



Delaware Health and Social Services

Delaware's Plan Managing the Health Care Needs of Children with Medical Complexity

Breakfast Congressional Briefing
Friday, October 5, 2018



LEGISLATION

- House Substitute No. 1 for House Bill No. 275
- Budget Epilogue Section 141: Address the needs of Children with Medical Complexity (CMC)
- Comprehensive Plan for CMC
- Public Process



STEERING COMMITTEE

- Community Partners
- Managed Care Organizations
- State Agencies
- Parents/Caregivers
- Community Advocates



KEY QUESTIONS AND GOALS

Questions

- What do we want to achieve?
- What are the vision and goals that drive our work?
- What barriers limit CMC's ability to receive appropriate care?
- What are some possible solutions?

Goals

- Clearly define and identify the population.
- Assess access to services.
- Evaluate models of care.
- Analyze the relationships between insurance payers.



OUR DEFINITION: CHILDREN WITH MEDICAL COMPLEXITY

Children with medical complexity are a subset of children and youth with special health care needs because of their extensive health care utilization. For the purpose of this plan, a child is considered medically complex if she/he falls into two or more of the following categories:

- ❖ Having one or more chronic health condition(s) associated with significant morbidity or mortality;
- ❖ High risk or vulnerable populations with functional limitations impacting their ability to perform Activities of Daily Living (ADLs);
- ❖ Having high health care needs or utilization patterns, including requiring multiple (3 or more) sub-specialties, therapists, and/or surgeries;
- ❖ A continuous dependence on technology to overcome functional limitations and maintain basic quality of life.



PAYERS

Goals of the Payers workgroup:

- ❖ Standardize medical necessity documentation and review the MCO authorization processes so as to reduce redundancy of information, avoid delays in care and/or services, streamline the authorization process, and decrease confusion among providers, payers, and caregivers.
- ❖ Empower parents to navigate the appeals process by making it more transparent and less intimidating.



ACCESS

Goals of the Access workgroup:

- ❖ Identify barriers and challenges to accessing care for children with medical complexity.
- ❖ Identify person-centered solutions to access care using a team approach (e.g., multidisciplinary team, family).



MODELS OF CARE

Goals of the Models of Care workgroup:

- ❖ Prospective identification of Children with Medical Complexity (CMC).
- ❖ Patient and family-centered care (PFCC) is the main focus across all levels of care and services.
- ❖ Proper and timely management of care delivery.
- ❖ Appropriate resource identification and allocation.



DATA WORKGROUP

- ❖ Nearly 20 percent of all US children have a chronic and/or complex health care need requiring physical and behavioral health care services and supports.
- ❖ A smaller group of children, which is increasing in number, have complex health care needs, with about 4 percent estimated to be medically complex.



RECOMMENDATIONS FROM THE STEERING COMMITTEE

- ❖ Keep the Children with Medical Complexity Steering Committee in place
- ❖ Perform a comprehensive data analysis as it relates to children with medical complexity
- ❖ Strengthen systems of care for children with medical complexity



RECOMMENDATIONS FROM THE STEERING COMMITTEE

- ❖ Be clear in contracts about the role of managed care organizations in identifying and providing services to children with medical complexity
- ❖ Develop and/or strengthen existing resources for caregivers, providers, and the larger community involved in the care of children with medical complexity
- ❖ Strengthen the network of home health providers for children with medical complexity



THANK YOU

STEPHEN M. GROFF

Director, Division of Medicaid and Medical Assistance

Herman M. Holloway Sr. Health and Social Services Campus

1901 N. DuPont Highway, New Castle, DE 19720

Office: (302) 255-9663

stephen.groff@state.de.us



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