



Delaware Health and Social Services

Division of Medicaid and Medical Assistance

CHILDREN WITH MEDICAL COMPLEXITY ADVISORY COMMITTEE



CHILDREN WITH MEDICAL COMPLEXITY

ADVISORY COMMITTEE AGENDA

- Welcome and Roll Call – DMMA Director, CMCAC Chair, Steve Groff
- Review Notes from January 16th meeting
- Parent Presentation
- Guiding Principles Consensus
- Updates
 - Definition
 - Listserv
- Skilled Home Health Group Presentation
- Data Group Presentation
- MCOs Prior Authorization Process Presentation (AmeriHealth/Highmark)
- Public Comment



PARENT PRESENTATION — MEET CHRISTOPHER

<https://drive.google.com/file/d/1cNmhmrg9P4tTF207Iu0KAwVltKAHLV2l/view>



CMC ADVISORY COMMITTEE GUIDING PRINCIPLES

Guiding Principles

Children with Medical Complexity Advisory Committee

January 2019

Delaware Health and Social Services, Division of Medicaid and Medical Assistance (DMMA), is committed to addressing the recommendations made in the May 2018 *Plan for Managing the Health Care Needs of Children with Medical Complexity*, developed by the Children with Medical Complexity (CMC) Steering Committee. To achieve this, DMMA supports the continuation of the work of the CMC Advisory Committee and, where appropriate, associated work groups.

The Guiding Principles describe the beliefs and philosophy pertaining to the work of the Advisory Committee. The principles guide what the Advisory Committee does, why it does it and how.

Guiding Principle #1:

The Advisory Committee acts as an advisory body to DMMA and is comprised of stakeholders including family members of children with medical complexity (and, potentially, youth with medical complexity), state agencies, advocates, payers and providers.

Guiding Principle #2:

The outcome of the Advisory Committee's work is to address the recommendations outlined in the Plan. Emerging issues will also be considered for inclusion in the Advisory Committee's work plan, as agreed upon by the Committee.

Guiding Principle #3:

Leadership, input and active participation by families is valued, encouraged and supported.

Guiding Principle #4:

The Advisory Committee's focus is on current systems and processes. The emphasis is on addressing system gaps and affecting future systems change.

Guiding Principle #5:

A consensus driven decision making process is used.

Guiding Principle #6:

The Advisory Committee strives to use available data, whenever possible, to inform decision making. Decision making will also be informed by emerging promising practices and new technology.

Guiding Principle #7:

Measurable goals are established.

Guiding Principle #8:

Progress toward achievement of agreed upon outcomes is measured based on specific timeframes.

References:

Centers for Medicare and Medicaid Services (CMS): Guide for Developing Purpose, Guiding Principles, and Scope for QAPI: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/QAPIPurpose.pdf>

Makeadent Leadership: Four Steps to Creating Principles and Building A High Performance Workplace: <https://www.makeadentleadership.com/four-steps-to-creating-principles.html>



CHILDREN WITH MEDICAL COMPLEXITY

DEFINITION



Early Periodic Screening, Diagnosis & Treatment Corner

EPDST Corner



Children with Medical Complexity

In 2017, the State of Delaware's Legislature, 149th General Assembly, gave specific instructions for the Department of Health and Social Services (DHSS) to develop and publish a comprehensive plan for managing the healthcare needs of Delaware's Children with Medical Complexity (CMC) by May 15, 2019.

Under guidance from Kara Odom Walker, MD, MPH, MSHS, Cabinet Secretary of DHSS, the Division of Medicaid and Medical Assistance (DMMA) teamed up with multiple community partners, sister divisions, parents, caregivers, and other advocates to develop a comprehensive plan for identifying and managing the healthcare needs of Delaware's CMC. As a result, the CMC Steering Committee was launched in November 2017.

The CMC Steering Committee took a systematic approach to determine how the current healthcare system is providing services for Delaware's CMC, identify areas where improvements can be made, and suggest some strategies to strengthen the system so that Delaware can more effectively meet the needs of this vulnerable population.

One of the first things the Steering Committee did was establish a Delaware specific definition of CMC to aid in the development of Delaware's Plan for Managing the Health Care Needs of Children with Medical Complexity, assist in the state's ongoing efforts in this area, and to create awareness among the provider and payer communities.

On October 4, 2017, the CMC Steering Committee evolved to become the Children with Medical Complexity Advisory Committee (CMCAC). The purpose of the CMCAC is to strengthen the system of care, increase collaboration across agencies, encourage community involvement, and ultimately ensure that every child with medical complexity has access to quality healthcare services delivered in a family-centered manner.

The full plan can be viewed on DMMA's website at the following location:

http://dhs.delaware.gov/dhs/dmma/files/de_plan_cmc.pdf

February 2019 ProviderPost

Articles in this edition:

- Learning the Wellness Registry.
- Identifying children with medical complexity.

Learning the Wellness Registry

As a part of the AmeriHealth Caritas Delaware education and support program, providers can now access an interactive training: Learning the Wellness Registry.

On successful completion of the training, providers will be able to:

- Locate the Wellness Registry on the AmeriHealth Caritas Delaware website.
- Find resources for a member using the Wellness Registry.
- Demonstrate the use of the Wellness Registry website to a member.

Children With Medical Complexity

A child's condition is considered to be medically complex if they are in two or more of these categories:

- Having one or more chronic health conditions associated with significant morbidity or mortality.
- Belonging to a high-risk or vulnerable population with functional limitations impacting their ability to perform activities of daily living (ADLs).
- Having high health care needs or utilization patterns, including requiring three or more specialties, therapists, or surgeries.
- Having a continuous dependence on technology to overcome functional limitations and maintain a basic quality of life.

AmeriHealth Caritas Delaware Clinical Care Coordinators work one-on-one with members who have complex medical issues. Our Clinical Care Coordinators will help your patients get the right kind of services and supports in the right setting.

For more information on Clinical Care Coordination, visit www.amerhealthcaritasde.com/member/eng/getting-care/care-manager.aspx.

Source: https://dhs.delaware.gov/dhs/dmma/children_with_medical_complexity.html

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ACDE-19452072-1
www.amerhealthcaritasde.com

DMMA Defines Children with Medical Complexity

DMMA has released the statement below in order to define and identify Children with Medical Complexity in the state of Delaware. Highmark Health Options is dedicated to providing comprehensive care for Children with Medical Complexity. Highmark Health Options Care Coordinators are available to assist families and guide providers in regards to the many needs that Children with Medical Complexity may have. To make a referral, please contact the Care Coordination Department at 1-844-325-6251.

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SKILLED HOME HEALTH NURSING WORKGROUP

QUARTERLY REPORT

PERIOD ENDING MARCH 31, 2019

QUARTER 1 ACTIVITIES

- Initial meeting 2/25
- Identified key short-term focus areas
- Finalized 2019 work plan
- Engaged Family Voices for support

KEY ISSUES TO NOTE

- Understanding family issues and challenges.
- Need to determine available resources.
- What happens as children transition.

UPCOMING ACTIVITIES

- Develop workforce study
- Gather information about the PA process
- Explore with families and nursing agencies challenges regarding emergency coverage
- Upcoming meetings: 4/22, 5/6, 5/20

2019 Q1

- Finalize work plan
- Present highlights to Advisory Committee

2019 Q2

- Design and implement workforce study
- Review existing PA process
- Develop Competency training
- Provide update to Advisory Committee

2019 Q3

- Identify ways to streamline PA process
- Identify provider capacity and shortages
- Present findings to Advisory Committee

2019 Q4

- Conduct competency training
- Identify mechanisms to address emergent situations
- Present findings to Advisory Committee



DATA WORKGROUP

QUARTERLY REPORT

PERIOD ENDING MARCH 31, 2019

QUARTER 1 ACTIVITIES

- Met biweekly in first quarter
- Developed logic/algorithm for identifying the population of children with medical complexity
- Analyzed 2014-2017 claims data to identify the population
- Finalized 2019 work plan
- Began developing the SHHN gaps in care analysis

KEY ISSUES TO NOTE

- Identification of children meeting criteria for medical complexity
- Identification of resources for survey development, administration and analysis
- Depth and breadth of the gaps in care analysis

UPCOMING ACTIVITIES

- Meet with MCOs to discuss the SHHN gaps in care analysis
- Finalize template for gaps in care analysis based on MCO feedback and send to MCOs
- Upcoming meetings: 4/23, 5/7, 5/21

2019 Q1

- Identify CMC population
- Draft elements for SHHN gaps in care analysis
- Present work plan to Advisory Committee

2019 Q2

- MCOs complete SHHN gaps in care analysis
- Workgroup reviews results
- Present population data to Advisory Committee
- Present findings of gaps in care analysis to Advisory Committee

2019 Q3

- Develop and implement family and provider surveys
- Present findings to Advisory Committee

2019 Q4

- Continue analysis of utilization data for clinical services and other home health services
- Present findings to Advisory Committee



MCO PRIOR AUTHORIZATION PROCESS



PUBLIC COMMENT

