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**CHAPTER 45: PEDIATRIC DAY HEALTH CARE**

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**SECTION 45.1: COVERED SERVICES****PAGE(S) 7**

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**COVERED SERVICES**

The Medicaid pediatric day health care (PDHC) facility per diem rate includes the following services/equipment:

- Nursing care;
- Respiratory care;
- Physical therapy;
- Speech-language therapy;
- Occupational therapy;
- Social services;
- Personal care services (activities of daily living); and
- Transportation to and from the PDHC facility. Transportation shall be paid in a separate per diem.

**Documentation Requirements**

PDHC services require prior authorization from the fiscal intermediary (FI) or the managed care organization (MCO). The PDHC prior authorization (PA) form is standardized regardless of the health plan covering the services. To receive prior authorization from the FI, the following documentation must be sent to the fiscal intermediary:

- Standardized prior authorization form which must include why the services provided at the PDHC cannot be provided elsewhere, including the school system;
- Physician's most recent note documenting medical necessity for the PDHC;
- The physician's order and plan of care for PDHC; and
- The Prior Authorization checklist indicating the recipient's skilled nursing care requirements.

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**CHAPTER 45: PEDIATRIC DAY HEALTH CARE**

---

**SECTION 45.1: COVERED SERVICES****PAGE(S) 7**

---

**NOTE:** PDHC services must be approved prior to the delivery of services.

The documentation required for PA requests to the MCO shall be determined by the MCO. Managed care organizations will utilize the criteria they deem appropriate based upon the clinical information submitted by the physician involved in the recipient's care.

Services shall be ordered by the recipient's prescribing physician. A face-to-face evaluation must be held every 90 days between the recipient and prescribing physician. In exceptional circumstances, at the discretion of the physician prior authorizing PDHC services, the face-to-face evaluation requirement may be extended to 180 days.

The physician's order for service is required to individually meet the needs of the recipient and shall not be in excess of the recipient's needs.

The order shall contain:

- The recipient's name;
- Date of birth;
- Sex;
- Medicaid ID number;
- Description of current medical conditions, including the specific diagnosis codes;
- The parent/guardian's name and phone number; and
- The provider's name and phone number.

The physician shall acknowledge if the recipient is a candidate for outpatient medical services in a home or community-based setting. The physician shall sign, date and provide his National Provider Identifier (NPI) number.

**NOTE:** In addition to the standardized prior authorization form, the MCO or FI may request specific medical records from the physician.

**Certification Period**

The prior authorized case shall be certified for a period not to exceed 90 days.

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**CHAPTER 45: PEDIATRIC DAY HEALTH CARE**

---

**SECTION 45.1: COVERED SERVICES****PAGE(S) 7**

---

**Parental/Guardian Consent**

A signed parental/guardian consent is required for participation in PDHC. The consent form shall outline the purpose of the facility, parental/guardian's responsibilities, authorized treatment and emergency disposition plans.

A conference shall be scheduled prior to admission with the parent/guardian(s) and the PDHC representative to develop the plan of care based upon documentation of medical necessity provided by the physician.

If the recipient is hospitalized at the time of the referral, planning for PDHC participation shall include the parent/guardian(s), relevant hospital medical, nursing, social services and developmental staff to begin the development of the plan of care that will be implemented following acceptance to the PDHC facility.

**Durable Medical Equipment**

The Medicaid Program nor the contracted MCO will reimburse a PDHC for durable medical equipment (DME) and supplies that are provided to the recipient through the Medicaid DME program.

**Medication**

The parent or guardian is to supply medications each day as prescribed by the recipient's attending physician or by a specialty physician after consultation and coordination with the PDHC facility. PDHC staff shall administer these medications, as ordered or prescribed, while the recipient is on site.

The medications shall be:

- Kept in their original packaging and contain the original labeling from the pharmacy; and
- Be individually stored in a secure location at the appropriate temperature recommended.

**NOTE:** The facility shall have established policies and procedures for the handling and administration of controlled substances. Schedule II substances shall be kept in a separately locked and secure box in a secured designated area.

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**CHAPTER 45: PEDIATRIC DAY HEALTH CARE**

---

**SECTION 45.1: COVERED SERVICES****PAGE(S) 7**

---

Each PDHC facility shall maintain a record of medication administration. The record shall contain:

- Each medication ordered and administered;
- The date, time and dosage of each medication administered; and
- The initials of the person administering the medication.

**Transportation**

The PDHC facility shall provide or arrange transportation of the recipient to and from the facility; however, no recipient, regardless of his/her region of origin, may be in transport for more than one hour on any single trip. The PDHC facility is responsible for the safety of the recipient during transport. The family may choose to provide their own transportation.

Providers who offer transportation or contract transportation with an agency must adhere to all of the rules and regulations outlined in the PDHC Facilities, Licensing Standards governing transportation.

Transportation to and from the PDHC facility will be reimbursed a daily per diem on a per case basis in accordance with 42 CFR 440.170(a).

**PDHC Facility Transportation/Contracted Transportation**

All transportation provided by a PDHC must meet the standards for commercial transport as specified under the Americans with Disabilities Act (ADA) and the U.S. Department of Transportation (DOT) regulations.

The recipients may not be transported in a private vehicle owned or operated by any employee and/or owner.

The transporting vehicle must be licensed in the state and meet all vehicle inspection criteria. Appropriate insurance is required according to state laws.

The driver or attendant shall be provided with a current master transportation list including

- Each recipient's name;
- Pick up and drop off locations; and

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**CHAPTER 45: PEDIATRIC DAY HEALTH CARE**

---

**SECTION 45.1: COVERED SERVICES****PAGE(S) 7**

---

- Authorized persons to whom the recipient may be released to.

An attendance record shall be maintained by the driver or attendant for each trip. The record shall include the following:

- Driver's name;
- Date of the trip;
- Names of all passengers (recipient and adults) in the vehicle; and
- Name to whom the recipient was released to and the time of the release.

This record shall be signed by the driver or attendant and the PDHC representative who accepts and releases the recipient each day.

The driver and one appropriately trained staff member shall be required at all times in each vehicle when transporting any recipient. The assistant may be a respiratory therapist, paramedic or nurse (licensed practical nurse or registered nurse). The assistant's skill set must meet the skilled need of the recipients being transported, including certification in basic life support and/or advanced life support.

Transport vehicles must be equipped with appropriate safety devices, including seat belts, wheelchair lifts and wheelchair locking capabilities.

Appropriate resuscitation equipment must be available during transport. The recipient's resuscitation equipment (GoBag) may be used when needed. It is the responsibility of the transport team to ensure that the recipient's equipment is with the recipient and contains appropriate supplies.

All contracted transportation providers must meet the same standards as specified above if the purpose of the contract is to transport recipients to any PDHC facility.

Each recipient shall be safely and properly:

- Assisted into the vehicle;
- Restrained in the vehicle;
- Transported in the vehicle; and

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**CHAPTER 45: PEDIATRIC DAY HEALTH CARE**

---

**SECTION 45.1: COVERED SERVICES****PAGE(S) 7**

---

- Assisted out of the vehicle.

The driver or appropriate staff person shall check the vehicle at the completion of each trip to ensure that no recipient is left in the vehicle.

During field trips, the driver or staff member shall check the vehicle and account for each recipient upon arrival at, and departure from, each destination to ensure that no recipient is left in the vehicle or at any destination.

Appropriate staff person(s) shall be present when each recipient is delivered to the facility.

**Parent/Guardian Authorization**

The parent/guardian shall provide a signed authorization designating the person(s) the recipient can be released to for transportation purposes. The authorization shall provide the location where the recipient can be picked up or dropped off. The release shall name the facility and to whom the recipient shall be released.

**PDHC Facility Responsibilities**

The facility shall maintain an attendance record for each trip. The record shall include:

- Method used to transport the recipient to and from the facility;
- Name of the person transporting the recipient;
- Date and time of the trip release; and
- Signatures of the driver or parent/guardian and the PDHC representative.

**Services Not Covered**

The PDHC per diem rate does not include the following services:

- Education and training services;
- Before and after school care;
- Respite services;

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**CHAPTER 45: PEDIATRIC DAY HEALTH CARE**

---

**SECTION 45.1: COVERED SERVICES**

**PAGE(S) 7**

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- Child care due to work or other parental time constraints;
- Medical equipment, supplies and appliances;
- Parenteral or enteral nutrition; and
- Infant food or formula.