MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SPECIAL HEALTH CARE NEEDS – HEALTHY CHILDREN AND YOUTH (HCY)

HCY CONFIRMATION OF VERBAL SERVICE AUTHORIZATION

PROVIDER NAME	ATTENTION
PROVIDER EMAIL	PROVIDER TELEPHONE NO.
AUTHORIZING SERVICE COORDINATOR	FACILITATOR

PHONE NO.	EMAIL	DATE
PARTICIPANT NAME (LAST, FIRST, MI)		DCN

SERVICES

The following services have been verbally approved by the Special Health Care Needs Service Coordinator:

- ☐ Private Duty Nursing (PDN)
  - ☐ PDN may be provided during travel outside the home overnight as specified below.
- ☐ Personal Care Aide
- ☐ Advanced Personal Care
- ☐ Authorized RN Visit
- ☐ Skilled Nursing Visits
- ☐ Case Management
- ☐ Prescribed Pediatric Extended Care

VISITS/HOURS AUTHORIZED	EFFECTIVE DATE

Services to be delivered as authorized. Orders for discipline, amount, and frequency on the applicable form(s) as required in the MO HealthNet Provider Manual must match this authorization.

TERMS AND CONDITIONS

Private insurance must be exhausted prior to billing MO HealthNet. Total units delivered should not exceed this authorization.

Any variation to these services must be approved prior to initiation of changes, which includes but is not limited to:

- Increase or decrease in authorized hours/visits
- Change of residence/family status
- Change in Medical Status or child admitted to hospital, etc.

This is not an official prior authorization. The plan of care, physician orders, and Prior Authorization form must be submitted to Special Health Care Needs (SHCN) within 90 days for services to be approved for payment. SHCN will complete the Prior Authorization form for PDN and PPEC Services.

Please sign, date and return to the fax number indicated above. Questions and concerns may be directed to the Service Coordinator or Facilitator.

STATEMENT OF UNDERSTANDING

I acknowledge that my signature indicates understanding and agreement with authorized services, terms and conditions above.

SIGNATURE	DATE