

**Healthy Blue Intake Form — Personal Care Services Care Plan  
for Children Under the Age Of 21**

Child's name: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

MO HealthNet ID Number (DCN): \_\_\_\_\_

Authorization period: \_\_\_\_\_

**Describe the medical condition that supports medical necessity of personal care services (PCS) (ICD-10 codes, descriptions, and any supporting documentation):**

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**Amount and frequency of services, including the daily/weekly schedule of PCS and time spent performing services:**

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**Personal care aide tasks: (Check all that apply.):**

- Meal preparation and clean up, including special diet menus
- Make beds and change sheets, with child in or out of bed, as required
- Brush, comb, shampoo hair
- Bathing, bed baths, tub baths, or other
- Brush teeth, dentures
- Cut and clean toenails (except diabetic)
- Shave with electric or safety razor
- Instruct child and family in ways to become self-sufficient in personal care
- Assist with eating, feeding helpless child
- Laundry relating to the child's needs, (bed linens, child's clothing)
- Household tasks directly relating to the child's needs
- Assistance with transfers when child is weight bearing
- Lifting of child who weighs 35 pounds or less
- Other: \_\_\_\_\_

**<https://provider.healthybluemo.com>**

Healthy Blue is a Medicaid product offered by Missouri Care, Inc., a MO HealthNet Managed Care health plan contracting with the Missouri Department of Social Services. Healthy Blue is administered statewide by Missouri Care, Inc. and administered in the Kansas City service region by Missouri Care, Inc. in cooperation with Blue Cross and Blue Shield of Kansas City. Missouri Care, Inc. and Blue Cross and Blue Shield of Kansas City are both independent licensees of the Blue Cross and Blue Shield Association.

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**Advanced personal care tasks (Check all that apply.):**

- Manually assist with oral medications (medications must be set up by LPN/RN)
- Apply prescription topical ointment/lotions to skin
- Catheter care (external, indwelling, suprapubic)
- Removal of external catheters
- Ostomy care (well-healed stoma only) tracheostomy, gastrostomy, colostomy
- Administer bowel program
- Passive range of motion
- Apply nonsterile dressings (superficial skin breaks or abrasions only)
- Use lift to transfer
- Other: \_\_\_\_\_

**Authorized RN visits (check all that apply):**

- Increased supervision of the aide
- Re-evaluation of child's health, skin condition
- Nail care for diabetics or other contraindicating conditions
- Set up oral medications for parent to administer, or for emancipated young adult
- Set up injections for parent to administer, or for emancipated young adult
- Other: \_\_\_\_\_

**If applicable: For last two RN tasks, describe why parent is unable to set up medication:**

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**Name of RN completing care plan:**

**Print:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Physician certification of need for personal care services for children under the age of 21

**From:** \_\_\_\_\_

Personal care  
(Agency name)

\_\_\_\_\_  
(Agency address)

**To:** \_\_\_\_\_

(Physician name)

\_\_\_\_\_  
(Physician address)

**Re:** \_\_\_\_\_

(Participant name)

\_\_\_\_\_  
(Participant MO HealthNet ID number [DCN])

\_\_\_\_\_  
(Birthdate)

\_\_\_\_\_  
(Medical diagnosis and description)

The above-named child under the age of 21 has been referred to our agency for the delivery of personal care services. Your approval of these services is necessary before we may request prior authorization from Healthy Blue. The following is a care plan describing the amount, duration, and scope of services to be delivered to the child:

\_\_\_\_\_  
(Registered nurse signature)

\_\_\_\_\_  
(Date of care was verbally confirmed from physician)

The above patient is under my care, and I certify the services as described in the above care plan are medically necessary. The need for personal care will be reviewed by me at least every six months.

\_\_\_\_\_  
(Signature of physician)

\_\_\_\_\_  
(Date signed)