

Note: If the child has private insurance that may pay for nursing, the parent or legal representative must seek coverage under that insurance policy. If private insurance coverage is denied, the parent or legal representative must appeal the denial, and must provide the MICP Manager documentation of the appeal decision. MICP services will not be denied or delayed due to any delay of the parent or legal representative to appeal a decision by the insurance company.

3. The child has complex medical needs related to technological dependence (e.g., ventilator dependence, Total Parenteral Nutrition (TPN) dependence (central line), gastrostomy, complicated respiratory support, etc.);
 4. The child needs four (4) or more hours of continuous skilled nursing care per day that can be provided safely outside of a hospital as determined by the DDD Nursing Care Consultant (NCC) after reviewing the initial MICP application and supporting clinical documentation;
 5. Home care would be less costly than hospital care for the Department of Social and Health Services (DSHS);
 6. Home care services are medically necessary as defined in WAC 388-500-0005; and
 7. The home care plan is safe for the child and is agreed to by the children's parent and/or legal representative.
- B. The MICP Manager will make authorization decisions for the number of hours of service based on WAC 388-551-3000 and a review of the recommendations from the DDD Case Resource Manager (CRM), the NCC, the referral source, the child's parent/guardian, and information contained in the application packet.

PROCEDURES

A. The MICP Application

1. The referral source (usually a hospital) will complete and submit the [DSHS 15-398](#), *Medically Intensive Children's Program Application*, to both the client's Regional DDD office and to the MICP Manager in DDD Central Office.
2. When an MICP Application is received at the regional office, date stamp the application and give it to the Intake and Eligibility (I/E) staff to verify the child's DDD eligibility.

B. Intake & Eligibility (I/E) Responsibilities

The Intake and Eligibility staff will:

1. Notify the MICP Manager via email that a MICP application was received.
2. Determine if the applicant is already a DDD client and, if so, give the MICP application to the client's CRM.
3. If the applicant is not a DDD client, determine if the child is eligible for DDD services based on a completed [DSHS 14-151](#), *Request for DDD Eligibility Determination*.
 - a. A child can qualify for DDD by simply being eligible for and receiving MICP nursing services. If the child is not already a DDD client, build the CARE screen upon receipt of the DDD application and wait for the MICP Manager to determine MICP nursing eligibility.
 - b. A child who is a DDD client only because they receive MICP nursing services will have his/her DDD eligibility terminated when MICP nursing ends unless a review according to DDD Policy 11.03, *Eligibility Expirations and Reviews*, identifies DDD eligibility under a different category.
 - c. Complete and issue a Planned Action Notice (PAN) for the discontinuation of MICP nursing.
4. File the MICP application in the client record.

C. Case Resource Manager/Social Worker Responsibilities

The CRM or Social Worker (SW), as appropriate, will:

1. Review the MICP application to gain knowledge on what is being requested.
2. Work with the referral source identified in the MICP application to be involved with the discharge placement decision.
3. Make a recommendation to the MICP Manager regarding the child's placement (i.e., the child's family home, foster home, group home, or a staffed residential home, as appropriate).
4. File the MICP application in the client record.

D. **MICP Manager Responsibilities**

The MICP Manager will:

1. Send an e-mail message to the regional I/E staff when an MICP application is received. If the client's CARE screen is already built, enter a Service Episode Record (SER).
2. Send a copy of the MICP application to the NCC for review of medical qualifications.
3. Review the other eligibility qualifications.
4. Once an MICP eligibility determination is made:
 - a. For new DDD applicants, send I/E staff a copy of the MICP Eligibility and Authorization Sheet. Note: Wait to inform the family and referral source until the CARE screen is built for the client.
 - b. For DDD clients with an assigned CRM/SW, create a SER describing the decision and inform the family and referral source.
5. Retain a copy of the MICP application in the DDD Central Office file.

E. **Nursing Care Consultant (NCC) Responsibilities**

The NCC will:

1. Review the medical information submitted with the MICP application and recommend whether or not to admit the child to the program based on determination of complex medical need and the need for four (4) or more hours of continuous skilled nursing care.
2. If the child is medically eligible for the program:
 - a. Recommend a placement (i.e., the child's family home, foster home, group home, or staffed residential home) and provide the reason for the recommendation; and
 - b. Determine the number of assessed daily hours of skilled nursing care.
3. Send the medical eligibility decision recommendation to the MICP Manager.

F. **MICP Eligibility Determination**

1. The MICP Manager will:
 - a. Make the program eligibility determination after reviewing all recommendations received and verifying the following:
 - i. The plan of care is safe;
 - ii. The child's DDD eligibility has been determined;
 - iii. The family has identified a physician who is willing to be responsible for the child's care; and
 - iv. One or more skilled nursing care agencies that are Medicaid providers have been selected that are willing to commit to providing skilled nursing care.
 - b. If the child qualifies, the MICP Manager will reduce the NCC recommended daily nursing hours by the number of Personal Care (PC) hours the child receives and by the number of hours paid by other sources, such as trusts and insurance. MICP assessed hours are not in addition to other hours of services provided from different sources.
 - c. Communicate the eligibility decision to the I/E staff or the CRM/SW, the NCC, and the referral source (refer to section A above).
 - d. Once MICP nursing is authorized, update the MICP screen in CARE with the MICP eligibility information.
2. **If the MICP Application is Approved**
 - a. The MICP Manager waits for contact from the nursing agency that the family has chosen so that nursing hours may be authorized.
 - b. If the placement is other than the family home, MICP nursing may be authorized prior to the approval for Voluntary Placement Services (VPS). Retroactive payments are not allowed. If the child is in the care and custody of the DSHS Children's Administration (CA), CA will be responsible for placement costs.
 - c. For all approved requests, the MICP Manager authorizes the nursing services by assigning a prior authorization number to the provider and entering the approval in the payment system for the provider to be paid.

- d. The CRM/SW will:
 - i. Verify with the MICP Manager how many, if any, PC hours are being provided to the client and if those should be modified due to the new nursing services to be provided;
 - ii. Consult with the family about their child's needs and explain the policy regarding calculation of PC and nursing hours;
 - iii. Initiate the proviso funding request if providing nursing services in the family home is not an option, and work with the regional VPS Coordinator to discuss the steps involved; and
 - iv. Complete and issue a PAN.

3. If the MICP Application is Denied

- a. The MICP Manager will inform the CRM/SW, NCC, referral source, and the child's parent/guardian of the denial decision.
- b. The CRM will complete and issue a PAN.

G. Monitoring of Care Responsibilities

- 1. The CRM/SW will:
 - a. Maintain the official client record;
 - b. Perform the required DDD assessments;
 - c. Consult with the nursing agency staff regarding client status monthly;
 - d. Contact the NCC and MICP Manager of any change in status or immediate concerns related to the child;
 - e. Complete and distribute incident reports according to DDD policy;
 - f. Report any proposed changes in the client's Individual Support Plan (ISP) to the MICP Manager and the NCC;
 - g. Complete and issue a PAN as appropriate when services are increased, decreased or ended; and
 - h. Inform the MICP Manager when requesting that the NCC visit the child.

2. The NCC will:
 - a. Conduct on-site nursing care assessments according to DDD policy and when requested by the MICP Manager;
 - b. Submit the NCC assessments to the MICP Manager and the CRM/SW;
 - c. Recommend changes in nursing hours to the MICP Manager; and
 - d. Update the NCC Review portion of the CARE MICP panel and document the assessment in the SER.

3. The Skilled Nursing Care Agency will:
 - a. Send nursing summaries and information to the MICP Manager, as requested;
 - b. Change the number of skilled nursing hours to be provided as directed by the MICP Manager;
 - c. Follow other requirements as described in the *HRSA Private Duty Nursing for Children Billing Instructions* (available on the DSHS website at http://hrsa.dshs.wa.gov/download/Billing%20Instructions%20Web%20Pages/Private_Duty_Nursing.html).

4. The MICP Manager will:
 - a. Review correspondence from the skilled nursing care agency, CRM and NCC to determine the need for changes;
 - b. Review the NCC assessments and recommendations to determine need for changes;
 - c. Inform the nursing agency of any change in the number of hours to be provided by the agency to the child;
 - d. Verify Medicaid eligibility when authorizing services;
 - e. Update the CARE MICP panel with any change in nursing services. Updating the panel will send a tickler to the CRM/SW about the updates.
 - f. Update the payment system with any changes in authorized nursing hours.

H. **MICP Nursing Hours and Personal Care (PC) Hours**

The CRM will:

- a. Determine how PC hours are reduced when Medically Intensive skilled nursing hours begin and how to request an Exception to Rule (ETR) for PC hours by following established procedures, and document these changes in the client's ISP.
- b. Send an e-mail message to the MICP Manager of any reduction or increase to the child's PC hours so that a change can be made to the authorized skilled nursing hours. The MICP Manager will document the change and the reason for it in the CARE MICP panel.

I. **Youth Turning 18 Years of Age:**

1. On the date when a client turns 18 years of age, he/she no longer qualifies for the MICP. The day before the 18th birthday is the last day the client can receive MICP nursing services.
2. If the client continues to be eligible for DDD, the NCC, with assistance from the CRM/SW, will complete a DDD Assessment to determine eligibility for adult private duty nursing (PDN) services within 30 days prior to the client's 18th birthday. Note: Social Workers supporting clients age 18-21 years residing in a licensed setting should refer to DDD Policy 6.15, *Nurse Delegation Services*, for information related to nurse delegation.
3. If the client is not going to be eligible for DDD when he/she turns 18 years, do not complete a DDD Assessment. Instead, the CRM/SW will make a referral to the DSHS Home and Community Services (HCS) Division intake office for application for services not less than sixty (60) days prior to the 18th birthday.
4. The MICP Manager will:
 - a. Notify the CRM/SW that a child in the MICP will be turning 18 years of age by entering a SER at approximately one year prior to the client's 18th birthday and again at less than 90 days prior to the 18th birthday;
 - b. Notify the PDN Program Manager in HCS by e-mail at the same intervals described in "a" above. This notification will alert appropriate staff to plan for the client's transition to HCS for personal care and PDN if the client is no longer eligible for DDD.
 - c. Ensure authorization for MICP services are discontinued as of the client's 18th birthday;

- d. Inform the nursing care agency of the change in their monthly authorization sheet; and
 - e. Update the CARE MICP panel, indicating that MICP services have ended and why.
5. The CRM will:
- a. Prepare a case closure, including a case summary and the most recent NCC assessment, if the client is to be terminated from DDD per the eligibility review; **or**
 - b. Work with the client's parents/guardians and/or the nursing care agency to make a transitional plan of care so that nursing can continue uninterrupted through the adult PDN program; and
 - c. Complete and send a PAN to discontinue MICP nursing effective the date of the client's 18th birthday.

EXCEPTIONS

Any exceptions to this policy must have the prior written approval of the Division Director.

SUPERSESSION

DDD Policy 4.04
Issued February 1, 2007

Approved: /s/ Linda Rolfe
Director, Division of Developmental Disabilities

Date: June 1, 2010