

Policy Domain Framework

Domain VIII: Health, Oral Health and Mental Health

**A Product of the Policy Matters Project
National Center for Children and Families
Teachers College, Columbia University**

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**POLICY FEATURES AND LEVELS FOR DOMAIN VIII:
HEALTH/ORAL HEALTH/MENTAL HEALTH**

SUB-DOMAIN VIII.A: HEALTH INSURANCE

NATIONAL RECOMMENDATIONS		STATE POLICY PLANNING			
Policy Feature	Policy Levels	Evidence	Source of Policy	Current Policy Level	Desired policy Level
VIII.A.1 Health Insurance Coverage: State Medicaid or CHIP income eligibility levels ensure that all children are eligible for health insurance coverage	<ol style="list-style-type: none"> State (1) guarantees coverage for children at 300% of FPL; (2) enrolls pregnant women; AND; (3) enrolls immigrant children. State (1) guarantees coverage for children at 300%; of FPL OR (2) enrolls pregnant women; OR (3) enrolls immigrant children. State legally guarantees health insurance coverage for all children in families between 250 and 299% of FPL State legally guarantees health insurance coverage for all children in families 	1. Delaware Medicaid or CHIP guarantees health insurance coverage for all children in families under the age of 19 years, at or below 200% FPL. Pregnant Women are covered at or below 200% FPL; qualified noncitizens at or below 200%FPL; nonqualified noncitizens are ineligible for Medicaid state funded benefits	# http://www.dmap.state.de.us/downloads/manuals/General.Policy.Manual.pdf http://delcode.delaware.gov/title16/c099/sc03/index.shtml http://regulations.delaware.gov/AdminCode/title16/5000/5100/14000/14000%20Medicaid%20Common%20Eligibility-08.shtml#P241_24010 http://regulations.delaware.gov/AdminCode/title16/5000/5100/15000/15000%20%20Family%20and%20Community%20Medical%20Assistance-04.shtml#P111_11732 http://regulations.delaware.gov/AdminCode/title16/5000/5100/18000/18000%20Delaware%20Healthy%20Children%20Program.shtml#P12_1447	#4 (* see note#2) Notes: 71 Del. Laws, c. 452, § 1; 75 Del. Laws, c. 407, § 1; 76 Del. Laws, c. 241, §§ 2, 3; Note#2: DE SCHIP guarantees eligibility for all children in families at or below 200% FPL- based on that fact, the	# 2 We want to be at 300%

	<p>between 200 and 249% of FPL</p> <p>5. State legally guarantees health insurance coverage for all children in families between 100 and 199% of FPL</p>	<p>http://regulations.delaware.gov/AdminCode/title16/5000/5100/14000/14000%20Medicaid%20Common%20Eligibility-08.shtml#P241_24010</p>	<p>Notes: Title 16 14000 Medicaid Common Eligibility 14300 Citizenship And Alienage In State Fiscal Year 1998, (SFY 98), the Delaware legislature appropriated STATE ONLY FUNDS to provide coverage of full Medicaid benefits to legally residing noncitizens who are ineligible for full Medicaid benefits because of PRWORA. Coverage for these aliens will be provided on a fee for service basis and is subject to the availability of state funding. In the event state funding is exhausted, the benefits will be reduced to coverage of emergency services and labor and deliver only. Aliens who may be found eligible for full Medicaid coverage using the state funds include legally residing nonqualified aliens and qualified aliens subject to the 5 year bar. Illegally residing aliens and ineligible aliens ARE NOT ELIGIBLE for full Medicaid coverage, but remain eligible for emergency services and labor and delivery only. All applicants, whether aliens or citizens, must meet the technical and financial eligibility criteria of a specific eligibility group such as SSI related group, AFDC related group, or poverty level related group. Not every alien, qualified or nonqualified, will be eligible for Medicaid, emergency services and labor and delivery only or the state funded benefits.</p> <p>http://regulations.delaware.gov/AdminCode/title16/5000/5100/14000/14000%20Medicaid%20Common%20Eligibility-05.shtml#P219_20775</p> <p>http://www.state.de.us/research/register/august2003/final/7%20DE%20Reg%20212%2008-01-03.htm</p>	<p>State may actually score a 4 for this policy level, but just barely.</p>	
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NATIONAL RECOMMENDATIONS		STATE POLICY PLANNING			
Policy Feature	Policy Levels	Evidence	Source of Policy	Current Policy	Desired Policy

				Level	Level
<p>VIII.A.2 Financial Support for Health Insurance Coverage: State funds health insurance coverage for children</p>	<ol style="list-style-type: none"> 1. State provides adequate funding to guarantee health insurance coverage for all children in families at 300% of the federal poverty level or higher 2. State provides adequate funding to guarantee health insurance coverage for all children in families 	<p>Delaware spent \$5,203,843 in state revenue for SCHIP in FY2008. State Share and Total Expenditures calculated using the SCHIP Federal Matching Rate (FMAP) for FY2008. Net Reported Medicaid and CHIP Expenditures, FY 2008. The Centers for Medicare and Medicaid Services (CMS), Special Data Request, April 2009. http://statehealthfacts.org/profileind.jsp?ind=235&cat=4&rgn=9 Delaware provided 486 million in state revenue for FY 2007. Data are for state fiscal year 2007 (SFY2007) and include the General Fund and Other State Fund expenditures. Table 28,</p>	<p># http://regulations.delaware.gov/AdminCode/title16/5000/5100/13000/13000%20Medical%20Assistance%20Program%20Overview-10.shtml#P1955_12211 http://regulations.delaware.gov/AdminCode/title16/5000/5100/13000/13000%20Medical%20Assistance%20Program%20Overview-43.shtml#P2113_25559 http://regulations.delaware.gov/AdminCode/title16/5000/5100/13000/13000%20Medical%20Assistance%20Program%20Overview-42.shtml#P2109_25274 http://www.dmap.state.de.us/downloads/manuals/General.Policy.Manual.pdf</p>	<p># 3 Notes: In June 2009, Delaware legislature passed HB 139 which allows families with incomes exceeding 200%FPL to purchase coverage under Delaware's CHIP program for their uninsured children by paying a</p>	<p># 1.</p>

	<p>between 250 and 299% of FPL</p> <p>3. State provides adequate funding to guarantee health insurance coverage for all children in families between 200 and 249% of FPL</p> <p>4. State provides adequate funding to guarantee health insurance coverage for all children in families between 150 and 199% of FPL</p> <p>5. State provides adequate funding to guarantee health insurance coverage for all children in families between 100 and 149% of FPL</p> <p>6. State does not provide adequate funding to guarantee health insurance coverage for all children below 100% of FPL</p>	<p>Medicaid Expenditures, 2007 State Expenditure Report, National Association of State Budget Officers. http://statehealthfacts.org/profileind.jsp?ind=186&cat=4&rgn=9</p>	<p>Notes: http://www.budget.delaware.gov/fy2010/hb290.pdf</p> <p>DMAP sections 1.1-1.1.3 identifies the responsibility of the state to provide sufficient funding of programs based on participation with federal Medicaid and SCHIP programs under federal code.</p>	<p>premium that reflects the actual costs to the state for covering children. The program will bear no cost to the state, but will provide an opportunity for many parents with uninsured kids to have access to health care coverage. As of 7/29/09, the bill is awaiting the Governor's signature.</p>	
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<p>VIII.A.3 Health Insurance Enrollment: State provides streamlined procedures for enrollment in Medicaid and CHIP to increase the ease of enrollment</p>	<p>1. State provides all 8 of the following streamlined procedures for enrollment in Medicaid and CHIP: (1) presumptive/ temporary Medicaid/CHIP coverage provision during eligibility determination; (2) joint applications and identical verification processes for</p>	<p>DE provides for the following streamlined procedures for Medicaid and SCHIP enrollment: (1) No; presumptive eligibility is allowed only for pregnant women who have completed a Medicaid application and provide proof of pregnancy until actual eligibility is determined; (2) Yes; joint application for Medicaid and SCHIP is used and identification verification</p>	<p>#</p>	<p>#3 Notes:</p>	<p># 2. 1. Express lane eligibility might be helpful – clarification needed</p>
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	<p>Medicaid and CHIP; (3) administrative or <i>ex parte</i> renewals; (4) premium assistance option; (5) simplified asset verification or elimination of asset test; (6) elimination of in-person interviews; (7) 12 months of continuous eligibility regardless of income changes; and (8) express lane eligibility</p> <p>2. State 1) provides at least 5 of the streamlined procedures for enrollment and; 2) enrolls Medicaid-eligible children above target levels specified in the law to receive the performance bonus</p> <p>3. State provides at least 2 of the streamlined procedures for enrollment</p> <p>4. State provides no streamlined procedures for enrollment in Medicaid and CHIP</p>	<p>processes are in place for Medicaid and SCHIP; (3) No; does not allow for administrative or <i>ex parte</i> income verification; (4) Yes, on an individual case by case request, no standard of practice-the intent to assist the client in maintaining coverage when possible; (5) Yes; No asset test for Medicaid or SCHIP; (6) Yes; DE eliminated face to face interviews; (7) No; SCHIP has twelve months of continuous eligibility as long as premiums are paid and Medicaid covers only newborns born to mothers receiving Medicaid up to age one; and (8) No express lane eligibility</p>	<p>Notes:</p>		
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NATIONAL RECOMMENDATIONS		STATE POLICY PLANNING			
Policy Feature	Policy Levels	Evidence	Source of Policy	Current Policy Level	Desired Policy Level
VIII.A.4 Provider Reimbursement Rates: State sets provider reimbursement rates for Medicaid and other state-	1. State sets Medicaid and other state-funded provider reimbursement rates for primary, obstetric, and other care services at 86% or	DMMA website Health and Social Services Medicaid <ul style="list-style-type: none"> Medicaid furnishes medical assistance to eligible low-income families and to eligible aged, blind and/or disabled 	# http://dhss.delaware.gov/dhss/dmma/medicaid.html	#1 Notes: According to Dave Michalik of DMMA, the	#1

<p>funded primary, obstetric, and other care services at an equitable level to Medicare reimbursement rates</p>	<p>higher of Medicare rates</p> <ol style="list-style-type: none"> 2. State sets Medicaid and other state-funded provider reimbursement rates between 75 and 85% of Medicare rates 3. State sets Medicaid and other state-funded provider reimbursement rates between 51 and 74% of Medicare rates 4. State sets Medicaid and other state-funded provider reimbursement rates between 26 and 50% of Medicare rates 5. State sets Medicaid and other state-funded provider reimbursement rates between 0 and 25% of Medicare rates 	<p>people whose income is insufficient to meet the cost of necessary medical services. Medicaid pays for: doctor visits, hospital care, labs, prescription drugs, transportation, routine shots for children, mental health and substance abuse services.</p> <ul style="list-style-type: none"> • Delaware Medicaid providers may access the Delaware Medical Assistance Provider manual at: www.dmap.state.de.us/index.html <p>Eligibility</p> <p>You can have a car, bank account, and a home and still qualify for Medicaid. DMMA does not look at any of your resources when determining your eligibility for Medicaid.</p> <ul style="list-style-type: none"> • You can work and still qualify for Medicaid. • Some persons can have other insurance and still receive Medical Assistance. • Low-income uninsured adults between the ages of 19 and 65 may qualify for Medicaid. • Certain children living with stepparents, grandparents, or siblings with income may receive Medicaid. • Needy families with children may be eligible for Medicaid if they are part of Temporary Assistance for Needy Families. • When a family getting a welfare check starts working and leaves welfare they still may receive Medicaid. • Low-income pregnant women and children under age 19 may qualify for Medicaid. • Most women of child bearing age may be eligible for birth control and family planning services for up to 24 months after their regular Medicaid stops. <p>Most people receiving Medicaid are enrolled with one of the managed care plans under the Diamond State Health Plan.</p>	<p>Notes:</p>	<p>State pays at 100% of Medicare rates for the listed services.</p>	
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<p>Discussion: Qualified noncitizens refers to (1) lawful permanent residents (LPRs); (2) refugees, asylees, persons granted withholding of deportation/removal, conditional entry (in effect prior to 4/1/19+80), or paroled into the US for at least one year; (3) Cuban or Haitian entrants; and (4) battered spouses and children with pending approval (a) self-petition for immigrant visa, or (b) immigrant visa filed for a spouse or children by a US citizen or LPR, or (c) application for cancellation of removal/suspension of deportation, whose need for benefits has a substantial connection to the battery or cruelty. Parent/child of such battered child/spouse are also “qualified”.</p>	
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SUB-DOMAIN VIII.B: ACCESSIBILITY OF PRIMARY HEALTH AND ORAL HEALTH SERVICES

NATIONAL RECOMMENDATIONS		STATE POLICY PLANNING			
Policy Feature	Policy Levels	Evidence	Source of Policy	Current Policy Level	Desired Policy Level
<p>VIII.B.1 State Requirements for Publicly Funded Primary Care Clinics: State requires adequate primary health care staffing to meet the needs of young children</p>	<ol style="list-style-type: none"> 1. State requires every publicly funded primary care clinic to have at least one health care provider with an early childhood credential/certification for every 800 children (ages 0-8) within the service area 2. State requires every publicly funded primary care clinic to have at least one health care provider with an early 	None	#	<p># 5 (Helen) Notes: ~ Delaware has Federally Qualified Health Care Centers which receive federal funding only. ~ Some states do allocate annual operational funds to</p>	<p># 4. 1. This would be helpful with developmental screening</p>

	<p>childhood credential/certification for every 1000 children (ages 0-8) within the service area</p> <p>3. State requires every publicly funded primary care clinic to have at least one health care provider with some early childhood training/experience for every 800 children (ages 0-8) within the service area</p> <p>4. State requires every publicly funded primary care clinic to have at least one health care provider with some early childhood training/experience for every 1000 children (ages 0-8) within the service area</p> <p>5. State has no such requirements for providers in publicly funded primary care clinics</p>		Notes:	<p>FQHC's but Delaware does not.</p> <p>~ Grant-in-Aid is allocated to FQHC's as documented in HB 295.</p>	
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NATIONAL RECOMMENDATIONS		STATE POLICY PLANNING			
Policy Feature	Policy Levels	Evidence	Source of Policy	Current Policy Level	Desired Policy Level

<p>VIII.B.2 State Requirements for Publicly Funded Oral Health Clinics: State requires adequate oral health care staffing to meet the</p>	<ol style="list-style-type: none"> 1. State requires every publicly funded oral health clinic to have at least one dentist with an early childhood credential/certification for every 1000 children (ages 0-8) within the service area 2. State requires every publicly funded oral health clinic to have 	<p>TITLE 24 Professions and Occupations CHAPTER 11. DENTISTRY AND DENTAL HYGIENE Subchapter II. Dentistry and Dental Hygiene</p> <p>§ 1122. Qualifications of applicant; report to Attorney General; judicial review. (a) An applicant who is applying for licensure as a dentist under this chapter shall submit evidence, verified by oath and satisfactory to the Board, that such person: (1) Has received a degree in dentistry from an accredited dental college or university</p>	<p># No http://delcode.delaware.gov/title24/c011/sc02/index.shtml</p>	<p># 5 Notes:</p>	<p># 3 1. State should require Continuing Early childhood credits for dentists.</p>
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<p>needs of young children</p>	<p>at least one dentist with an early childhood credential/certification for every 1300 children (ages 0-8) within the service area</p> <p>3. State requires every publicly funded oral health clinic to have at least one dentist with some early childhood training/experience for every 1000 children (ages 0-8) within the service area</p> <p>4. State requires every publicly funded oral health clinic to have at least one dentist with some early childhood training/experience for every 1300 children (ages 0-8) within the service area</p> <p>5. State has no early childhood credential/certification requirements for providers in publicly funded oral health clinics</p>	<p>accredited by the Commission on Dental Accreditation of the American Dental Association.</p> <p>(2) Before matriculating in a dental college or university, has completed at least 2 years of undergraduate study in an accredited college or university.</p> <p>(3) Has acquired 1 year's experience as a dental intern or resident in a school, institution or hospital approved by the Board or, in lieu thereof, has participated in a preceptorship or reciprocity program established under § 1105 of this title, or has had 3 years of active dental practice in another state or territory of the United States.</p> <p>(4) Has achieved the passing score on all examinations prescribed by the Board.</p> <p>(b) An applicant who is applying for licensure as a dental hygienist under this chapter shall submit evidence, verified by oath and satisfactory to the Board, that such person has:</p> <p>(1) Graduated from high school or has received a general equivalency diploma (G.E.D.).</p> <p>(2) Graduated from a dental hygiene college or university program accredited by the Commission on Dental Accreditation of the American Dental Association of at least 2 academic years' duration; or</p> <p>(3) Graduated, prior to 1953, from a dental hygiene program of at least 1 year's duration, which program had been approved by the Board at the time of the person's graduation; and</p> <p>(4) Achieved the passing score on all examinations prescribed by the Board.</p> <p>(c) All applicants shall have complied with the following conditions:</p> <p>(1) Shall submit proof of current certification in cardiopulmonary resuscitation (CPR) technique in accordance with regulations adopted by the Board.</p>	<p>Notes:</p> <p>In dentistry, this type of credentialing is not required of general dentists. Pediatric dentistry, usually an additional 2-3 year educational program, is the only requirement for providing specialized dentistry to young children. (</p> <p>See</p> <p>http://regulations.delaware.gov/AdminCode/title24/1100.shtml for more information of dental licensing).</p> <p>6.0 Continuing Professional Education - Dentists</p> <p>All persons licensed to practice dentistry in the State of Delaware shall be required to acquire 50 hours of continuing professional education (CPE) credit and to successfully complete a current course in cardiopulmonary resuscitation (CPR) every two (2) years. The CPR course must encompass hands on clinical participation. On-line courses will not be accepted to satisfy the CPR requirement. Examples of acceptable courses include, but are not limited to, courses offered by the American Red Cross and the American Heart</p>		
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<p>VIII.B.3 Primary Services Coverage: State provides access to appropriate primary and specialty health care services for young children enrolled in</p>	<p>1. State covers (1) physician's office visits, (2) laboratory tests, (3) referral to specialists, including behavior health specialists, (4) hospital care, (5) emergency care, (6) vision care, (7) prescription drugs/devices, and (8) dental care in both its Medicaid and CHIP programs</p>	<p>DE Medicaid and SCHIP programs mirror each other for benefits to children participating in each program http://www.statehealthfacts.org/profileind.jsp?cat=4&sub=54&rgn=9 EPSDT services are federally mandated Dental is the same except for maximum age – 17. 11/13/09</p>	<p>Title 16. Administrative Code: DMAP Manual DMAP Provider Manual: http://www.dmap.state.de.us/downloads/manuals/Practitioner.Provider.Specific.pdf http://www.dmap.state.de.us/downloads/manuals/Practitioner.Provider.Specific.pdf http://www.dhss.delaware.gov/dss/medicaid.html</p>	<p>#1 Notes: Delaware Medicaid and SCHIP covers all eight (8) in both programs. http://delcode.delaware.gov/title16/c099/sc03/index.shtml http://delcode.delaware.gov/sessionlaws/ga143/chp407.s</p>	<p># 1</p>
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<p>Medicaid and CHIP</p>	<ol style="list-style-type: none"> 2. State covers all 8 areas of primary and specialty care in EITHER its Medicaid OR its CHIP program 3. State covers at least 5 areas of primary and specialty care in both its Medicaid and CHIP programs 4. State covers at least 5 areas of primary and specialty care in EITHER its Medicaid OR its CHIP program 5. State covers at least 3 areas of primary and specialty care in both its Medicaid and CHIP programs 6. State covers at least 3 areas of primary and specialty care in EITHER its Medicaid OR its CHIP program 7. State covers fewer than 3 areas of primary and specialty care in both its Medicaid and CHIP programs 		<p>Notes:</p>	<p>html 71 Del. Laws, c. 452, § 1</p>	
<p>Discussion:</p>					

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SUB-DOMAIN VIII.C: ACCESSIBILITY OF MENTAL HEALTH SERVICES

NATIONAL RECOMMENDATIONS		STATE POLICY PLANNING			
Policy Feature	Policy Levels	Evidence	Source of Policy	Current Policy Level	Desired Policy Level
VIII.C.1 State Requirements for Publicly Funded Mental Health Agencies. State requires adequate mental health staffing to meet the needs of young children PRIORITY AREA #1	<ol style="list-style-type: none"> 1. All state contracts utilizing public funds for mental health services require at least one mental health provider with an early childhood credential/certification for every 1500 children within the service area 2. All state contracts utilizing public funds for mental health services require at least one mental health provider with an early childhood credential/certification for every 1750 children within the service area 3. All state contracts utilizing public funds for mental health services require at least one mental health provider with some early childhood training/experience for every 1500 children within the service area 4. All state contracts utilizing public funds for mental health services require at least one mental health provider with some early childhood training/experience for every 1750 children within the service area 5. State contracts have no such requirements 	No Delaware Best SAMSHA Grant - clinicians meet national credential standards for grant but no regulation or state requirement	# www.kids.de.gov	# 5 Notes:	# 2 1.This is an important issue for young children – early intervention is key to changing this 2.Division of Child Mental Health and their partners are working on this
			Notes:		

<p>VIII.C.2 Behavioral and Mental Health Services Coverage: State provides access to appropriate behavioral and mental health care services for young children enrolled in Medicaid and CHIP</p>	<ol style="list-style-type: none"> 1. State covers (1) use of EPSDT services to screen, assess, and treat emotional and behavioral needs of young children, (2) the option to serve “at risk” children for emotional problems under Part C of IDEA, (3) continuation of services for emotional and behavioral problems of preschool-age children by using same criteria for Medicaid Part C and Part B services, (4) child respite care, (5) therapeutic nurseries, (6) therapeutic preschools, (7) referral of substantiated cases of child abuse (birth to three) to Part C, and (8) family support services in both its Medicaid and CHIP programs. 2. State covers all 8 areas of behavioral and mental health services in EITHER its Medicaid OR its CHIP program 3. State covers at least 4 areas of behavioral and mental health services in both its Medicaid and CHIP programs 4. State covers at least 4 areas of behavioral and mental health services in EITHER its Medicaid OR its CHIP program 5. State covers fewer than 4 areas of behavioral and mental health services in both its Medicaid and CHIP programs 	<p>It is not in policy. Medicaid policy manual DH?</p>	<p>#</p>	<p># 2 Notes:</p>	<p># 1.</p>
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NATIONAL RECOMMENDATIONS		STATE POLICY PLANNING		
Policy Levels	Evidence	Source of Policy	Current Policy Level	Desired Policy Level

VIII.C.3 Mental Health Parity: State has a parity law requiring insurers to pay for mental health treatment to the same extent they pay for physical health care	<ol style="list-style-type: none"> 1. State parity law requires insurers to pay for mental health illnesses with biological and non-biological causes and cover behavioral health medication 2. State parity law requires insurers to pay for mental health illnesses with biological causes only and requires coverage of behavioral health medication 3. State parity law requires insurers to pay for mental health illnesses OR requires coverage of behavioral health medication 4. State parity law does neither 5. State has not enacted a parity law 	<p>Limited parity. Individual and group. Serious mental illness, including autism and ADHD. Substance abuse disorders.</p> <p>Delaware Exceeds federal law</p>	<p># www.gao.gov/cgi-bin/getrpt?GAO/T-HEHS-00-113</p> <p>http://www.statehealthfacts.org/profileind.jsp?cat=7&sub=160&rgn=9</p> <p>Notes:</p>	#3 Notes:	# 1 1.All children should be eligible
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VIII.C.4 Mental Health Provider Standards: State provides equity in mental health services through application of provider standards	<ol style="list-style-type: none"> 1. Medicaid and CHIP have identical educational and licensure requirements for mental health providers in all service delivery settings 2. Medicaid OR CHIP have similar requirements for mental health providers 3. Either Medicaid or CHIP mental health provider requirements may vary depending on the service delivery setting. 	Nancy Widdoes - find the link	<p># http://kids.delaware.gov/pdfs/cmh_11_ProviderManualJuly2009.pdf</p> <p>Notes:</p>	# 1 Notes:	# 1
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VIII.C.5 Medicaid and CHIP Coverage Parity: Parity for mental health visits	1. Medicaid and CHIP service limits for mental health services are identical 2. State covers more than 12 mental health visits without pre-certification for EITHER Medicaid or CHIP 3. State covers fewer than 12 mental health visits without pre-certification	30 visits Medicaid 11-15 waiver DCMH Services need evidence and link	# Notes:	# 1 Notes:	# 1
Discussion:					

SUB-DOMAIN VIII.D: PREVENTION AND HEALTH EDUCATION

NATIONAL RECOMMENDATIONS		STATE POLICY PLANNING			
Policy Feature	Policy Levels	Evidence	Source of Policy	Current Policy Level	Desired Policy Level
VIII.D.1 Screenings: State requires annual health and developmental screenings/referrals for children from birth to age 5	1. State requires annual screenings/referrals for all children for (1) comprehensive health and developmental history, (2) comprehensive unclothed physical exam, (3) appropriate immunizations, (4) necessary laboratory testing, (5) hearing services, (6) vision services, (7) dental services, (8) health education, (9) lead	Lead: § 2603. Screening prior to child care or school enrollment. For every child born on or after March 1, 1995, and who has reached the age of 12 months, child care facilities and public and private nursery schools, preschools and kindergartens shall require screening for lead poisoning for admission or continued enrollment; except in the case of enrollment in kindergarten, such testing	# http://delcode.delaware.gov/title16/c008a/index.shtml http://delcode.delaware.gov/title16/c026/index.shtml	#4 Change Notes:	# 2

	<p>toxicity screening, (10) behavioral/mental health, and (11) identification of learning and physical disabilities.</p> <ol style="list-style-type: none"> 2. State requires health and developmental screenings/referrals in all 11 categories for all children at least once between birth and age 5 3. State requires annual screenings/referrals in at least 5 of the categories for all children 4. State requires health and developmental screenings/referrals in at least 5 of the categories for some children at least once between birth and age 5 5. State does not require health/developmental screenings for any children 	<p>may be done within 60 calendar days of the date of enrollment. A statement shall be provided from the child's primary health care provider that the child has been screened for lead poisoning or in lieu thereof a certificate signed by the parent or guardian stating that the screening is contrary to that person's religious beliefs.</p> <p>Hearing: § 804A. Newborn and infant hearing screening programs. As a condition of its licensure, each hospital shall establish a Universal Newborn Hearing Screening (UNHS) program. Each UNHS program shall:</p> <ol style="list-style-type: none"> (1) Provide a hearing screening test for every newborn born in the hospital, for identification of hearing loss, regardless of whether or not the newborn has known risk factors suggesting hearing loss. (2) Develop screening protocols and select screening method or methods designed to detect newborns and infants with a significant hearing loss <p>DOE Regulations Title 14 Education 800 Health and Safety 804 Immunizations 1.0 Definition of School Enterer A school enterer is any child between the ages of two months and 21 years entering or being admitted to a</p>	<p>Notes: The Division of Public Health and the Division of Medicaid and Medical Assistance successful in their efforts to initiate a systems improvement project under the Assuring Better Child Health and Development (ABCD) project. This project, in cooperation with the Delaware Chapter of the American Academy of Pediatrics, launched a pilot program in two pediatric practices in Delaware. This pilot seeks to implement policies and practices that move the use of standardized screening tools as part of well child care to a "standard of practice."</p> <p>http://kids.delaware.gov/occl/occl_new_rules.shtml</p>		
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NATIONAL RECOMMENDATIONS		STATE POLICY PLANNING			
Policy Feature	Policy Levels	Evidence	Source of Policy	Current Policy Level	Desired Policy Level
VIII.D.2 Financial Support for Screenings: State funds health and developmental screenings for children from birth to age 5	<ol style="list-style-type: none"> 1. State funds all mandated health, mental health, and development screenings 2. State funds some, but not all, of the mandated health, mental health and developmental screenings 3. State provides no funding for any mandated health, mental health and developmental screenings 	<p>No state mandate for funding</p> <p>Medicaid children only</p> <p>The Division of Public Health's Newborn Screening Program (expanded in 2003) currently screens for 37 disorders including amino acidopathies, organic acidurias, fatty acid oxidation disorders, hemoglobinopathies, and endocrinopathies.</p> <p>Delaware offers a fee exemption in the event that a parent cannot pay for the screening.</p>	#	# 2 Notes: State funds for ECAP children	# 2
			Notes:		

<p>VIII.D.3 Health, Oral Hygiene, and Nutrition Education: State requires age-appropriate health, oral hygiene, and nutrition education in all ECE and early elementary classes</p>	<ol style="list-style-type: none"> 1. State requires – and funds – age-appropriate health, mental health, oral hygiene, and nutrition education in all early learning and early elementary programs 2. State requires, but does not fund, age-appropriate health, mental health, oral hygiene, and nutrition education in all early 	<p>Health: (#5) In that there is standards set for k-12, I am not certain that these standards apply to EC. Delaware Recommended Content Standards information can be found at: <u>35 Child Mental Health providers with Best Project</u> and <u>http://www.doe.k12.de.us/info/staff/ci/content_areas/health.shtml</u></p>	<p>#</p>	<p>#5 O.H. #5 Health:5 M.H.:5 Notes:</p>	<p># 2</p> <ol style="list-style-type: none"> 1. Include this in licensing requirements resources are available to include ADA (American Dental Association) 2. Oral Health Awareness Committee 3. TECE
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	<p>learning and early elementary programs</p> <p>3. State requires – and funds – age-appropriate health, mental health, oral hygiene, and nutrition education in all state-funded early learning and early elementary programs</p> <p>4. State requires, but does not fund, age-appropriate health, mental health, oral hygiene, and nutrition education in all state-funded early learning and early elementary programs</p> <p>5. State does not require health, mental health, oral hygiene, or nutrition education in any early learning or early elementary programs</p>	<p>Just for ECAP children (state funded Head Start -follow Head Start Performance Standards in child mental and oral health. Not sure if this is solely federal funding stream. - ECAP - state funding</p> <p>Oral Health: #5</p>	Notes:		
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NATIONAL RECOMMENDATIONS		STATE POLICY PLANNING			
Policy Feature	Policy Levels	Evidence	Source of Policy	Current Policy Level	Desired Policy Level
VIII.D.4 Health and Nutrition Consultants: State provides for health, dental health, mental health, and nutrition consultants in early childhood programs PRIORITY AREA # 3	<ol style="list-style-type: none"> 1. Health, dental health, mental health, and nutrition consultants are available to all early childhood providers 2. Consultants from at least two of the four health-related fields (health, dental health, mental health, and nutrition) are available to all early childhood providers 3. Health, dental health, mental health, and nutrition consultants are available to providers in some programs 4. Consultants from at least two of the four health-related fields (health, dental health, mental health, and nutrition) are available to providers in some programs 5. No health, dental health, mental health, or nutrition consultants are available to providers 	N/A	#N/A	#3 Notes:	# 1. 1. Child Care Health Consultant model 2. Wesley has a licensed or certified health care professional program – no funding Should be certified by dental hygienists Training modules are developed. Was part of LAUNCH grant proposal

			<p>Notes: While Delaware ranks #5, the Division of Child Mental Health's was granted 3 ECMHC for use Statewide. However, I believe funding for these positions is from a federal block grant dollars. This is a state decision on the use of the money. There are only mental health consultants. ECAP is the only state funded program that includes health, nutrition, dental consultants. 843 children</p>		
Discussion:					

SUB-DOMAIN VIII.E: QUALIFIED HEALTH/ORAL HEALTH/MENTAL HEALTH PROFESSIONALS

NATIONAL RECOMMENDATIONS		STATE POLICY PLANNING			
Policy Feature	Policy Levels	Evidence	Source of Policy	Current Policy Level	Desired Policy Level
VIII.E.1 Professional Standards for Health Providers: State has established high standards, based on evidence based practices, for what health providers should know about early childhood development in order to assess and treat young children	<ol style="list-style-type: none"> 1. State has conducted an updated review of health providers' pre-service and continuing education curricula; developed standards/core competencies focused on early childhood development and based on scientific evidence of effectiveness, assessment and treatment; conducted a review of standards/core competencies; and aligned professional development with these standards/core competencies 2. State has completed three of the above 3. State has completed two of the above 4. State has completed one of the above 5. State has not completed any of the above 		#	# 5 Notes: Licensure rules and regulation can be found at: http://regulations.delaware.gov/AdminCode/title24/1100.shtml	# 1
			Notes:		

<p>VIII.E.2 Professional Standards for Oral Health Providers: State has established high standards, based on evidence based practices, for what oral health providers should know about early childhood development in order to assess and treat young children</p>	<ol style="list-style-type: none"> 1. State has conducted an updated review of oral health providers' educational (pre-service) and continuing educational curricula; developed standards/core competencies focusing on early childhood development and based on scientific evidence of effectiveness, assessment and treatment; conducted a review of standards/core competencies; and aligned professional development with these standards/core competencies 2. State has completed three of the above 3. State has completed two of the above 4. State has completed one of the above 5. State has not completed any of the above 		<p>#</p>	<p># 5 (Helen) Notes:</p>	<p># 2 Want three of the above - 1.Want core standards and aligned professional development 2.CE credits in early childhood area – different topic each year</p>
			<p>Notes: Core competencies for early childhood have not been identified at the state level.</p>		

<p>VIII.E.3 Professional Standards for Mental Health Providers: State has established high standards, based on evidence based practices, for what mental health providers should</p>	<p>1. State has conducted an updated review of mental health providers' educational (pre-service) and continuing educational curricula; developed standards/core competencies focusing on early</p>	<p>TITLE 24 Professions and Occupations CHAPTER 30. MENTAL HEALTH AND CHEMICAL DEPENDENCY PROFESSION</p>	<p>#</p> <p>No requirement for early childhood experience in code</p> <p>No requirement for credentialing in code</p> <p>http://delcode.delaware.gov/title24/c030/sc02/index.shtml</p>	<p># 5 Notes:</p>	<p>#2</p>
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<p>know about early childhood development in order to assess and treat young children</p> <p>PRIORITY AREA #2</p>	<p>childhood development and based on scientific evidence of effectiveness, assessment and treatment; conducted a review of standards/core competencies; and aligned professional development with these standards/core competencies</p> <ol style="list-style-type: none"> 2. State has completed three of the above 3. State has completed two of the above 4. State has completed one of the above 5. State has not completed any of the above 	<p>ALS Subchapter II. Mental Health Professional Counselors and Associate Counselors</p> <p>§ 3032. Qualifications of applicant.</p> <p>(a) An applicant who is applying for licensure under this subchapter shall complete a Board approved application, submit the application fee, and supply evidence verified by oath and satisfactory to the Board that the applicant:</p> <p>(1) Is certified by the National Board for Certified Counselors, Inc. (NBCC), or the Academy of Clinical Mental Health Counselors (ACMHC), or other national mental health specialty certifying organization acceptable to the Board.</p>	<p>Notes: Core competencies for early childhood have not been identified at the state level.</p>		
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NATIONAL RECOMMENDATIONS		STATE POLICY PLANNING			
Policy Feature	Policy Levels	Evidence	Source of Policy	Current Policy Level	Desired Policy Level
VIII.E.4 Credentialing/Certification Requirements: State has developed or adopted early childhood credentialing/certification for health, oral health and mental health providers.	<ol style="list-style-type: none"> 1. State requires early childhood credentialing/certification for health, oral health and mental health providers in all programs working with young children and their families 2. State recognizes and formally endorses the above for all providers 3. State recognizes and formally endorses the above for some providers 4. State neither requires nor recognizes early childhood credentialing/certification 	No special credentialing for health, oral health and mental providers working with young children in DE	#	# 4 Notes:	#2
			Notes:		
VIII.E.5 System of Early Childhood Credentialing/Certification for Health	<ol style="list-style-type: none"> 1. State has created a system, with the capacity to facilitate inter-disciplinary early childhood training, for monitoring and enforcing credentialing/certification for primary health, oral 	No training or monitoring to facilitate interdisciplinary early childhood training for oral health, mental	#	# 3 Notes:	#2

<p>Professionals: State has developed a system for credentialing/certification (using professional organizations as partners, as applicable)</p>	<p>health, and mental health care professionals</p> <ol style="list-style-type: none"> 2. State has an interdisciplinary training, monitoring and enforcement system for two of the three disciplines 3. State has no interdisciplinary training, monitoring and enforcement system for health care professionals 	<p>health and primary health providers</p>	<p>Notes:</p>		
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NATIONAL RECOMMENDATIONS		STATE POLICY PLANNING			
Policy Feature	Policy Levels	Evidence	Source of Policy	Current Policy Level	Desired Policy Level

<p>VIII.E.6 General Continuing Education Requirements: In order to maintain early childhood credentialing/certification, health, oral health and mental health providers are required to meet in-service professional development standards tied to their levels of responsibility</p>	<ol style="list-style-type: none"> 1. State requires at least 16 clock hrs/CEUs per year of ongoing professional development related to early childhood for ALL health, oral health and mental health providers working with young children and their families 2. State requires at least 16 clock hrs/CEUs per year for SOME health, oral health and mental health providers 3. State requires at least 8 clock hrs/CEUs per year for ALL providers 4. State requires at least 8 clock hrs/CEUs for SOME providers 5. State does not require any continuing education requirements related to early childhood 	<p>In oral health- State does not require any continuing education requirements related to early childhood. These requirements can be found at http://regulations.delaware.gov/AdminCode/title24/1100.shtml</p>	<p>#</p> <hr/> <p>Notes:</p>	<p># 5 (Helen)</p>	<p># 3 1. Mental Health and Health providers</p>
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SUB-DOMAIN VIII.F: HEALTH/ORAL HEALTH/MENTAL HEALTH SYSTEM SUPPORTS

NATIONAL RECOMMENDATIONS		STATE POLICY PLANNING			
Policy Feature	Policy Levels	Evidence	Source of Policy	Current Policy Level	Desired Policy Level
VIII.F.1 Per Capita Investment in Primary Health: State invests adequate funds in the provision of primary health care for children ages 0-8	<ol style="list-style-type: none"> 1. State invests at least \$500 per 0 to 8-year-old for primary health care services 2. State invests between \$400 and \$500 per 0 to 8-year-old 3. State invests between \$300 and \$400 per 0 to 8-year-old 4. State invests between \$200 and \$300 per 0 to 8-year-old 5. State invests between \$100 and \$200 per 0 to 8-year-old 6. State invests between \$50 and \$100 per 0 to 8-year-old 7. State invests between \$25 and \$50 per 0 to 8-year-old 8. State invests less than \$25 per 0 to 8-year-old <p>FORMULA: [State-determined investments in primary care services for children 0 to 8/State population of 0 to 8-year-olds] Children 0-8 in Delaware Kids Count 103236 (2008)</p>	<p>Unsure: This will need to be answered by Medicaid/SCHIP. What primary health care services are we investigating. Specialty area could include newborn screening, newborn hearing, Smart Start/Kids Kare, CDW, Immunizations, Lead Screening, Family Practice and more. This policy feature should be more defined to narrow the search.</p> <p>Helen will try to get data Medicaid/CHIP - unable to aggregate data to query at this time</p> <p>According to Dave Michalik, DMMA, the State has no set limits or formula; Medicaid and SCHIP pays whatever is medically</p>	<p>#</p> <p>Notes: http://www.statehealthfacts.org/profileind.jsp?ind=183&cat=4&rgn=9 In FY2006, Delaware spent \$2,255 per child on Medicaid per month.</p>	#1 Notes:	# 1

	http://www.dekidscount.org/	necessary. Could not find any policy related to this question.-Norma			
VIII.F.2 Per Capita Investment in Pediatric Oral Health: State invests adequate funds in the provision of oral health programs for children ages 0-8	<ol style="list-style-type: none"> 1. State invests at least \$300 per 0 to 8-year-old for oral health care services 2. State invests between \$200 and \$300 per 0 to 8-year-old 3. State invests between \$100 and \$200 per 0 to 8-year-old 4. State invests between \$50 and \$100 per 0 to 8-year-old 5. State invests between \$25 and \$50 per 0 to 8-year-old 6. State invests less than \$25 per 0 to 8-year-old <p>FORMULA: [State-determined investments in oral health care services for children 0 to 8/State population of 0 to 8-year-olds]</p>	Unsure. This will need to be answered by Medicaid and/or Finance Committee. A statewide query on all dental services for children 0-8 would need to be conducted and analyzed	<p># Medicaid – for all children - \$500 per child</p> <p>Will check DMMA report</p> <p>Notes</p>	# 1 Notes:	#1
VIII.F.3 Per Capita Investment in Mental Health: State invests adequate funds in the	<ol style="list-style-type: none"> 1. State invests at least \$300 per 0 to 8-year-old for mental health care services 2. State invests between \$200 and \$300 per 0 to 8-year-old 3. State invests between \$100 and \$200 per 0 to 	Nancy will get benchmark report	<p>#</p> <p>http://dhcc.delaware.gov/ DHCC Annual Report</p>	# 5 Notes:	# 1

provision of mental health programs for children ages 0-8	<ol style="list-style-type: none"> 4. 8-year-old State invests between \$50 and \$100 per 0 to 8-year-old 5. State invests between \$25 and \$50 per 0 to 8-year-old 6. State invests less than \$25 per 0 to 8-year-old <p>FORMULA: [State-determined investments in mental health care services for children 0 to 8/State population of 0 to 8-year-olds]</p>		Notes:		
VIII.F.4 Drawing Down CHIP and Federal Health-Related Block Grant Funding:	<ol style="list-style-type: none"> 1. State invests enough money to draw down the full federal allotment for CHIP, Maternal and Child Health Block Grant, and SAMHSA Block Grant 2. State invests enough 	State does not send money back Delaware rarely draws down full federal allotment of SCHIP funding- Norma Everett	#	# 4 Notes: It would appear that DE invests the minimum and does	# 1

<p>State invests enough to draw down the full federal funding available for CHIP, Maternal and Child Health Block Grant, and SAMHSA Block Grant</p>	<p>money to draw down the full federal allotment for two of the above</p> <p>3. State invests enough money to draw down the full federal allotment for one of the above</p> <p>4. State is investing the minimum required by the federal government</p>	<p>Will need to contact DPH and CMH as to the specifics of the MCHB and SAMSHA funding.</p>	<p>Notes: Total SCHIP expenditures in FY2008 \$14,868,131 http://www.statehealthfacts.org/profileind.jsp?ind=235&cat=4&rgn=9 http://www.statehealthfacts.org/profileind.jsp?ind=660&cat=4&rgn=9 Delaware SCHIP projections for FY2009 was 10.9 million; the projected CHIPRA allotment for Delaware for FY2009 was 15.0 million http://www.kff.org/medicaid/upload/7910.pdf</p>	<p>not take advantage of opportunities to draw down a larger portion of the federal allotment on at least one of the Block Grants. There appears to be no state policy related to investments to ensure full allotment opportunities.</p>	
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NATIONAL RECOMMENDATIONS		STATE POLICY PLANNING			
Policy Feature	Policy Levels	Evidence	Source of Policy	Current Policy Level	Desired Policy Level
<p>VIII.F.5 Workforce Development and System Capacity: State has determined capacity needs</p>	<p>1. State has determined the workforce capacity needs and shortage areas and has developed a plan to meet those needs in the fields of</p>	<p>DHCC Annual Report 3. HEALTH PROFESSIONAL WORKFORCE DEVELOPMENT <i>Delaware Institute of Medical Education and Research (DIMER)</i> <i>Delaware Institute for Dental Education and Research</i></p>	<p># http://dhcc.delaware.gov/ DHCC Annual Report</p>	<p># 1 Notes:</p>	<p># 1</p>

<p>and strategies for workforce development and deployment in the fields of pediatric health, oral health and mental health</p>	<p>pediatric health, oral health and mental health</p> <ol style="list-style-type: none"> 2. State has determined needs and developed plan to meet for at least two of the pediatric health fields 3. State has determined needs and developed plan for one of the pediatric health fields 4. State has done none of the above 	<p><i>(DIDER)</i> <i>DIMER and DIDER were established by the Delaware General Assembly to address the shortage of health professionals in Delaware. They provide enhanced opportunities for Delaware residents to obtain medical and dental education as a cost effective alternative to the State establishing its own schools for these professions. Through DIMER, financial support is provided to Jefferson Medical College and Philadelphia College of Osteopathic Medicine (PCOM) in exchange for reserved admission slots for Delaware students. Scholarships and tuition supplements are also available for the students. In 2009 the Commission will continue to promote health professions to young people while striving to increase the geographic, racial, and ethnic diversity of Delawareans participating in the Jefferson and PCOM partnerships.</i> <i>In 2009, the Commission will continue to promote a fairly new agreement between DIDER and the Maurice H. Kornberg School of Dentistry at Temple University in Philadelphia, Pennsylvania. Through this partnership, financial support is provided to Temple in exchange for reserved admission slots, providing Delaware residents that meet academic admissions</i> <i>7</i> <i>requirements with an opportunity to receive training at a highly regarded regional dental school. The partnership also promotes opportunities for participating dental students to complete externship and residency training programs at facilities in Delaware.</i> <i>State Loan Repayment Program</i></p>	<p>Notes:</p>		
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<p>VIII.F.6 Family Involvement in Health Service Delivery: State policies encourage family members to collaborate with health, oral health and mental health providers in the provision of services</p> <p>PRIORITY AREA # 5</p>	<p>1. All state early childhood health, oral health and mental health policies include provisions that require providers to involve family members: (1) as partners in making decisions about the services their children receive, (2) in policy development and program planning; AND (3) in program evaluation</p>	<p>Division of Child Mental Health Policies: Clinical Services Management Policy Relating to Care Assurance</p> <p>All clients determined eligible for DCMHS services and referred to Clinical Services Management will be assigned to a Clinical Services Management Team which works with the family to provide individualized, strength based, culturally and linguistically competent case management services consistent with the values of the Systems of Care philosophy.</p> <p>The Clinical Service Management Team determines clinically necessary</p>	<p>#Clinical Services Management Policy Relating to Care Assurance Policy http://kids.delaware.gov/information/policy.shtml#DFS_Policies</p>	<p>4</p> <p>Notes:</p>	<p># 2</p>
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	<p>2. All state early childhood health, oral health and mental health policies include provisions that require providers to involve family members in at least one of the following ways: (1) as partners in making decisions about the services their children receive, (2) assisting in policy development and program planning; OR (3) participating in program evaluation</p> <p>3. Some state early childhood health, oral health and mental health policies include provisions that require providers to involve family members: (1) as partners in making decisions about the services their children receive, (2) assisting in policy development and program planning; AND (3) in program evaluation</p> <p>4. Some state early childhood health, oral health and mental health policies include provisions that require providers to involve family members in at least one of the following ways: (1) as partners in making decisions</p>	<p>treatment by:</p> <ul style="list-style-type: none"> • reviewing clinical and family information which is provided by the family and providers; • utilizing DCMHS Level of Care Criteria as a guide; • identifying the least restrictive clinical service appropriate; and • working with the family to select the treatment that can be reasonably expected to treat the child's mental health and/or substance abuse disorder or prevent a further deterioration in the client's condition; • write a goal of enabling the client to function at the highest possible level at home, in school and in the community. <p>Further it is the responsibility of the Clinical Services Management to:</p> <ul style="list-style-type: none"> • inform parents of the services available in the DCMHS system and to inform them of their right to appeal decisions made by the CSM Team <p>Policies only for Child Mental Health</p> <p>Maternal Child Health Bylaws</p> <p>DE Healthy Mother Infant Consortian</p> <p>DIDER – public member – no family</p>	<p>Notes:</p> <p>https://perfdata.hrsa.gov/mchb/mchreports/.../DE-Narratives.pdf</p>		
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<p>VIII.F.7 Service Coordination: State policies encourage the coordination of health, oral health, and mental health.</p> <p>Note to SLK: These are the opportunities to facilitate coordination that</p>	<p>1. State promotes the coordination of health, oral health, and mental health through: (1) medical homes that connect families with other services, including early care and education providers; (2) formal agreements between state Medicaid programs and MCH</p>	<p>Head Start Performance Standards - Family Service Worker provides coordination</p> <p>2 State funded programs: ECAP (follows Head Start Performance Standards) and Part C - birth to three children with disabilities</p> <p><i>Since 1993, Delaware's Birth to Three system in coordination with the Office of CSHCN have developed practices of family-centered care that have</i></p>	<p># https://perfdata.hrsa.gov/mchb/mchreports/.../DE-Narratives.pdf</p>	<p># corrected 2 Block Grant ECAP Part C</p> <p>Notes:</p>	<p># 1</p> <p>State and its partners (Ex. Medical Society of Delaware) are working toward establishing a patient centered medical homes</p>
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<p>Katie and I identified. I wonder if there are others or if you'd like to run this by a state agency person for their review,</p> <p>PRIORITY AREA # 4</p>	<p>to maximize service utilization; AND (3) coordinated of outreach to promote enrollment in health, oral health, and mental health services (e.g., Medicaid, CHIP, WIC, IDEA Part C Early Intervention Services Program.)</p> <ol style="list-style-type: none"> 2. State promotes the coordination of health, oral health, and mental health through two of the above 3. State promotes the coordination of health, oral health, and mental health through one of the above 4. State does not promote coordination of health, oral health, and mental health services 	<p><i>become part of the culture for DPH in addressing the needs of families of young children with special needs. Emphasis has been on family-centered care coordination. The plan of care is family-driven and all aspects of the program seek to integrate cultural and linguistic competence principles and practices.</i></p> <p><i>The ECCS program is the lead in developing comprehensive early childhood systems. The program's scope of responsibilities include: 1) access to medical homes and health care coverage; 2) social-emotional development of young children; 3) early care and education; 4) parenting education; 5) family support; 6) Facilitate the Assuring Better Child Health and Development (ABCD) grant; and 7) providing early childhood technical assistance, trainings and resources.</i></p> <p><i>Not in place for all children</i></p>	<p>Notes</p> <p>The absence of a medical home for all children in Delaware remains a critical issue. Under the Ready Child section of Delaware's state plan for early childhood, Early Success II, the need for all children to have access to a medical home where they receive developmentally appropriate, coordinated care is essential to the optimal health of all children. To address the lack of a consistent medical home model in Delaware, the ECCS grant is providing opportunities to collaborate among agencies, medical providers, community stakeholders and policy leaders.</p>		
<p>Discussion:</p>					