

Pediatric Day Health Care – Prior Authorization Checklist

BENEFICIARY NAME: _____ **DATE:** _____

The **Louisiana Pediatric Day Health Care (PDHC) Program** is designed for Medicaid beneficiaries up to 21 years of age having a medically complex condition which requires skilled nursing and therapeutic interventions which are provided on an ongoing basis during the daytime. Skilled nursing care refers to activities that must be performed by a licensed nurse over and above personal care activities such as turning/positioning or assistance with activities of daily living. PDHC eligibility requires that the Medicaid beneficiary must meet **ALL** of the following criteria. **Check all that apply for the beneficiary:**

- ☐ THE BENEFICIARY IS BIRTH UP TO 21 YEARS OF AGE.
- ☐ THE BENEFICIARY MUST BE A CANDIDATE FOR OUTPATIENT MEDICAL SERVICES IN THE HOME AND COMMUNITY BASED SETTINGS. THE
- ☐ BENEFICIARY MUST REQUIRE SKILLED NURSING DUE TO A MEDICALLY COMPLEX CONDITION.

Please note that this checklist is a guide. Any checked criteria must also be reflected on the PDHC plan of care, which represents the official documentation to support the request for PDHC services.

RESPIRATORY SYSTEM	GASTROINTESTINAL SYSTEM	HEMATOLOGY
<input type="checkbox"/> Ventilator Dependent <input type="checkbox"/> Bi-Pap/C-Pap Dependent <input type="checkbox"/> Daily oxygen titration protocol based on parameters prescribed by physician <input type="checkbox"/> Continuous oxygen administration <input type="checkbox"/> Intermittent oxygen administration with continuous pulse oximetry to monitor unstable respiratory status <input type="checkbox"/> Chest Physiotherapy – multiple times daily with complex medical condition that increases risk to patient <input type="checkbox"/> Tracheostomy Care <input type="checkbox"/> Tracheal, Nasal Pharyngeal, Oral Suctioning daily <input type="checkbox"/> Apnea monitor, continuous or required for sleep	<input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Continuous jtube/gtube feedings <input type="checkbox"/> Intermittent gtube feedings – 100% of nutrition <input type="checkbox"/> Intermittent gtube feedings – >1 enteral feeding daily with complicated oral feeds <input type="checkbox"/> NG tube placement, verification, and feedings <input type="checkbox"/> Colostomy/ileostomy with history of skin breakdown/infection <input type="checkbox"/> Colostomy/rectal irrigation <input type="checkbox"/> Rectal dilation	<input type="checkbox"/> Bleeding precautions <input type="checkbox"/> CVL/PICC with medication administration and/or parenteral nutrition <input type="checkbox"/> Portacath/mediport with medication administration >3 times per week <input type="checkbox"/> Blood draws weekly from CVL/PICC <input type="checkbox"/> CVL/PICC sterile dressing changes and site cap changes <input type="checkbox"/> Peripheral IV therapy >3 times per week
GENITO-URINARY SYSTEM	MUSCULOSKELETAL/SKIN SYSTEM	NEUROLOGIC SYSTEM
<input type="checkbox"/> Intermittent urinary catheterization <input type="checkbox"/> Maintenance and daily care of an indwelling catheter <input type="checkbox"/> Vesicostomy with intermittent catheterizations <input type="checkbox"/> Vesicostomy with history of skin breakdown/infection	<input type="checkbox"/> Fracture precautions related to fragile bone diagnosis <input type="checkbox"/> Wound care requiring skilled nursing assessment and treatment protocol <input type="checkbox"/> Wound packing with iodoform gauze requiring skilled nursing assessment <input type="checkbox"/> Burn debridement and treatment protocol for 2nd/3rd degree burns <input type="checkbox"/> External fixator rotation for craniofacial disorders	<input type="checkbox"/> VP shunt (recent placement or history of malfunction) requiring daily assessment <input type="checkbox"/> Seizure control protocol with routine antiepileptic medication administration >2 daily and history of seizure within last 3 months <input type="checkbox"/> Baclofen pump with nursing assessments for efficacy of treatment
ENDOCRINOLOGIC SYSTEM	CIRCULATORY SYSTEM	MEDICATION ADMINISTRATION
<input type="checkbox"/> BS/urine checks and SN >3/d <input type="checkbox"/> Insulin management – injections or pump <input type="checkbox"/> Administration of DDAVP	<input type="checkbox"/> Pacemaker with cardiac assessment	<input type="checkbox"/> Intravenous Continuous/Intermittent <input type="checkbox"/> IM or Subcutaneous administration of medications <input type="checkbox"/> Multiple complex medication administrations >2 times per day while at the PDHC