



PROGRESS NOTES

February 21, 2014

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Stay Connected with YOUR Chapter



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UPCOMING EVENTS *(See pages 13-15 for details on all events)*

Global Immunization Advocacy Hill Day | 3/27/14 | Washington, DC

Pennington Childhood Obesity and Public Health Conference | 4/1/2014 |
Baton Rouge, La

LA Child Well-Being Summit | 4/16-17/14 | Baton Rouge, La

PEDIATRIC JAMBALAYA XI | 4/26/14 | Lafayette, La

2014 Red Stick Pediatric Potpourri | 8/22-24/14 | Baton Rouge, La



2014 Legislative Session Quickly Approaching- Start Your Advocacy Today

The 2014 Regular Legislative Session will convene at noon on Monday, March 10, 2014. The Louisiana Chapter encourages all members and medical professionals to become engaged during the legislative session. It is important that your legislator hear from you, their constituent, about issues that are affecting your practice or the children you care for.

The Chapter has created a webpage (www.laaap.org/2014session) with several quick links to assist in finding the information you are looking for. There you will find a link to find your legislators, committee rosters, and bill search tools.

Throughout the session, the Louisiana Chapter will keep you abreast of what is happening with bills we will be watching. You may also receive requests to reach out to your legislator when a bill is of particular interest.

Legislators want to hear from you. Something as easy as a quick phone call to introduce yourself and offer to be a resource can have an impact. If you would like tips on how to start the conversation, contact Ashley Politz at ashley.politz@laaap.org.



To date, there have been 272 House bills pre-filed and 87 Senate bills pre-filed. There is still a little more time for legislators to pre-file bills. Once the deadline has past, they are limited to an additional 5 bills once session begins. The Louisiana Chapter is reviewing and flagging bills as they are pre-filed. If there is a bill of particular interest to you, please email the Chapter at ashley.politz@laaap.org. To search pre-filed bills, go to: <http://www.legis.la.gov/legis/BillSearch.aspx?sid=14RS>

LA AAP Legislative Committee - Seeking Participants

The Chapter is seeking interested members to be part of the Chapter's Legislative committee. Member's responsibilities include reviewing pre-filed legislation as asked, assisting the Chapter in determining positions to take on pieces of legislation and assisting with the development of talking points for legislative action and/or committee testimony. Most business of this committee will be conducted via conference call and emails. If you are interested, please send an email to: ashley.politz@laaap.org

ACA-Eligible Claims Recycle for Newly Attested Providers

On November 7, 2013, DHH notified providers of their decision to extend the deadline to submit a Medicaid Primary Care Services Designated Physician form and be eligible for enhanced reimbursement retrospective to January 1, 2013. Pursuant to this notification, providers who submitted a correct and complete Designated Physician form to Molina Provider Enrollment by December 31, 2013 will have their claims with dates of service in 2013 recycled in order to receive the correct payment. Only claims paid under legacy Medicaid or Bayou Health Shared Savings plans (Community Health Solutions of America and United Healthcare Community Plan) will be affected. The claims were recycled in the January 28, 2014 check write.

This recycle should only affect providers who did not meet the previous deadline of June 28, 2013 but whose Designated Physician form was processed prior to 2014. For more information on the enhanced reimbursement, see the "ATTENTION PRIMARY CARE PROVIDERS: Affordable Care Act Primary Care Services Enhanced Reimbursement Information" (11/18/13) bulletin posted on www.lamedicaid.com.

WIC Formulary Updates

The WIC program will be making some revisions to the special formula formulary. Effective April 1, 2014 the following formulas will no longer be provided by WIC:

- EnfaGrow Next Step, milk and soy (has been replaced by EnfaGrow Toddler Transition-Milk and Soy based; Indicated for ages 9-18 months)
- EO28 – Due to low usage and demand
- Peptamen Jr. – Due to low usage and demand

Medical Providers are asked to choose an equivalent product from the WIC formulary or refer any Medicaid eligible participants to and DME provider for the special formula provision.

Feel free to review the Louisiana WIC Program Formulary on the DHH website:

WIC Medical Provider Webpage Link: <http://www.dhh.la.gov/index.cfm/page/993>

WIC Formulary: <http://www.dhh.la.gov/assets/oph/nutrition/wic/EXHIBITAWICFormularyApril2013.pdf>

For questions, contact:

Monica McDaniels, MS, LDN, RDN
Assistant Director-Nutrition Services
628 North 4th Street BIN#4
Baton Rouge, LA 70802
Office: 225-342-7988
Fax: 225-342-8312
Hours: 7:30am-4:00pm

Bayou Health/ Medicaid

Informational Bulletins

All bulletins: <http://new.dhh.louisiana.gov/index.cfm/page/1198/n/311>

Provider Calls

The beginning of each call will begin with announcements from the Department and then will allow for time to address systemic issues with Bayou Health.

The weekly provider call hosted by DHH takes place every Wednesday at noon. Any provider is welcome to call in, and pre-registration is not required.

The call in number is 1-888-278-0296 Access code is 6556479#



The Children's Dental Health Project (CDHP), #DentalisFundamental

Is Tooth Decay Contagious?

Believe it or not, tooth decay can be contagious, and here's why. Research shows that one of the major forms of decay-causing bacteria can be easily spread from a mother or caregiver to a small child.

Dr. Jane Soxman, a pediatric dentist in Pennsylvania, says the bottom line is that tooth decay is a bacterial infection. "It's as if you had a bad cold and were kissing your child, you would spread the cold virus," she [explains](#).

Dental health experts have [concluded](#) that several acts performed by well-meaning parents can transmit decay-causing bacteria to young children. These include parents using their saliva to "clean" a baby's pacifier, pre-chewing a baby's food, and using the same spoon to feed themselves and their baby.

DHH Issues Emergency Rules around Pediatric Day Health Centers

Direct link to publication: <http://www.doa.louisiana.gov/osr/emr/1403EMR005.pdf>

DECLARATION OF EMERGENCY Department of Health and Hospitals Bureau of Health Services Financing

Pediatric Day Health Care Program

(LAC 48:I.5237, 5247, 5257, 12501-12503, 12508 and LAC 50:XV.27503)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 48:I.5237, §5247, §5257, §12501-12503, adopts §12508, and amends LAC 50:XV.27503 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B) (1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

In compliance with Act 432 of the 2004 Regular Session of the Louisiana Legislature, the Department of Health and Hospitals, Bureau of Health Services Financing adopted provisions governing the licensing standards for pediatric day health care facilities (*Louisiana Register*, Volume 35, Number 12). The department subsequently adopted provisions to implement pediatric day health care (PDHC) services as an optional covered service under the Medicaid State Plan (*Louisiana Register*, Volume 36, Number 7).

The department now proposes to amend the licensing standards for PDHC facilities to revise the provisions governing provider participation, development and educational services and transportation requirements. The department also proposes to adopt provisions for the inclusion of PDHC facilities in the Facility Need Review (FNR) Program. This Emergency Rule will also amend the provisions governing pediatric day health care services in order to revise the recipient criteria which will better align the program's operational procedures with the approved Medicaid State Plan provisions governing these services.

This action is being taken to avoid sanctions or federal penalties from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), as the administrative rule is not consistent with the approved Medicaid State Plan for PDHC services, and to ensure that these optional services are more cost effective and appropriate. It is estimated that implementation of this Emergency Rule will reduce expenditures in the Medicaid Program by approximately \$389,332 in state fiscal year 2013-2014.

Effective March 1, 2014, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the recipient criteria for pediatric day health care services.

Title 48

PUBLIC HEALTH GENERAL

Part I. General Administration

Subpart 3. Licensing and Certification

Chapter 52. Pediatric Day Health Care Facilities

Subchapter D. Participation Requirements

§5237. Acceptance Criteria

A. - D.1. ...

2. The medical director of the PDHC facility may provide the referral to the facility only if he/she is the child's prescribing physician, and only if the medical director has no ownership interest in the PDHC facility.

3. No member of the board of directors of the PDHC facility may provide a referral to the PDHC. No member of the board of directors of the PDHC facility may sign a prescription as the prescribing physician for a child to participate in the PDHC facility services.

4. No physician with ownership interest in the PDHC may provide a referral to the PDHC. No physician with ownership interest in the PDHC may sign a prescription as the prescribing physician for a child to participate in the PDHC facility services.

5. Notwithstanding anything to the contrary, providers are expected to comply with all applicable federal and state rules and regulations including those regarding anti-referral and the Stark Law.

E. - G.2. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2193-40:2193.4.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR

35:2769 (December 2009), amended LR 40:

Subchapter E. Pediatric Day Health Care Services

§5247. Developmental and Educational Services

A. ...

B. For any child enrolled in the early intervention program (EarlySteps) or the local school district's program under the Individuals with Disabilities Act, the PDHC facility shall adhere to the following.

1. ...

2. The PDHC facility shall not duplicate services already provided through the early intervention program or the local school district. EarlySteps services cannot be provided in the PDHC unless specifically approved in writing by the DHH EarlySteps Program. Medicaid waiver services cannot be provided in the PDHC unless specifically approved in writing by the Medicaid waiver program. The PDHC shall maintain a copy of such written approval in the child's medical record.

B.3. - D.2. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2193-40:2193.4.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR35:2770 (December 2009), amended LR 40:

§5257. Transportation

A. The PDHC facility shall provide or arrange transportation of children to and from the facility; however, no child, regardless of his/her region of origin, may be in transport for more than one hour on any single trip. The PDHC facility is responsible for the safety of the children during transport. The family may choose to provide their own transportation.

1. - 1.b. Repealed.

B. Whether transportation is provided by the facility on a daily basis or as needed, the general regulations under this Section shall apply.

C. If the PDHC facility provides transportation for children, the PDHC facility shall maintain in force at all times current commercial liability insurance for the operation of PDHC facility vehicles, including medical coverage for children in the event of accident or injury.

1. This policy shall extend coverage to any staff member who provides transportation for any child in the course and scope of his/her employment.

2. The PDHC facility shall maintain documentation that consists of the insurance policy or current binder that includes the name of the PDHC facility, the name of the insurance company, policy number, and period of coverage and explanation of coverage.

3. DHH Health Standards shall specifically be identified as the certificate holder on the policy and any certificate of insurance issued as proof of insurance by the insurer or producer (agent). The policy must have a cancellation/change statement requiring notification of the certificate holder 30 days prior to any cancellation or change of coverage.

D. If the PDHC facility arranges transportation for children through a transportation agency, the facility shall maintain a written contract which is signed by a facility representation and a representative of the transportation agency. The contract shall outline the circumstances under which transportation will be provided.

1. The written contract shall be dated and time limited and shall conform to these licensing regulations.

2. The transportation agency shall maintain in force at all times current commercial liability insurance for the operation of transportation vehicles, including medical coverage for children in the event of accident or injury. Documentation of the insurance shall consist of the:

a. insurance policy or current binder that includes the name of the transportation agency;

b. name of the insurance agency;

c. policy number;

d. period of coverage; and

e. explanation of coverage.

3. DHH Health Standards shall specifically be identified as the certificate holder on the policy and any certificate of insurance issued as proof of insurance by the insurer or producer (agent). The policy must have a cancellation/change statement requiring notification of the certificate holder 30 days prior to any cancellation or change of coverage.

4. – 10. Repealed.

E. Transportation arrangements, whether provided by the PDHC facility directly or arranged by the PDHC facility through a written contract with a transportation agency shall meet the following requirements.

1. Transportation agreements shall conform to state laws, including laws governing the use of seat belts and

child restraints. Vehicles shall be accessible for people with disabilities or so equipped to meet the needs of the children served by the PDHC facility.

2. The driver or attendant shall not leave the child unattended in the vehicle at any time.

2.a. - 6. Repealed.

F. Vehicle and Driver Requirements

1. The requirements of Paragraph F of this Section shall apply to all transportation arrangements, whether provided by the PDHC facility directly or arranged by the PDHC facility through a written contract with a transportation agency.

2. The vehicle shall be maintained in good repair with evidence of an annual safety inspection.

3. The following actions shall be prohibited in any vehicle while transporting children:

a. the use of tobacco in any form;

b. the use of alcohol;

c. the possession of illegal substances; and

d. the possession of firearms, pellet guns, or BB guns (whether loaded or unloaded).

4. The number of persons in a vehicle used to transport children shall not exceed the manufacturer's recommended capacity.

5. The facility shall maintain a copy of a valid appropriate Louisiana driver's license for all individuals who drive vehicles used to transport children on behalf of the PDHC facility. At a minimum, a Class "D" Chauffeur's license is required for all drivers who transport children on behalf of the PDHC facility.

6. Each transportation vehicle shall have evidence of a current safety inspection.

7. There shall be first aid supplies in each facility or contracted vehicle. This shall include oxygen, pulse oximeter, and suction equipment. Additionally, this shall include airway management equipment and supplies required to meet the needs of the children being transported.

8. Each driver or attendant shall be provided with a current master transportation list including:

a. each child's name;

b. pick up and drop off locations; and

c. authorized persons to whom the child may be released.

i. Documentation shall be maintained on file at the PDHC facility whether transportation is provided by the facility or contracted.

9. The driver or attendant shall maintain an attendance record for each trip. The record shall include:

a. the driver's name;

b. the date of the trip;

c. names of all passengers (children and adults) in the vehicle; and

d. the name of the person to whom the child was released and the time of release.

10. There shall be information in each vehicle identifying the name of the administrator and the name, telephone number, and address of the facility for emergency situations.

G. Child Safety Provisions

1. The requirements of Paragraph G of this Section shall apply to all transportation arrangements, whether provided by the PDHC facility directly or arranged by the PDHC facility through a written contract with a transportation agency.

2. The driver and one appropriately trained staff member shall be required at all times in each vehicle when transporting any child. Staff shall be appropriately trained on the needs of each child, and shall be capable and responsible for administering interventions when appropriate.

3. Each child shall be safely and properly:

a. assisted into the vehicle;

b. restrained in the vehicle;

c. transported in the vehicle; and

d. assisted out of the vehicle.

4. Only one child shall be restrained in a single safety belt or secured in any American Academy of Pediatrics recommended age appropriate safety seat.

5. The driver or appropriate staff person shall check the vehicle at the completion of each trip to ensure that no child is left in the vehicle.

a. The PDHC facility shall maintain documentation that includes the signature of the person conducting the check and the time the vehicle is checked. Documentation shall be maintained on file at the PDHC facility whether transportation is provided by the facility or contracted.

6. During field trips, the driver or staff member shall check the vehicle and account for each child upon arrival at, and departure from, each destination to ensure that no child is left in the vehicle or at any destination.

a. The PDHC facility shall maintain documentation that includes the signature of the person conducting the check and the time the vehicle was checked for each loading and unloading of children during the field trip. Documentation shall be maintained on file at the PDHC facility whether transportation is provided by the facility or contracted.

7. Appropriate staff person(s) shall be present when each child is delivered to the facility.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2193-40:2193.4.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 35:2771 (December 2009), amended LR 40:

Subpart 5. Health Planning

Chapter 125. Facility Need Review

Subchapter A. General Provisions

§12501. Definitions

A. Definitions. When used in this Chapter the following terms and phrases shall have the following meanings unless the context requires otherwise.

* * *

Pediatric Day Health Care (PDHC) Providers-a facility that may operate seven days a week, not to exceed 12 hours a day, to provide care for medically fragile children under the age of 21, including technology dependent children who require close supervision. Care and services to be provided

by the pediatric day health care facility shall include, but not be limited to:

- a. nursing care, including, but not limited to:
 - i. tracheotomy and suctioning care;
 - ii. medication management; and
 - iii. intravenous (IV) therapy;
- b. respiratory care;
- c. physical, speech, and occupational therapies;
- d. assistance with activities of daily living;
- e. transportation services; and
- f. education and training.

* * *

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2116.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:806 (August 1995), amended LR 25:1250 (July 1999), LR 28:2190 (October 2002), LR 30:1023 (May 2004), LR 32:845 (May 2006), LR 34:2611 (December 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 35:2437 (November 2009), amended LR 36:323 (February 2010), LR 38:1961 (August 2012), LR 40:

§12503. General Information

A. - B. ...

C. The department will also conduct a FNR for the following provider types to determine if there is a need to license additional units, providers or facilities:

1. - 3. ...

4. hospice providers or inpatient hospice facilities;
5. outpatient abortion facilities; and
6. pediatric day health care facilities.

D. - F.4. ...

G. Additional Grandfather Provision. An approval shall be deemed to have been granted under FNR without review for HCBS providers, ICFs-DD, ADHC providers, hospice providers, outpatient abortion facilities, and pediatric day health care centers that meet one of the following conditions:

1. - 3. ...

4. hospice providers that were licensed, or had a completed initial licensing application submitted to the department, by March 20, 2012;
5. outpatient abortion facilities which were licensed by the department on or before May 20, 2012; or
6. pediatric day health care providers that were licensed by the department before March 1, 2014, or had a completed license packet, including a plan review approval, necessary inspections, and applicable licensing fee submitted to the department by March 1, 2014.

H. - H.2. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2116. HISTORICAL NOTE: Repealed and repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:808 (August 1995), amended LR 28:2190 (October 2002), LR 30:1483 (July 2004), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 34:2612 (December 2008), amended LR 35:2437 (November 2009), LR 36:323 (February 2010), LR 38:1593 (July 2012), LR 38:1961 (August 2012), LR 40:

Subchapter B. Determination of Bed, Unit, Facility or Agency Need

§12508. Pediatric Day Health Care Providers

A. No PDHC provider shall be licensed to operate unless the FNR Program has granted an approval for the issuance of a PDHC provider license. Once the FNR Program approval is granted, a PDHC provider is eligible to be licensed by the department, subject to meeting all of the requirements for licensure.

B. For purposes of facility need review, the service area for a proposed PDHC shall be within a 30 mile radius of the proposed physical address where the provider will be licensed.

C. Determination of Need/Approval

1. The department will review the application to determine if there is a need for an additional PDHC provider in the geographic location and service area for which the

application is submitted.

2. The department shall grant FNR approval only if the FNR application, the data contained in the application, and other evidence effectively establishes the probability of serious, adverse consequences to recipients' ability to access health care if the provider is not allowed to be licensed.

3. In reviewing the application, the department may consider, but is not limited to, evidence showing:

a. the number of other PDHC providers in the same geographic location, region, and service area servicing the same population; and

b. allegations involving issues of access to health care and services.

4. The burden is on the applicant to provide data and evidence to effectively establish the probability of serious, adverse consequences to recipients' ability to access health care if the provider is not allowed to be licensed. The department shall not grant any FNR approvals if the application fails to provide such data and evidence.

D. Applications for approvals of licensed providers submitted under these provisions are bound to the

description in the application with regard to the type of services proposed as well as to the site and location as defined in the application. FNR approval of licensed providers shall expire if these aspects of the application are altered or changed.

E. FNR approvals for licensed providers are nontransferable and are limited to the location and the name of the original licensee.

1. A PDHC provider undergoing a change of location in the same licensed service area shall submit a written attestation of the change of location and the department shall re-issue the FNR approval with the name and new location.

A PDHC provider undergoing a change of location outside of the licensed service area shall submit a new FNR application and appropriate fee and undergo the FNR approval process.

2. A PDHC provider undergoing a change of ownership shall submit a new application to the department's

FNR Program. FNR approval for the new owner shall be granted upon submission of the new application and proof of the change of ownership, which must show the seller's or transferor's intent to relinquish the FNR approval.

3. FNR Approval of a licensed provider shall automatically expire if the provider is moved or transferred to another party, entity or location without application to and approval by the FNR program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2116.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40:

Title 50

PUBLIC HEALTH □ MEDICAL ASSISTANCE

Part XV. Services for Special Populations

Subpart 19. Pediatric Day Health Care Program

Chapter 275. General Provisions

§27503. Recipient Criteria

A. In order to qualify for PDHC services, a Medicaid recipient must meet the following criteria. The recipient must:

1. be from birth up to 21 years of age;
2. require ongoing skilled medical care or skilled nursing care by a knowledgeable and experienced licensed professional registered nurse (RN) or licensed practical nurse (LPN);
3. have a medically complex condition(s) which require frequent, specialized therapeutic interventions and close nursing supervision. Interventions are those medically necessary procedures provided to sustain and maintain health and life. Interventions required and performed by individuals other than the recipient's personal care giver would require the skilled care provided by professionals at PDHC centers. Examples of medically necessary interventions include, but are not limited to:
 - a. suctioning using sterile technique;
 - b. provision of care to a ventilator dependent and/or oxygen dependent recipients to maintain patent airway and adequate oxygen saturation, inclusive of physician consultation as needed;
 - c. monitoring of blood pressure and/or pulse oximetry level in order to maintain stable health condition and provide medical provisions through physician consultation;
 - d. maintenance and interventions for technology dependent recipients who require life-sustaining equipment; or
 - e. complex medication regimen involving, and not limited to, frequent change in dose, route, and frequency of multiple medications, to maintain or improve the recipient's health status, prevent serious deterioration of health status and/or prevent medical complications that may jeopardize life, health or development;
4. have a medically fragile condition, defined as a medically complex condition characterized by multiple, significant medical problems that require extended care. Medically fragile individuals are medically complex and potentially dependent upon medical devices, experienced medical supervision, and/or medical interventions to sustain life;
 - a. medically complex may be considered as chronic, debilitating diseases or conditions, involving one or more physiological or organ systems, requiring skilled medical care, professional observation or medical intervention;
 - b. examples of medically fragile conditions include, but are not limited to:

- i. severe lung disease requiring oxygen;
 - ii. severe lung disease requiring ventilator or tracheotomy care;
 - iii. complicated heart disease;
 - iv. complicated neuromuscular disease; and
 - v. unstable central nervous system disease;
5. have a signed physician's order, not to exceed 180 days, for pediatric day health care by the recipient's physician specifying the frequency and duration of services; and
6. be stable for outpatient medical services.

B. If the medical director of the PDHC facility is also the child's prescribing physician, the Department reserves the right to review the prescription for the recommendation of the child's participation in the PDHC Program.

1. - 1.j. Repealed.

C. Re-evaluation of PDHC services must be performed, at a minimum, every 120 days. This evaluation must include a review of the recipient's current medical plan of care and provider agency documented current assessment and progress toward goals.

D. A face-to-face evaluation shall be held every four months by the child's prescribing physician. Services shall be revised during evaluation periods to reflect accurate and appropriate provision of services for current medical status.

E. Physician's orders for services are required to individually meet the needs of each recipient and shall not be in excess of the recipient's needs. Physician orders prescribing or recommending PDHC services do not, in themselves, indicate services are medically necessary or indicate a necessity for a covered service. Eligibility for participation in the PDHC Program must also include meeting the medically complex provisions of this Section.

F. When determining the necessity for PDHC services, consideration shall be given to all of the services the recipient may be receiving, including waiver services and other community supports and services. This consideration must be reflected and documented in the recipient's treatment plan.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:1557 (July 2010), amended LR 40:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required. Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary
1403#005

SUIDA Recipe – Easy Italian Vegetable Pasta Bake

Ease: Easy
Prep time: 10 minutes
Cook time: 20 minutes
Yield: 6 servings

Ingredients

3 cups mostaccioli, cooked, drained
1 jar (27-1/2 oz.) light pasta sauce
1 pkg. (8 oz.) Kraft 2% Milk Shredded Reduced Fat Mozzarella cheese, divided
2 cups thinly sliced mushrooms
2 cups sliced halved yellow squash
2 cups sliced halved zucchini

Directions:

Mix mostaccioli, sauce, 1 cup of the cheese and vegetables.

Spoon into 13x9-inch baking dish; sprinkle with remaining cheese. Bake at 375°F for 20 to 25 minutes or until thoroughly heated.

*Great Substitute: Substitute 1 cup each thinly sliced red and green peppers for 1 cup each of the squash and zucchini.

<http://www.southeastdairy.org/recipes/easy-italian-vegetable-pasta-bake/>



Upcoming Events

Global Immunization Advocacy Hill Day | 3/27/14 | Washington, DC

The American Academy of Pediatrics will be hosting a Global Immunization Advocacy Hill Day on March 27, 2014 in Washington, DC.

The program lasts all day on the 27th and will include:

- AAP Advocacy Champions Training
- Overview of major global health issues affecting children with an emphasis on immunizations
- Congressional Hill visits

Please pass this announcement along to your respective Members. **If interested, they are asked to e-mail me responses to the below questions** (kpatel@aap.org) by Monday, February 24, 2014 (Selected members will be notified by February 27 to allow time for airfare booking). Spots are very limited! AAP will provide funding for 1-2 night hotel, airfare, and ground transportation.

- 1) Full name; AAP ID
- 2) What is your voting district (ie, who are your Congressmen/women)? If you do not know, in what city do you have residency?
- 3) Do you have any leadership roles at the AAP or with other child health organizations?
- 4) Briefly describe your advocacy interests (1-2 sentences).

Kiran A. Patel, MPH, CHES
Program Manager, Global Child Health
Office of International Affairs | American Academy of Pediatrics
847.434.7113 | kpatel@aap.org

The Conference

Young faces need healthy spaces. Join us at Pennington Biomedical Research Center's seventh annual childhood obesity and public health conference to discover how parks, neighborhoods, and schools shape our children's health and learn from key leaders about how to create more happy faces in your community.

Learning Objectives

The participants in this conference will be able to:

- recognize the different ways that local environments shape our children's health.
- identify resources and successful strategies to create healthy spaces for children throughout Louisiana.

More Details & Registration Coming Soon!

Pennington Biomedical Research Center

6400 Perkins Road | Baton Rouge, Louisiana 70808
225-763-2500 | www.pbrc.edu

LA Child Well-Being Summit | 4/16-17/14 | Baton Rouge



LouisianaChildren.org

ATTENTION All Pediatricians:

We are pleased to announce that the **Louisiana Child Well-Being Summit** will be held on **April 16-17, 2014** at the **Belle of Baton Rouge**. The social, emotional, and physical well-being of our children is crucial to the well-being of our State. In the wake of disasters such as Hurricanes Katrina, Rita, Gustav and Isaac, the economic downturn, and the BP Oil Spill, Louisiana families find themselves at a heightened risk for significant problems, including abuse and neglect. That abuse and neglect negatively impacts the physical and mental health outcomes of our children, throughout their lifetimes. The Centers for Disease Control and Prevention have designated child maltreatment to be a public health issue. Join national experts to learn more about evidence-based interventions that can positively affect their well-being. On April 16-17, 2014, the child welfare, legal, medical, mental health, and law-making communities will converge in the State Capital to share scientific knowledge, address the need for increased public awareness, and propose changes in policies and practices that can counteract the high level of risk for Louisiana's children in order to socially and economically benefit the State.

Topics of Interest for Pediatricians

*Major risk points in child development with a special focus on abuse and neglect.

*History, research, value and appropriate role of screening for psychosocial problems in primary care. *Role of the pediatrician in appropriate advocacy, tracking and referral of children and families with emotional problems. *Barriers to comprehensive care of children and families with emotional problems with a special focus on training and costs. **Continuing education units will be applied for.** For more information or to register, please visit: <http://www.louisianachildren.org/events.aspx> If you have any questions, do not hesitate to contact me via email florence@louisianachildren.org or phone (888) 567-2272.

[Click here for more details](#)

PEDIATRIC JAMBALAYA XI | 4/26/14 | Lafayette, La

Saturday, April 26, 2014

Louisiana Immersive Technologies Enterprise (LITE)

537 Cajundome Boulevard

Lafayette, Louisiana

More details coming soon...

2014 Red Stick Pediatric Potpourri | 8/22-24/14 | Baton Rouge, La

Date: August 22-24, 2014

Location: Embassy Suites (4914 Constitution Ave, Baton Rouge, LA 70808)

For all the details: www.laaap.org/2014potpourri

- Know of something going on in your region you think others should know about?
- Is there new research you want to share?
- Are there things you think your colleagues need to know?
- [Submit an article](#) for the next Progress Notes

