

DEVELOPMENTAL DISABILITIES ADMINISTRATION  
Olympia, Washington

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TITLE: MEDICALLY INTENSIVE CHILDREN'S PROGRAM POLICY 4.04

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Authority: RCW 74.09.520 *Medical Assistance - Care and Services*  
Chapter 182-551 WAC *Included-Funding Limitations*  
WAC 246-840-910 to -970 *Alternatives to Hospital Services*  
*Delegation of Nursing Care Tasks in*  
*Community-Based and In-Home Care Settings*  
Chapter 182-537 WAC *School-Based Health Care Services*  
Chapter 388-823 WAC *DDA Intake and Eligibility Determination*  
WAC 392-172A-01175 *Special Education*  
WAC 392-172A-01155 *Related Services*

Reference: DDA and HCA Memorandum of Understanding (June 2017)

## **BACKGROUND**

The Medically Intensive Children's Program (MICP) provides private-duty nursing services to children age 17 or younger. It is a Title XIX program to support children whose complex medical needs cannot be managed with intermittent home health services.

## **PURPOSE**

This policy establishes procedures for the operation of the MICP by DDA staff and includes information related to the program for contracted nursing agencies and licensed residential settings.

## **SCOPE**

This policy applies to DDA central office and field services staff.

## **DEFINITIONS**

**Adult private-duty nursing** means Medicaid-funded nursing services for clients age 18 and older.

**Apple Health for Kids** is the umbrella term for healthcare coverage for certain groups of children, which is funded by the state and federal government under Title XIX Medicaid programs, Title XXI Children's Health Insurance Program, or solely through state funds (including the program formerly known as the children's health program).

**Comprehensive assessment reporting evaluation (CARE)** is the tool used by case managers to document a client's functional ability, determine eligibility for long-term care services, evaluate what and how much assistance a client will receive, and develop a plan of care.

**CRM** or **SW** means the DDA case resource manager or social worker.

**Discharge facilitation plan** means the activities required to facilitate the patient's transition from the hospital to a private residence or residential setting with private-duty nursing.

**Group care facility** means an agency, other than a foster-family home, which is maintained and operated for the care of a group of children on a 24-hour basis.

**Health Care Authority (HCA)** means the state agency that provides Medicaid coverage for Washington residents.

**Managed care organization** means an organization that has a certificate of authority or certificate of registration from the office of the insurance commissioner that contracts with the Health Care Authority under a comprehensive risk contract to provide prepaid health care services to enrollees under the Health Care Authority's managed care programs.

**Medically-Intensive Children's Program (MICP)** means private-duty nursing services for clients age 17 and younger.

**Nursing care consultant (NCC)** means a registered nurse employed by DDA for the purposes of determining clinical eligibility under the MICP Program and acts as consultant for Nursing Services.

**Nursing Services Unit Manager** means the DDA headquarters manager who supervises the NCCs and overviews all nursing services provided by DDA.

**Out-of-home placement** means a child's placement in a Division of Licensed Resources (DLR) licensed facility or home other than that of the child's parent, guardian, or legal representative.

**Private-duty nursing** means four hours or more of continuous skilled nursing services provided in the home to eligible clients with complex medical needs that cannot be managed with intermittent home health services.

**Service episode record** means a screen in CARE that documents all contacts and activities during a client's assessment, service planning, coordination and monitoring of care, and termination of services.

**POLICY**

- A. A child may be eligible for the MICP if the child:
1. Is age 17 or younger;
  2. Is eligible for Apple Health (Medicaid);
  3. Is eligible for categorically needy or medically needy scope of care;
  4. Has been denied private-duty nursing through their private medical insurance;
  5. Has a complex medical need and private-duty nursing services are medically necessary under chapter 182-551 WAC; and
  6. Requires four or more hours per day of continuous skilled nursing care that can be provided safely outside of an institution, such as a hospital.
- B. The Nursing Services Unit Manager authorizes the number of service hours based on the nursing care consultant's (NCC's) clinical recommendation. The NCC may recommend up to 16 hours a day of private-duty nursing services for authorization.
1. Authorized hours for skilled nursing must be used within the same month.
  2. Unused authorized skilled nursing hours do not roll over to the next month.
  3. Daily hours may be flexed as long as it does not exceed hours authorized for the month.
  4. The nursing agency cannot use authorized skilled nursing hours or bill for skilled nursing hours for the time spent testifying in administrative hearings.
- C. If requesting more than 16 hours per day of private-duty nursing, the Regional MICP Coordinator, CRM, or SW must also request an exception to rule (ETR).
- D. A child may qualify for DDA services if they are eligible for MICP. The Regional MICP Coordinator, CRM, or SW must follow guidelines in applicable Washington Administrative Code (WAC) and the DDA Policy Manual to help the child access DDA services, such as:

1. Waiver services;
  2. Community first choice (CFC);
  3. Voluntary placement services (VPS);
  4. Individual and family services (IFS); and
  5. Nurse delegation.
- E. If a child is DDA-eligible based solely on their MICP eligibility, DDA reviews the child's DDA eligibility when the child is no longer eligible for MICP private-duty nursing services. The child may remain DDA-eligible under DDA Policy 11.01, *Intake and Eligibility Determination*.
- F. The Nursing Services Unit Manager provides training regarding this policy, related procedures, and WAC 182-551-3000 to:
1. All new case resource managers as part of the CORE Academy Training;
  2. All case resource managers, regional nursing care consultants, and MICP coordinators every six months;
  3. DDA-contracted nursing agencies annually with the regional nursing care consultants and the Health Care Authority; and
  4. Hospital discharge planners, nursing care consultants, and the Health Care Authority twice a year.

## **PROCEDURES**

### A. Application Process

1. The hospital, family, or other community resources contact must complete and submit [DSHS 15-398, Medically Intensive Children's Program Application](#) to the DDA central office Nursing Services Unit Manager at [MICP@dshs.wa.gov](mailto:MICP@dshs.wa.gov).
  - a. The hospital, family, or other referral resource must send recent clinical documentation with the MICP application that supports the medical necessity of private-duty nursing as defined in WAC 182-551-3000 for the client. The NCC may request additional documentation to determine clinical eligibility for the MICP.
  - b. No decision on eligibility for the MICP program will be made until the application is complete. The MICP application is complete when all the required information is included on the MICP application form, including the signature of the client's parent or legal representative.

2. The Nursing Services Unit Manager must:
  - a. Contact the hospital or family if the MICP application is incomplete;
  - b. Verify that clinical documentation is attached to the MICP application;
  - c. Create a client folder on SharePoint, save the MICP application and other supporting documentation in the folder;
  - d. Input the information in the MICP client database on the DDA SharePoint site;
  - e. Verify in ProviderOne the child's:
    - i. Eligibility for Apple Health (Washington Medicaid) and for the categorically needy (CN) or medically needy (MN) scope of care;
    - ii. Enrollment in managed care. If the child is a managed care client, the MICP application will be reviewed; and
    - iii. Coverage by third-party insurance, such as private medical insurance with a private-duty nursing benefit. If the child is covered by third-party liability, the MICP application will be reviewed;
  - f. Forward the SharePoint link for the MICP application and supporting documentation to the Intake and Eligibility Supervisor who then delegates creation of the client's file in CARE;
3. The case resource manager documents in the service episode record the coordination of services between the hospital, Medicaid provider, and nursing agencies to assist in the implementation of the client's discharge facilitation plan. The case resource manager records the discharge facilitation plan in the client's person-centered service plan in CARE.
4. The MICP coordinator assigns designated staff to complete an approval or denial planned action notice.

B. MICP Eligibility Process

1. If the applicant is not already DDA-eligible, the Intake and Eligibility case manager creates a new client record in CARE when they receive the MICP application and waits for the MICP process to be complete.

2. The Intake and Eligibility staff determines, and notifies the Nursing Services Unit Manager, if the MICP applicant is DDA-eligible.
3. The NCC assesses the client for medical eligibility under WAC 182-551-3100 and determines the number of nursing services care hours needed.
4. The MICP coordinator or designee must:
  - a. Send out an eligibility planned action notice if the child is eligible to receive MICP services;
  - b. Send out a denial planned action notice if the child is not eligible to receive MICP services; and
  - c. Document the date and decision of a planned action notice in the SER.

C. Regional MICP Coordinator Responsibilities

The Regional MICP Coordinator must:

1. Review the MICP application;
2. Confirm the discharge date with the hospital;
3. Work with the client's parent or legal representative and referral source to reach a discharge placement decision. This includes finding out if the parent or legal representative is requesting out-of-home placement and providing agency information to assist the parent or legal representative in selecting a provider;
4. Inform the Nursing Services Unit Manager regarding the child's placement (e.g., the child's family home; child foster home; group care facilities, including staffed residential homes);
5. Ask Intake and Eligibility staff to send the MICP-eligible child's file to the MICP coordinator;
6. Assign a CRM or SW if the child is eligible to receive MICP services and send them the child's file;
7. Support the CRM or SW in the following tasks or complete the following tasks if a CRM or SW is not assigned:
  - a. Notify the MICP manager and NCC via email of the child's discharge date from the hospital;

- b. Document the discharge date in the client's service episode record;
- c. Notify the Nursing Services Unit Manager if the child requires other DDA services, such as waiver services, voluntary placement services, or community first choice;
- d. Notify the appropriate program coordinator if the child is considering other DDA services, such as waiver services, voluntary placement services, or community first choice; and
- e. Provide the parent or legal representative with a list of nursing agencies.

D. Case Management Responsibilities

The CRM or SW must:

1. Review the MICP application to learn which services are being requested.
2. Inform the client's parent or legal representative, nursing agency, child foster home, group care facility, or staffed residential home that they are the client's CRM or SW.
3. Schedule the CARE assessment with the child, their parent or legal representative, and the NCC no more than 60 days after the date the child is discharged.
4. The CARE assessment must be completed at the home or facility where the child lives.
5. Advise the parent or legal representative to call the CRM, SW, or NCC if there is no nursing or limited nursing available.
6. Advise the parent or legal representative, if nursing services are available, to keep a log of daily hours worked and ask the nursing agency staff to sign each day for the hours worked.
7. Contact all nursing agencies to check for availability of nurses and document in the client's service episode record all agencies contacted and the response.
8. Coordinate staffing calls with the NCC, Nursing Services Unit Manager, and the Health Care Authority to look at alternative services which may include personal care hours or a single-case agreement with nursing agencies. The Health Care Authority authorizes single-case agreements.

9. Assist the child's parent or legal representative with the continuation of Apple Health eligibility as necessary.
10. Notify the Nursing Services Unit Manager if child's Apple Health eligibility is at the risk of being terminated.
11. Coordinate care activities with the Aging and Long-Term Support Administration (AL TSA) Fostering Well-Being Care Coordination Unit, the Department of Children, Youth, and Families, and other agencies as necessary.
12. Finalize the assessment:
  - a. Complete the services planned action notice;
  - b. Send the service planned action notice with the final assessment to the parent or legal representative; and
  - c. Send the final assessment to the nursing agency or residential facility.
13. Complete any interim assessments or significant change assessments as necessary, and ensure:
  - a. The NCC adds relevant information to the comments section in the DDA assessment before it is finalized; and
  - b. An appropriate planned action notice is issued once the DDA assessment is finalized.
14. Initiate the exception to rule process described in this policy if:
  - a. No nurse is available to meet the client's skilled nursing needs and the family wants to use personal care hours in lieu of authorized skilled nursing hours; or
  - b. The client wants more personal care hours than they have been assessed for by the CARE tool.

E. Nursing Care Consultant Responsibilities

The NCC must:

1. Review the completed application packet on the MICP SharePoint;



2. Contact the referral source or parent or legal representative if additional medical information is needed;
3. Assess the child's medical eligibility under WAC 182-551-3100 and determine the number of nursing services care hours needed;
4. Record the clinical eligibility determination, authorized hours, and date in the client's service episode record and MICP screens in CARE;
5. E-mail the Nursing Services Unit Manager, MICP coordinator, and Intake and Eligibility supervisor and staff about the clinical determination;
6. Coordinate with hospitals, families, and nursing agencies to determine availability of nurses and document in the client's service episode record all agencies contacted and their responses.
  - a. If availability confirmed, notify the Nursing Services Unit Manager and case resource manager; or
  - b. If availability not confirmed, continue to coordinate with hospitals, families and nursing agencies.
7. Coordinate a staffing call within three business days if the NCC identifies any barriers to discharge and participate in any staffing calls as requested by the case resource manager, the Nursing Services Unit Manager and HCA to address barriers to discharge, which may include:
  - a. Alternative services such as personal care hours or single-case agreement with nursing agencies;
  - b. Local physician access;
  - c. Assuring DME is in place;
  - d. Limited or unavailable nursing services; and
  - e. Any other barriers.
8. Once the child has been authorized for MICP, resolve limitations to accessing nursing services by:
  - a. Advising the parent or legal representative to call the CRM, SW, or NCC; and

- b. Contacting the nursing services agency to assess the barrier and determine when nursing services may resume.
9. Request through the Nursing Services Unit Manager consideration of an HCA single-case agreement if no nurse is available at least 30 days after efforts to identify a resource to provide MICP services has been initiated. The Nursing Services Unit Manager will provide names of agencies to HCA of those interested in this type of arrangement with HCA. HCA determines the single-case agreement rate.
10. Collaborate with the CRM or SW to request a limitation extension (LE) under WAC 182-501-0169 if the client needs more than 16 hours a day of nursing services.
11. Complete a face-to-face annual nursing assessment with the client and the client's CRM or SW. This may include changes in skilled nursing hours based on changes in healthcare needs.
12. Complete a follow-up nursing assessment no more than six months after the client's annual nursing assessment. The follow-up assessment may be completed face-to-face or through a file review. A change in the client's assessed needs may affect the number of skilled nursing hours the client may receive.
13. Provide an MICP Approval Information document to the parent or legal representative during the assessment and receive their signature on the document with annual review. See Attachment A of this policy for the document.
14. Discuss transition planning with the client and the client's parent or legal representative at each nursing assessment or significant change assessment. Transition services may include Medicaid personal care, nurse delegation, waiver skilled nursing, and respite.

F. Authorizations for MICP

1. The Nursing Services Unit Manager will authorize the number of hours of service based on the NCC's clinical determination ([WAC 182-551-3000-3400](#)). Up to 16 hours per day of skilled nursing hours may be authorized.
  - a. If additional hours are requested the Nursing Services Unit Manager will review the request in consultation with the NCC and the CRM or SW.
  - b. If the parent or legal representative disagrees with the number of hours authorized as stated in the planned action notice, they may appeal the decision.

- i. If the appeal is filed by the date specified in the planned action notice, the child will continue to be authorized the same number of hours until an initial order is issued by an administrative law judge unless the parent or legal representative informs the CRM or SW that they do not want the previous level of services to continue during the appeal process.
  - ii. If the initial order upholds the DDA decision, the parent or legal representative may be responsible to repay the overpayment (difference in cost between the amount authorized and the amount received) for a maximum of 60 days.
4. The Nursing Services Unit Manager must review the planned action notice before authorizing MICP hours in ProviderOne. Authorized hours must match with the hours documented in the planned action notice except when a parent or legal representative has appealed the change in hours and requested continuing benefits pending the outcome of the appeal.
5. The Nursing Services Unit Manager will document the authorized skilled nursing hours in CARE for in-home care or for licensed residential facilities (e.g., child foster homes or group care facilities, including staffed residential homes) as follows:
  - a. Enter the authorized hours in the MICP screen; and
  - b. Notify the nursing agency/residential home via email about the authorized hours.

G. Exception to Rule (ETR)

1. If a parent or legal representative requests additional hours, the CRM or SW will complete an ETR in CARE.
2. Before submitting the ETR, the CRM or SW will staff the case with the supervisor, coordinators, and appropriate program managers and consider any other informal or DDA supports.
3. Complete the ETR with input from the NCC and submit the ETR to the Nursing Services Unit Manager through CARE.
4. The ETR must be time specific.
5. The NCC may provide home visits during the ETR timeframe to confirm that the child's skilled nursing needs are being met.

H. Youth Turning Eighteen Years of Age

1. At least three months before the client turns age 18, the NCC:
  - a. Meets with the client and their family to discuss future options;
  - b. Requests a nurse delegation assessment; and
  - c. Notifies the MICP coordinator that the client is turning 18.
2. On the date the client turns 18, they no longer qualify for the MICP. The day before the child's eighteenth birthday is the last day the child may receive MICP nursing services.
3. The NCC must:
  - a. Meet with CRM or SW and supervisor and review current DDA assessment to determine other services.
  - b. If the client remains eligible for DDA services, the CRM or SW and the NCC must complete a DDA Assessment to determine the client's eligibility for adult private-duty nursing, skilled nursing or nurse delegation services.
  - c. Have one week of private-duty nursing task logs completed by nursing agency and family initially. Explain to the family that this will be required every six months along with home visit annually or as needed.
  - d. If client remains DDA eligible, notify families that nursing will be covered through AL TSA. Other medical services and supplies will be covered through a managed care organization of their choice.
4. The CRM or SW must:
  - a. If the client is eligible for DDA, complete the assessment at least 60 days before the child's eighteenth birthday and authorize private-duty nursing and send planned action notice.
  - b. If the client is not eligible for DDA, make a referral to the AL TSA Home and Community Services (HCS) Division intake office for application for services at least 60 days before the child's eighteenth birthday and send MICP termination planned action notice at least ten days before the client's eighteenth birthday.
  - c. Prepare a case closure in CARE, including a case summary and the most recent NCC review;

5. The Nursing Services Unit Manager must:
  - a. Notify the Private-Duty Nursing Manager in HCS via email approximately 60 days before the child's eighteenth birthday; and
  - b. Ensure authorization for MICP services are discontinued as of the client's eighteenth birthday;
6. If the client is no longer eligible for DDA services, DDA terminates the client's services.

I. Skilled Nursing Hours in School

1. The MICP may cover skilled nursing services for a child who attends a private school because the Health Care Authority does not pay private schools to provide nursing services.
2. The MICP does not cover skilled nursing services provided to a child who attends public school. The Health Care Authority pays school districts to provide nursing services to Medicaid-eligible children in special education. The following applies only to children attending public schools:
  - a. School hours are considered out-of-home nursing;
  - b. The school must provide skilled nursing services as determined by the child's individualized education plan (IEP) under Chapter 182-537 WAC; and
  - c. Nursing agency staff who provide in-home nursing hours to the child in the family home must communicate with school staff regarding any changes in the child's health condition to maintain the continuity of care.

J. Quality Assurance Activities

DDA will conduct quality assurance activities using the following criteria as applicable:

1. DDA staff may ask nursing agencies and licensed children's residential providers to provide additional information for quality of care and audit purposes.
2. If DDA receives concerns from a CRM, SW, or NCC, the Health Care Authority, the client's family or legal representative, or a medical professional, the Nursing Services Unit Manager will develop and implement a plan in consultation with the Regional MICP Coordinators to audit MICP case files.

3. The CRM, SW, or NCC must request that the nursing agency complete a mortality review if the client expires; and
4. DDA reviews an MICP client's files to verify with the client's parent or legal representative that the hours billed for skilled nursing care have been provided by a nursing agency.

### **EXCEPTIONS**

Any exception to this policy must have the prior written approval of the Deputy Assistant Secretary.

### **SUPERSESSSION**

DDA 4.04  
Issued April 1, 2018

Approved: /s/ Deborah Roberts  
Interim Deputy Assistant Secretary  
Developmental Disabilities Administration

Date: December 15, 2018

ATTACHMENT A: *MICP Approval Information Document*

ATTACHMENT A



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Developmental Disabilities Administration

**Medically Intensive Children's Program**

*What do I need to know now that my child has been approved?*

Your child has been approved for skilled nursing care through the Medically Intensive Children's Program. This program is designed to allow children with medical conditions that typically require hospitalization to receive services safely in their own home. The program is funded by the Health Care Authority and administered by the Developmental Disabilities Administration (DDA).

Your child will be authorized for a specific number of skilled nursing care hours per day. You may schedule these hours in a way that suits your child and your family's needs, however you must not exceed the total number of hours authorized for the month. You may select an agency or agencies to provide the skilled nursing care for your child, however the agency must have a current contract with the Department of Social and Health Services.

After your child begins receiving skilled nursing care through the Medically-Intensive Children's Program, a nursing care consultant will meet with you and your child every six months. These visits will usually include the child's case resource manager and at least one of the visits must occur in the child's home. The purpose of these visits is to review your child's current and future nursing needs and discuss alternatives to skilled nursing care that might help your child transition to other appropriate services. Transition services may include Medicaid personal care, nurse delegation, waiver skilled nursing, and respite.

Your child's needs will likely fluctuate. These changes may require adjustments to your child's authorized skilled nursing care hours. Your case resource manager or social worker will work closely with the nursing care consultant to understand and address your child's nursing needs as they change over time.

If your child's condition no longer requires the level of care provided by a registered nurse or licensed nurse practitioner, DDA will review your child's nursing needs using the DDA Assessment and the NCC Assessment. If your child is eligible for other DDA services, the nursing care consultant and your case resource manager or social worker will discuss these options with you.

Skilled nursing care may be available until your child's eighteenth birthday if your child continues to meet medical and financial eligibility criteria under chapter 182-551 WAC. If your child is receiving MICP nursing services as they approach their eighteenth birthday, a nursing care consultant and your case resource manager or social worker will develop a plan for nursing care services that addresses your child's needs as they move into adulthood.

If you have any questions, contact your case resource manager or social worker.  
By signing below you acknowledge that you have read this letter.

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Parent or legal representative's signature

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Date

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CHAPTER 4