



Children with Medical Complexity Advisory Committee: Priorities Updated February 2021

Priority Level	Action Item	Status/Completion Date
1	<p>Keep the Children with Medical Complexity Steering Committee in place.</p> <ul style="list-style-type: none"> a. In 2019, the work of the CMC Steering Committee was passed to a new group, the CMC Advisory Committee (CMCAC), which was charged with implementing the recommendations described in the Plan. b. Continue meeting with the CMCAC. Meetings are held quarterly. 	On-going
1	<p>Uniformly circulate the Delaware Specific Definition of Children with Medical Complexity through DMMA and managed care organization (MCO) provider quarterly bulletins (Q1 2019, on the DMMA CMC webpage, DHSS Facebook page, and any other means the Advisory Committee has access too).</p>	Completed - March 2019
1	<p>Develop CMC web page on DMMA site with links to resources and information.</p>	Completed - January 2019
2	<p>Perform a comprehensive data analysis as it relates to children with medical complexity.</p> <ul style="list-style-type: none"> a. Analyze data to identify the population of children with medical complexity in the state of Delaware. b. 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. 	<ul style="list-style-type: none"> a. Completed and Provided in 2019 Year-End Report. b. Completed for Private Duty Nursing and Provided in 2019 Year-End Report. <p>Next steps for 2021 are dependent on the results of the Family Satisfaction Survey Project. Additional data and support for other initiatives will be provided as needed.</p>
3a	<p>Strengthen the network of home health providers for children with medical complexity.</p> <ul style="list-style-type: none"> a. Evaluate provider capacity, of both fee-for-service (FFS) and Managed Care Networks, of Skilled Home Health Nurses. b. Review and make transparent the Prior Authorization and approval process. c. Work with MCOs to expand provider capacity where needed. d. Develop Competency/Training for home health providers regarding CMC – People first language; Family-Centered Care; multi-lingual (including ASL); Assess and/or develop mechanisms for children with medical complexity when parents/caregiver is presented with emergent situation and unable to 	<p>Many aspects of the work plan are completed and will be summarized in the 2020 Year-End report.</p> <ul style="list-style-type: none"> a. Next steps for 2021 are dependent on the results of the Private Duty Nursing Workforce Capacity Study. b. Completed. The Prior Authorization Toolkit was developed and is available on the CMC website. c. On-Going. d. Links to Family Centered Competency Training



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	<p>provide care.</p> <ul style="list-style-type: none"> ○ Include nursing call out, not just family emergency. 	<p>Resources have been provided on the CMC Webpage. The Emergent Care Decision Tree and a link to the DECLASI Affidavit for Temporary Custodian’s Healthcare Authorization were developed to address situations when parents/caregivers are presented with emergent situations. These resources are also available on the CMC webpage.</p>
<p>3b</p>	<p>Strengthen the network of home health providers for children with medical complexity.</p> <ul style="list-style-type: none"> a. Evaluate provider capacity, of both FFS and Managed Care Networks, of home-based physical, occupational, and speech therapy. b. Review and make transparent the Prior Authorization and approval process. c. Work with MCOs to expand provider capacity where needed. d. Develop Competency/Training for home health providers regarding CMC – People first language; Family-Centered Care; multi-lingual (including ASL). 	<p>DMMA proposes establishing a new work group in 2021 to focus on issues related to home-based therapies, building on the foundational work established by the SHHN workgroup and addressing additional gaps as needed.</p>
<p>3c</p>	<p>Strengthen systems of care for children with medical complexity.</p> <ul style="list-style-type: none"> a. 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. b. Publish informational fact sheets for CCADP as a resource for parents/caregivers, providers, staff, and other stakeholders. c. Ensure that entry point staff (DMMA’s customer relations unit staff/DSS and DMMA eligibility social workers/etc.) are aware of CCADP. d. Consider including a flyer in enrollment paperwork. 	<ul style="list-style-type: none"> a. Work on this was stalled as a result of COVID-19 in 2020. This priority item to be looked at by DMMA in 2021. b. Work on an informational fact sheet is projected for later in 2021 c. DMMA is currently developing materials for internal use regarding CCADP. d. Work on developing a flyer is projected for later in 2021
<p>4</p>	<p>Be clear in contracts about the role of MCOs in identifying and providing services to children with medical complexity.</p> <ul style="list-style-type: none"> a. Work with the MCOs to develop a mechanism to identify and flag all children with medical complexity in their systems. b. 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 (DME), supplies, and pharmaceuticals. <ul style="list-style-type: none"> ○ Review DME Reimbursement. ○ Review Letter of Medical Necessity requirements. 	<p>DMMA proposes to re-focus on this area in 2021.</p> <ul style="list-style-type: none"> a. Completed. DMMA shared its methodology for identifying children with medical complexity with the MCOs. b. This priority item to be looked at by DMMA in 2021. c. DMMA efforts completed



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	<ul style="list-style-type: none"> c. Provide Competency/Training regarding CMC to MCO staff at all levels – People first language; Family-Centered Care; multi-lingual (including ASL). 	
5	<p>Strengthen systems of care for children with medical complexity.</p> <ul style="list-style-type: none"> a. Work with the Non-Emergency Medical Transportation (NEMT) Provider to clarify, enforce, and revise policies as appropriate. 	<ul style="list-style-type: none"> a. Conversations between Logisticare (DMMA’s NEMT Provider) and DMMA are on-going. Monitoring will continue in 2021.
6	<p>Develop and/or strengthen existing resources for parents/caregivers, providers, and the larger community involved in the care of children with medical complexity.</p> <ul style="list-style-type: none"> a. Develop a handbook with replaceable sheets for parents/caregivers of children with medical complexity. b. Publish policies and educational materials specific to children with medical complexity on DMMA’s Delaware Medical Assistance Provider Portal. 	<ul style="list-style-type: none"> a. On-hold pending completion of other priorities as resources should be reflective of changes made. Consider web-based option. b. On-going. c. Additional resources would be needed by DMMA to address a web based solution for making resources available.
7	<p>Strengthen systems of care for children with medical complexity.</p> <ul style="list-style-type: none"> a. Develop care coordination standards specifically for this population. b. Consider innovative care delivery models and appropriate payment structures to address identified gaps. 	<ul style="list-style-type: none"> a. Review standards of practice including those published by NASHP in 2019 and consider ways of integrating into MCO practice b. MCOs have been informally revising internal procedures as this process evolves.