

WAC 182-533-0380 Infant case management—Covered services. (1)

The medicaid agency must cover infant case management (ICM) services subject to the restrictions and limitations in this section and other applicable WAC.

Covered services include:

(a) An initial in-person screening for ICM services, which includes an assessment of risk factors and the development of an individualized care plan;

(b) Case management services and care coordination;

(c) Referral and linking the infant and parent(s) to other services or resources;

(d) Advocacy for the infant and parent(s); and

(e) Follow-up contact(s) with the parent(s) to ensure the care plan continues to meet the needs of the infant and parent(s).

(2) The medicaid agency may determine the maximum number of units allowed per client when directed by the legislature to achieve targeted expenditure levels for payment in any specific biennium. (The maximum number of ICM units allowed per client is published in the agency's current billing instructions.)

(3) The medicaid agency must pay for covered ICM services according to WAC 182-533-0386.

[Statutory Authority: RCW 41.05.021. WSR 14-09-061, § 182-533-0380, filed 4/16/14, effective 5/17/14. Statutory Authority: RCW 41.05.021 and 2011 c 5. WSR 12-01-097, § 182-533-0380, filed 12/20/11, effective 1/20/12. WSR 11-14-075, recodified as § 182-533-0380, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090, 74.09.760 through 74.09.910, and 2009 c 564 § 1109. WSR 10-12-010, § 388-533-0380, filed 5/21/10, effective 6/21/10. Statutory Authority: RCW 74.08.090, 74.09.760 through 74.09.910. WSR 04-13-049, § 388-533-0380, filed 6/10/04, effective 7/11/04.]