
Pediatric Day Health Care (PDHC) – Early and Periodic Screening, Diagnostic and Treatment

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Pediatric Day Health Care (PDHC) is an Early and Periodic Screening, Diagnostic and Treatment (EPSDT) supplemental skilled nursing service when rendered by a PDHC facility licensed by the Department of Health Care Services (DHCS) Licensing and Certification pursuant to *Health and Safety Code*, Section 1760. PDHC is a day program of less than 24 hours that is individualized and family-centered, with developmentally appropriate activities of play, learning and social interaction designed to optimize the individual's medical status and developmental functioning so that he or she can remain within the family.

Recipient Eligibility

To be eligible for PDHC services, recipients must be under 21 years of age and meet all of the following conditions (*Health and Safety Code*, Section 1760.2, and *California Code of Regulations* [CCR], Title 22, Sections 51184 and 51340.1):

- The child must be medically fragile, as defined in *Health and Safety Code*, Section 1760.2(b), with an acute or chronic health problem that requires skilled nursing care and therapeutic intervention during all or part of the day
- The child must reside with parent(s), foster parent(s) or legal guardian(s)
- The child may not reside in any 24-hour inpatient facility as defined in CCR, Title 22, Section 51340.1

Program Requirements

PDHC providers must be licensed and certified by the State of California and must meet the requirements specified in CCR, Title 22, Sections 51184, 51242, 51242.1, 51340.1 and 51532.3; *Health and Safety Code*, Sections 1760.2, 1760.6, 1267.13 and 1337; and *Welfare and Institutions Code*, Section 14132.10.

PDHC facilities must render the following services as prescribed by the child's primary physician and specified in the individual plan of care pursuant to *Health and Safety Code*, Section 1760.6.

- Medical services (may be rendered by child's attending/primary physician and/or PDHC staff physician)
- Nutrition services (includes a minimum of one meal per day, between meal nourishment and consultative services by the facility dietitian)

- Nursing services (includes Registered Nurse, Licensed Vocational Nurse, Certified Nursing Assistant and all unlicensed personnel)
- Pharmacy services (includes prescription and nonprescription medications and Total Parenteral Nutrition [TPN] supplied to the facility and administered per orders of the child's primary physician)
- Socialization activities
- Developmentally appropriate activities
- Physical therapy
- Occupational therapy
- Speech therapy
- Developmental services
- Educational services
- Psychological services
- Instructions for parents, foster parents or legal guardians
- Comprehensive case management, if not otherwise available for the child

PDHC services do not include respite care.

The following services are included in the PDHC facility's per diem rate of reimbursement:

- Medical services (may be rendered by child's attending/primary physician and/or PDHC staff physician)
- Nursing services and developmental programs as specified in CCR, Title 22, Section 51340.1
- Equipment, medications and supplies for emergencies
- Nutrition services, including food products within the facility's fixed meal menu and supplies for therapeutic diets as defined in CCR, Title 22, Section 72115

The following items must be provided by the child's parent(s), foster parent(s) or legal guardian(s):

- Food items outside the facility's fixed meal menu, including baby food, baby formula and enteral products
- Pharmaceutical supplies, including prescription and nonprescription medications and TPN

All other items and services necessary for the implementation of the child's care plan must be requested and billed separately. Such requests must be submitted and billed using existing criteria, guidelines and processes previously established under the EPSDT benefit.

It is the responsibility of the PDHC facility to refer the child to needed services that are not rendered at the facility and/or are beyond the scope of PDHC.

Pursuant to CCR, Title 22, Section 51242.1, the PDHC facility shall collaborate with significant community entities to ensure continuity of care for each individual child. Such entities shall include, but are not limited to, the child's attending/primary physician, regional facilities, Local Educational Agency providers and existing case managers, such as In-Home Operations case managers.

Authorization

All PDHC services require authorization by submitting a *Treatment Authorization Request* (TAR) for each Medi-Cal recipient. A specified number of hours may be authorized for a period of up to three months for the initial request and up to six months for subsequent requests.

For eTARs, providers must select the special handling code "EPSDT PDHC" on the Patient Information page.

For paper 50-1 TARs, providers must include "EPSDT PDHC" in the *Specific Services Requested* field (Box 10A).

For additional TAR information, providers contact PDNinquiries@dhcs.ca.gov.

Note: Any email sent containing protected health information (PHI) or personal information (PI) should be sent via a secure or encrypted email.

Documentation that must be submitted with the initial TAR includes all of the following:

- A copy of the PDHC facility's license
- Medical necessity for skilled nursing services and therapeutic intervention as defined under the EPSDT benefit, pursuant to CCR, Title 22, Section 51340(e)
- An individual plan of care, signed by the child's attending/primary physician, that includes the medical condition(s) of the child; prescribed intervention(s), including specific types and frequency of interventions; and the goal(s) of each intervention
- Additional information, provided as part of the plan of care or as separate documentation, including all of the following:
 - Diagnosis(es)
 - Clinical summary of the child's condition, including history and physical, performed within the previous three months
 - Nursing assessment of the child performed by the PDHC facility
 - Current functional status
 - Summary of treatment services received prior to PDHC
 - Current medications, including dose, frequency and route of administration; and any allergies, if known
 - Diet, including type, method of administration and frequency
 - For technology-dependent children, as defined in *Health and Safety Code*, Section 1760.2, a plan for treatment and monitoring of equipment
 - Scheduled day(s) and hours of attendance
 - Signed consent of parent(s), foster parent(s) or legal guardian(s) granting the PDHC facility permission to transfer the child to the hospital in case of an emergency

Continuing or reauthorization TARs must be accompanied by an updated plan of care describing the child's progress toward achieving the goals set during the previous TAR period.

Refer to the *TAR Completion* section of this manual for information about completing and submitting TARs.

Claims submitted without authorization of services rendered will be denied.

Number of Hours of Service

The number of hours of PDHC that may be authorized for the individual child will depend upon the child's otherwise level of institutional care and upon the child's medical need, as demonstrated by the plan of care. Pursuant to CCR, Title 22, Sections 51340.1(e)(1) and 51340(m), the cost to the Medi-Cal program for community care shall not exceed the cost to the Medi-Cal program for the equivalent institutional level of care. Authorization of hours for PDHC may be substituted for hours authorized for in-home nursing care services; but at no time shall the total number of hours for both in-home nursing care services and PDHC services exceed the number of hours allowed under CCR, Title 22, Section 51340(m).

Increase in Hours of Service

A new TAR and plan of care must be submitted if the number of hours approved on the current TAR must be increased due to a change in the participant's condition or service needs.

Lapsed TAR

A lapsed TAR is one which has expired because a participant is absent from the PDHC facility (for example, ill at home or admitted to an acute care hospital). If the child returns, the PDHC facility must complete and submit an initial TAR and plan of care per instructions in this section.

Billing Process

Claims for Pediatric Day Health Care (PDHC) services must be submitted on the *CMS-1500* claim form. When preparing and submitting PDHC claims, refer to the *CMS-1500 Completion* section in the appropriate Part 2 provider manual. PDHC claims are subject to EPSDT billing guidelines.

Health Care Plans (HCPs)

If the child has health care coverage other than Medi-Cal, PDHC providers must seek authorization through the appropriate health care plan first. If the plan denies authorization as a non-covered service, the provider may then seek authorization and reimbursement through Medi-Cal.

Service Code and Reimbursement Rate

The following HCPCS code and rate reimbursement must be used when requesting and billing for PDHC services:

«Service Code and Reimbursement Rate Table»

HCPCS Code	Description	Rate
T1026	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex, medical, physical, medical and psychosocial impairments, per hour	\$44.12

<<Legend>>

<<Symbols used in the document above are explained in the following table.>>

Symbol	Description
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.