How States Can Improve Home Health Delivery for Children with Medical Complexity

National Academy for State Health Policy

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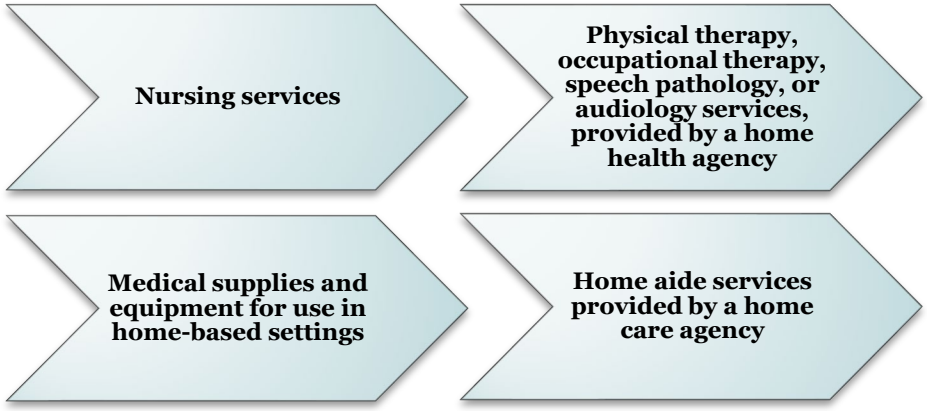
Home Health Services for Children with Medical Complexity

- Nearly 20% of US children and youth have chronic or complex health care needs that require physical and behavioral health services beyond what children normally require.[1]
- Medicaid serves 48% of children and youth with special health care needs (CYSHCN), including a subset of CYSHCN - children with medical complexity (CMC).[2]
- CMC make up 0.5% of US children and are more likely to require home health services.[3]
- In 2016, nearly 500,000 families of CYSHCN reported needing home-based medical and therapeutic services.[4]

Federal regulations broadly define home health care as a range of services that are provided at a "beneficiary's place of residence." Services include:



[1] Child and Adolescent Health Measurement Initiative. 2018 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB).
[2] MaryBeth Musumeci and Julia Foutz, "Medicaid's Role for Children with Special Health Care Needs: A Look at Eligibility, Services, and Spending," Kaiser Family Foundation, February 2018, https://www.kff.org/medicaid/issue-brief/medicaids-role-for-children-with-special-health-care-needs-a-look-ateligibility-services-and-spending/.
[3] Dennis Kuo et al., "A national profile of caregiver challenges among more medically complex children with special health care needs," Archives of Pediatrics & Adolescent Medicine 165, no. 11 (November 2011): https://dx.doi.org/10.1001%2Farchpediatrics.2011.172.
[4] MaryBeth Musumeci and Julia Foutz, "Medicaid's Role for Children with Special Health Care Needs: A Look at Eligibility, Services, and Spending," Kaiser Family Foundation, February 2018, https://www.kff.org/medicaid/issue-brief/medicaids-role-for-children-with-special-health-care-needs-a-look-ateligibility-services-and-spending/.

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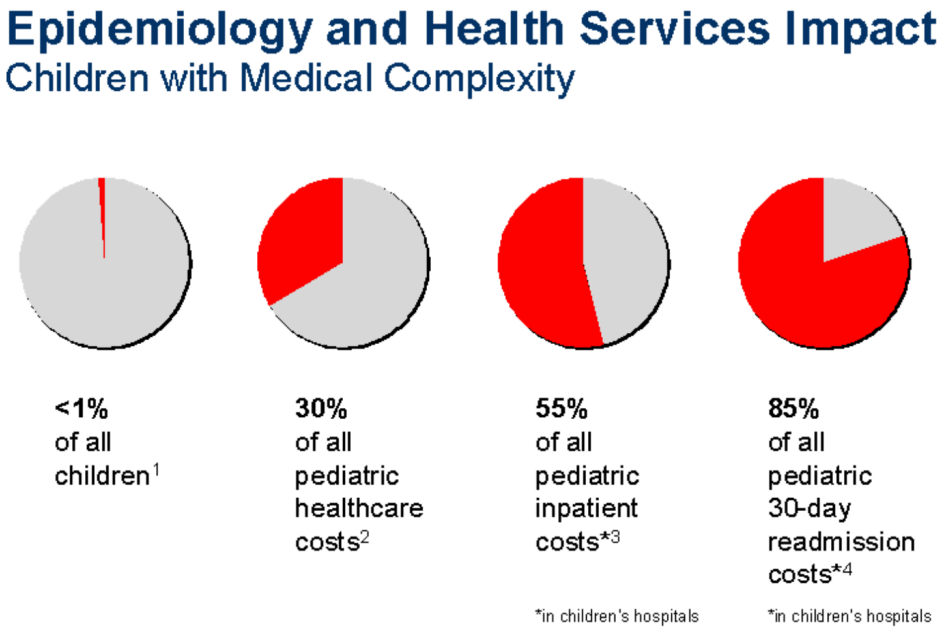
Home Health Services Can Save Health Care Costs and Improve Health Outcomes

- Though CMC make up less than 1% of US children, they contribute to 30% of all pediatric health care costs and 85% of all pediatric 30-day readmission costs.[1]
- Hospitalized CMC discharged to home health services experienced fewer readmissions and subsequent hospitalizations, and less health care costs compared to CMC who did not access home health services.[2]
- Quality home health care can help children avoid emergency hospital use and institutional care.[3]
- State Medicaid agencies can use home health services to improve the quality of care and life for CMC Medicaid enrollees while reducing costs.



[1,2] James C. Gay, Cary W. Thurm, Hall, Matthew Hall, M. Michael J. Fassino, L., Lisa Fowler, & John V. Palusci. "Home Health Nursing Care and Hospital Use for Medically Complex Children." *Pediatrics, 138*(5). (2016) :doi:10.1542/peds.2016-0530

[3] Simpser E, Hudak ML, AAP Section on Home Care, Committee on Child Health Financing. Financing of Pediatric Home Health Care. Pediatrics. 2017;139(3):e20164202

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State Challenges in Implementing Home Health for CMC

States face the following challenges in advancing home health for CMC:

- Workforce shortages;
- Geographic access challenges in rural areas;
- Provider education and training in home healthcare;
- Adequacy of home health provider payment rates;
- Complications in prior authorization processes: and
- Lack of coordination between stakeholders.

Kate Honsberger, Ellen Bayer, Anna Matilde Tanga, Karen VanLandeghem (2020). *State Approaches to Providing Home Health Services to Children Enrolled in Medicaid*. Washington, DC. :National Academy for State Health Policy. Available Online.

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State Innovations to Improve Home Health Delivery for CMC

To address challenges in home health delivery for CMC, states are engaging in a range of innovations:

- Addressing provider shortages by implementing strategies, including utilizing non-licensed health care professionals to perform home health services and increasing payment rates;
- Streamlining the prior authorization process to decrease administrative hurdles;
- Developing collaborations between state Title V and CYSHCN directors to address financing of services and care of CMC; and
- Harnessing family feedback to advance home health delivery.

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Addressing Provider Shortages

States are experiencing shortages of pediatric nurses, licensed practical nurses (LPNs), and physical, occupational, and speech therapists.

As a result, CMC and their families can often experience barriers and wait lists for home health services. To counteract shortages, states are engaging in various service delivery innovations.

Delaware

- Delaware's CMC Steering Committee recommended a workforce study to investigate shortages of private-duty nurses available to care for CMC.

Maryland

- The Maryland Department of Health developed a partnership between home health agencies and nursing programs at universities and community colleges to train LPNs interested in home health work.
- Maryland Medicaid covers CNAs and CMTs to provide services that do not require an LPN level of care.

Ohio

- An Ohio Children's hospital partnered with a home health agency serving CYSHCN enrolled in Medicaid to provide home health nurses with specialized pediatric nursing training.
- The state also increased payment rates for home health nurses.

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Streamlining Prior Authorization

The Medicaid prior authorization process holds providers accountable for delivering medically necessary care and achieving cost savings in the health care system.

However, because CMC often need home health and other services on an ongoing basis, requirements for repeated prior authorizations can have the unintended effect of impeding access.

Delaware and Iowa implemented the following strategies to streamline authorizations for CMC.

Delaware	Iowa
• Delaware managed care plans are creating a "system flag" within the Medicaid managed care data system to simplify and streamline prior authorization processes.	• Iowa is working with managed care plans to develop a standard prior authorization form to be used across all plans.

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Improving Stakeholder Collaboration

The lack of collaboration across systems can lead to care gaps, duplication of services, fragmentation of care, and long delays in obtaining services. To improve collaboration, Delaware, Iowa, and Ohio implemented the following initiatives.

Delaware	Iowa	Ohio
• The state created a steering committee to develop a comprehensive plan to manage health of children with medical complexity.	• Title V CYSHCN program helps coordinate care for subset of Medicaid-enrolled CYSHCN who are served through Medicaid fee-for-service programs and are not part of state's Medicaid managed care program.	• The state convened an interagency workgroup to identify potential gaps and duplication of services for CYSHCN served by both Medicaid and Title V CYSHCN programs. • Medicaid and Title V program staff meet monthly to review cases of CYSHCN who reported issues with accessing services to better understand unique needs of CMC and better implement EPSDT medical necessity policies.

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Key Innovative Strategies to Advance Home Health for CMC

Prioritize efforts to address provider shortages

Develop innovations in education and training

Explore credentialing and reimbursement of family care givers

Create task forces and partnerships with state workforce agencies to study shortages

Seek regular feedback from families

Develop annual surveys, focus groups, stakeholder advisory committees, regional forums, one-on-one stakeholder meeting

Leverage cross-sector and stakeholder collaboration

Strengthen relationships between Medicaid and Title V CYSHCN directors

Create opportunities for collaboration between provider groups and families

Adjust service delivery models to increase capacity

Explore medical home models that rely on team-based care and use of non-licensed staff to provide services that don't require nurses/LPNs

Strengthen oversight to improve quality and access to services

Require regular managed care plan reporting to identify challenges in delivery of authorized services

Establish provider network requirements aligned with CYSHCN needs

Customize fee for service and managed care approaches to improve access

Fee for service: advantage of allowing home health providers a one stop shop to receive prior authorization for home health services and can be simple for families to understand

Medicaid managed: may provide infrastructure to effectively coordinate care and save costs

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