

William A. Dombi, Esq.

Mary Myers, MS, RN Chairman of the Board

June 2, 2021

Stephen Groff Medicaid Director Delaware Department of Health and Social Services 1901 N. Dupont Highway, The Lewis Building New Castle, DE 19720

Re: Medicaid Private Duty Nursing

Dear Stephen:

We understand that your department is currently engaged in developing the plan to implement the provisions of the American Rescue Plan (ARP) that provides a 10% increase in FMAP for home and community-based services (HCBS). The guidance issued by the Centers for Medicare and Medicaid Services provides great flexibility to the state as to how it uses those special funds. Each of the various HCBS programs in your state can have customized approaches to improving access to high quality services. HCBS has long demonstrated its value to Medicaid enrollees of all ages and infirmities.

One sector of HCBS that warrants a special focus is Private Duty Nursing (PDN). While PDN is an optional Medicaid benefit, it is fully incorporated into all states' Medicaid plan through the EPSDT benefit for individuals under age18. Pediatric PDN has provided the opportunity for thousands of highly vulnerable children to receive needed care in their own homes in contrast to those unfortunate days when institutional care was the only option. All states, including yours, have this crucial Medicaid benefit.

As valuable a benefit as it is, there are correctable limitations that have often led to many hours of prescribed care that are not staffed with nursing personnel. When prescribed care is not available, the care responsibilities generally fall on the child's parents who otherwise often already provide 8 to 16 hours a day of care. One of the correctable causes of this program weakness is the level of compensation that Medicaid payment rates support. With today's shortage of nurses, these highly skilled health professionals can earn much higher wages in other care settings. And the nursing shortage is expected to grow in future years thereby exacerbating today's unmet care needs.

Accordingly, we encourage you to deeply evaluate the options for supporting PDN services with the ARP funding with whatever measures best address unmet prescribed care. In the end, the likely appropriate action is to increase payments rates in a manner that materially improves nurse staff compensation to help providers recruit and retain staff. However, there are other measures in addition to such that will help improve care access for the pediatric home care patients.

Please let us know if we can help in any way as you evaluate the myriad of options in PDN services as well as any of the other important HCBS programs.

Very truly yours,

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William A. Dombi President