

### DOCUMENTATION REQUIREMENTS FOR PPEC SERVICES PROVIDERS

**Important Notice:** All supporting documentation must be submitted within five business days of the first day of service for an initial request and at least 10 business days (but no more than 15 business days) prior to the end of the current certification period for continuing PPEC services.

DOCUMENTATION		REQUIRED WHEN:
<b>ADMISSION REVIEW (INITIAL AUTHORIZATION)</b>		
Nursing Assessment	Signed by the RN completing the assessment	
Physicians Order	A written order from the treating or attending Physician. ▶ Verbal orders are not accepted for the initial request.	
Plan of care (POC)	Required with each admission (initial authorization) review request Use AHCA's Physician Plan of Care for PPEC Services Form (AHCA Form 5000-3507, Revised Feb. 2013). The POC must be: <ul style="list-style-type: none"> <li>▶ Developed prior to requesting authorization;</li> <li>▶ Signed and dated by a PPEC registered nurse;</li> <li>▶ Signed and dated by the treating or attending physician prior to submission to eQHealth. If signed by an ARNP or PA, the physician must countersign; and</li> <li>▶ Must be completed in its entirety and include all the components identified in the Medicaid Prescribed Pediatric Extended Care Services Coverage and Limitations Handbook (PPEC Handbook)</li> </ul> <p style="text-align: center;"><i>The service duration and valid/current POC may not exceed 180 days.</i></p>	
<b>CONTINUED STAY REVIEW (REAUTHORIZATION)</b>		
Nursing Assessment	Signed by the RN completing the assessment ▶ Daily assessment dated within 10 days, and no more than 15 days prior to the end of the certification period, is acceptable.	
Plan of care (active/current)	Required with each continued stay review request. Use AHCA's Physician Plan of Care for PPEC Services Form (AHCA Form 5000-3507, Revised Feb. 2013). The POC must be: <ul style="list-style-type: none"> <li>▶ Developed prior to requesting authorization;</li> <li>▶ Signed and dated by a PPEC registered nurse;</li> <li>▶ Signed and dated by the ordering physician prior to submission to eQHealth. If signed by an ARNP or PA, the physician must countersign; and</li> <li>▶ Must be completed in its entirety and include all the components identified in the Medicaid Prescribed Pediatric Extended Care Services Coverage and Limitations Handbook (PPEC Handbook), and</li> <li>▶ Include modifications to the previous POC</li> </ul>	

	<i>The service duration and valid/current POC may not exceed 180 days.</i>
Progress Report	<p>Can be included on POC:</p> <ul style="list-style-type: none"> <li>▶ A statement that evaluates the recipient’s accomplishments toward measurable goals, and</li> <li>▶ An assessment of effectiveness of services provided</li> </ul>
<b>MODIFICATION</b>	
Other	<ul style="list-style-type: none"> <li>▶ The reason for the request</li> <li>▶ Nurses Notes (if appropriate)</li> <li>▶ Documentation of the arrival and departure times of the recipient</li> </ul>
<b>RETROSPECTIVE REVIEW</b>	
Nursing Assessments – All	<p>Required for the entire period for which authorization is requested. Signed by the RN completing the assessment</p> <ul style="list-style-type: none"> <li>▶ Daily assessments dated within 10 days, and no more than 15 days prior to the end of each certification period, are acceptable.</li> </ul>
Orders for Services - All	<p>Required for the entire period for which authorization is requested.</p> <ul style="list-style-type: none"> <li>▶ Initial request must be by prescription</li> <li>▶ Recertification may be on the signed POC</li> </ul>
Plan(s) of Care - All	<p>Required for the entire period for which authorization is requested. Requirements are the same as for the initial and continued stay authorization requests.</p>