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**CHAPTER 45: PEDIATRIC DAY HEALTH CARE**

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### **PLAN OF CARE**

An individualized plan of care (POC) addressing the beneficiary's medically complex condition, goals, skilled nursing care and therapeutic interventions needed to achieve the desired outcomes shall be developed under the direction of the facility's nursing director in collaboration with the prescribing physician prior to placement in the facility. The POC shall ensure the beneficiary's skilled nursing care and therapeutic needs are addressed, identify specific goals for care and plans for transition to discontinuation of care.

The POC must be signed by the parent/guardian, pediatric day health care (PDHC) representative and prescribing physician. A copy shall be given to the prescribing physician and to the parent/guardian if requested. The facility shall retain a copy in their records. Services shall be administered in accordance with the POC. The POC is written to cover a specific time frame. The plan for achieving the goals shall be determined and a schedule for evaluation of progress shall be established.

#### **Requirement**

The development of the plan shall begin within 72 hours of the referral. A POC is required prior to the first day PDHC services begin.

The beneficiary's treatment plan must consider and reflect all services the beneficiary is receiving, including waiver and other community supports and services. The POC for continuation of services shall be reviewed and updated, at a minimum, every 90 days or as indicated by the needs of the beneficiary.

#### **Initial Plan of Care**

##### **Components**

The initial POC shall consist of the following components:

1. Provider's name and Medicaid provider number;
2. Start of care date and certification period;
3. Beneficiary's functional limitations, rehabilitation potential, mental status, level of activity status, precautions, method of transportation to and from facility, and allergies;

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4. Other special orders/instructions;
5. Medications, treatments and any required equipment;
6. Monitoring criteria, monitoring equipment and supplies;
7. Nursing services to be provided;
8. Diet, as indicated, and how beneficiary is to be fed;
9. Beneficiary's current medical condition and hospitalizations within last six months;
10. Risk factors associated with medical diagnoses;
11. Special goals for care identified. Plans for achieving the goals shall be determined and a progress evaluation schedule shall be established;
12. Frequency/duration of PDHC services – number of days/week, hours/day and anticipated duration;
13. All services the beneficiary is receiving, including waiver and other community supports and services must be considered and reflected; and
14. Discharge plans that contain specific criteria for transitioning from, or discontinuing participation in, the PDHC program with the facility.

**For recertification only** – Accomplishments toward goals, assessment of effectiveness of services, acknowledgment of face-to-face evaluation between beneficiary and prescribing physician every 90 days. 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.

**Approval**

The POC must be signed by the prescribing physician, an authorized representative of the facility, and the beneficiary's parent/guardian. All signatures on the POC must be legible and dated.

The facility staff shall administer services and treatments in accordance with the POC as ordered by the physician.

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**Renewal**

The POC for continuation of services shall include the above components. In addition, the revised POC shall include accomplishments toward goals, assessment of the effectiveness of services and acknowledgment of face-to-face evaluation between the beneficiary and prescribing physician every 90 days. 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 renewal must:

1. Be reviewed and updated, at a minimum, every 90 days or as indicated by the needs of the beneficiary;
2. Consider and reflect all services the beneficiary is receiving, including waiver and other community supports and services;
3. Be completed by a registered nurse (RN) of the facility;
4. Be reviewed and ordered by the prescribing physician:
  - a. The PDHC facility shall send medical documentation to the referring physician that demonstrates services rendered as well as progress reports on the child;
  - b. Physician shall provide updated medical information and progress notes from the required face-to-face visits; and
  - c. The physician will certify on the prior authorization (PA) form that he/she has read the progress report from the previous period.
5. Be incorporated into the beneficiary's clinical record within seven (7) calendar days of receipt of the prescribing physician's order.

The medical director shall review the POCs in consultation with the PDHC facility staff and the prescribing physician every 90 days, or more frequently as the beneficiary's condition dictates. Prescribed services and therapies included in the POC shall be adjusted in consultation with the prescribing physician to accommodate the beneficiary's condition.