



*Delaware Health and Social Services*

*Division of Medicaid and Medical Assistance*

**CHILDREN WITH MEDICAL COMPLEXITY ADVISORY  
COMMITTEE**

**PRIVATE DUTY NURSING (PDN) GAPS IN CARE ANALYSIS UPDATE:  
JANUARY 2020**



# TOPICS

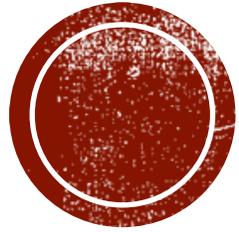
- **Recap of the process**
- **Findings and limitations**
- **Next steps**



# RECAP OF THE PROCESS

1. DMMA developed a reporting sheet and instructions.
2. DMMA provided MCOs with list of children who received PDN in CY 18.
3. MCOs collaborated with nursing agencies to complete data collection.
4. MCOs compiled PDN gaps in care data and sent results to DMMA for initial analysis.
5. DMMA/Mercer performed an analysis of the data.
6. DMMA/Mercer met with each MCO to discuss the results.
7. DMMA collected the findings for presentation to the CMC Advisory Committee.





# FINDINGS AND LIMITATIONS

# CHILDREN RECEIVING PDN

- Children enrolled in Delaware Medicaid and CHIP programs in 2018 = 126,451
- Children authorized for Private Duty Nursing (PDN) in 2018 = 264
- The majority of these members were served through one MCO: Highmark Health Options
- County of residence:
  - New Castle = 155 (60%)
  - Kent = 54 (21%)
  - Sussex = 51 (19%)



# NUMBER OF PDN AGENCIES SERVING A CHILD

- Number of PDN agencies serving a child:
  - One agency = 180 (69%)
  - Two agencies = 72 (27%)
  - Three or more agencies = 11 (4%)
- The distribution of the number of agencies serving a child does not vary significantly by county.



# AVERAGE MONTHLY PDN HOURS AUTHORIZED PER CHILD

January	379
February	339
March	355
April	336
May	356
June	339
July	357
August	358
September	344
October	364
November	355
December	364

- Highest average hours in January, October and December.
- Minimal variance month to month.



# GAPS IN COVERAGE

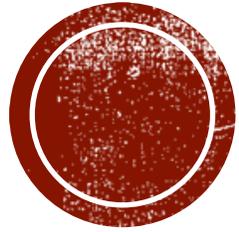
- Overall, children receiving PDN had gaps of approximately 20-25% of authorized hours.
  - For children who had gaps in care, the average gap was approximately 25-30% of authorized hours.
- There was a slightly higher percentage of gaps in the winter months.
- On average, there were more gaps when more than one PDN agency was serving a child.
- Unable to determine:
  - Correlation between higher PDN utilization and higher percentages of gap hours.
  - Correlation between higher medical complexity (CRG 5b and above) and higher percentages of gap hours.



# REASONS FOR GAPS

- Of the top five reasons for gaps in coverage, the most common were:
  - Agency(ies) unable to staff.
  - Family declined/family deferred.
- Followed by:
  - Staff not available- other reasons.
  - Child was in the hospital.
  - Staff not available- holidays/night/weekend shifts.





# NEXT STEPS



# MCO AND DMMA ACTIVITIES

- MCO activities:
  - Holding regular meetings with PDN providers to understand and address issues.
  - Working with providers to better understand missed shifts and refine reporting processes.
  - Working collaboratively to find ways to address missed shifts.
  - Identifying and onboarding new PDN agencies.
- DMMA activities:
  - Continuing to work with MCOs to monitor and address PDN gaps in care.
  - Continuing to support the work of the CMCAC and its workgroups to better understand and address issues related to PDN services.

