



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: MEDICALLY INTENSIVE HOME CARE PROGRAM POLICY 4.04

Authority: WAC 388-86-071 Private Duty Nursing Services
DDD/MAA Interagency Agreement Dated 4/27/92

BACKGROUND

The Medically Intensive Home Care Program (MIHCP) is a Title XIX program whose purpose is to support children who need medically intensive services and would otherwise be institutionalized. The cost of home nursing must not exceed the cost of hospital care. WAC 388-86-071, Private Duty Nursing Services, regulates the provision of home nursing under the MIHCP.

This program is administered through the Division of Developmental Disabilities (DDD) in conjunction with the Medical Assistance Administration (MAA). The MIHCP Program Manager and the MAA Medical Consultant determine medical eligibility for the program. The level of service is determined and authorized by the MIHCP Program Manager after review of recommendations made by the DDD case/resource manager.

PURPOSE

This policy outlines procedures and duties of DDD staff in the course of providing services to children in the Medically Intensive Home Care Program.

SCOPE

This policy applies to DDD staff working with children in the MIHCP.

POLICY

- A. A child may be eligible for this program if:
1. The child is age seventeen (17) or younger;
 2. The child is enrolled in the Medicaid program;
 3. Home care would be less costly than Medicaid payment in the hospital;
 4. Private insurance benefits are exhausted or unavailable for hospital care;
 5. Home care services are “medically necessary” as defined by WAC 388-80-005(45); and
 6. The home care plan is safe for the child and is agreed to by the family.

B. Special Program Requirements:

To be medically eligible for the MIHCP, the child must have complex medical needs (e.g., ventilator dependent, tracheotomy care), which require continuous skilled care that can be provided safely within the home.

PROCEDURES

A. Referral

1. The child's family applies for services through DDD Field Services. If the child is not eligible, the regional DDD office must submit a policy exception request on the basis that DDD provides the only access to this Title XIX program (WAC 275-27-030). The ETP end date is end date of MIHCP eligibility/services.
2. The case/resource manager submits a referral packet to the MIHCP Program Manager in DDD central office. The referral packet must include:
 - a. The child's medical history, diagnosis, physician's orders, and code status;
 - b. Current nursing care plan, including copies of daily nursing notes;
 - c. Statement of current or projected hospital costs to Medicaid;

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- d. List of equipment and supplies needed for home care and the monthly costs for them, including Department of Social and Health Services (DSHS) item codes. These can be obtained from the equipment provider;
 - e. Emergency medical plan which includes notification of electric, gas and telephone companies as well as local fire department;
 - f. Verification that Medicaid is paying, or will pay, for the child's hospitalization;
 - g. Psychosocial history/summary which provides the following information (hospital may also be best able to provide):
 - (1) Family constellation and current situation;
 - (2) Available personal support systems;
 - (3) Presence of other stresses within and upon the family; and
 - (4) Projected number of nursing hours needed in the home, after discussion with the family; and
 - i. Written request from the family for home care.
3. The MIHCP Program Manager:
- a. Reviews eligibility and authorization requests;
 - b. Determines medical eligibility and level of service needed based upon the information provided;
 - c. Communicates to the case/resource manager the child's medical eligibility or ineligibility for the program and any requests for further information; and
 - d. Notifies the child's family in writing when there is a determination of ineligibility. This notice includes appeal rights.

B. Home Care Plan

1. When medical eligibility has been determined, the following activities must occur prior to final approval of the home care plan:
 - a. The physician determines a projected date for discharge from the hospital;
 - b. The family identifies a local physician who is willing to be responsible for the child's care;
 - c. The family selects a home health agency which is willing to commit to providing nursing care and has a Medicaid provider number;
 - d. The case/resource manager submits an emergency back-up plan for approval by the MIHCP Nursing Consultant; and
 - e. The equipment supplier submits for approval a final list of equipment and supplies with DSHS item codes.

C. Monitoring

1. The Case/Resource Manager must:
 - a. Maintain the official client record;
 - b. Contact the family and the nursing agency periodically to assess the child and family's adjustment; and
 - d. Contact the MIHCP Program Manager regarding any changes or events impacting the child's home care plan.
2. The DDD Utilization Review Nursing Care Consultant must:
 - a. Conduct nursing care assessments in the home every six (6) months or more often when requested by the MIHCP Program Manager; and
 - b. Submit these to the MIHCP Program Manager and the DDD case/resource manager.

3. The Home Health Agency providing private duty nursing services must:
 - a. Submit nursing summaries and reviews as requested by the MIHCP Program Manager; and
 - b. Contact the case/resource manager periodically to report on the child's status, request any change in nursing hours, report problems, etc.

4. The MIHCP Program Manager must:
 - a. Review nursing agency material to determine need for additional information;
 - b. Ensure periodic review of the child's home care plan;
 - c. Maintain medical eligibility and monitoring records for each child's home care plan;
 - d. Ensure that children receiving service are medically eligible;
 - e. Authorize necessary nursing services for reimbursement by MAA;
 - f. Maintain program database, including statistical and authorization data; and
 - g. Represent DSHS in fair hearings resulting from eligibility denials or service level reductions.

EXCEPTION TO POLICY

Any exceptions to this policy must have the written approval of the division director.

TITLE:

MEDICALLY INTENSIVE HOME
CARE PROGRAM

POLICY 4.04

SUPERSESSSION

DDD Policy 4.04

Issued November 29, 1993

Approved: /s/ Timothy R. Brown
Director, Division of Developmental Disabilities

Date: 6/30/1999