<table>
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<th>Priority Level</th>
<th>Action Item</th>
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| 1             | Keep the Children with Medical Complexity Steering Committee in place.  
• Continue meeting with the CMC Steering Committee. Meetings are held quarterly. |
| 1             | Uniformly circulate the Delaware Specific Definition of Children with Medical Complexity through DMMA and MCO provider quarterly bulletins (Q1 2019, On the DMMA CMC webpage, DHSS Facebook page, and any other means the Advisory Committee has access too). |
| 1             | Develop CMC web page on DMMA site with links to resources and information |
| 2             | Perform a comprehensive data analysis as it relates to children with medical complexity.  
• Analyze data to identify the population of children with medical complexity in the state of Delaware.  
• Analyze data to review potential service gaps identified by the workgroups, as well as identify any additional service gaps, that impact the care coordination and health care delivery for children with medical complexity. |
| 3a            | Strengthen the network of home health providers for children with medical complexity.  
• Evaluate provider capacity, of both FFS and Managed Care Networks, of Skilled Home Health Nurses.  
• Review and make transparent the Prior Authorization and approval process.  
• Work with MCOs to expand provider capacity where needed.  
• Develop Competency/Training for home health providers regarding CMC – People first language; Family-Centered Care; multilingual (including ASL)  
• Assess and/or develop mechanisms for children with medical complexity when parents/caregiver is presented with emergent situation and unable to provide care.  
  o Include nursing call out, not just family emergency. |
| 3b            | Strengthen the network of home health providers for children with medical complexity.  
• Evaluate provider capacity, of both FFS and Managed Care Networks, of home-based physical, occupational, and speech therapy.  
• Review and make transparent the Prior Authorization and approval process.  
• Work with MCOs to expand provider capacity where needed.  
• Develop Competency/Training for home health providers regarding CMC – People first language; Family-Centered Care; multilingual (including ASL) |
| 3c            | Strengthen systems of care for children with medical complexity.  
• Review and revise, as appropriate, policies and processes for the Children’s Community Alternative Disability Program (CCADP) including, but not limited to redetermination of medical eligibility requirements and Provider Policies.  
• Publish informational fact sheets for the Children’s Community Alternative Disability Program (CCADP) as a resource for parents/caregivers, providers, staff, and other stakeholders.  
• Ensure that entry point staff (call center/SWers/etc. are aware of CCADP)  
• Consider including a flyer in enrollment paperwork |
|   |   | Be clear in contracts about the role of managed care organizations in identifying and providing services to children with medical complexity.  
|   |   | • Work with the managed care organizations (MCOs) to develop a mechanism to identify and flag all children with medical complexity in their systems.  
|   |   | • Work with MCOs to streamline, simplify, and make transparent the prior authorization process for children with medical complexity as it relates to durable medical equipment, supplies, and pharmaceuticals.  
|   |   |   |   | o Review DME Reimbursement.  
|   |   |   |   | o Review Letter of Medical Necessity requirements.  
|   |   | • Provide Competency/Training regarding CMC to MCO staff at all levels – People first language; Family-Centered Care; multi-lingual (including ASL)  
|   | 5 | Strengthen systems of care for children with medical complexity.  
|   |   | • Work with the Non-Emergency Medical Transportation Provider to clarify, enforce, and revise policies as appropriate  
|   | 6 | Develop and/or strengthen existing resources for parents/caregivers, providers, and the larger community involved in the care of children with medical complexity.  
|   |   | • Develop a handbook with replaceable sheets for parents/caregivers of children with medical complexity.  
|   |   | • Publish policies and educational materials specific to children with medical complexity on DMMA’s Delaware Medical Assistance Provider Portal.  
|   | 7 | Strengthen systems of care for children with medical complexity.  
|   |   | • Develop care coordination standards specifically for this population.  
|   |   | • Considerations innovative care delivery models and appropriate payment structures to address identified gaps.  