LOUISIANA MEDICAID PROGRAM

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CHAPTER 45: PEDIATRIC DAY HEALTH CARE

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PEDIATRIC DAY HEALTH CARE

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SUBJECT

SECTION

OVERVIEW

COVERED SERVICES

Documentation Requirements Certification Period Parental Consent Durable Medical Equipment Medication Transportation Parent Guardian Authorization PDHC Facility Transportation/Contracted Transportation PDHC Facility Services Not Covered

RECIPIENT CRITERIA

PROVIDER REQUIREMENTS

Licensure

Maintaining Licensed Status Changes in Licensee Information Change in Ownership Closure of a Facility

STAFFING REQUIREMENTS

Administrator Medical Director Director of Nursing Registered Nurse Licensed Practical Nurse Direct Care Staff

SECTION 45.1

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SECTION 45.4

APPENDIX D



Personnel Records REIMBURSEMENT **SECTION 45.6** Where to Submit **Approval Process** Approved Requests Prior Authorization /Claim for Payment Renewal of Prior Authorization/Claim for Payment **PLAN OF CARE SECTION 45.7** Requirement **Initial Plan of Care** Components Approval Renewal **QUALITY ASSURANCE SECTION 45.8 DEFINITIONS APPENDIX** A **PROCEDURE CODES APPENDIX B** PDHC SERVICES FEE SCHEDULE **APPENDIX C**

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