within 3 months) in order to support families as quickly as possible. DMMA is scheduling a webinar to discuss SDAC and to hear questions and concerns. Webinar details are forthcoming. The webinar will address the questions raised during this meeting. Questions from parent-advocates regarding SDAC included: <ul style="list-style-type: none"> Where does the 40-hour limit come from? Who is regulating the rates? Can a parent take on the shifts unable to be covered by another caregiver due to burnout? How can families be protected through the appeal and denial process when they do not have the number of authorized hours they need? Should there be a Caregiver Bill of Rights? What happens when there is no caregiver or nurse available to cover shifts? Concern over hours being denied due to parent availability, rather than the child's medical needs. DMMA explained the following: <ul style="list-style-type: none"> Each employee can only work a maximum of 40 hours weekly hours because a 40-hour work week is a standard work week for one person and helps prevent burnout. This is the standard for many states. The 40 hours maximum per caregiver comes from the total authorized pool of hours, documented in the child's Letter of Medical Necessity. Families can choose how these 40 hours are distributed among caregivers, as this benefit is self-directed. Managed Care Organizations (MCOs) set the rates. DMMA does not direct the rates. Denied requests for more hours can be appealed.

- The National Association of Health Care Policy (NASHP) and other external organizations are working on ways to protect and further support caregivers.
- DMMA encouraged families to keep their care coordinator up to date on these issues.

Families expressed appreciation for DMMA getting this benefit set up and for working to support families in Delaware. Respite Update:

- DMMA provided an overview of the new pediatric Medicaid funded Respite benefit through the 1115 waiver and how it differs from Department of Developmental Disabilities Services (DDDS) state funded Respite benefit:
 - As of 1/1/23, new respite services in DE will be provided through Medicaid. If a child is eligible for the new Medicaid respite services, they will get respite services through Medicaid. If a child is not eligible for Medicaid and was previously supported with that state funded respite benefit, they will continue to receive state funded respite through DDDS. Types of respite offered through Medicaid include: In Home, Out of Home, Skilled, Un-Skilled, and Emergency Respite.
 - Respite can be provided in home or in a skilled facility.
 - Medicaid Respite would have to be utilized first before using DDDS Respite. DDDS Respite is funded completely by state dollars and DDDS is not matching funding.
 - Any Respite formerly approved by DDDS will be honored, but Medicaid-eligible members will be moving over to the Medicaid Respite benefit.
 - DMMA is in the process of setting up a webinar on the topic of the Respite benefit.
 - Questions about Medicaid respite services should go to your MCO Care Coordinator.
- Questions from parent-advocates regarding Respite included:
 - If a child meets a Nursing Facility Level of Care, does respite need to be provided by a nurse? There is concern regarding the contracted rates being higher than the hourly rates.
 - Is the respite wage being taxed? In the past, respite dollars went directly through to the parent to pass on to the Respite worker, now that it goes through an agency, it is taxed. This impacts the incentive to families because it reduces the total revenue available to pay caregivers.
 - Regarding eligibility for SSI: Are the wages that the parent receives providing SDAC/Respite counted as income for eligibility determination for SSI? If so, how does this impact child's eligibility for SSI? Does providing SDAC/Respite jeopardize a child's eligibility for SSI?
- DMMA explained the following:
 - Medicaid Respite is no longer solely state-funded, it is Medicaid funded. DMMA does not determine the rates.
 - Questions that could not be answered in this meeting will be addressed during the webinar.
 - The Medicaid program has to follow federal regulations.
- Parents expressed appreciation for the work Delaware does to support families who need home care.

SHHN Quarterly Report	An overview of Skilled Home Health Nursing (SHHN) Quarter 1 Report was provided. The report includes Workgroup actions, key issues noted, and upcoming activities. The Quarter 1 Report is available on the DMMA CMC website.
DME and Supplies Quarterly Report	An overview of DME and Supplies Quarter 1 Report was provided. The report includes Workgroup actions, key issues noted, and upcoming activities. The Quarter 1 Report is available on the DMMA CMC website.
COVID-19 PHE Unwinding Update	<p>The DMMA Interim Director discussed the implications of the end of the COVID Public Health Emergency (PHE Unwinding) and DMMA’s work and priorities around this process including the following information:</p> <ul style="list-style-type: none"> • Unwinding has begun as of April 2023. • Members will need to renew their Medicaid over the course of the unwinding period. • Members should look out for all communications related to the PHE and verify information immediately to ensure that their renewal will be completed in a timely manner. • Press releases, flyers, social media posts, etc. are being sent out regarding passive renewals. If a person can be passively renewed, they will not receive a letter. If someone does not qualify for a passive renewal, the individual would need to complete the redetermination per instructions in the letter. The below link regarding the renewal process was provided to committee members: https://www.dhss.delaware.gov/dhss/dmma/de_medicaid_eligibility_renewal.html • Individuals can also sign up for Assist Worker Web to track redetermination progress. The below link regarding Assist Worker was provided to committee members: https://assist.dhss.delaware.gov/ • DMMA commits to notifying members and stakeholders of coming changes at each stage and pursuing strategies that reduce the burden on members. • Individuals can also contact their care coordinator for assistance
Future CMCAC Meetings	Next CMCAC Meeting - 7/11/23, 9:00 AM
Public Comment	Family Advocate Comments – “Thank you. It has been a huge help already! Thank you for clarifying limits to hours (for SDAC/Respite) and thank you for giving families this option! Thank you for hearing and implementing (new benefits).”

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