

State Missourib. Early and Periodic, Screening, Diagnosis, and Treatment Services (cont.)

OPTICAL PROGRAM:

A medically necessary item or service that is normally non-covered by Medicaid that is identified as a result of a physician or optometrist through an EPSDT screening service may be covered for persons under the age of 21 years on a prior authorization basis. Items or services that have been prior approved under the HCY Optical Program are such items as replacement eyeglasses within two years and medically necessary contact lenses.

AMBULANCE PROGRAM:

Medically necessary ambulance services for recipients under the age of 21 years are covered as an EPSDT service.

HOSPITAL PROGRAM:

- Outpatient Hospital – Medically necessary occupational therapy, speech/language therapy services, and other services provided in an outpatient hospital facility that are beyond state plan covered services are covered through the EPSDT option. Prior authorization restrictions for the purpose of determining medical necessity may apply to some services.
- Inpatient Hospital – Medically necessary inpatient days beyond the Medicaid allowed number of days are covered through EPSDT option if prior authorized.

HOME HEALTH:

Intermittent skilled nurse visits, physical therapy, occupational therapy, and speech therapy, and disposable medical supplies are available to children in their homes when there is an established medical need for such services, and the services are not available in another setting or the needs of the child may be more appropriately met in the home. Services are delivered in accordance with a plan of care approved by a physician, and are provided by Medicaid enrolled and Medicare-certified home health agencies.

PRIVATE DUTY NURSING:

The provision of individual and continuous care (in contrast to part-time or intermittent care) by a registered nurse, licensed practical nurse, graduate registered nurse or graduate licensed practical nurse in shifts of 4 to 24 hours per day is covered for children with complicated medical needs, whose care can be safely provided in the home setting. Services are delivered in accordance with a plan of care approved by a physician, nurse practitioner, physician assistant or assistant physician. Services are provided by qualified agencies enrolled as Medicaid providers of private duty nursing services (PDN) for children. Family members, parents, legal guardians and legally responsible individuals employed by a PDN agency may provide services.

PERSONAL CARE:

Personal care services, which are assistance with activities of daily living, are covered for children with disabilities who are unable to perform age appropriate functions such as personal hygiene, ambulation, toileting and eating. Services are provided by Medicaid enrolled personal care agencies, and follow a plan of care approved by a physician. Personal care services are distinguished from other home care services such as home health or private duty nursing in that children with chronic and stable conditions may be eligible for personal care, whereas children who are medically fragile and/or require active treatment where skilled nursing or skilled rehabilitative intervention is required will be eligible for services under the home health or private duty programs.