

**Children's Hospice Medicaid Waiver**  
**Service Chapter 575-05**

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**North Dakota Department of Human Services  
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## **Children's Hospice Medicaid Waiver 575-05**

### **Definitions 575-05-05**

**(Revised 7/1/11 ML #3264)**

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#### **Abuse**

The willful act or omission of a caregiver or any other person which results in physical injury, mental anguish, unreasonable confinement, sexual abuse or exploitation, or financial exploitation to or of a vulnerable child.

#### **Activities of Daily Living (ADL's)**

Tasks of a personal nature that are performed daily which involves such activities as bathing, dressing, toileting, transferring from bed or chair, continence, eating/feeding, mobility inside the home, and usual developmental tasks, such as play and social development.

#### **Adult**

All persons eighteen years of age and over are adults. Children who are adults should not be considered the responsibility of their parents, even if living in the same household.

#### **Aide**

A non licensed caregiver who may or may not be certified as a Certified Nursing Assistance.

#### **Applicant**

An individual making application for services. An applicant may have a legal representative seeking services on behalf of the individual.

#### **Case Management Service**

Case Management Service is the practice of providing specialized assistance to hospice children and families desiring and needing help in selecting and /or obtaining resources and services.

**Client**

An individual who has met the eligibility criteria for services under the provision of this chapter.

**Competency Level**

The skills and abilities required to complete a task or activity to an established standard.

**Covered Services**

Services, specified in the Department's approved Medicaid Waiver for Children Hospice Services.

**Department**

The North Dakota Department of Human Services.

**Disabled**

As defined by the Social Security Administration: the inability to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment which can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than twelve (12) months.

**Exploitation**

The act or process of an individual using the income, assets, or person of a resident for monetary or personal benefit, profit, gain, or gratification.

**Family Caregiver**

A Family Caregiver is a person who lives with or provides daily care to an eligible client.

**Fee Setting Authority**

The North Dakota Department of Human Services.

**Home Health Aide**

Home Health Aide is hands on care, of both a supportive and medical nature, to a client who has a life limiting diagnosis. Home Health Aide is an

all-inclusive service that provides direct care to applicant and family to live as much like other families as possible.

**Household**

Individuals to be included in a household count if residing together, include the recipient/applicant of services, parents, children and stepchildren under the age of 18 of the parents, and any other individual that has been designated as a ward or dependent person of the parents by court order.

**Informal Network**

Family, neighbors, friends, church, and other private resources available to meet identified needs of a client.

**Institution**

Institution means an establishment that makes available some treatment or services beyond food or shelter to five or more persons who are not related to the proprietor. N.D.C.C. 50-24.5-01(8).

**Interdisciplinary Team**

Group of people either professionally involved or important to the family who assist the family in making decisions for their child cares.

**Legal Representative**

Someone who has been given power by law to represent another person.

**Level-of-Care Determination**

A medical screening requested to determine eligibility for the Medicaid Waivers. The Department contracts with a utilization control management team to establish medical need.

**Life Limiting**

A medical diagnosis, from a primary physician, of either an illness or a disease which will result in the possible death of child.

**Children's Hospice Program Administration**

A unit within the Department of Human Services' Medical Services Division. Children's Hospice Program Administration includes the covered services

of: Case Management, Home Health Aide, Nursing, Hospice, Palliative cares, Bereavement counseling and Expressive counseling.

**Medical Services Division**

A Division within the Department of Human Services with administrative and programmatic responsibility for the Children's Hospice Medicaid Waiver.

**Medicaid Waiver**

A federal program specifically provided for by Federal law enabling states to deliver, under waiver of several Medicaid requirements, services to aged and disabled persons at risk of institutionalization.

**Monitoring**

Overseeing and periodically reviewing the client's progress, condition, and the quality and quantity of services provided.

**Neglect**

The failure of an individual to provide the goods or services necessary to avoid physical harm, mental anguish, or mental illness.

**Nursing Facility (Long Term Care Facility)**

A facility licensed by the North Dakota Department of Health and Consolidated Laboratories to provide residential nursing and medical care.

**Parent**

A child's adoptive or biological mother, or father, or stepparent who has legal responsibility for a child.

**Physical Injury**

Damage to bodily tissue which includes fractures, bruises, lacerations, internal injuries, dislocations, physical pain, illness, or impairment of physical function.

**Primary Caregiver**

The responsible person providing continuous care and supervision to an eligible individual that prevents institutionalization.

**Primary Residence**

Applicants and family's occupied home, that is their main place of residence.

**Service Plan**

The document developed by a case manager, the client or legal representative and team specifying the frequency and intensity of each service to be received as an alternative to institutional care. Under the Medicaid Waiver for Children Hospice Services, an interdisciplinary team will be involved in the development of the Case Plan for clients who receive the services.

**Sexual Abuse**

Conduct directed against a resident which constitutes any of those sex offenses defined in N.D.C.C. 12.1-20-02, 12.1-20-03, 12-1.20-04, 12.1-20-05, 12.1-20-06.

**Social History**

Components of Social History include: Demographics, Who lives in the Home, Health History, Family Structure, Coping Mechanisms, Support System, Educational and Employment History, Behavior/Psychological/Social Information, Financial Resources, Identification of Service Need, and Outcome of Services Provision.

**Standard**

A level of quality or excellence that is accepted as the norm for a specific task.

**Willfully**

Intentionally, knowingly, or recklessly.

## **Legal Reference/Authority 575-05-10**

**(Revised 2/12/16 ML #3466)**

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The legal references and authority for the Children's Hospice program (funding sources and services) administered by the Children's Hospice Program Administration are as follows:

1. Children's Hospice (Programs)

a. Medicaid Waivers

The legal authority for the Medicaid Waiver is Section 1915(c) of the Social Security Act.

The Medicaid Waiver is governed by the rules and regulations set forth in 42 CFR, Parts 431, 435, 440, and 441 as amended. For the Medicaid Waiver, see North Dakota Administrative Code (N.D.A.C.) 75-03-23.

Section 50-24.1-04 of the North Dakota Century Codes designates the North Dakota Department of Human Services as the single state agency responsible for administering the state's Medicaid Program. The Medical Services Division is primarily responsible for the waiver program that is administered by the Medical Services Division.

Waiver services cannot be provided in the following settings:

- A nursing facility; (Institutional Respite care is excluded from this requirement)
- An institution for mental diseases;
- An intermediate care facility for individuals with intellectual disabilities; or
- A hospital.

Federal regulations prohibit payment to the following:

- Siblings age 18 or younger living in the same home.
- Guardian of child.

c. Service Payments for Children's Hospice

Payments for services rendered for individuals enrolled in Children's Hospice will only be made to enrolled Medicaid providers.

**Purpose of Children's Hospice Program 575-05-15  
(Revised 1/1/17 ML #3491)**

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The purpose of this waiver is to keep children, who have a life limiting diagnosis that maybe less than one year, between the ages of 0 to their 22 birthday, in their home as much as possible, avoiding lengthy hospital stays and delay or divert institutional care. These children would qualify for Nursing Home Level of Care. This waiver would remove the hospice requirement of a physician certification that death is expected within six months. The waiver would allow the family to provide treatments that are both curative and palliative for the child to successfully handle each day from time of diagnosis to death.

Children and their family would have access to the following services through this waiver: case management, respite, counseling expressive therapies – for effective child and siblings, routine and continuous nursing as daily living skills become more difficult, equipment and supplies. Children on the waiver will also have access to all Medicaid State Plan services.

The settings where waiver recipients receive services must be integrated in and support full access, where age appropriate, of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.

This waiver prohibits the use of restraints, coercion, abuse, neglect and exploitation of child on the Medically Fragile Waiver.

## **Funding Sources 575-05-20**

**(Revised 7/1/11 ML #3264)**

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In order for services to be payable under the provisions of the Children's Hospice Waiver, the person receiving the services must meet all of the following:

1. Recipient of Medicaid program under the State Plan for Medical Assistance as set forth in Service Chapter 510-05, Medical Assistance Eligibility Factors.
2. Between the ages of 0 to 22nd birthday and have a life limiting diagnosis of less than one year.
3. Eligible to receive care in a skilled nursing facility (Level of Care).
4. Participate to the best of their ability or by representation from their Legally Responsible Caregiver in a comprehensive assessment to determine what services are needed and the feasibility of receiving home and community-based services as an alternative to institutional care.
5. Have a Service Plan, developed and approved by the applicant/ client or legal representative and family's team that adequately meets the health, safety, and personal care needs of the recipient.
6. Voluntarily choose to participate in the home based program after discussion of available options. This is documented by completion of Explanation of Client Choice, found on Service Plan.
7. Living environment must be with a legally responsible caregiver.
8. A waiver service (not including Case Management) must occur at least on a quarterly basis.
9. Not eligible for and /or receiving services through other Medicaid Waivers.

## **Eligibility Criteria 575-05-25**

**(Revised 1/1/17 ML #3491)**

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In order for services to be payable under the provisions of the Children's Hospice Waiver, the person receiving the service must meet all of the following:

1. Recipient of Medicaid Program under the State Plan for Medical Assistance as set forth in Service Chapter 510-05, Medical Assistance Eligibility Factors;
2. Between the ages of 0 to 22nd birthday

Individual between the ages of 18 and 22nd birthday will have decision making authority of person centered plan unless a guardianship has been put in place legally.

3. Eligible to receive care in a skilled nursing facility (Level of Care)
4. Child has received diagnosis from their primary physician stating they have a life limiting illness that could possible end in death within one year – this has been confirmed by a Hospice physician.
5. Participate to the best of their ability or by representation from their Legally Responsible Caregiver in a comprehensive assessment to determine what services are needed and the feasibility of receiving home and community-based services as an alternative to institutional care.
6. Have a Service Plan (SFN 53), developed and approved by the applicant/client or legal representative and family's team that adequately meets the health, safety, and personal care needs of the recipient.
7. Voluntarily choose to participate in the home based program after discussion of available options. This is documented.
8. Service/care is delivered in the recipient's private family dwelling (house or apartment).
9. A waiver service (not including Case Management) must occur at least on a quarterly basis.
10. Not eligible for and/or receiving services through other Medicaid Waivers.
11. Payments that are in excess of what is authorized or are unallowable are recouped from the provider of service.

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12. Only 30 individuals will be allowed on the Waiver per year. If more than the 30 are applying a waiting list will be maintained by the Program Manager.

**Eligibility Criteria for Staying on Waiver 575-05-25-05  
(Revised 7/1/11 ML #3264)**

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1. Continue to be a recipient of Medicaid Program under the State Plan for Medical Assistance as set forth in Service Chapter 510-05, Medical Assistance Eligibility Factors.
2. Continue to meet Level of Care – annually.
3. A waiver service (not including Case Management) must occur at least on a quarterly basis.

**Eligibility Criteria for Waiting List 575-05-25-10  
(Revised 1/1/17 ML #3491)**

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If there is a waiting list, the following criteria will be implemented:

1. Recipient of Medicaid Program under the State Plan for Medical Assistance as set forth in Service Chapter 510-05, Medical Assistance Eligibility Factors;
2. Eligible to receive care in a skilled nursing facility; Level of Care.
3. Earliest application date.
4. A child can be placed on the waiting list up until their 22th birthday.

Individual between the ages of 18 and 22nd birthday will have decision making authority of person centered plan unless a guardianship has been put in place legally.

The Children's Hospice Program Manager will be responsible for the maintenance of list and for notification to families as to placement on waiver, quarterly.

Once opening on Waiver is determined, applicant with the earliest application will be contacted by Program Manager and another Level of Care will be completed. This will ensure family is still eligible for services. Upon successful completion and determination, family will be introduced to a Hospice Case Manager for assistance with completion of Service Plan.

**Application to Services 575-05-30**  
**(Revised 7/1/11 ML 3264)**

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An Individual will be assigned a slot on the Waiver (once available) if they meet the following:

Child is enrolled in Medicaid.

Letter from child's doctor describing the "life- limiting" diagnosis.

Level of Care.

A confirmation from Hospice doctor (of parent's choice) of current diagnosis.

Family decided to accept Home Based vs Institutional Care for their child.

Program Manager will determine placement on waiver, as applications are submitted.

Program Manager will introduce family to Hospice agency of their choice and assist in setting up initial meeting and identifying needs.

**Waiting List 575-05-35**

**(Revised 7/1/11 ML 3264)**

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A waiting list will be maintained by the Program Manager after 30 individuals have been identified for the waiver.

The Waiting List will have:

Name/ Application Date/ Level of Care Date / Age and Location of Child.

As an opening on the Waiver occurs:

The individual, who meets the Level of Care criteria and the earliest application date and in need of a waiver service, will be offered the available slot.

Program Manager will insure those individuals remaining on the waiting list continue to qualify for the waiver by completing yearly Level of Care.

**Covered Services 575-05-40**

**(Revised 7/1/11 ML #3264)**

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Payment from Children's Hospice Waiver is available only for the provision of covered services to eligible recipients. The covered services must be specifically identified in the client's Service Plan as necessary to avoid institutionalization. The services must be provided in accordance with the policies and procedures set forth in the respective sections of this service manual.

**Case Management 575-05-40-05****(Revised 7/1/11 ML #3264)**[View Archives](#)Purpose:

Case Management will assist the individual/ family by providing information, referral and support. Case management services would provide a variety of activities such as intake, case planning, on-going monitoring, review of supports/ services to promote quality, monitor outcomes, planning for and implementing changes in supports and services and providing information on the right to appeal. This service would assure that support for individual /family requests fall within the scope of the program, while promoting reasonable health and safety. Case management services would assist in the coordination of identifying multiple services both formal and informal, and with obtaining and applying for identified services. This services would ensure goals and needs are being met by meeting with the individual / family at least quarterly to review case plan and assure supports are successful in reaching the goals of the family. Case management services would ensure the review of rights are signed to include assistance of family being informed of their rights and to document the choice of services for individual/ family at least quarterly; this would include:

1. review of progress,
2. satisfaction of services,
3. identify barriers, and
4. discuss an action plan to resolve outstanding issues. Case management services may consist of phone calls or accompanying consumer to support agency, assisting with completing paperwork and any other assistance identified in service plan.

Case management services would also provide emotional support and assistance to problem solving as needed.

Service Eligibility, Criteria for:

1. Recipient of Medicaid Program under the State Plan for Medical Assistance as set forth in Service Chapter 510-05, Medical Assistance Eligibility Factors;

2. Must be on the Children's Hospice Waiver.
3. The eligible child must be living with a legally responsible caregiver.

Limits:

Case Management services will not count towards waiver requirements of receiving one waiver services per quarter.

Service Activities:

1. Assist the individual /family by providing information, referral, and support to them.
2. Would provide a variety of activities such as intake, case planning, on-going monitoring and review of supports and services to promote quality and outcomes, and planning for and implementing changes in supports and services and right of appeal.
3. Would assure that support for individual/family requests fall within the scope of programs, while promoting reasonable health and safety.
4. Would assist in the coordination of identifying multiple services both formal and informal, along with obtaining/ applying for identified services.
5. Would ensure goals and needs are being met by meeting with the individual/family at least quarterly to review service plan and assure supports are successful in reaching the goals of the family.
6. Would ensure the review of rights are signed to include the assurance of family being informed of their rights and
7. To document the choice of services for individuals requesting a HCBS waiver verses Institutional care.
8. Meet face to face with individual/family at least quarterly; this would include 1) review of progress 2) satisfaction with services, 3) identify barriers and 4) discuss an action plan to resolve outstanding issues.
9. Other interactions may consist of phone calls or accompanying consumer to supports agency assisting with completing paperwork and any other assistance identified in service plan.
10. Would be able to assist in crisis intervention services to include emergency planning.
11. Would provide emotional support and assistance to problem solving as needed.
12. Could also assist / participate in individual educational planning (IEP) process.

**Respite 575-05-40-10**  
**(Revised 7/1/13 ML 3419)**[View Archives](#)Purpose:

Respite is an individual who renders personal related services under the supervision of a registered professional nurse. Services would enable a child with a life limiting diagnosis to remain in and be supported in their family home/ community. These services would be available to the child and family to assist them in maintaining regular family home life with the intent of preventing and /or delaying unwanted out of home placement/hospitalizations. Child must be residing in their legally responsible care givers home. Respite would be able to support the child by supporting the legal caregiver in meeting the child's unique medical needs, and ensure the child's safety needs are also addressed. This service would be provided for the purpose of preventing additional illness and promoting, maintaining, or restoring health or minimizing the effects of their diagnosis or disability. Respite can provide temporary relief (skilled respite) to the legally responsible care giver in order for the care giver to possibly but not be limited to accompanying other siblings to daily activities, provide relief for brief periods of time and complete all ADL's and IADL's for the child.

Children's Hospice Respite is different from the state plan from Home Health Aide by virtue of adding the option of Respite. These are hours the family can use in conjunction with the Home Health Aide State plan. Respite is defined as a Home Health Aide taking total care of child for a short period of time – not overnight. The legal caregiver will be able to attend to other sibling, family members, take care of self needs or other tasks. The service plan would state respite being used and the number of hours per month.

Service Eligibility:

1. Recipient of Medicaid Program under the State Plan for Medical Assistance as set forth in Service Chapter 510-05, Medical Assistance Eligibility Factors;
2. Must be eligible for the Children's Hospice Waiver
3. The eligible child must be living with a legally responsible caregiver.
4. Service is available after State Plan has been maximized

Limits:

1. Respite personnel cannot be a family member living within the home or a sibling under the age of 18.
2. Care of child cannot be over night.
3. Limited to 76 hours per year Respite
4. Child must use Home health Aide services through the State Plan respite is service outside of Home Health Aid duties.
5. Home Health Agency or Hospice Agency can only provide services.

Service Activities:

1. Benefits the eligible child by supporting their primary caregiver in meeting their unique medical needs.
2. The primary care giver is supported in meeting the needs of their child within the routines of their family home and community: Physical or verbal assistance to complete activities such as eating, drinking, toileting and physical functioning; improving and maintaining mobility and physical functioning; maintaining health and personal safety; and preparation of snack; and meals; communicating, including use of assistive technology.
3. HHA is also available to provide the primary care giver temporary relief from the demands of supporting their family member with a life limiting diagnosis.
  - HHA able to take total care of child for short period of time.
4. Service must be on Service Plan in order to be authorized.
  - Respite must have determined number of hours needed stated on Service Plan.
  - These hours are deducted from the total 76 hours available per year.
5. Respite services and Nursing may be used simultaneously based on child needs. Reason for both must be stated on Service Plan.

**Skilled Nursing 575-05-40-15**  
**(Revised 7/1/13 ML 3419)**

[View Archives](#)

Purpose:

A licensed practical nurse or a registered nurse means one who has met all legal requirements for licensure and holds a current license to practice in North Dakota pursuant to chapter 43-12.1. This service would be available depending on the child's medical condition and needs. Team would determine this need and document need on the Service Plan. Skilled nursing services would follow after the state plan funding has been maximized, services may be preventive, curative and restorative aspects of nursing care that are performed by a nurse. These services may be accessed during times when regular caregiver is not in the home and when cares are greater than the scope of the Home Health Aide.

Service Eligibility:

1. Recipient of Medicaid Program under the State Plan for Medical Assistance as set forth in Service Chapter 510-05, Medical Assistance Eligibility Factors;
2. Must be eligible for the Children's Hospice Waiver
3. The eligible child must be living with a legally responsible caregiver.
4. Recipient must be determined to have life expectancy of 6 months to 12 months as stated in physician's letter at time of enrollment - in order to be enrolled in this waived service.

Limits:

1. Limited to 194.5 hours per year after child has maximized State Plan Service.
2. Services are only available when needs of child exceeds those of a Home Health Aide.
3. Service becomes a state plan service when life expectancy is 6 months or less as determined by physician's letter at time of enrollment.

Service Activities:

1. Benefits the eligible child by supporting their primary caregiver in meeting their unique medical needs.

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2. Skilled Nursing is also available to provide the primary care giver temporary relief from the demands of supporting their family member with a life limiting diagnosis.
3. Service must be on Service Plan in order to be authorized.
4. Team determines the needs of the child based on the child's medical condition.
5. Skilled Nursing can be used during the same time as Home Health Aide if reason is stated on the Service Plan.

**Hospice 575-05-40-20**  
**(Revised 7/1/13 ML 3419)**[View Archives](#)Purpose:

This service would be available to the family depending on the child's medical condition needs and progression of diagnosis. This service would mirror traditional hospice services except that continued curative measures would be available through the state plan. The team would determine needs and document need on the Service Plan. Skilled services would follow after the state plan has been maximized, allowing services to be preventive, curative and restorative aspects of care that are performed by a professional care giver. These services may be accessed during times when a legally responsible caregiver is not in the home. This waiver service is not available if the child needs palliative waiver services or is able to have a lesser waiver service that meets the child's needs.

Service Eligibility:

1. Recipient of Medicaid Program under the State Plan for Medical Assistance as set forth in Service Chapter 510-05, Medical Assistance Eligibility Factors;
2. Must be eligible for the Children's Hospice Waiver
3. The eligible child must be living with a legally responsible caregiver.
4. Recipient must be determined to have life expectancy of 6 months to 12 months as stated in physician's letter at time of enrollment - in order to be enrolled in this waived service.

Limits:

1. This waiver service is not available if the child needs palliative waiver services or is able to have a lesser waiver service meet the child's needs.
2. This service is only available after the State Plan has been maximized.
3. 74 days per year are only available after State Plan has been maximized.
4. Services only available through the Hospice Agency.

5. Service becomes a state plan service when life expectancy is 6 months or less as determined by physician's letter at time of enrollment.

Service Activities:

1. Benefits the eligible child by supporting their primary caregiver in meeting their unique medical needs.
  - able to be used during times when legally responsible caregiver is not in the home.
2. Available to provide the primary care giver temporary relief from the demands of supporting their family member with a life limiting diagnosis.
3. Service available mirror those of traditional hospice.
  - nursing cares, ADL's such as Bathing or Dressing
4. Allows services to be preventive, curative and restorative aspects of care that are performed by a professional care giver.
5. Service must be on the Service Plan in order to be authorized.

**Palliative Cares 575-05-40-25**  
**(Revised 7/1/13 ML 3419)**

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Purpose:

Cares, that are palliative and supportive in nature. Supportive medical, health and other care provided to child and their family to meet the special needs arising out of the physical, emotional, spiritual and social stresses experienced during the final stages of illness, dying, and bereavement so that when possible the child may remain at home, with homelike inpatient care utilized only if necessary. This service would look like traditional hospice except for the elimination of the 6 month life requirement, and the family still being able to try/look for curative measures. Cares could be but not limited to line of site nursing, pain management through alternative evidence based services, physical therapies or occupational therapies. This would be determined by the team and recorded on the service plan

Service Eligibility:

1. Recipient of Medicaid Program under the State Plan for Medical Assistance as set forth in Service Chapter 510-05, Medical Assistance Eligibility Factors;
2. Must be eligible for the Children's Hospice Waiver
3. The eligible child must be living with a legally responsible caregiver.
4. Recipient must be determined to have life expectancy of 6 months to 12 months as stated in physician's letter at time of enrollment - in order to be enrolled in this waived service.

Limits:

1. Needs must be determined greater than Hospice or Skilled Nursing scope of service, by team.
2. Family able to continue to try/look for curative measure.
3. State Plan needs to be maximized before this service would be available.
4. Limited to 54 hours per year.
5. Service becomes a state plan service when life expectancy is 6 months or less as determined by physician's letter at time of enrollment.

Service Activities:

1. Benefits the eligible child by supporting their primary caregiver in meeting their unique medical needs.
2. Service must be on Service Plan in order to be authorized.
  - Available to family such services as: supportive medical and health care's to meet needs during final stages of illness, during dying and bereavement of loss.
3. Cares could be but not limited to:
  - Line of site nursing
  - Pain management through alternative evidence based services.
  - Physical therapies
  - Occupational therapies
4. Provide traditional hospice services yet family still being able to try/look for curative measures.

## **Expressive Therapy 575-05-40-30**

**(Revised 7/1/11 ML 3264)**

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### Purpose:

Expressive therapy is the use of art practices that give a child the ability to express and explore their own medical condition by the use of their imagination and multiple creative expressions. The therapist assists the child and siblings in being able to express such things as: difficult feelings of coping, feeling alone, and being able to talk to others about medical conditions and possible outcomes. The focus of therapy would be on living with and coping with a medical condition that is life limiting. Siblings will be able to attend sessions with the affected child.

### Service Eligibility:

1. Recipient of Medicaid Program under the State Plan for Medical Assistance as set forth in Service Chapter 510-05, Medical Assistance Eligibility Factors;
2. Must be eligible for the Children's Hospice Waiver
3. The eligible child must be living with a legally responsible caregiver.

### Limits:

1. 39 hours of service per year available per child.

### Service Activities:

1. Service is available simultaneously with other waiver services.
2. Siblings are able to attend sessions with identified child.
3. Focus will be on living with and coping with the medical condition that is life limiting.
4. Therapy practices can be art/ music/ play etc. With focus on allowing child to use their imagination and creative expression to put words to emotions.
5. Ability for child to express / explore their own medical condition or that of a sibling.
6. Service must be listed on the Service Plan.

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7. Service provided by Licensed Clinical Social Worker's/Licensed Professional Clinical Counselor, Licensed Independent Social Worker/Licensed Psychologist, Licensed Professional Counselor, and Hospice Agency.
  - All providers must have experience working with children and experience providing art/ music or play therapy.

## **Bereavement Counseling 575-05-40-35**

**(Revised 7/1/11 ML 3264)**

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### Purpose:

Counseling of child and family, in dealing with, and adjusting to, the possible loss of child to death and the aftercare of family due to the death of child. Focus of counseling would be to mainly address, but not be limited to the identification, communication and coping with the multiple emotions surrounding a family with a child who has a life limiting diagnosis with the outcome of death and in dealing with the loss of the child for six months after death of child.

### Service Eligibility:

Recipient of Medicaid Program under the State Plan for Medical Assistance as set forth in Service Chapter 510-05, Medical Assistance Eligibility Factors:

Must be eligible for the Children's Hospice Waiver

The eligible child must be living with a legally responsible caregiver.

### Limits:

1. Family must choose if wanting aftercare counseling. – Service plan would reflect this need and will indicate either monthly or every other month of counseling services to be provided after death of child.
  - Family must indicate who will be doing counseling services
  - Identified agency will be paid in full for services prior to death of child.
2. All bereavement counseling (per and post death) cannot exceed 78 hours of service.
3. Counselors must have experience working with children.
4. Six months after death of child, Program Manager will conduct a paper audit to ensure counseling services were rendered in full.
  - If services are found not to be used, the agency will be notified in writing of the need for reimbursement of payment of services.

Service Activities:

1. Benefits the eligible child by supporting their primary caregiver in meeting their unique medical needs.
2. Counseling services to assist with dealing with possible death and issues surrounding death.
  - Focus may be: identification, communication and coping with emotions
  - Aftercare: dealing with the loss of child.
3. Available counselors may be:
4. Hospice agency staff to include Spiritual Counselor or Social Worker, or licensed clinical social worker, or licensed independent social worker or Licensed Psychologist or Licensed Professional Counselor.

## **Equipment and Supplies 575-05-40-40**

**(NEW 7/1/13 ML #3419)**

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### Purpose:

Specialized Equipment and Supplies Service includes the purchase of items that are non-covered under the State Plan, such as adaptive items for daily living, environmental control items, personal care items, alarms or alert items. Examples of items that could be covered: modifications to existing equipment, adaptive car seats, tumble chairs, alternative power sources, disposable wipes or items in excess of state plan limits.

Focus of equipment would be easing of pain, assisting with child's independence, or strength building.

### Service Eligibility, Criteria for:

The individual receiving Specialized Equipment and Supplies Services must meet the following criteria:

1. Recipient of Medicaid Program under the State Plan for Medical Assistance as set forth in Service Chapter 510-05, Medical Assistance Eligibility Factors.
2. Must be eligible for the Children's Hospice Waiver.
3. The equipment purchased is of significant benefit to the applicant/recipient in the performance of personal cares and/or independence.
4. The equipment is a non-covered item under the Title XIX State Medicaid Plan or unavailable through other funding sources. (school)
5. The supplies are in excess of the state plan limits.
6. The recipient does not already have access to a product that serves essentially the same purpose.
7. Legally Responsible Caregiver will be responsible for the purchase and implementation of equipment and supplies for child, to be maintained within Waiver budget for family.

### Limits:

The costs are limited to what is budgeted per person for Specialized Equipment and Supplies in the federally approved Medicaid Waiver.

Specialized Equipment and Supplies, Scope of:

The products covered under this Service Chapter are products that are not covered under the Title XIX Medicaid State Plan. Examples of such specialized equipment and supplies may include but are not limited to the following: adaptive items for daily living, environmental control items, personal care items, alarms or alert items. Examples of items that could be covered: modifications to existing equipment, adaptive car seats, tumble chairs, alternative power sources, disposable wipes or items in excess of state plan limits.

Specialized Equipment and Supplies, Delivery of:

When it has been determined that a specific item(s) (applicable to this service chapter) will be of benefit to the applicant/recipient, the following procedure is followed:

1. It will be listed as a need on the care plan.
2. Hospice agency will obtain equipment and/or supplies.
3. Hospice agency will bill waiver for equipment and/or supplies.

**Maximum Amount Per Family-Minimum Services Per Year  
575-05-45**

**(Revised 7/1/13 ML 3419)**

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The family and team determine which authorized waiver service(s) would best assist the child in remaining home and or increasing their independence.

Team determines time and duration of service within the limitations of service stated on service plan (SFN 53).

Respite: 76 hours

Skilled Nursing: 194.5 hours per year, after Medicaid Limits have been reached.

Hospice: 74 days per year after Medicaid Limits have been reached.

Palliative Care: 54 hours of service per year.

Expressive Therapy: 39 hours per year.

Grief Counseling: 98 hours per year between pre and post services.

Equipment & Supplies: not covered under Medicaid, as set in waiver.

A waiver service (not including Case Management) must occur at least on a quarterly basis.

If Recipient's life expectancy is within 6 months or less then the following services will be covered under Children's Hospice - State Plan.

Skilled Nursing

Hospice

Palliative Care

**Closures/Terminations/Denials of Services 575-05-50**  
**(Revised 2/12/16 ML 3466)**

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Closure:

Reason for:

1. Family is not using a waiver service monthly/quarterly.
2. Family is not following through with developed Service Plan. ie.,  
Not meeting quarterly, not following through with goals.
3. All task/goals on Service Plan have been accomplished.
4. No longer meet the eligibility requirements:
  - Does not pass level of Care.
  - Is no longer eligible for Medicaid.

Unable to assure health and safety of eligible consumer.

Denial:

1. A denial to waiver services will occur if any of the following is true:
2. Child is not eligible for Medicaid.
3. Child does not pass the screening for level of Care.
4. Waiver services are not appropriate to meet the needs of eligible consumer.
5. Unable to assure health and safety of eligible consumer.

Appeal:

A Legally Responsible Caregiver/child has the right to appeal either the decision to terminate or deny services.

Steps to follow for appeal:

1. Must request a hearing in writing within 30 days of the date of notice.
  - a. Appeals Supervisor  
North Dakota Department of Human Services  
600 E Blvd. Ave – Dept. 325  
Bismarck ND 58505-0250

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2. May represent self at hearing or may have an attorney, relative, friend or any other person assist.

If requested hearing is before the date of action, department will not terminate or reduce services until a decision is rendered after the hearing.

If the hearing decision by the Department of Human Services is not in favor of client the total additional amount paid with Medicaid funds on client's behalf may be considered an overpayment subject to recovery.

**Extraordinary Costs/Exceed Monthly Aggregate on  
Service Maximum 575-05-55**

**(Revised 7/1/11 ML 3264)**

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This policy provides for additional dollars that may be needed because of a client's special or unique circumstances that warrant a temporary exception of Department policy. IT IS TIME LIMITED. This is contingent upon approval from Medicaid - Long Term Care Continuum Assistant Director.

## **Placement on Waiver 575-05-60 (Revised 7/1/11 ML 3264)**

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An individual will be assigned a slot on the Waiver (once available) if they meet the following:

- Level of Care
- Have diagnosis of life limiting illness/disease of some sort from their primary Physician
- Family decides to accept Home based verses Institutional Care of their child.

Program Manager will determine placement on waiver. Once opening is available the Individual who meets Level of Care/and possible less than one year of life and with the earliest application date will be offered waiver services.

If the Legally Responsible caregiver agreed to a Nurse Case Manager then the Program Manager will contact the Nurse Case Manager of Hospice program of families' choice.

Program Manager will contact Nurse Case Manager and Family and set up an initial Service Plan meeting.

After Nurse Case Manager has been assigned it will be up to the team whether or not to continue having Program Manager attend future meetings.

## **Roles and Responsibilities 575-05-65**

### **Roles and Responsibilities for Program Manager 575-05-65-05**

**(Revised 7/1/11 ML 3264)**

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- Develop/distribute material regarding the program
- Conduct presentations to interested groups regarding program
- Answer questions from families and others concerning the program
- Develop and maintain policy and procedures manual
- Complete application with applicant/ legal responsible caregiver
- Ensure letter of diagnosis is received and completed
- Complete Level of Care
- Ensure provider completes: "Steps to Provider Enrollment"
- Ensure "Steps after Provider Enrollment request comes in" is completed
- Maintain waiting list for program
- Determine eligible applicant to receive waiver services if opening occurs
- Contact applicant regarding waiting list and or placement on waiver
- Notify applicant of status of application, annually if on waiting list, their right to apply and assist family in identifying other supports that may meet their needs.
- Sit in on Intake if family desires
- Refer to Hospice Agency of families choice
- Introduce family and child to Nurse Case Manager of Hospice of choice
- Monitor overall spending
- Address families questions/ needs for information
- Review Service Plan
- Complete annual Level of Care process for consumers receiving waiver services
- Conduct consumer satisfaction and program input survey
- Participant as a team member is long as applicant legal responsible caregiver and case manager
- Complete 6 month audits after Medicaid closed – complete/ track remittances if needed
- Ensure Abuse/Neglect and Criminal checks are completed
- Provide families with list of possible Hospice Agencies to choose from

## **Roles and Responsibilities of Nursing Case Manager 575-05-65-10**

**(Revised 7/1/11 ML 3264)**

[View Archives](#)

- Assist the individual/ family providing information, referral and support
- Complete "Steps to Provider Enrollment"
- Complete hospice intake
- Case planning with family and team
- Review of supports/ services to promote quality/ monitor outcomes
- Planning for and implementing changes in supports/ services
- Provide information on the Right to Appeal
- Assure family request falls within the scope of the program
- Promote health and safety
- Assist in the coordination of informal/ formal services
  - Insure goals and needs are being met
- Meet with individual/ family at least quarterly
- Assure supports are successful in reaching goals
- Ensure the review of rights are signed
  - Family has been informed of rights
- Document choice of services – at least quarterly
  - Review of progress
  - Satisfaction of services
  - Identify barrier
  - Discuss an action plan to resolve outstanding issues
- Complete phone calls to family during months not meeting
- Accompany individual/ family to support agency if requested
- Assisting with completing of paperwork
- Emotional support and assistance as needed to problem solve

**Roles and Responsibilities of Parent(s) 575-05-65-15**  
**(Revised 7/1/11 ML 3264)**

[View Archives](#)

- Complete application ([SFN 743](#))
- Choose Hospice provider
- Complete hospice intake with Nurse Case Manager
- Complete Service Plan ([SFN 53](#)) and sign agreement of plan
- Notify Nurse Case Manager of any change in health, change in needs or concerns.

**Appendix 575-05-70**

**Children's Hospice Waiver Application, SFN 743  
575-05-70-05**

**(Revised 7/1/11 ML 3264)**

[View Archives](#)

Click [here](#) to view and/or print this form.

**Children's Hospice Service Brochure, DN 505  
575-05-70-10**

**(Revised 7/1/11 ML 3264)**

[View Archives](#)

Click [here](#) to view and/or print this brochure.

**Children's Hospice Person Centered Care Plan, SFN 53  
575-05-70-15**

**(Revised 1/1/17 ML 3491)**

[View Archives](#)

Click [here](#) to view and/or print this form.

**Steps to Provider Enrollment 575-05-70-20**  
**(Revised 7/1/11 ML 3264)**

[View Archives](#)

- Step 1: Family completes application for Children's Hospice ([SFN 743](#)).
- Step 2: Family obtains a letter from their primary physician stating child has a life limiting diagnosis of less than one year.
- Step 3: Family and Program Manager complete the "Level of Care" if approved.
- Step 4: Family will choose a Hospice Agency.
- Step 5: Program Manager notifies Hospice agency of families' request for services.
- Step 6: Hospice Physician confirms the life limiting diagnosis. While this is happening:
- Step 7: Agency will apply for a "provider number" specifically for Children's Hospice.
- a. complete: [SFN 973](#), "Enrollment Questionnaire".
    - after Provider Name put Children's Hospice.

Example: Red River Valley Hospice – Children's Hospice.

    - Provider type: 57 "Home Health Agency/Hospice".
    - Provider Specialty: 66 "Home Health/ Aging".
  - b. complete: W9.
  - c. complete: [SFN 615](#), "Medicaid Program Provider Agreement".
  - d. complete: [SFN 1168](#), "Ownership/ Controlling Interest and Conviction Information"
  - e. Attach copies of Agency's Hospice Certification from the State and Center for Medicare and Medicaid Services (CMS).

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Step 8: Mail everything (faxes not acceptable) to Department of Human Services - Medical Services.

All forms can be found at:

<http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-enroll-info.html>

## **Steps After Provider Enrollment Request Comes In 575-05-70-25**

**(Revised 7/1/11 ML 3264)**

[View Archives](#)

- Step 1: All information will go to ND Medicaid Provider Enrollment.
- Step 2: Provider Enrollment will review application and if all information has been provided a Provider Number will be attached to application within the range of 57169 – 57229.
- Step 3: Application will be forwarded to Children's Hospice Program Manager for approval.
- Step 4: Program Manager will attach the child's "Level of Care" to approval, and send back to Provider Enrollment.
- Step 5: Provider Enrollment will notify agency of approval and number.
- Step 6: A team meeting will be set up with provider/ family and Program Manager.
- Step 7: Service plan ([SFN 53](#)) will be completed by family and team. Agreement to plan will be proven by signature of parent and Hospice case manager.
- Step 8: Plan will be authorized by Program Manager.
- Step 9: Provider number will be assigned codes / rates in the MMIS system.
- Step 10: Provider will be able to bill for services by using a HCFA – CMS 1500 form.