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**CHAPTER 45: PEDIATRIC DAY HEALTH CARE**

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**COVERED SERVICES**

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

1. Nursing care;
2. Respiratory care;
3. Physical therapy;
4. Speech-language therapy;
5. Occupational therapy;
6. Social services;
7. Personal care services (activities of daily living); and
8. 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 or the MCO, the following documentation must be sent for each request:

1. Standardized PA form which must include why the services provided at the PDHC facility cannot be provided elsewhere, including the school system;
2. Physician's most recent note documenting medical necessity for the PDHC;
3. Physician's order and plan of care (POC) for PDHC; and
4. PA checklist indicating the beneficiary's skilled nursing care requirements.

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

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Services shall be ordered by the beneficiary's prescribing physician. A face-to-face evaluation must take place every 90 days between the beneficiary 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 services is required to individually meet the needs of the beneficiary and shall not be in excess of the beneficiary's needs.

The order shall contain:

1. Beneficiary's name;
2. Date of birth;
3. Sex;
4. Medicaid ID number;
5. Description of current medical conditions, including the specific diagnosis codes;
6. Parent/guardian's name and phone number; and
7. Provider's name and phone number.

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

**NOTE:** In addition to the standardized PA 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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**Parental/Guardian Consent**

A signed parental/guardian consent is required for participation in the PDHC program. 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 POC based upon documentation of medical necessity provided by the physician.

If the beneficiary 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 POC 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 beneficiary through the Medicaid DME program.

**Medication**

The parent or guardian shall supply medications each day as prescribed by the beneficiary'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 beneficiary is on site.

The medications shall be:

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

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

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

**Transportation**

The PDHC facility shall provide, or arrange, transportation of the beneficiary to and from the facility; however, no beneficiary, 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 beneficiary during transport. The family may choose to provide their own transportation.

Providers that 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 facility 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 beneficiaries 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 in accordance with state laws.

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

1. Each beneficiary's name;
2. Pick up and drop off locations; and

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3. Authorized persons to whom the beneficiary may be released.

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

1. Driver's name;
2. Date of the trip;
3. Names of all passengers (beneficiaries and adults) in the vehicle; and
4. Name of whom the beneficiary was released, and the time of the release.

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

The driver and one appropriately trained staff member is required, at all times, in each vehicle when transporting any beneficiary. Staff shall be appropriately trained on the needs of each beneficiary, and shall be capable of and responsible for administering interventions when appropriate.

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

Each beneficiary shall be safely and properly:

1. Assisted into the vehicle;
2. Restrained in the vehicle;
3. Transported in the vehicle; and
4. 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 beneficiary is left in the vehicle.

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

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

**Parent/Guardian Authorization**

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

**PDHC Facility Responsibilities**

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

1. Method used to transport the beneficiary to and from the facility;
2. Name of the person transporting the beneficiary;
3. Date and time of the trip release; and
4. Signatures of the driver or parent/guardian and the PDHC facility representative.

**Services Not Covered**

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

1. Education and training services;
2. Before and after school care;
3. Respite services;
4. Child care due to work or other parental time constraints;
5. Medical equipment, supplies and appliances;
6. Parenteral or enteral nutrition; and
7. Infant food or formula.