



DIVISION OF DEVELOPMENTAL DISABILITIES  
Olympia, Washington

---

TITLE: MEDICALLY INTENSIVE HOME CARE PROGRAM POLICY 4.04

---

Authority: Chapter 388-86-071 WAC  
Medically Intensive Home Care Waiver  
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. The provision of home nursing under the MIHCP is regulated by WAC 388-86-071, Private Duty Nursing Services.

This program is administered and funded through the Office of Program Support, Division of Developmental Disabilities, (DDD) in conjunction with the Medical Assistance Administration (MAA). Medical eligibility for the program is determined by the MIHCP Nursing Consultant and the MAA Medical Consultant. The level of service is determined and authorized by the MIHCP Nursing Consultant, 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 division staff working with children in the MIHCP.

**POLICY**

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

To be medically eligible for the MIHCP, the client must be age 17 or younger and have complex medical needs (e.g., ventilator dependent, tracheostomy care) that require continuous skilled care that can be provided safely within the home.

**PROCEDURES**

- A. Referral
1. The child's family makes application for DDD services through Field Services. If the child is not eligible, the region must submit a policy exception request on the basis that DDD provides the only access to this Title XIX program (WAC 275-27-030).
  2. The case manager submits a referral packet which contains the following:
    - a. The individual’s medical history, diagnosis, current prescribed treatment plan, and code status, as developed by the individual’s physician;
    - b. Current nursing care plan, that may include copies of current daily nursing notes which describe nursing care activities
    - c. Statement of current or projected hospital costs to Medicaid;

- 
- d. List of equipment and supplies needed for home care and the monthly costs for them, including DSHS item codes, which 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 would pay for the child's hospitalization;
  - g. A referral to the Medically Intensive Waiver if the child is not eligible for Medicaid when the child returns home. This requires:
    - (1) A referral to the Office of Disability Insurance to verify the child meets Supplemental Security Income (SSI) disability standards.
    - (2) A referral to Economic and Medical Field Services to verify that the child is financially eligible after waiver of family income; and
    - (3) Completion of Medically Intensive Waiver Eligibility Confirmation Form with copy sent to the Central Office Waiver Coordinator;
  - h. Psycho-social 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.

The case manager submits the referral packet to the MIHCP Nursing Consultant at DDD, OPS, MS: 45310, Olympia, WA 98504.

3. The MIHCP Nursing Consultant:
  - 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 manager medical eligibility/ineligibility for the program and any requests for further information needed; and
  - d. Formally notifies the family in writing when there is a determination of ineligibility, with appropriate 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 accepts the Medicaid payment rate for nursing services;
    - d. The case 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 Manager:
    - a. Maintains the official client record;

- 
- b. Contacts the family and the nursing agency periodically to assess the child and family's current adjustment;
  - c. For children on the Medically Intensive Waiver, obtains annual verification from the Community Services Office (CSO) of child's continued Medicaid eligibility through waiver of parental income;
  - d. Contacts the MIHCP Nursing Consultant regarding any changes or events impacting the child's home care plan; and
  - e. For children on the Medically Intensive Waiver, prepares an updated Individual Service Plan (ISP) annually or more often when significant changes occur in the child's services.
2. The DDD Utilization Review Nursing Care Consultant:
    - a. Conducts nursing care assessments in the home every six (6) months or more often when requested by the MIHCP Nursing Consultant; and
    - b. Submits these to the MIHCP Nursing Consultant and the DDD Case Resource Manager.
  3. The Home Health Agency providing private duty nursing services:
    - a. Submits to the MIHCP Nursing Consultant nursing summaries and reviews as requested;
    - b. Submits itemized bills in a timely manner; and
    - c. Contacts the case manager periodically to report the current situation, to request a change in nursing hours, to report problems, etc.
  4. The MIHCP Nursing Consultant:
    - a. Reviews nursing agency material to determine needs for further information;
    - b. Ensures periodic review of the child's home care plan;

---

TITLE:

MEDICALLY INTENSIVE HOME  
CARE PROGRAM

POLICY 4.04

---

- c. Maintains medical eligibility and monitoring records for each child's home care plan;
- d. Ensures that children receiving service are medically eligible;
- e. Authorizes necessary nursing services for reimbursement by MAA;
- f. Maintains program database to include statistical and authorization data; and
- g. Represents DSHS in fair hearings resulting from eligibility denials or service level reductions.

**SUPERSESSSION**

None

Approved:     /s/ Norm Davis      
Director, Division of Developmental Disabilities

Date:     11/29/1993