

# DELAWARE'S CHILDREN WITH MEDICAL COMPLEXITY ADVISORY COMMITTEE

April 17.2019

9:00 -11:00

## Meeting Notes

<b>Welcome and Roll Call</b>	<ul style="list-style-type: none"> <li>• DMMA Director and CMCAC Chair, Stephen Groff welcomed CMCAC members and all had a chance to introduce themselves.</li> </ul>
<b>Review notes from January 16th meeting</b>	<ul style="list-style-type: none"> <li>• Kimberly Xavier reviewed the meeting notes.</li> </ul>
<b>Updates</b>	<ul style="list-style-type: none"> <li>• DMMA and both MCOs have published the official definition for Children with Medical Complexity.</li> <li>• DMMA has developed a CMCAC Listserv to distribute news and updates in this area.</li> <li>• DMMA's website now has a link dedicated to Children with Medical Complexity.</li> </ul>
<b>Guiding Principles Consensus</b>	<ul style="list-style-type: none"> <li>• Committee members reviewed and approved the finalized Guiding Principles document.</li> </ul>
<b>Skilled Home Health Workgroup Presentation</b>	<ul style="list-style-type: none"> <li>• Kimberly Xavier discussed:             <ul style="list-style-type: none"> <li>○ First meeting took place February 25, 2019</li> <li>○ Group identified short-term focus areas, and finalized 2019 work plan</li> <li>○ Developing a workforce study design, group looking for volunteers</li> <li>○ Proposal for competency training, and anticipate Ann Phillips from Delaware Family Voices to take the lead on this project</li> </ul> </li> </ul>

**Highmark Health  
Option Presentation –  
Prior Authorization  
Process**

- A copy of the presentation was provided to all in attendance.
- Why annual reviews are required for the Prior Authorization Process:
  - A child’s condition may improve causing them to need less hours
  - A child’s condition may worsen causing them to need more hours
- Steve Groff, DMMA Director, commented on the confusion the Prior Authorization process causes when DMMA receives the denial of services letter from the MCOs prior to families, and DMMA sends a letter informing the families of the denial prior to the MCOs. Highmark acknowledged Steve’s concern, and remarked that they are working to address that, but it remains a challenge in some instances.
- Questions/Answers regarding Highmark’s Prior Authorization Process:
  - **Question** – How do you know which nursing agency you will reach out to?
    - **Answer** – Nemours has a weekly meeting with nursing agencies to discuss cases that are about to be released from the hospital. At that time, the primary home health agency (HHA) is identified, and that is who submits the request for prior authorization. Things such as the agency’s ability and geographic location are taken into consideration during this process. Nemours ensures that families are at the center of this process, and family input is used to determine how nursing will be allocated and what agency is used.
  - **Question** – How do you select which nursing facility to contact once a child
    - **Answer** – See above answer
    - **Comment** – Nancy Lemus, parent advocate, stated that assigning a nursing agency to a child based upon where they live is discriminatory. Families living in communities that are more affluent may be assigned to the better nursing agencies than families who do not live in nice neighborhoods.
  - **Question** – Is there a different process for Children with Medical Complexity?
    - **Answer** – Mostly all of Highmark’s children who need PDN services are CMC, and it is the same general process.
  - **Question** – How do you address the needs of children who need surgery?
    - **Answer** – We use the Episode of Care Process.
  - **Question/Comment** – The letters of Medical Necessity need to be revamped. It is geared towards the caregivers’ needs, and not the children. Parents are concerned that if they receive nursing coverage, as requested in the letter of medical necessity, and then some of those hours are later denied, that they will be liable for the cost of those services.
    - **Answer** – After 4 years with Highmark, I have never seen that happen, and we have member advocates that would address those concerns.

	<ul style="list-style-type: none"> <li>○ <b>Question</b> – Is the caretaker commute time, to and from work, included in the hours authorized? <ul style="list-style-type: none"> <li>▪ <b>Answer</b> – Highmark does incorporate commute time when calculating hours. If that information is not provided originally, it might be one of the items we reach out for when we need additional information.</li> </ul> </li> </ul>
<p><b>AmeriHealth Caritas Presentation – Prior Authorization Process</b></p>	<ul style="list-style-type: none"> <li>● A copy of the presentation was provided to all in attendance.</li> <li>● Presentation highlights – Uses three assessment tools to determine the level of care a child needs: <ul style="list-style-type: none"> <li>○ Medical Needs Assessment Tool</li> <li>○ Functional Needs Assessment Tool</li> <li>○ Social Needs Assessment Tool</li> </ul> </li> <li>○ <b>Question/Comment</b> – A scoring tool could downplay the amount of hours needed by a child. How do you know the scores are valid? <ul style="list-style-type: none"> <li>▪ <b>Answer</b> – The Medical and Functional Needs Assessment Tools are designed to assess the child’s needs and not the parent’s.</li> </ul> </li> <li>○ <b>Question/Comment</b> – I am concerned about the scoring tool having some subjectivity as it relates to family situations. Is it based upon the scoring criteria only? <ul style="list-style-type: none"> <li>▪ <b>Answer</b> – Yes, it is based only upon the scoring criteria. However, the Social Needs Assessment Tool takes things such as family dynamics into consideration. In addition, if the scoring tools determine that a child should receive hours other than what was requested, the request is shared with the Medical Director to make a final determination.</li> </ul> </li> <li>○ <b>Question/Comment</b> – Convenience of caregiver is still used in the definition of medical necessity. DMMA though that had been removed from all policy and documentation and will follow up to ensure that it is. <ul style="list-style-type: none"> <li>▪ <u>DMMA amended the MCO contracts to remove this language. Additionally, the language has been revised in all provider manuals and will be communicated to providers. The revised definition will be circulated to committee members.</u></li> </ul> </li> </ul>

<p><b>Data Workgroup Presentation</b></p>	<ul style="list-style-type: none"> <li>• Dr. Priscilla Mpasi discussed: <ul style="list-style-type: none"> <li>○ The group met bi-weekly in the first quarter, and finalized the 2019 work plan.</li> <li>○ The group developed the logic/algorithm for identifying populations of children with medical complexity, and analyzed 2014-2017 claims data to identify the population. Initial population data was shared with the group.</li> <li>○ The group has also begun to develop the Skilled Home Health Nursing Gaps in Care Analysis, and will work with the MCOs in quarter two to complete.</li> </ul> </li> <li>• <u>Questions/Answers regarding Data Workgroup’s Activities:</u> <ul style="list-style-type: none"> <li>○ <b>Question</b> – Is there a way to tell who has Medicaid as primary insurance and those who have Medicaid as a secondary insurer? <ul style="list-style-type: none"> <li>▪ Answer – The Data Workgroup will pull that data at a later date, now that the CMC population has been identified.</li> </ul> </li> <li>○ <b>Question</b> – Is there a slot on there for language, and is ASL included in it? <ul style="list-style-type: none"> <li>▪ ASL is an option for individuals to choose as their primary language upon enrollment, and can be captured in this data. However, when we looked at ASL as a language option it is not chosen often. We believe that is because individuals may only choose one language as their primary language. If they do communicate via ASL, it is likely that they are choosing English as their primary language.</li> </ul> </li> </ul> </li> </ul>
<p><b>Parent Presentation – Nancy Lemus on her son Christopher Garcia</b></p>	<ul style="list-style-type: none"> <li>• Presentation Highlight: <ul style="list-style-type: none"> <li>○ Nancy stated that Christopher is a part of University of Delaware’s Lotus Program, and that they both continue to participate in UD’s Disability Studies.</li> <li>○ Nancy played a video for everyone, and it showed all the activities and events that Christopher has participated in over the years.</li> <li>○ Nancy stated that she has not been present at many of these events as she works and cannot always be there. She stated that the home health nursing services Christopher receives made it possible for him to attend events when she is unavailable, and can enjoy being an active member in his community.</li> <li>○ Nancy stated that she wanted to share with the Advisory Committee members what a child with medical complexity can experience if they have the proper supports they need.</li> </ul> </li> </ul>
<p><b>Public Comment</b></p>	<ul style="list-style-type: none"> <li>• Steve Groff thanked Nancy Lemus for sharing her presentation with the audience.</li> <li>• No other comments.</li> </ul>

CMC Meeting Attendance: Stephen Groff, DMMA; Lisa Zimmerman, DMMA; Ellen McCleary, HHO; Eric Gonzalez, HHO; Tracie Martin, ECC; Annette Moore, ECC; Brenda Harrell, Brandywine SD; Maria Olivere, Parent; Dr. Lenae Lawyer,

ACDE; Dr. Marie Petrini, Nemours; Jodie Puzio- Bungard, Nemours; Lee Lucas, Nemours; Dr. Elizabeth Brown, DMMA; Heather Courtney, DDDS; Ann Phillips, DE Family Voices; Meredith Tavani, DSCYF/PBH; Christine Sowinski, Christiana; Laura Waterland, DLP/CLASI; Judith Rodriguez, ACDE; Glyne Williams, DMMA; Olga Zapata, Parent; Nancy Agnes Rutkowski, Bayada; Thomas Hall, DSS; Pat Redmond, Nemours; Kimberly Xavier, DMMA; Yalanda Thomas, DMMA; Maggie Smith, DSS; Crystal Sherman, DPH; Jennifer Albano, Parent

**Future Meeting Dates:**

July 17, 2019 9:00 AM – 11:00 AM	October 16, 2019 9:00 AM – 11:00 AM
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- ✚ All CMCAC meetings are held at the DHSS Chapel, located in the Herman Holloway Campus at 1901 N DuPont Hwy / New Castle DE 19720.