

# ND Department of Health & Human Services

## ICF/IID Medically Involved Rate Policy

### General Information

If a client has one of the following conditions and resides in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), they may qualify for the ICF/IID Medically Involved Rate. The condition must pose an additional program support cost, as identified in the rate matrix.

Additional program support costs include extraordinary nursing consult, assessment, and intervention need that is separate from direct support hours and cannot be delegated to direct support staff. This does not include standard nursing care that would be provided in an ICF/IID setting. Program support costs may also include extraordinary expense related to equipment and supplies that are not covered by the client's Medicaid and are allowable through state and federal regulations. This request is not to be used for requesting additional direct support staff intervention.

### Medical qualifiers:

Client must qualify under one of these categories and require the additional program support costs to qualify for the ICF/IID Medically Involved Rate.

- Respiratory (trach care, vent care, chest PT)
  - Definition: need for respiratory care (trach, vent care, chest PT) that is required on a scheduled or as needed basis at least three times a day requiring occasional observation and monitoring by nursing or respiratory therapy and ongoing staff training.
  - Vent Care: Requires vent care either intermittently or on a limited basis that is typically stable and unchanging and may be done by support staff with appropriate training.
  - Does not include Oxygen to a stable individual and oxygen setting is well established where staff assist a client with tank change, position nasal cannula and adjust to an established setting.
  - This does not include equipment covered by the client's Medicaid or interventions/supervision that can be done by direct support staff.
- Gastrointestinal (IV fluids)
  - Definition: Gastrointestinal (IV fluids) for a condition that is typically stable and requires occasional nursing observation and ongoing staff training,
  - Initiation of (within 3 months or stable) specialized diets such as ketogenic diets requiring monitoring by nursing staff for tolerance or interpretation of results, generally daily or more frequently.
  - Does not include regular established tube feedings (G or J) with bolus feeding to a stable individual.
  - This does not include equipment covered by the client's Medicaid or interventions/supervision that can be done by direct support staff.
- Genitourinary (catheter care)
  - Definition: Genitourinary (catheter care) for a new or recent condition (less than 3 months or not yet stable) that requires occasional nursing observation and ongoing staff training.
  - Does not include regular catheter care for a stable client such as cleaning the area, draining the catheter, recording input/output etc.

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- This does not include equipment covered by the client's Medicaid or interventions/supervision that can be done by direct support staff.
- Infection (a significant active infection requiring nursing intervention & IV antibiotic)
  - Definition: A disease or serious immune deficiency condition, lasting longer than one month which requires occasional nursing observation/intervention (use of gown, mask, and/or gloves is not sufficient criterion on its own to qualify).
  - IV Antibiotic: Requires IV antibiotic once per day, anticipated to be only provided for less than two weeks and associated additional short-term nursing that may be provided by home health in an alternate setting.
  - This does not include equipment and supplies covered by the client's Medicaid or interventions/supervision that can be done by direct support staff.
- Multiple system involvement: A client that exhibits multiple of the above sections that may not on their own meet the requirements of this policy but between all may meet the severity and nursing intervention required. They must have a need for frequent nursing intervention/ observation of tasks that are not able to be delegated. This does not include equipment and supplies covered by the client's Medicaid or interventions/supervision that can be done by direct support staff.

### **Process and Documentation Requirements:**

If it is deemed that the client needs the ICF/IID Medically Involved Rate and the client meets all criteria outlined in the section above, the provider agency is to complete the ICF/IID Medically Involved Request Form. The information in the request must include information related to the specific request and reason for the request. The person-centered plan should contain evidence of the medical need and provide supporting documentation.

*Link to ICF/IID Medically Involved Rate Request Form*

<https://www.nd.gov/eforms/Doc/sfn01797.pdf>

If there is additional information supporting the request, the provider must indicate the location of the information on the form and if it is not in the web-based case management system, include it with the request. The information, including a summary, should be included from the timeframe when the medical needs began and how long since the last occurrence. Examples may include, but are not limited to:

- Seizure logs
- Data tracking
- Program support costs
- Medical assessments
- Nursing care plans
- Psychiatric assessments
- Behavior support plans
- GER's
- RMAP
- Person Centered Service Plans
- Team meeting minutes
- Medication lists
- QDDP monitoring
- Staffing schedules/documentation
- Any other information and data related to the request

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### **Submission and Approval of the Request:**

The provider agency is responsible for completing the request. The team may be included in the completion of the request but is not required. The provider agency CEO will sign the completed ICF/IID Medically Involved Rate Request Form. The following Department timelines will be effective when a completely executed request and documentations are received. The following Department timelines will be effective when a completely executed request and documentations are received. All requests must be typed and submitted to: [dhsddreq@nd.gov](mailto:dhsddreq@nd.gov).

The ICF/IID Medically Involved Rate Request will be reviewed by the DD Section where an approval or denial decision will be made within 15 business days. The DD Section will notify the client, legal decision maker, provider, DDPM, and DDPA of the decision within 5 business days including the reason for the approval or denial. If the ICF/IID Medically Involved Rate Request is approved, it will be entered into the web base case management system.

If the form is not completed and submitted with the required information in its entirety, the request will be determined incomplete and sent back to the provider for the required information. The provider will have 15 business days from the date of the notification to submit the required information to the DD Section ([dhsddreq@nd.gov](mailto:dhsddreq@nd.gov)). If the required information is not submitted within the timeline, the request will be considered withdrawn. If the need is still present, a new request will need to be submitted.

If an ICF/IID Medically Involved Rate Request is denied, it can only be re-submitted if there is new information and documentation for review that wasn't included in the previous request. If no new information is submitted, the original decision will be upheld.

ICF/IID Medically Involved Rates will be approved for 12 months, however the timeframe may be shorter to align with the person-centered service plan date or to align with the timeframe identified as needed in the request. ICF/IID Medically Involved Rates do not automatically renew. If the need continues, the provider agency will need to submit an updated ICF/IID Medically Involved Rate Request with the timeframes in this policy to ensure continuity of program support costs.

The effective date of the approved ICF/IID Medically Involved Rate Request will be one of the following:

- The date the request was received by the DD Section. This would be applicable for a new ICF/IID Medically Involved Rate Request.
- Start date of a newly enrolled ICF/IID authorized service in the ISP. This would be applicable to align the ICF/IID Medically Involved Rate with the start date of the new ICF/IID service.
- The day following the end date of a previously approved ICF/IID Medically Involved Rate to maintain continuity of the ICF/IID Medically Involved Rate. The request would need to be received by the DD Section prior to the end date of the previously approved ICF/IID Medically Involved Rate, otherwise the effective start date, if approved, would be the date the DD Section received the request.

The provider will be reimbursed beginning on the identified effective start date of the approved ICF/IID Medically Involved Rate. If the request is denied, payment will not occur after the end date of the prior approved ICF/IID Medically Involved Rate Request.