



DEVELOPMENTAL DISABILITIES ADMINISTRATION

Medically Intensive Children's Program (MICP) Application and Instructions

This application is required for the Developmental Disabilities Administration (DDA) to process a request for private duty nursing, for children 17-years and younger, who meet the coverage criteria per WAC [182-551-3000](#) through [182-551-3400](#).

Minimum criteria used to determine eligibility includes that the child be:

- Enrolled in the Medicaid program and eligible for the categorically needy program, the medically needy program, or alternative benefits plan program, specifically Fee for Service; and
- Requires **four (4) or more continuous hours of active skilled nursing care with consecutive tasks**, per day, that cannot be delegated and can be provided safely outside of a hospital in a less restrictive setting.

The DDA Nursing Services Unit Manager (NSUM) authorizes MICP services only after review of the application, assessment by a DDA Nursing Care Consultant (NCC), and program eligibility for the child has been determined.

If it is anticipated that the child's individualized support needs are unable to be met in the child's home, the DDA Case / Resource Manager is required to complete an assessment and meet with the child's parent / legal representative to discuss out-of-home services. If determined to be clinically eligible, Washington State Medicaid is the payer of last resort, for MICP services. DDA NCC assessed hours are not in addition to hours paid by other sources.

If the child is not already enrolled as a client of DDA, a DDA application must also be submitted. Please refer to the resources below for a DDA application.

[How do I apply to be a client of DDA](#)

The completed MICP application and supporting documents must be sent to the DDA Nursing Services Unit Manager by secure e-mail to Micp@dshs.wa.gov.

Applications will not be processed until all information is received, required information included in the packet, and consent is signed by parent / legal representative.

Medically Intensive Children's Program (MICP) Application

CHILD'S NAME (LAST, FIRST)		DATE OF APPLICATION (MM/DD/YYYY):	DATE CHILD WAS ADMITTED TO HOSPITAL IF APPLICABLE (MM/DD/YY):
Contact Information			
NAME AND TITLE OF REFERRAL SOURCE SUBMITTING THIS APPLICATION		EMAIL ADDRESS	
NAME OF PERSON TO CONTACT REGARDING THIS APPLICATION (IF DIFFERENT THAN THE PARENT OR GUARDIAN)			
TELEPHONE / CELL NUMBER		EMAIL ADDRESS	
CHILD'S DATE OF BIRTH (MM/DD/YY)	CHILD'S PROVIDER ONE NUMBER (REQUIRED)	Note: The child must be enrolled in Medicaid Fee for Service to receive MICP services through DDA.	
CHILD'S ADSA ID (IF KNOWN)	Has a request for MICP nursing been made in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:		
PARENT(S) / LEGAL REPRESENTATIVE'S NAME			
PARENT(S) / LEGAL REPRESENTATIVE'S HOME ADDRESS		PARENT(S) / LEGAL REPRESENTATIVE'S CONTACT PHONE NUMBER	
CHILD / PARENT / LEGAL REPRESENTATIVE'S PRIMARY LANGUAGE			
Placement Recommendations			
<p>Do you feel the child's needs can be safely met in the family home?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No If no, include why you feel the child's needs are unable to be met in the family home. If out of home placement is being considered, please contact the child's DDA Case / Resource Manager.</p>			
ANTICIPATED DATE OF DISCHARGE FROM HOSPITAL/ADMIT TO MICP (MM/DD/YYYY)		CODE STATUS	
Diagnoses			
List the child's medical history and diagnoses including developmental delay and any other health conditions.			

Funding Sources

Check all that apply whether nursing care is paid by the funding source or not.

- Medicaid Fee for Services **(Required)**
 - Supplemental Security Income (SSI)
 - Fully Integrated Managed Care Plan. (If enrolled in Fully Integrated Managed Care, please refer to Managed Care Organization for a nursing assessment.)
 - Private insurance
 1. Name of insurance company:
 2. Describe coverage for private duty nursing (e.g., what is covered, for how long, and what the maximum dollar limitations are for home nursing):
 3. If insurance is now or will be paying for private duty nursing, how many hours per day will they be authorizing?
 - Child has private insurance, and they will not pay.
 - Denial letter attached to application.
 - Appeal has been made and second letter of denial is attached.
- Note:** Your private insurance company may be required to cover the cost of private duty nursing, even if they have denied you this benefit. You may only have a limited time to appeal a denial or termination. If you are experiencing difficulties with your private insurance company, you should reference the law that requires some private insurance companies to cover private duty nursing (WAC 284-96-500 and WAC 284-44-500) and contact the Office of the Insurance Commissioner's hotline at 1-800-562-6900 for assistance resolving a dispute.
- Other funding resources (i.e., trust, spend down plan, school hours) (explain):

Conditions supporting request for MICP

Check and complete all that apply including specific orders and frequency of nursing task.

- Tracheostomy dependency due to:
 - Ventilator dependency due to:
 - BiPAP dependency due to:
 - CPAP dependency due to:
-
- Gastrostomy or Jejunostomy tube dependency for all nutrition:
-
- Nasogastric or Nasoduodenal tube for all nutrition / medications:

Total parenteral nutrition (excluding GT or JT, explain):

Central Line. If yes, type (explain):

Complex medication regimen (explain):

Airway / respiratory instability (explain):

Other supporting information:

CHECK BOXES and ATTACH

Verification of DDA eligibility.

Is the child been receiving DDA services? Yes No

If yes, name of case manager:

[DSHS 14-012](#), Consent. Signed by parent / legal representative.

[DSHS 03-387](#), Notice of Privacy Practices for Client Confidential Information.

CHECK and ATTACH all documents that apply to this application. Documents must be current and within the last three months. Applications missing information will be returned.

Psychosocial assessment that includes psychosocial history or summary, including:

1. Current family situation.
2. Presence of stresses within and upon the family.
3. Statement that the home care plan is safe for the child and is agreed to by the parent / legal representative.
4. Other supports such as Medicaid, nursing hours in school, hours paid by insurance or trust, other family members, etc.

History and physical

Recent interim summary, discharge summary, or clinic summary

List of current medications and/or medication administration records (MAR)

List of current treatments and/or treatment records (TAR)

Recent nurse charting (at least seven days' worth, if inpatient)

Parent / Legal Representative Request and Signature

I am requesting Medically Intensive Children's Program (MICP) nursing services. I have been advised of the options available in which MICP nursing services may be provided to my child once clinical eligibility is determined.

PARENT/LEGAL REPRESENTATIVE SIGNATURE

DATE