

Fact Sheet

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How California Should Address Delays in Providing Durable Medical Equipment and Supplies to Children with Special Health Care Needs

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Approximately 200,000 children with serious medical conditions receive health coverage through the California Children's Services (CCS) program, whose responsibilities include ensuring that these children are provided with the medically necessary durable medical equipment (DME) and supplies that they require.

Currently there are no CCS rules in place regarding how long children can be kept waiting to receive medically necessary medical equipment and supplies. Reports from families and health care providers consistently point to lengthy administrative delays, sometimes running a year or longer. The impact of these delays can be devastating. Parents report that their children suffer exacerbated health conditions, developmental delays, and physical pain, among other detrimental outcomes.

A [new report](#) assesses the administrative obstacles that contribute to delays in obtaining essential equipment such as wheelchairs, walkers, ventilators, leg braces, and hospital beds. The authors conducted extensive interviews, and analyzed the results of three recent surveys on the subject.

The report identifies the issues – including payer priority/payer-of-last-resort disputes and CCS internal and vendor-related administrative barriers – that underlie delays. It also highlights promising practices that some counties are engaging in to mitigate delays.

Policy Recommendations

The author suggests that policymakers at the state and/or local level should take the following actions to address delays in the delivery of DME and medical supplies to children with special health care needs:

- **Establish a system to track current time frames and, eventually, establish and monitor reasonable required time frames for final delivery**
Technical support should be provided to facilitate tracking and reporting of current time frames. Reasonable minimum time frames for final delivery should be identified, required and enforced. Patient experience including impact on children should be monitored on a regular basis.
- **Monitor and enforce memoranda of understanding (MOU) between local Medi-Cal managed care health plans and county CCS programs**
These MOU should explicitly outline that the Medi-Cal plan must immediately act as payer in cases where CCS determines it is not responsible for funding.
- **Require that county CCS programs issue payment authorization to vendors as soon as is feasible to address delays related to private health insurer/HMO payer of last resort issues**
When private health insurer/HMO payment

determinations are delayed, local CCS programs should promise payment and encourage vendors to deliver equipment ahead of payment determinations by private health insurers/HMOs; this policy should be put in place in cases where, if the private insurer/HMO does not pay, CCS would be obligated to pay. To expedite payment determinations, private health insurers should designate lead persons who have experience and expertise in the DME needs of children.

■ **Require, monitor, and enforce MOU addressing payment responsibility between county CCS programs and Regional Centers**

These MOU should include standardized language about which entity shall be responsible for payment for particular DME and should also outline the process requirements to efficiently resolve disputes.

■ **Improve internal county CCS processes**

County CCS programs should consolidate responsibility for tracking and approval of DME authorization in the hands of staff with DME expertise. Automatic reauthorization should be allowed in certain cases.

Prescriptions good for one year for DME repairs/size modifications should be required.

■ **Ensure adequate funding rates to incentivize wider availability of vendors of**

DME and medical supplies and to ensure adequate levels of program staff

Rates should be adequate to ensure healthy competition among vendors and good customer service. Funding should also ensure adequate program staff for CCS programs.

■ **Create wider availability of alternative sources of DME/medical supplies**

Competition should be fostered by establishing policies to allow readily accessible retail pharmacies to provide certain non-custom items.

■ **Establish a state-level advisory function**

An ongoing state-level advisory group should support the enactment and enforcement of these DME policy recommendations and the monitoring and review of existing policies and practices.

■ **Establish county-level coordinating councils**

Coordinating councils should monitor and address communication and coordination among the various entities responsible for DME and foster best practices.

■ **Adequately support Family Resource Centers and nonprofit organizations that train and educate CCS families**

Even when significant policy changes are put in place, support for ongoing family input and participation will continue to be important.

ABOUT THE FOUNDATION: The Lucile Packard Foundation for Children's Health is a public charity, founded in 1997. Its mission is to elevate the priority of children's health, and to increase the quality and accessibility of children's health care through leadership and direct investment. Through its Program for Children with Special Health Care Needs, the foundation supports development of a high-quality health care system that results in better health outcomes for children and enhanced quality of life for families.

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