

Department:	Medical Management	Original Approval:	07/19/2017
Policy #:	MM159	Last Approval:	03/14/2019
Title:	Medically Intensive Children’s Program(MICP)		
Approved By:	UM Committee		

PURPOSE AND BACKGROUND

This policy provides guideline and outlines the process for authorizing private duty nursing services to Washington Apple Health members.

Medically Intensive Children’s Program (MICP) provides skilled private-duty nursing services to members age 17 or younger. This service is to support members with complex medical needs that cannot be managed within the scope of intermitted home health services.

Requests for clients 18 years old and older should be directed to the Department of Social and Health Services (DSHS) Adult PDN Program Manager (for both DDA members and non-DDA eligible adults). For individuals age 16 ½ - 17 years old transitioning to adulthood, UM nurse designee should initiate care coordination with Case Management to prevent gap or delay in service. CM or SW shall reach out to DSHS Adult Program manager to ensure smooth transition. This also includes when a child goes to foster care.

DEFINITIONS

Medically Intensive Children’s Program (MICP) also known as private duty nursing (PDN) service s for members age 17 or younger.

Private Duty Nursing (PDN) refers to provision of continuous and daily skilled nursing services of four (4) hours or more that can be provided safely outside the institution to eligible members with complex needs from registered nurses (RN) or licensed practical nurses (LPN) given at the least restrictive setting per ADA (Americans with Disability Act).

CARE SETTINGS

Settings include but not limited to home or private residence, foster home, pediatric home and staffed residential home.

PDN nursing services depends on the medical needs of the individual and available ratio:

- a. *Hourly nursing* is a 1:1 nursing care under the code T1000. The care is given in the individual’s private home of up to 16 hours per day with a Limitation Extension process in place to authorize additional hours when medically necessary. Authorizations are typically

for 60 days up to a maximum of 90 days at a time. If the member has complex medical need and their condition inherently requires skilled nursing care for more that 60-90 days, recertification will be for 6 months at a time. Hours are allowed to be flexible in scheduling as long as hours do not exceed the number authorized by week or by month.

- b. *Per Diem* coverage under the code T1030 is for individuals residing in children’s group homes or pediatric skilled nursing facility setting. There is no limit in the number of hours of care the individual is receiving. If for any circumstance the member would need 1:1 nursing care (including transport to medical appointments, etc.) the hourly T1000 should be requested and authorized. Authorizations can be given for 60 days up to a maximum of 90 days at a time. If the member has complex medical need and is foreseen to require skilled nursing care for more that 60-90 days, recertification can be every 6 months.

INDICATIONS/CRITERIA

CHPW considers private duty nursing medically necessary when all of the following are met:

- Individual is 17 years old or younger; and
- The primary care physician has recommended home nursing care as part of the treatment plan and submitted documents includes a member’s history, diagnosis, plan of care by the physician, and current nursing notes describing nursing care activities (for ongoing PDN requests, treatment plan and nursing notes is allowed if not current but should not be older than 6 months); and
- Has complex medical need that requires 4 hours or more continuous hours of skilled nursing care; and
- Is technology-dependent, which means:

Functional Requirements for technology-dependent PDN clients	
<i>Skilled Task</i>	<i>Description</i>
A. Mechanical Ventilation	The client requires the use of a mechanical device.
B. Complex respiratory support	Complex respiratory support means that: <ul style="list-style-type: none"> ○ The client requires two of the following treatment needs at least one time in a four continuous hour period: <ul style="list-style-type: none"> i. Postural drainage and chest percussion; or ii. Application of respiratory vests; or iii. Nebulizer treatments with or without medications; or iv. Intermittent Positive Pressure Breathing; or v. O2 saturation with treatment decisions dependent on the results; AND ○ The client’s treatment needs must be assessed and provided by an RN or LPN; AND ○ The client’s treatment needs cannot be nurse delegated or self-directed.

C. Tracheotomy	The client requires sterile suctioning at least one time in a four continuous hour period.
D. Intravenous/parenteral administration of multiple medications	The client requires intravenous/parenteral administration on a continuing or frequent basis.
E. Intravenous administration of nutritional substances.	The client requires intravenous administration on a continuing or frequent basis.

- Has a family or other appropriate support to assume portion of the care; and
- Family/ individual does not have other resources or means for providing care.

The goal of MICP is to maintain stabilization to prevent hospitalization of the individual, thus medical necessity may be justified even though the client’s complex needs have been stable during the period under review.

REQUIRED CLINICAL DOCUMENTATION FOR REVIEW

Current medical records including history, exam, pertinent labs and imaging studies, diagnosis, plan of care by the physician, and current needs for nursing care activities detailing hours needed per day and duration.

For ongoing PDN requests, current treatment plan and nursing notes are needed. For members who require chronic PDN, records from within the past 6 months are acceptable.

PROCEDURES

A. AUTHORIZING ALLOWABLE HOURS FOR 1:1 SKILLED NURSING CARE (T1000)

UM nurse will review the number of hours for the requested service the provider has submitted using the clinical indications or criteria above. If the member meets criteria for the hours requested the UM nurse will approve the MICP nursing service request. If the requested hours does not meet medical necessity for the nursing care services requested, the UM nurse shall forward review to the 2nd level reviewer (Medical Director).

The member can be authorized 16 hours skilled nursing care for the following but are not limited to (if more than 16 hours is required see Limitation Extension process below):

- Member is being transitioned from the inpatient acute setting to home or group home.
- Member becomes acutely ill and skilled nursing care will prevent hospital admission.
- Member meets criteria for confinement in a skilled nursing facility but a SNF bed is not available
- For individuals who is in lifelong tracheostomy or ventilator or ongoing IV antibiotics or complex respiratory support

B. LIMITATION EXTENSION (LE)

CHPW will authorize skilled nursing services up to a maximum of sixteen (16) hours per day as part of the MICP.

UM nurses would initiate the LE process according to UM-DP 010 Exception Requests when the PA request for MICP nursing service is beyond the limit even if there was no mention of “LE” in the submitted request. Nurse reviewer should do an outreach to the provider to request additional information to support the request.

Consideration for requests to authorized hours above 16 hours a day when the member’s condition or situation changes and may be considered medically necessary if *any* of the following apply:

- A. The family or guardian is being trained in care and procedures; or
- B. Member becomes acutely ill that would otherwise require hospitalization and treating physician determines that non-institutionalized care is still safe for the client; or
- C. The family, guardian or caregiver is ill or temporarily unable to provide care; or
- D. Due to family emergency that the member would not be cared for; or
- E. Member meets the clinical criteria for confinement in a skilled nursing facility (SNF), but a SNF bed is not available (additional skilled nursing may be provided until a SNF bed becomes available); or
- F. The health plan determines it is medically necessary.

C. MEMBER TURNING EIGHTEEN (18) YEARS OF AGE

1. At least six (6) months before the member turns 18, the UM nurse designee:
 - a. Informs the provider that the member would no longer be eligible for MICP once the member turns 18 years old and the care would be transitioned to Fee-For-Service under the Department of Social and Health Services (DSHS).
 - b. Notifies the Case Manager that the member is turning 18 years old and would need to reach out to the member and their family to discuss future options.
2. On the date the member turns 18, they no longer qualify for MICP services. The day before the member’s eighteenth birthday is the last day the member may receive MICP nursing services.

D. UTILIZATION MANAGEMENT NURSE RESPONSIBILITIES

1. UM nurse ensures timeliness of the review and authorization of MICP/PDN services.
2. Evaluates urgency to ensure no lapse in nursing care occurs, including impact to care due to timing of additional requests for information.
 - a. If additional information is needed from the provider at the time of the request, but would result in gap in care, UM nurse shall extend the same amount of hours for two weeks or fourteen (14) days for ongoing care while waiting for the current authorization request to be completed to prevent interference in care the member is receiving.

- b. Once current request has been completed and determined, new recertification date should begin at the 15th day of the extended authorization.
3. Initiate referral to Case Management (CM) regarding the member who was requesting MICP services. Either the request was approved or denied; UM nurse will be coordinating with case management to ensure no gap in care.
4. Documentation should be clear and concise regarding the request.
5. UM nurse should inform the requesting provider that they are UM nurse reviewer reviewing the authorization request of MICP services.
6. Coordinates with CM regarding the ongoing care including the approved hours and days of the MICP member.
7. If member requires more than 16 hours a day (for T1000) of nursing services, UM nurse must initiate limitation extension process and should collaborate with CM or SW.

E. CASE MANAGEMENT RESPONSIBILITIES

1. Involvement of CM to all MICP request including the approved and denied MICP/PDN nursing services.
2. Inform the member's parent or legal representative, child's foster home, or nursing agency, or group home facility or staffed residential home that they are the members case manager.
3. Help educate the family and facilities giving care about utilizing benefits, or finding other resources outside MICP to cover costs for the equipment, medications, etc.
4. Advise the parent or legal representative to call CM if there is no nursing or limited nursing available.
5. Notify the designated UM nurse if the member's Medicaid eligibility is at risk of being terminated while receiving the MICP nursing service.
6. Coordinate care activities with designated UM nurse.
7. Six (6) months before the member turns 18 years old, CM would reach out to the member and their family to discuss future options as well as to DSHS Adult Program manager to ensure smooth transition.
8. CM should consider every member receiving MICP to see if the member might qualify for DDA services and recommend application if DDA qualification is possible. CM will reach out to the parent or legal representative to assist.
9. Communicate with the family regarding steps to facilitate discharge from an institution or group home setting to the member's family home when PDN is needed but not available

F. SINGLE CASE AGREEMENT (SCA)

In the event the provider/HCA informs CHPW that the member is underutilizing benefits and is requesting for SCA, UM Nurse will inform contracting of the situation. UM nurse will then give the provider/agency the contact information of contracting to help execute single case agreement at a rate sufficient to retain qualified providers and to ensure the services are arranged for. Situations include but are not limited to:

- a. Allow for enhanced payment arrangements in order to meet unusual needs or support timely access to services such as unavailability of nursing.
- b. Ability to authorize services that stabilize the members needs and support discharge from the hospital or prevent re-hospitalization.

G. ADDITIONAL ELEMENTS TO CONSIDER

1. If CHPW is the secondary insurance of the member, the MICP authorization request should be processed and a medical necessity decision is made (in case the primary coverage ends and authorization is needed).
2. If CHPW is notified that the primary's PDN benefit will be or has been exhausted, CHPW should prioritize and expedite the PA request accordingly to ensure no lapse in nursing care occurs
3. If CHPW utilizes SNFs in caring for the member, the care must be pediatric-focused and developmentally appropriate.
4. Hours are allowed to be flexible in scheduling as long as hours do not exceed the number authorized by week or by month. Claims shall allow to pay accordingly.
5. In any case a Medicaid Provider bills a Medical member (including the MICP hours) the member's family legal representative must agree to pay for the service in writing to it occurring and sign the HCA for "Agreement to Pay for Healthcare Services" (https://www.hca.wa.gov/assets/billers-and-providers/13_879.pdf). UM nurse will coordinate this with the CM or SW following the member.
6. Each quarter UM Supervisor would conduct refresher and training to ensure compliance with policy and applicable procedures. Monthly audit will be conducted to each UM nurse who reviews MICP to ensure appropriately medical necessity decisions are consistent with the UM criteria. This includes ensuring UM denial letter notification will convey what MICP benefit/code /setting is being denied, and use of T1000 vs T1030 authorizations and claims handling and appropriate center response to inquiries for assistance to providers.
7. Eligible members are required to be complaint with Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program requirements, ensuring coverage of medical necessity. The goal is to assure the member gets the health care they need, the right care to the right child at the right time in the right setting. The decision to approve or deny MICP will not be based solely on cost. CHPW will arrange for care and ensure services are provides in a timely manner.

H. REPORTING RESPONSIBILITIES

1. In the event the member expires while receiving MICP services, the UM nurse shall initiate Mortality Report Process per UM JA-016.
2. Deaths of enrollees who are in the medically intensive children's program (MICP) must be reported by CHPW staff to the Quality of Care Concerns program team, using the Critical Incident reporting form and email address Critical.Incidents@chpw.org.

Please refer to a product line's certificate of coverage for benefit limitations and exclusions for these services:

PRODUCT LINE	LINK TO CERTIFICATE OF COVERAGE
MEDICARE ADVANTAGE	http://healthfirst.chpw.org/for-members/resource-library/handbooks-and-guides
WASHINGTON APPLE HEALTH	http://chpw.org/our-plans/apple-health/
INTEGRATED MANAGED CARE	http://chpw.org/our-plans/apple-health/

Citations & References

CFR	
WAC	WAC 182-551-3000; WAC 284-43-2050
RCW	
Contract Citation	<input checked="" type="checkbox"/> WAH 17.1.9.8 Medically intensive children’s private duty nursing services for children
	<input checked="" type="checkbox"/> IMC
	<input checked="" type="checkbox"/> MA
Other Requirements	
NCQA Elements	

Revision History

Revision Date	Revision Description	Revision Made By
06/26/2017	New Policy	Melissa Shilipetar
06/26/2017	Approved	LuAnn Chen MD
07/19/2017	Approved	MMLT
03/20/2018	Changed from UM432 to MM129	Cindy Bush
05/31/2018	Expanded definition section and added table summarizing allowable hours; added requirements for documentation	Yves Houghton/ LuAnn Chen, MD
06/22/2018	Approval	UM Medical Sub Committee
08/17/2018	Updated Purpose & Definition. Added section for Procedure including Care Setting; Authorizing Allowable Hours; updated LE; UM and CM responsibilities; SCA Process and additional elements to consider.	Yves Houghton



	Removed Appendix A table (allowable hours for approving T1000)	
09/20/2018	Approval	UM Medical Subcommittee
09/26/2018	Approval	UM Committee
03/13/2019	Clarified reporting responsibilities for mortality	LuAnn Chen, MD
03/14/2019	Approval	UM Medical Subcommittee