



AETNA BETTER HEALTH® d/b/a Aetna Better Health of Louisiana Policy

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| Policy Name: | Pediatric Day Health Care | Page: | 1 of 12 |
| Department: | Medical Management | Policy Number: | A-LA 7100.34 |
| Subsection: | Prior Authorization | Effective Date: | 11/19/2019 |
| Applies to: | Aetna Better Health of Louisiana | | |

PURPOSE:

To provide prior authorization decision-making guidelines for Aetna Better Health of Louisiana’s Pediatric Day Healthcare services (PDHC).

STATEMENT OF OBJECTIVE/OVERVIEW:

Aetna Better Health of Louisiana covers PDHC services for individuals needing a higher level of care that cannot be provided in a more integrated community-based setting when providers assure appropriate authorization of services. Authorization for pediatric day healthcare include:

- Qualifications
- Authorization Requirements
- Documentation requirements
- Certification period
- Parental/guardian consent
- Durable medical equipment
- Medication
 - Pediatric day healthcare transportation/contracted transportation
 - Pediatric day healthcare facility requirements

Beneficiary Criteria

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

- Be Louisiana Medicaid eligible
- Be from birth up to twenty-one (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
- Have a signed physician’s order and plan of care for PDHC by the recipient’s

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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 recipient’s needs.

In the event, the medical director of the PDHC facility is also the recipient’s prescribing physician, the Louisiana Department of Health (LDH), fiscal intermediary (FI) or managed care organization (MCO) will review the order and plan of care for the recommendation of the recipient’s participation in the PDHC Program.

Covered Services

PDHC is intended to be for individuals needing a higher level of care that cannot be provided in a more integrated community-based setting. PDHC does not provide respite care and is not intended to be an auxiliary (back-up) for respite care.

The pediatric day health care (PDHC) facility Medicaid 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 will be paid in a separate per diem.

Services Not Covered

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

- Education and training services

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- Before and after school care
- Respite services
- Childcare due to work or other parental time constraints
- Medical equipment, supplies and appliances
- Parenteral or enteral nutrition and
- Infant food or formula.

PRIOR AUTHORIZATION

The Medicaid Pediatric Day Health Care (PDHC) program is designed to provide an array of services to meet the medical, social and developmental needs of children from birth up to twenty-one (21) years of age, who have a complex medical condition which requires skilled nursing care and therapeutic interventions, 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. PDHC is to serve as a community-based alternative to long-term care and extended in-home nursing care. PDHC does not provide respite care, and it is not intended to be an auxiliary (back-up) for respite care. All PDHC services must be prior authorized. Services may be provided seven days a week and up to twelve (12) hours per day for qualified Medicaid recipients as documented in the plan of care.

PDHC services require prior authorization from the health plan. 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 health plan, 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 recipient's skilled nursing care requirements

The standardized PDHC prior authorization request form is found on the Louisiana

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Medicaid website. A PDHC prior authorization checklist is also required documentation to be sent with the authorization request PDHC services must be approved prior to the delivery of services.

Services will be ordered by the recipient’s prescribing physician. A face-to-face evaluation must be held every ninety (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 one hundred eighty (180) days.

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

The order will 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 will acknowledge if the recipient is a candidate for outpatient medical services in a home or community-based setting. The physician will sign, date and provide their 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.

The prior authorization number must be added to the claim form. Services provided without prior authorization will not be considered for reimbursement.

- Prior authorization (PA) requests to the fiscal intermediary’s Prior Authorization Unit (PAU) should include the following:
 - PA Request form

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- PDHC Physician Order and
- Plan of Care form; a comprehensive description is listed below.
- PDHC PA Checklist indicating the recipient’s skilled nursing care requirements;
- Medical records to support orders and
- A Plan of care (required to establish medical necessity)
- Necessity for PDHC services will include consideration of all services the member may be receiving, including waiver services and other community supports and:
- The health plan will review the forms to determine the documentation is complete and that services continue to be medically necessary and appropriate to reauthorize the services.
- A written notification of the decision denial or approval will be sent to the beneficiary’s parent/guardian, the physician, the PDHC facility and case manager or support coordinator, if applicable. If approved the notice will include the approval period.
- An approved prior authorization is not a guarantee that the health plan will reimburse the service. The provider and recipient must both be eligible on the date of service and the service must not exceed the weekly approved hours.

Parental/Guardian Consent

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

A conference will 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 will 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.

Transportation

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The PDH facility will provide or arrange for the transportation of the member to and from the facility because of the complex special needs of the child. The family may choose to provide their own transportation. Transportation to and from the PDHC facility is reimbursed at a daily per diem rate in accordance with 42 CFR 440.170(a). The driver and one trained staff are required at all times. The staff will be appropriately trained on the needs of each beneficiary and will be capable of and responsible for administering interventions when appropriate.

Durable Medical Equipment

Neither 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 will administer medications, as ordered or prescribed, while the recipient is on site.

The medications will:

- Be kept in their original packaging and contain the original labeling from the pharmacy;
- Be individually stored in a secure location at the appropriate temperature recommended.
- Have established policies and procedures for the handling and administration of controlled substances. Schedule II substances will be kept in a separately locked and secure box in a secured designated area.
- Have a record of administration, maintained by the PDHC facility. The record will contain:
 - Each Medication ordered and administered
 - The date, time and dosage of each medication administered and
 - The initials of the person administering the medication.

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Renewal of Prior Authorization

Re-evaluation of PDHC services must be performed, at a minimum, every ninety (90) days. At the discretion of the physician prior authorizing PDHC services, exceptions to the 90-day standard may be made. Services will 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 recipient’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 recipient which will be held every ninety (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 one hundred (180) days.)
- A completed prior authorization form and
- A completed prior authorization checklist indicating the recipient’s skilled nursing care needs.

PDHC Facility Responsibilities

- The administrator will ensure the facility complies with all federal, state and local laws, rules and regulations
- The facility will maintain current medical records for medication and treatment plan.
- The facility will maintain a daily census record of each member who receives services and records all accidents and incidents involving any members.

See the LDH Manual Chapter 45 PDHC for specific additional responsibilities of facility supervisory personnel.

Plan of Care

An individualized plan of care (POC) addressing the recipient’s medically complex condition, goals, skilled nursing care and therapeutic interventions needed to achieve the desired outcomes will 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 will ensure the recipient’s skilled nursing care and therapeutic needs are

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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 will be given to the prescribing physician and to the parent/guardian if requested. Services will be administered in accordance with the POC written to cover a specific time frame. The plan for achieving the goals will be determined and a schedule for evaluation of progress will be established.

The development of the plan will begin within seventy-two (72) hours of the referral. A POC is required prior to the first day PDHC services begin.

The recipient’s treatment plan must consider and reflect all services the recipient is receiving, including waiver and other community supports and services.

Initial Plan of Care

Components

The initial POC should consist of the following components:

- Provider Information - Name and Medicaid provider number
- Start of care date and certification period
- Recipient’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 recipient is to be fed
- Recipient’s current medical condition and hospitalizations within last six months;
- Risk factors associated with medical diagnoses
- Special goals for care identified: Plans for achieving the goals will be determined and an evaluation schedule of progress will be established
- Frequency/Duration of PDHC services – number of days/week, hours/day and anticipated duration

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- All services the recipient 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.
- Signatures by the prescribing physician, an authorized representative of the facility and the recipient’s parent or guardian and must be legible and dated.

POC Renewal

The POC for continuation of services will include the above components. In addition, the revised POC will include accomplishments toward goals, assessment of the effectiveness of services and acknowledgment of face-to-face evaluation between the recipient and prescribing physician every ninety (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 one hundred eighty (180) days.

The renewal must:

- Be reviewed and updated, at a minimum, every ninety (90) days or as indicated by the needs of the recipient
- Consider and reflect all services the recipient 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 will send medical documentation to the referring physician that demonstrates services rendered as well as progress reports on the child
 - Physician will provide updated medical information and progress notes from the required face-to-face visits
 - The physician will certify on the prior authorization form that they have read the progress report from the previous period and
- Be incorporated into the recipient’s clinical record within seven calendar days of receipt of the prescribing physician’s order.

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Procedure Codes

The procedure codes indicate if the member is authorized for a half day or full day and includes transportation code.

- T1025 – Full day of PDHC Services over six (6) hours up to twelve (12) hours per day
- T1026 – Hourly PDHC services Six (6) hours or less per day
- T2002 – Transportation services per diem

This is to be used on days when the child cannot attend for the full day so that providers can bill for the actual service hours of six (6) hours or less. These two procedure codes cannot be billed for the same day.

For reimbursement purposes, PDHC services begin when the PDHC staff assumes responsibility for the care of the child and ends when care is relinquished to the parent or guardian.

DEFINITIONS:

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| Chisholm Members | Chisholm members are a group of chronically seriously ill children with a special member designation from the Office of Citizens for Developmental Disability (OCDD). This designation is a result of a lawsuit against the state of Louisiana that adds additional requirements for service such as approval letter for members, an addition of a Prior Authorization Liaison (PAL) to assist with obtaining information to process authorization requests and additional directions for denial process. Denials must have state prior approval. Chisholm members are identified through the rate code. |
| Medically Complex Condition | A medically complex condition 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, |

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| | treat/cure disease, ameliorate disabilities or other adverse health conditions and/or prolong life. |
| Medically Necessary/Medical Necessity | <p>Medicaid reimburses for services that are determined medically necessary, do not duplicate another provider's service and meets the following conditions as specifically outlined in the PDHC provider manual, Chapter 45: Appendix A p.1 of the Pediatric Day Health Care:</p> <p>Be necessary to protect life, to prevent significant illness or significant disability or to alleviate severe pain;</p> <p>Be individualized, specific and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment and not in excess of the patient's needs;</p> <p>Be consistent with generally accepted professional medical standards as determined by the Medicaid program and not experimental or investigational;</p> <p>Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative, more integrated or less costly treatment is available statewide; and</p> <p>Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker or the provider.</p> <p>The fact that a provider has prescribed, recommended or approved medical or allied care, goods or services, does not in itself make such care, goods or services medically necessary, or a covered service.</p> |
| Plan of Care (POC) | This is a plan that lists the needs of the member and what is required for their care. It is developed by the PDHC and the ordering |

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| | physician and is updated every ninety (90) days. It includes therapy, medication, feeding and assessment needs. |
| Practitioner Reviewer | A physician or dentist who conducts utilization review on behalf of the health plan's Medicaid health plan. The reviewer can be either employed by the health plan or contracted by the health plan to perform utilization review. This does not include individuals who are employed or contracted by entities to which a health plan has delegated utilization management decision-making. Chisholm denials must be confirmed by the Chief Medical Officer for Louisiana and send a denial letter to the provider, physician member and support coordinator. ¹ |

LEGAL/CONTRACT REFERENCE:

- [2023 Louisiana Medicaid Managed Care Organization Attachment A Model Contract](#)
- [2023 Louisiana Medicaid Managed Care Organization \(MCO\) Manual](#)
- [Louisiana Medicaid Services Manual Chapter 45 Pediatric Day HealthCare Provider Manual](#)

Louisiana Chisholm Companion Guide, Louisiana Department of Health (LDH) website

| Review/Revision History | |
|-------------------------|---|
| 11/19/2019 | New Policy |
| 10/01/2020 | Reviewed. Updated references. Added information to locate documents |
| 10/01/2021 | Reviewed. Updated logo and references |
| 10/01/2022 | Reviewed and revised. Updated references and mandates from the PDHC manual from LDH |
| 01/27/2023 | Updated language and reference to the new 2023 contract and MCO manual. |

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