

Humana Healthy Horizons™ in Louisiana

Department: Utilization Management	Policy and Procedure No:		
Policy and Procedure Title: Pediatric Day Health Care Clinical Coverage Policy			
Process Cycle: Annually		Responsible Departments: Clinical	
Approved By: Patricia Jones, RN		Issue Date: 1/1/23	Revised:

PURPOSE: The purpose of this policy is to define Pediatric Day Health Care services and the criteria for medical necessity for Humana Healthy Horizons in Louisiana.

POLICY AND PROCEDURE:

Policy: Pediatric Day Health Care Clinical Coverage Policy

Procedure:

To receive prior authorization from the MCO, the following documentation must be sent for each request:

- 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 member's skilled nursing care requirements.

The initial POC should consist of the following components:

- Provider Information - Name and Medicaid provider number;
- Start of care date and certification period;
- Member's functional limitations, rehabilitation potential, mental status, level of activity status, precautions, method of transportation to and from facility and allergies
- Other special orders/instructions;
- Medications, treatments and any required equipment;
- Monitoring criteria, monitoring equipment and supplies;
- Nursing services to be provided;
- Diet as indicated and how member is to be fed;
- Member's current medical condition and hospitalizations within last six months;

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- Risk factors associated with medical diagnoses;
- Special goals for care identified: Plans for achieving the goals shall be determined and an evaluation schedule of progress shall be established;
- Frequency/Duration of PDHC services – number of days/week, hours/day and anticipated duration;
- All services the member is receiving, including waiver and other community supports and services must be considered and reflected; and
- Discharge plans – contain specific criteria for transitioning from or discontinuing participation in the PDHC with the facility.

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

Services shall be ordered by the member's prescribing physician. A face-to-face evaluation must be held every **90 days** between the member and prescribing physician.

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

A signed parental/guardian consent is required for participation in PDHC.

CRITERIA

In order to qualify for pediatric day health care (PDHC) services, a member must meet all of the following criteria. The member must meet the following:

- Be Louisiana Medicaid eligible;
- Be from birth up to 21 years of age;
- Have a medically complex condition which involves one or more physiological or organ systems and requires skilled nursing care and therapeutic interventions performed by a knowledgeable or experienced licensed professional registered nurse (RN) or licensed practical nurse (LPN) on an ongoing basis to preserve and maintain health status, prevent death, treat/cure disease, ameliorate disabilities or other adverse health conditions, and/or prolong life;
- Be a candidate for outpatient medical services in a home or community-based setting; and

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- Have a signed physician's order and plan of care for PDHC by the member's physician specifying the frequency and duration of services. The plan of care must clearly outline the skilled nursing care and therapeutic interventions that will be performed in the PDHC. The plan of care must be individualized, specific and consistent with the symptoms or confirmed diagnosis of the disease, condition, or injury under treatment, and not in excess of the member's needs.

Renewal of Prior Authorization

Re-evaluation of PDHC services must be performed, at a minimum, **every 90 days**. At the discretion of the physician prior authorizing PDHC services, exceptions to the 90-day standard may be made. Services shall be revised during evaluation periods to reflect accurate and appropriate provision of services for current medical status.

This evaluation must include:

- A review of the member's current medical plan of care (POC);
- A provider agency documented current assessment and progress toward goals;
- Documentation of a face-to-face evaluation between the prescribing physician and member which shall be held 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);
- A completed prior authorization form; and
- A completed prior authorization checklist indicating the member's skilled nursing care needs

The POC for continuation of services shall include the above initial POC 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 member 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:

- Be reviewed and updated, at a minimum, every 90 days or as indicated by the needs of the member;
- Consider and reflect all services the member is receiving, including waiver and other community supports and services;
- Be completed by a registered nurse of the facility;
- Be reviewed and ordered by the prescribing physician:
 - The PDHC shall send medical documentation to the referring physician that demonstrates services rendered as well as progress reports on the child;

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- Physician shall provide updated medical information and progress notes from the required face-to-face visits; and
- The physician will certify on the prior authorization form that he/she has read the progress report from the previous period.
- Be incorporated into the member's clinical record within seven calendar days of receipt of the prescribing physician's order.

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

ADDITIONAL RESOURCES:

PDHC Prior Authorization Checklist-

http://www.lamedicaid.com/provweb1/Forms/PDHC_PA_Checklist.pdf

PDHC Physicians Order and POC

http://www.lamedicaid.com/provweb1/Forms/Physicians_Order_PDHC_PDHC.pdf

Louisiana Department of Health, Pediatric Day Health Care Provider Manual, Chapter forty-five of the Medicaid Services Manual. [PDHC.pdf \(lamedicaid.com\)](#). Accessed August 16, 2022.

VERSION CONTROL:

Version.Review.Approval History				
Department:	Purpose of Review	Reviewed and Approved By:	Date:	Additional Comments:
Clinical	Policy Development	Tiffany LeBlanc	8/18/2022	
Clinical	Policy Review	Patricia Jones/Cali Brou	8/22/2022	
Clinical	Policy Review	Dr. Ian Nathanson, VP Medicaid Clinical	8/22/2022	

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Clinical	Adoption Review	Medicaid Quality Governance Committee	8/25/2022	Committee approved. Ben Thompson, Committee Chair

DISCLAIMER:

Humana follows all federal and state laws and regulations. Where more than one state is impacted by an issue, to allow for consistency, Humana will follow the most stringent requirement.

This document is intended as a guideline. Situations may arise in which professional judgment may necessitate actions that differ from the guideline. Circumstances that justify the variation from the guideline should be noted and submitted to the appropriate business area for review and documentation. This (policy/procedure) is subject to change or termination by Humana at any time. Humana has full and final discretionary authority for its interpretation and application. This (policy/procedure) supersedes all other policies, requirements, procedures or information conflicting with it. If viewing a printed version of this document, please refer to the electronic copy maintained by CMU to ensure no modifications have been made.

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Failing to comply with any part of Humana's policies, procedures, and guidelines may result in disciplinary actions up to and including termination of employment, services or relationship with Humana. In addition, state and/or federal agencies may take action in accordance with applicable laws, rules and regulations.

Any unlawful act involving Humana systems or information may result in Humana turning over all evidence of unlawful activity to appropriate authorities. Information on handling sanctions related to non-compliance with this policy may be found in the Expectations for Performance, and Critical Offenses policies, both of which may be found in the Associate Support Center via Humana's secure intranet of Hi! (Workday & Apps/Associate Support Center).