Personal Care Services (PCS): An Overview of PCS and The Request for Independent Assessment for PCS Attestation of Medical Need Form (DHB 3051)

August 2021

Liberty Healthcare Corporation of North Carolina

OBJECTIVES

At the conclusion of this training, the recipient should have a better understanding of:

- ✓ Overview of PCS including -
  - Covered Services/Non-Covered Services
  - PCS Eligibility Criteria
  - Hourly Max
- ✓ PCS Requirements of a Physician Referral
- ✓ The Assessment
- ✓ How the Beneficiary Qualifies for Services and the Assistance Levels
- ✓ Overview of the current Request for Independent Assessment for PCS Form DHB 3051
- ✓ Learn how to complete the form when there is a:
  - New Referral
  - Expedited New Referral
  - Change of Status – Medical and Non-Medical
  - Managed Care Disenrollment
  - Change of Provider
- ✓ Gain an understanding of the Expedited Process

What is Personal Care Services (PCS)?

The PCS program is designed to provide personal care services to qualifying individuals that need assistance in their effort to perform their activities of daily living (ADL) that include bathing, dressing, mobility, toileting and eating.

Personal Care Services Overview

- Personal Care Services (PCS) are provided in the Medicaid beneficiary's living arrangement by paraprofessional aides employed by licensed home care agencies, licensed adult care homes, or home staff in supervised living homes.
- The amount of prior-approved service is based on an assessment conducted by an independent entity (Liberty Healthcare) to determine the beneficiary's ability to perform Activities of Daily Living (ADLs).
- The five qualifying ADLs for the purposes of this program are: Bathing, Dressing, Mobility, Toileting, and Eating.

Covered Services Include:

- Assistance to help with qualifying ADL;
- Assistance with medications that treat medical conditions that effect the qualifying ADL; and
- Assistance with devices directly linked to the qualifying ADL.

Non Covered Services Include:

- Skilled nursing by LPN or RN
- Respite care
- Care for pets or animals
- Yard work
- Medical or non-medical transportation
- Financial Management
- Errands
- Companion sitting

PCS Eligibility Criteria

- ✓ Have active Medicaid;
- ✓ Have a medical condition, cognitive impairment or disability that limits them from performing their activities of daily living;
- ✓ Be considered medically stable;
- ✓ Be under the care of their primary care physician or attending physician for the condition causing limitations;
- ✓ Have seen their treating physician within the last 90 days;
- ✓ Reside in a private living arrangement, or in a residential facility licensed by the State of North Carolina as an adult care home, a combination home, or a group home as a supervised living facility; and
- ✓ Not have a family member or caregiver who is willing and able to provide care.

How Many Hours Can A Beneficiary Receive?

60 hours

- EPSDT on the initial assessment hours generation.
- All EPSDT assessments are sent to NC Medicaid for final hour calculation/evaluation

80 hours

- For a beneficiary who does not meet the criteria for Session Law 2013-306

Up to 130 Hours

- For the beneficiary who meets the criteria for Session Law 2013-306

PCS Requirements for Physician Referral

- A beneficiary, family or legally responsible person must contact his/her primary care or attending physician and request they complete the 'Request for Independent Assessment for PCS Attestation of Medical Need Form' (DHB 3051 form) in order to have an assessment for PCS.
- The form can only be completed by a MD, NP, or PA.
- The beneficiary will be required to have seen the referring physician within the last 90 days from the date received by the IAE.

The Assessment

Once the doctor completes a 3051 form and sends it to the IAE (Liberty Healthcare), the PCS assessment will be performed by a Nurse Assessor at the beneficiary's home or residential facility. The Nurse Assessor will capture the following in their assessment:

- Demonstrations of a beneficiary's ability to perform their activities of daily living (ADLS)
- Available caregivers
- Daily medicine regimen
- Diagnosis information
- Paid supports/Non-Paid supports
- Special assistive tasks
- Exacerbating conditions that impact their ability to perform their ADLs
- Environmental conditions and home safety evaluation
- Beneficiary preferred providers
- Return frequency

How Does The Beneficiary Qualify For Services?

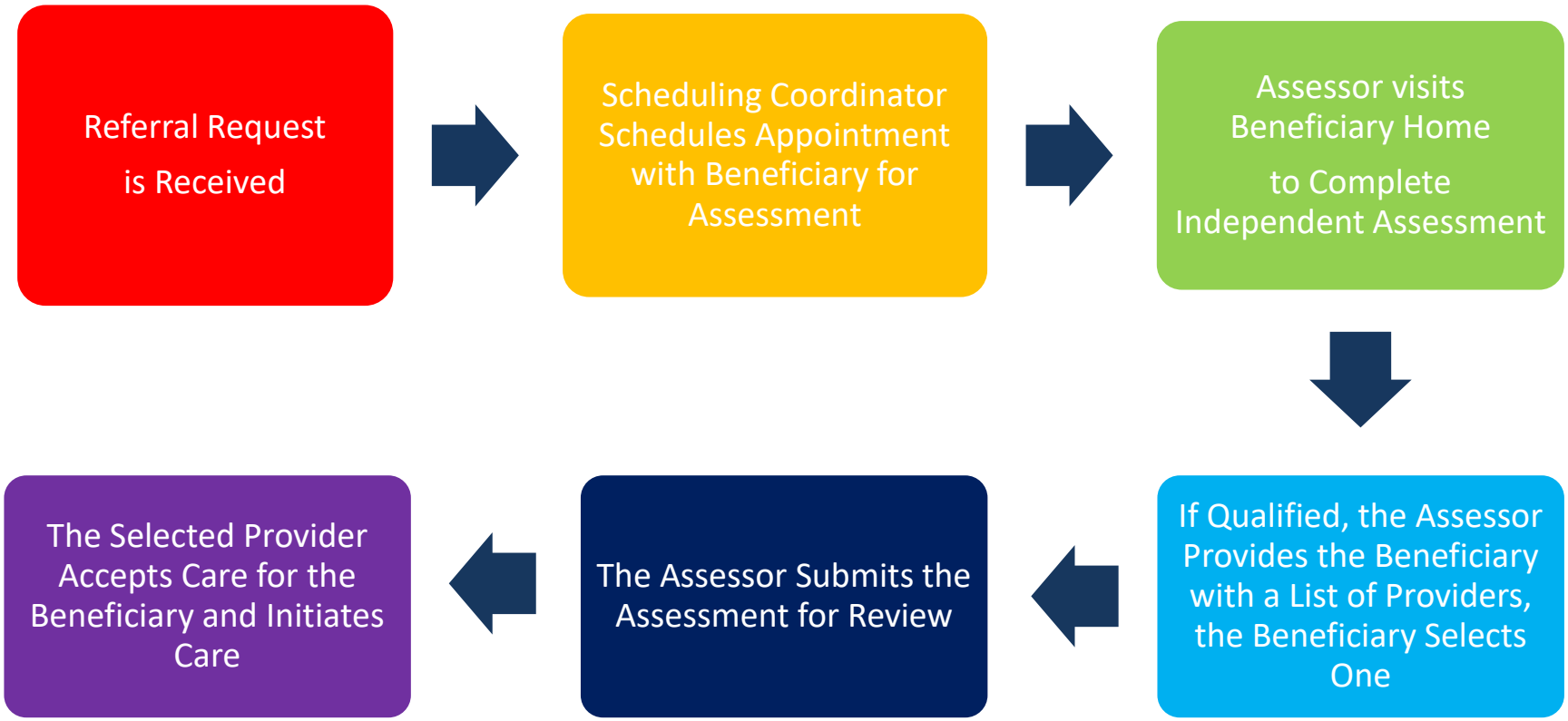
The beneficiary must have a minimum of:

- ✓ 3 of the 5 qualifying ADLs with limited assistance;
- ✓ 2 ADLs, one of which requires extensive assistance; or
- ✓ 2 ADLs, one of which requires assistance at the full dependence level.

Assistance Levels Defined

Assistance Levels	Defined
Totally Able	Self-perform 100% of the activity with or without assistance of aid or assistive devices and without supervision or assistance to set up supplies and environment for task.
Verbal Cueing or Supervision	Self-perform 100% of the activity with or without assistance of aid or assistive devices and requires supervision, monitoring or assistance to retrieve or set or supplies or equipment.
Limited Hands On Assist	Self-perform 50% of the activity and requires hands on assistance to complete remainder of the task.
Extensive Hands On Assist:	Able to self-perform less than 50% of the activity and requires hands on assist to complete remainder of activity.
Cannot Do At All:	Unable to perform any of the activity and is totally dependent on another person to perform the activity.

Liberty Healthcare Assessment Operational Overview

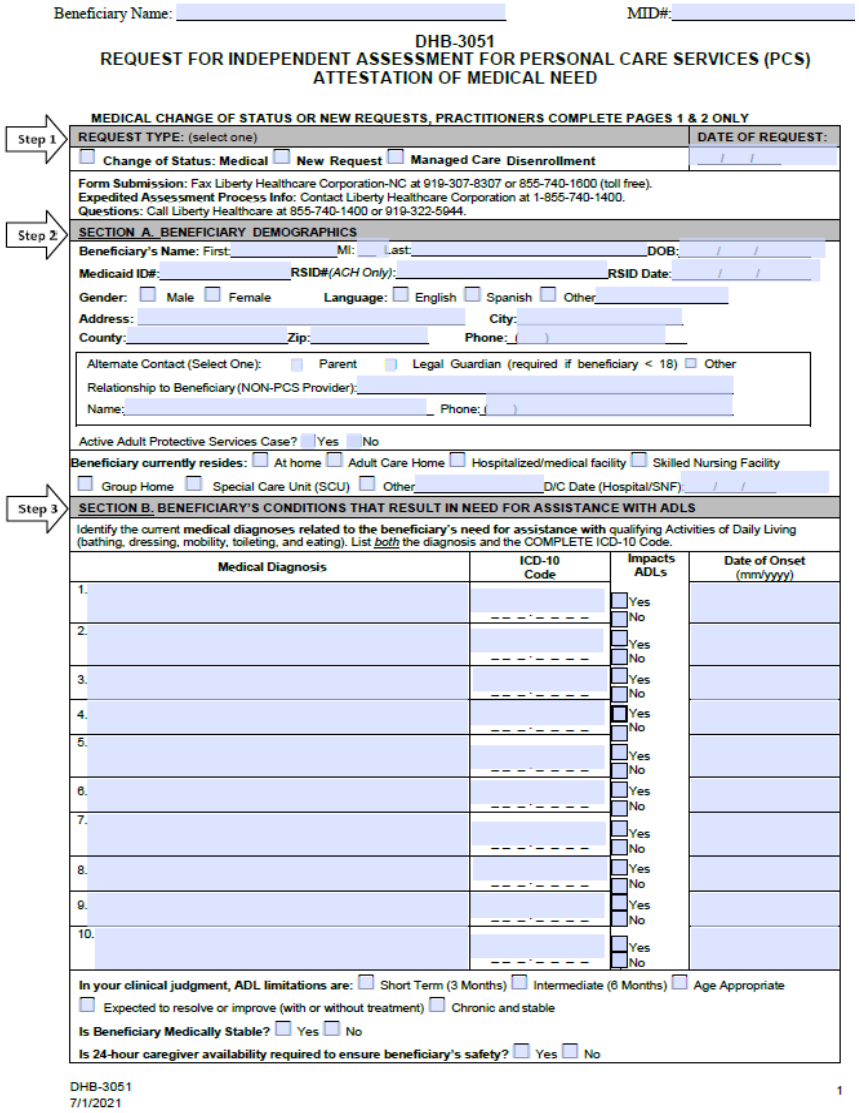


Overview Of The DHB 3051 Form

DHB – 3051 Request for Independent Assessment for Personal Care Services (PCS) Attestation of Medical Need

- All PCS providers, regardless of setting, will use the DHB 3051 form.
- DHB 3051 is the only form that will allow physicians to provide written attestation to the medical necessity for up to 50 additional PCS hours per NC Session Law 2013-306.
- Download the current form (Effective 7/1/21) at:

https://nc-pcs.com/Medicaid-PCS-forms/



Beneficiary Name: _____ MID#: _____

DHB-3051
REQUEST FOR INDEPENDENT ASSESSMENT FOR PERSONAL CARE SERVICES (PCS)
ATTESTATION OF MEDICAL NEED

MEDICAL CHANGE OF STATUS OR NEW REQUESTS, PRACTITIONERS COMPLETE PAGES 1 & 2 ONLY

Step 1

REQUEST TYPE: (select one) | **DATE OF REQUEST:**

☐ Change of Status: Medical ☐ New Request ☐ Managed Care Disenrollment

Form Submission: Fax Liberty Healthcare Corporation-NC at 919-307-8307 or 855-740-1600 (toll free).
Expedited Assessment Process Info: Contact Liberty Healthcare Corporation at 1-855-740-1400.
Questions: Call Liberty Healthcare at 855-740-1400 or 919-322-5944.

Step 2

SECTION A. BENEFICIARY DEMOGRAPHICS

Beneficiary's Name: First:_____ MI:___ Last:_____ **DOB:** / /
Medicaid ID#:_____ **RSID#***(ACH Only)*:_____ **RSID Date:** / /
Gender: ☐ Male ☐ Female **Language:** ☐ English ☐ Spanish ☐ Other_____
Address: _____ **City:** _____
County:_____ **Zip:**_____ **Phone:** ( ) ___

Alternate Contact (Select One): ☐ Parent ☐ Legal Guardian (required if beneficiary < 18) ☐ Other
Relationship to Beneficiary (NON-PCS Provider):_____
Name:_____ Phone: ( )

Active Adult Protective Services Case? ☐ Yes ☐ No

Beneficiary currently resides: ☐ At home ☐ Adult Care Home ☐ Hospitalized/medical facility ☐ Skilled Nursing Facility
☐ Group Home ☐ Special Care Unit (SCU) ☐ Other_____ D/C Date (Hospital/SNF) / /

Step 3

SECTION B. BENEFICIARY'S CONDITIONS THAT RESULT IN NEED FOR ASSISTANCE WITH ADLS

Identify the current **medical diagnoses related to the beneficiary's need for assistance with** qualifying Activities of Daily Living (bathing, dressing, mobility, toileting, and eating). List *both* the diagnosis and the COMPLETE ICD-10 Code.

	Medical Diagnosis	ICD-10 Code	Impacts ADLs	Date of Onset (mm/yyyy)
1.			☐ Yes ☐ No	
2.			☐ Yes ☐ No	
3.			☐ Yes ☐ No	
4.			☐ Yes ☐ No	
5.			☐ Yes ☐ No	
6.			☐ Yes ☐ No	
7.			☐ Yes ☐ No	
8.			☐ Yes ☐ No	
9.			☐ Yes ☐ No	
10.			☐ Yes ☐ No	

In your clinical judgment, ADL limitations are: ☐ Short Term (3 Months) ☐ Intermediate (6 Months) ☐ Age Appropriate
☐ Expected to resolve or improve (with or without treatment) ☐ Chronic and stable

Is Beneficiary Medically Stable? ☐ Yes ☐ No

Is 24-hour caregiver availability required to ensure beneficiary's safety? ☐ Yes ☐ No

DHB-3051
7/1/2021

Overview Of The DHB 3051 Form

The DHB 3051 Form Should Be Used For The Following Requests

NEW REFERRAL (normal and expedited)
CHANGE OF STATUS MEDICAL
MANAGED CARE DISENROLLMENT
CHANGE OF STATUS NON-MEDICAL
CHANGE OF PROVIDER

Completing PCS Form DHB 3051

Key Information

- The DHB 3051 form has 7 sections – A through G. You are not required to complete all the sections of the DHB 3051 form each time you submit the form, just those specific to type of request.
- Sections A through D must be completed by the *Primary Care Physician or Attending Physician Only.*
- Section E, F and G must be completed by the *Beneficiary, Caregiver, or PCS Provider as appropriate.*
- Completion of all fields ensures timely processing of the submitted requests.
- Refer to the Request for Independent Assessment for Personal Care Services (PCS) Attestation of Medical Need Form - DHB 3051 and instructions effective 7/1/2021 at:

https://nc-pcs.com/Medicaid-PCS-forms/

Completing PCS Form DHB 3051

Medical Provider/Practitioner

- Complete page 1 & 2, the medical portion of the form

Non-Medical Provider/Practitioner

- Complete page 3, the non-medical portion of the form; and
- Includes the beneficiary, caregiver, or PCS Provider.

Completing PCS Form DHB 3051

NEW REFERRAL
(normal and expedited)

Completing PCS Form DHB 3051 – New Referral

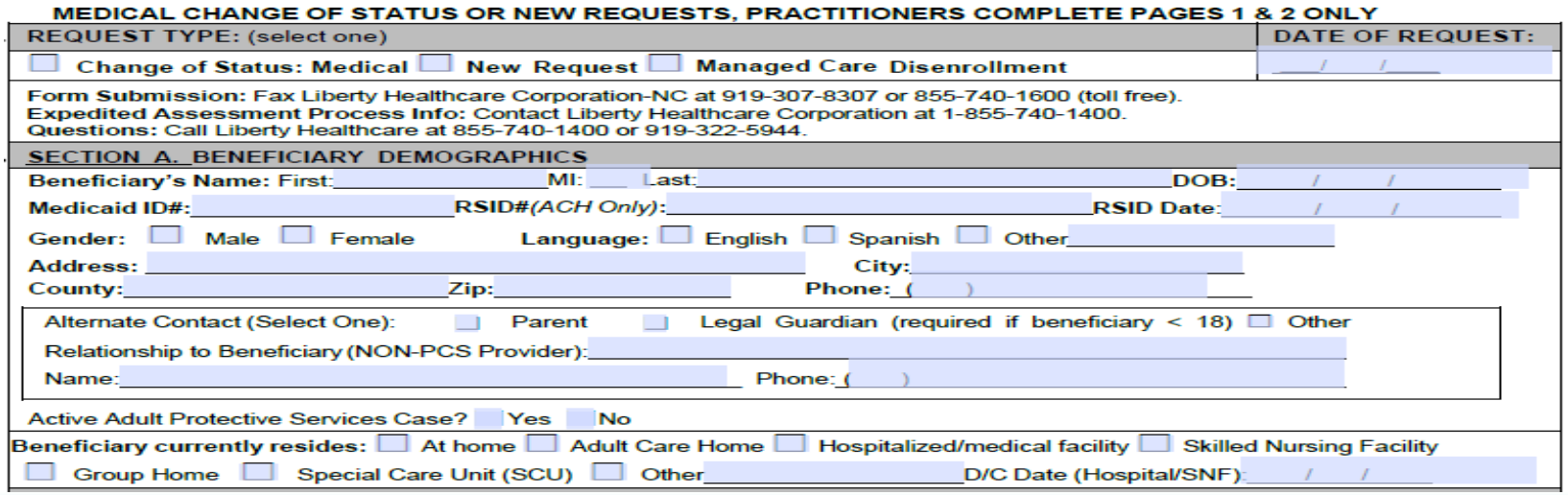
For NEW Referral Requests, a Medical Practitioner Must Complete The Following Sections:

Section A	• Beneficiary Demographics
Section B	• Beneficiary's Conditions that Result in Need for Assistance with ADL's
Section C	• Practitioner Information

Completing PCS Form DHB 3051 – New Referral

New Referral: Section A Required Fields

- Date of Request
- Enter Beneficiary Name, Date of Birth, Address and Phone
- Medicaid ID Number – Only active Medicaid participants are eligible
- RSID# and RSID Date (For ACH Beneficiaries Only)
- Beneficiary's alternate contact – Parent, Guardian, or Legal Representative
  Note: A PCS Provider cannot be listed as an alternate contact
- Indicate if the beneficiary has an active Adult Protective Services case. If yes, request will be expedited.
- Indicate where the beneficiary currently resides **Note:** Those being discharged from the hospital, a Skilled Nursing Facility, or part of the Transition to Community Living Initiative will be expedited.



MEDICAL CHANGE OF STATUS OR NEW REQUESTS, PRACTITIONERS COMPLETE PAGES 1 & 2 ONLY

REQUEST TYPE: (select one) | DATE OF REQUEST:

☐ Change of Status: Medical ☐ New Request ☐ Managed Care Disenrollment ___/___/____

Form Submission: Fax Liberty Healthcare Corporation-NC at 919-307-8307 or 855-740-1600 (toll free).
Expedited Assessment Process Info: Contact Liberty Healthcare Corporation at 1-855-740-1400.
Questions: Call Liberty Healthcare at 855-740-1400 or 919-322-5944.

SECTION A. BENEFICIARY DEMOGRAPHICS

Beneficiary's Name: First:_____ MI:___ Last:_____ DOB:___/___/____

Medicaid ID#:_____ RSID#*(ACH Only)*:_____ RSID Date:___/___/____

Gender: ☐ Male ☐ Female Language: ☐ English ☐ Spanish ☐ Other_____

Address:_____ City:_____

County:_____ Zip:_____ Phone:_(___)_____

Alternate Contact (Select One): ☐ Parent ☐ Legal Guardian (required if beneficiary < 18) ☐ Other

Relationship to Beneficiary (NON-PCS Provider):_____

Name:_____ Phone:_(___)_____

Active Adult Protective Services Case? ☐ Yes ☐ No

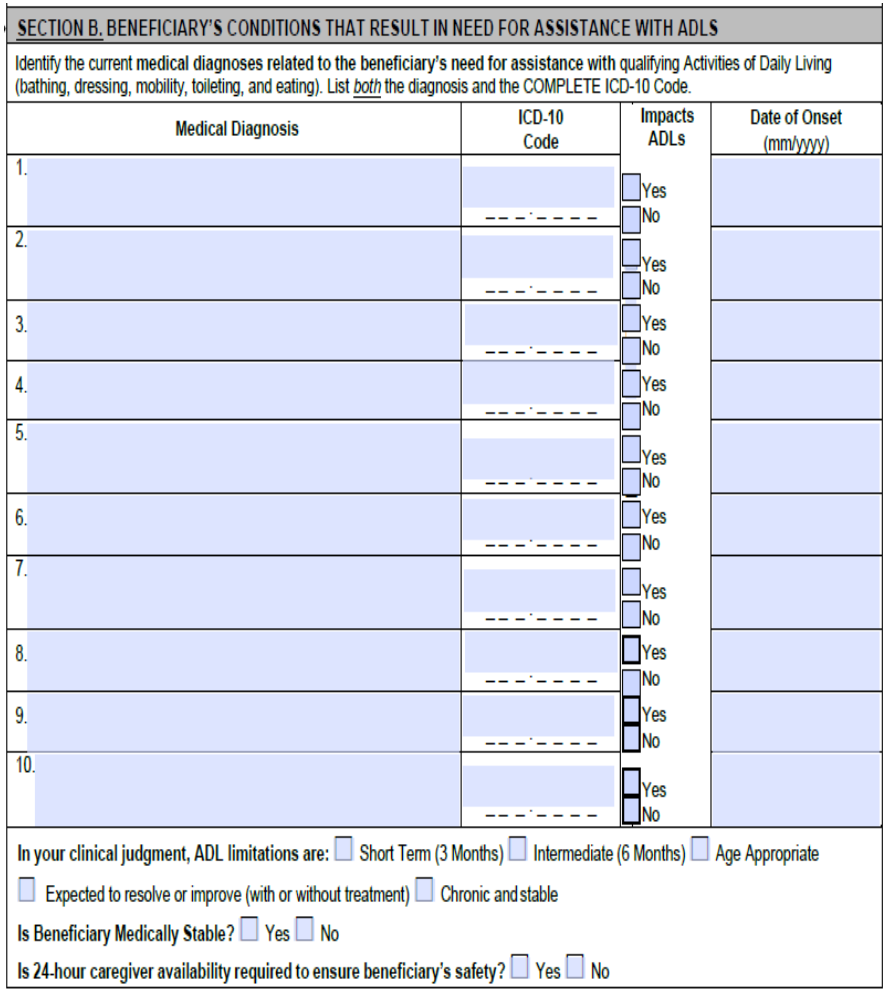
Beneficiary currently resides: ☐ At home ☐ Adult Care Home ☐ Hospitalized/medical facility ☐ Skilled Nursing Facility

☐ Group Home ☐ Special Care Unit (SCU) ☐ Other_____ D/C Date (Hospital/SNF):___/___/____

Completing PCS Form DHB 3051 – New Referral

New Referral: Section B Required Fields

- Enter both the Medical Diagnosis related to the beneficiary's need for assistance with ADLs, the Diagnosis Code(s), and the date of onset. *Incomplete or inaccurate codes may result in request processing delays.*
- Indicate, for each diagnosis, if the condition impacts the beneficiary's ability to perform ADLs.
- A field to indicate the expected duration of the ADL limitations has been added.
- Indicate if the beneficiary is medically stable and if 24-hour caregiver availability is required.



SECTION B. BENEFICIARY'S CONDITIONS THAT RESULT IN NEED FOR ASSISTANCE WITH ADLS

Identify the current medical diagnoses related to the beneficiary's need for assistance with qualifying Activities of Daily Living (bathing, dressing, mobility, toileting, and eating). List *both* the diagnosis and the COMPLETE ICD-10 Code.

	Medical Diagnosis	ICD-10 Code	Impacts ADLs	Date of Onset (mm/yyyy)
1.		___.____	☐ Yes ☐ No	
2.		___.____	☐ Yes ☐ No	
3.		___.____	☐ Yes ☐ No	
4.		___.____	☐ Yes ☐ No	
5.		___.____	☐ Yes ☐ No	
6.		___.____	☐ Yes ☐ No	
7.		___.____	☐ Yes ☐ No	
8.		___.____	☐ Yes ☐ No	
9.		___.____	☐ Yes ☐ No	
10.		___.____	☐ Yes ☐ No	

In your clinical judgment, ADL limitations are: ☐ Short Term (3 Months) ☐ Intermediate (6 Months) ☐ Age Appropriate ☐ Expected to resolve or improve (with or without treatment) ☐ Chronic and stable

Is Beneficiary Medically Stable? ☐ Yes ☐ No

Is 24-hour caregiver availability required to ensure beneficiary's safety? ☐ Yes ☐ No

Completing PCS Form DHB 3051 – New Referral

New Referral: Section B Optional Attestation

- If the criteria listed in this section is applicable to the beneficiary, the Practitioner should initial each line item that applies for consideration in the assessment for PCS.

OPTIONAL ATTESTATION: *Practitioner should review the following and initial only if applicable*:	
Beneficiary requires an increased level of supervision.	Initial:_____
Beneficiary requires caregivers with training or experience in caring for individuals who have a degenerative disease, characterized by irreversible memory dysfunction, that attacks the brain and results in impaired memory, thinking, and behavior, including gradual memory loss, impaired judgment, disorientation, personality change, difficulty in learning, and the loss of language skills.	Initial:_____
Beneficiary requires a physical environment, regardless of setting, that includes modifications and safety measures to safeguard the beneficiary because of the beneficiary's gradual memory loss, impaired judgment, disorientation, personality change, difficulty in learning, and the loss of language skills.	Initial:_____
Beneficiary has a history of safety concerns related to inappropriate wandering, ingestion, aggressive behavior, and an increased incidence of falls.	Initial:_____

Completing PCS Form DHB 3051 – New Referral

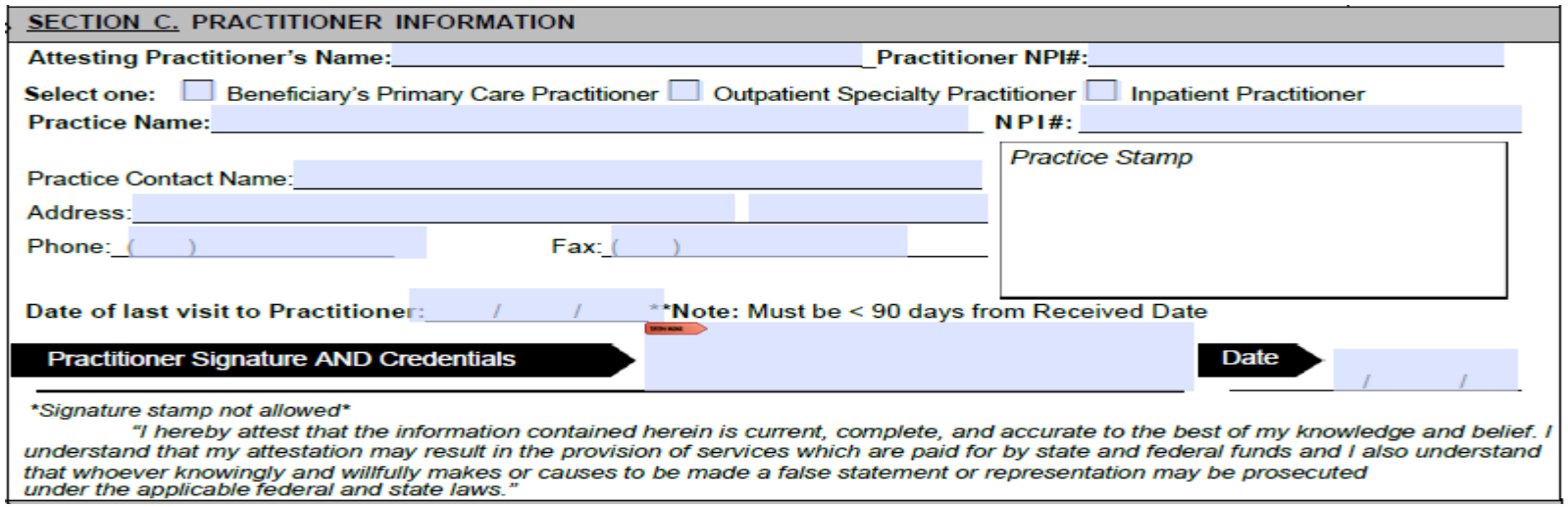
New Referral: Section C Required Fields

- Attesting Practitioner's Name and NPI#
- Practice Name and NPI#
- Practice Contact Name, Address, and Phone

Note: *Practice stamps are accepted vs. completing each of these fields*

- Date of last visit to the Practitioner - The last visit date must have occurred within 90 days of the date received by the IAE (Liberty Healthcare).
- The 3051 Form for the New Referral MUST be signed by the referring practitioner and credentials indicated along with the date; acceptable credentials include a MD, NP, or PA.

Note: *Signature stamps are not accepted*



SECTION C. PRACTITIONER INFORMATION

Attesting Practitioner's Name: _____ **Practitioner NPI#:** _____

Select one: ☐ Beneficiary's Primary Care Practitioner ☐ Outpatient Specialty Practitioner ☐ Inpatient Practitioner

Practice Name: _____ **NPI#:** _____

Practice Contact Name: _____

Address: _____

Phone: ( ) _____ Fax: ( ) _____

Practice Stamp

Date of last visit to Practitioner: __/__/__ ***Note:** Must be < 90 days from Received Date

Practitioner Signature AND Credentials _____ **Date** __/__/__

Signature stamp not allowed

"I hereby attest that the information contained herein is current, complete, and accurate to the best of my knowledge and belief. I understand that my attestation may result in the provision of services which are paid for by state and federal funds and I also understand that whoever knowingly and willfully makes or causes to be made a false statement or representation may be prosecuted under the applicable federal and state laws."

Completing PCS Form DHB 3051 – New Referral

New Referral: What Happens Next

- If the New Referral Request is complete and meets the requirements as outlined in *Clinical Coverage Policy 3L,* the request will be processed and entered into QiRePort within 2 business days of receipt.
- If the information is not complete, the request form will be returned to the referring physician via fax within 2 business days.
- Liberty Healthcare will verify that the beneficiary has active Medicaid coverage and then the beneficiary will be contacted to schedule a Medicaid PCS eligibility assessment.
- If the beneficiary is determined to be eligible for PCS, the Provider of Choice will receive the referral via the QiRePort Provider Interface.

Completing PCS Form DHB 3051 – New Referral

New Requests and PA Effective Dates – Effective 8/1/2017

- For new requests received within 30 calendar days of date on the request - If a beneficiary is awarded PA's (Prior Approvals) as a result of the assessment, the PA effective date will be the request date on the COMPLETED initial request form that was sent to Liberty Healthcare.
- If the request is received by Liberty Healthcare more than 30 calendar days from the request date on the request form, the authorization will be effective the date Liberty Healthcare received the form.

Completing PCS Form DHB 3051 – New Referral

New Requests and PA Effective Dates – Effective 8/1/2017 (continued)

Examples:

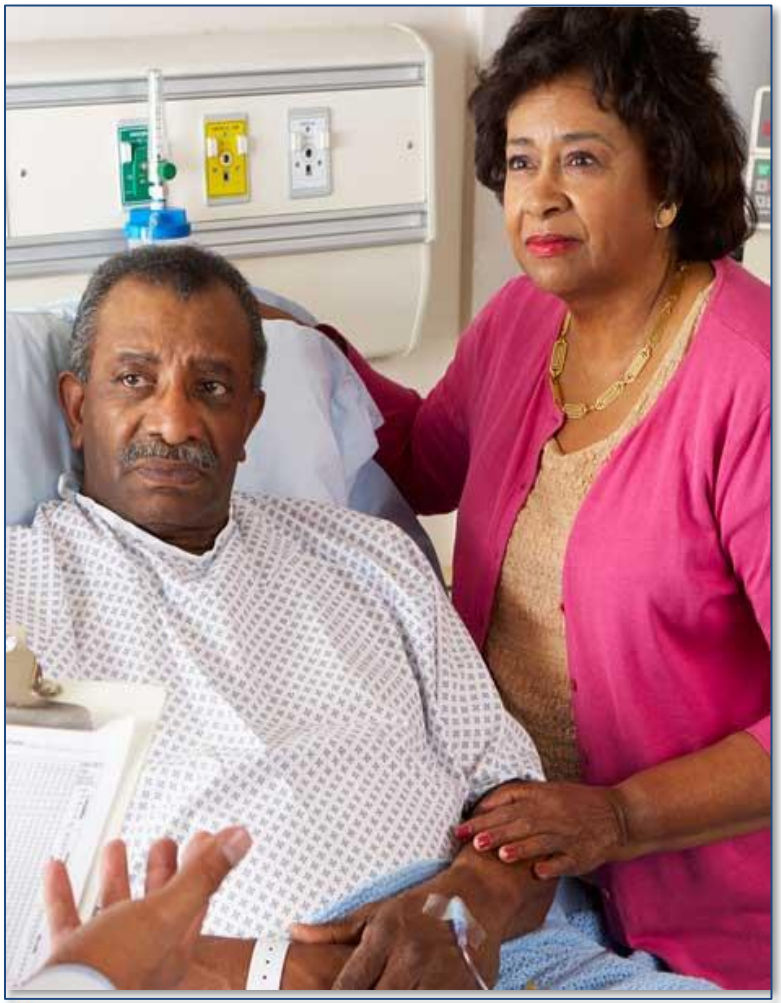
- New Request Received Within 30 Days:

Request Date:	**08/01/2017**
IAE Received Date:	**08/29/2017**
Effective Date	**08/01/2017**

- New Request Received After 30 Days:

Request Date:	**08/01/2017**
IAE Received Date:	**08/31/2017**
Effective Date	**08/31/2017**

Completing PCS Form DHB 3051 – Change of Status Medical



CHANGE OF STATUS MEDICAL

Completing PCS Form DHB 3051 – Change of Status Medical

Things to remember:

- The Change of Status Medical should be submitted when there is a change in the beneficiary's medical condition; and
- Must be completed and submitted by the beneficiary's Primary Care Physician or Attending Physician.

Note: "Medical" is defined as any change in a person's health condition that results in improved or decreased ability to perform their Activities of Daily Living.

Completing PCS Form DHB 3051 – Change of Status Medical

For Medical Change of Status Requests, Complete The Following Sections

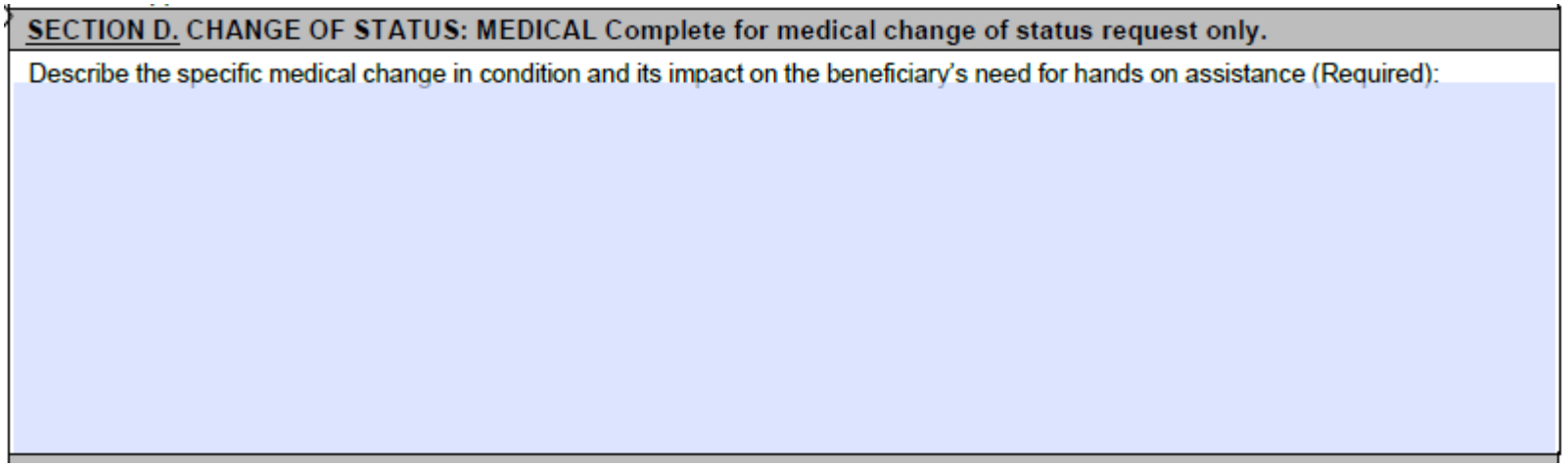
Section A	• Beneficiary Demographics
Section B	• Beneficiary's Conditions That Result in Need for Assistance with ADLs
Section C	• Practitioner Information
Section D	• Change of Status: Medical

Completing PCS Form DHB 3051 – Change of Status Medical

Change of Status Medical Requests, Section D Required Fields

- Describe in detail the change in medical condition which results in a need for decreased or increased hours of PCS.

For clarification when completing the 3051 form, "Medical" is defined as any change in a person's health condition.



Completing PCS Form DHB 3051 – Managed Care Disenrollment

MANAGED CARE DISENROLLMENT

Completing PCS Form DHB 3051 – Managed Care Disenrollment

- The state of North Carolina launched Medicaid Managed Care on 7/1/2021. With the transition to managed care, the North Carolina Medicaid Population beneficiaries needed an organized way to be able to transition from Managed Care coverage back to Medicaid Direct.

- The Managed Care Disenrollment section of the 3051 form was created to ensure that both the current PCS Provider and the current level of PCS hours being provided to the beneficiary are properly transferred to prevent a disruption is services.

Completing PCS Form DHB 3051 – Managed Care Disenrollment

Things to remember:

- A Managed Care Disenrollment Request should be submitted when a Beneficiary has current PCS under Managed Care and is transitioning to Medicaid Direct.
- The completed form should be submitted to Liberty Healthcare prior to the disenrollment date to ensure no disruption in services.

Completing PCS Form DHB 3051 – Managed Care Disenrollment

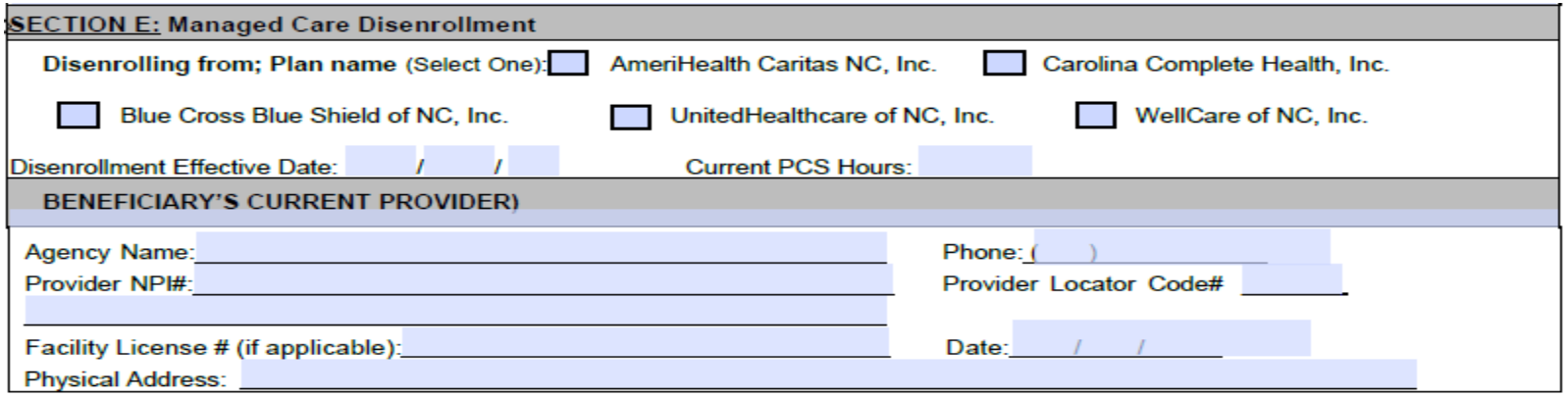
For Managed Care Disenrollment Requests, Complete The Following Sections

Section A	• Beneficiary Demographics
Section B	• Beneficiary's Conditions That Result in Need for Assistance with ADLs
Section C	• Practitioner Information
Section E	• Managed Care Disenrollment

Completing PCS Form DHB 3051 – Managed Care Disenrollment

Managed Care Disenrollment: Section E Required Fields

- Indicate the PHP Plan Name the beneficiary is disenrolling from.
- Indicate the Disenrollment Effective Date and Current PCS Hours.
  - This will ensure that level of PCS hours will transfer over at the same level to the Medicaid Direct program.
- Complete Beneficiary's Current Provider Section, including:
  - Agency Name, Address, and Phone
  - PCS Provider NPI# and Locator Code#
  - Facility License # and Date if applicable
  - Physical Address of Agency


SECTION E: Managed Care Disenrollment

Disenrolling from; Plan name (Select One): ☐ AmeriHealth Caritas NC, Inc. ☐ Carolina Complete Health, Inc.

☐ Blue Cross Blue Shield of NC, Inc. ☐ UnitedHealthcare of NC, Inc. ☐ WellCare of NC, Inc.

Disenrollment Effective Date: / / Current PCS Hours:

BENEFICIARY'S CURRENT PROVIDER)

Agency Name: Phone: ( )

Provider NPI#: Provider Locator Code#

Facility License # (if applicable): Date: / /

Physical Address:

Completing PCS Form DHB 3051 – Change of Status Non-Medical

CHANGE OF STATUS NON-MEDICAL

Completing PCS Form DHB 3051 – Change of Status Non-Medical

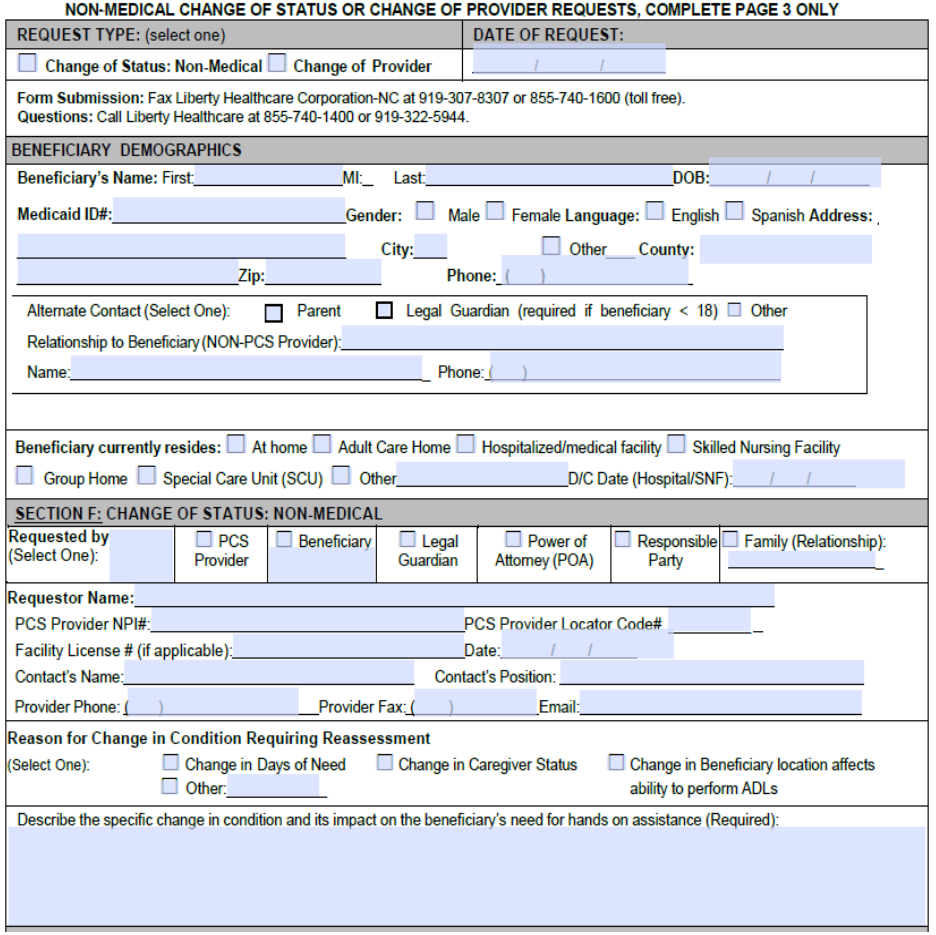
Things to remember:

- Should be submitted when –
  - Change in beneficiary's location
  - Change in caregiver status
  - Change in days of need
- Can be submitted by the beneficiary, caregiver, legal guardian, or PCS Provider

Completing PCS Form DHB 3051 – Change of Status Non-Medical

Non-Medical Change of Status Request, Complete The Following Sections of Page 3 only:

Top Section	• Beneficiary Demographics (all fields required to be completed)
Section F	• Change of Status: Non-Medical



NON-MEDICAL CHANGE OF STATUS OR CHANGE OF PROVIDER REQUESTS, COMPLETE PAGE 3 ONLY

REQUEST TYPE: (select one) | DATE OF REQUEST:

☐ Change of Status: Non-Medical ☐ Change of Provider

Form Submission: Fax Liberty Healthcare Corporation-NC at 919-307-8307 or 855-740-1600 (toll free).
Questions: Call Liberty Healthcare at 855-740-1400 or 919-322-5944.

BENEFICIARY DEMOGRAPHICS

Beneficiary's Name: First:_____ MI:_ Last:_____ DOB: / /

Medicaid ID#:_____ Gender: ☐ Male ☐ Female Language: ☐ English ☐ Spanish Address:

_____ City:___ ☐ Other___ County:

_____ Zip:_____ Phone:_( )

Alternate Contact (Select One): ☐ Parent ☐ Legal Guardian (required if beneficiary < 18) ☐ Other

Relationship to Beneficiary (NON-PCS Provider):_____

Name:_____ Phone:( )

Beneficiary currently resides: ☐ At home ☐ Adult Care Home ☐ Hospitalized/medical facility ☐ Skilled Nursing Facility

☐ Group Home ☐ Special Care Unit (SCU) ☐ Other_____ D/C Date (Hospital/SNF): / /

SECTION F: CHANGE OF STATUS: NON-MEDICAL

Requested by (Select One): ☐ PCS Provider ☐ Beneficiary ☐ Legal Guardian ☐ Power of Attorney (POA) ☐ Responsible Party ☐ Family (Relationship):_____

Requestor Name:_____

PCS Provider NPI#:_____ PCS Provider Locator Code#_____

Facility License # (if applicable):_____ Date: / /

Contact's Name:_____ Contact's Position:_____

Provider Phone:( )___ Provider Fax:( ) Email:_____

Reason for Change in Condition Requiring Reassessment

(Select One): ☐ Change in Days of Need ☐ Change in Caregiver Status ☐ Change in Beneficiary location affects ability to perform ADLs

☐ Other:_____

Describe the specific change in condition and its impact on the beneficiary's need for hands on assistance (Required):

Completing PCS Form DHB 3051 – Change of Provider

CHANGE OF PROVIDER

Completing PCS Form DHB 3051 – Change of Provider

Things to remember:

- Change of Provider requests can be made by completing the 3051 form or by calling Liberty Healthcare. *Form completion is not required.*
- For an IHC Change of Provider, a request may only be submitted by the beneficiary, Power of Attorney, or Legal Guardian.
- An ACH facility may submit a Change of Provider request if a current PCS beneficiary is admitted.
- If a beneficiary needs assistance in selecting an 'Alternate Preferred Provider', a Liberty Healthcare Customer Support Representative can assist.
- Liberty Healthcare will confirm all Change of Provider requests with the beneficiary or legal guardian.

Completing PCS Form DHB 3051 – Change of Provider

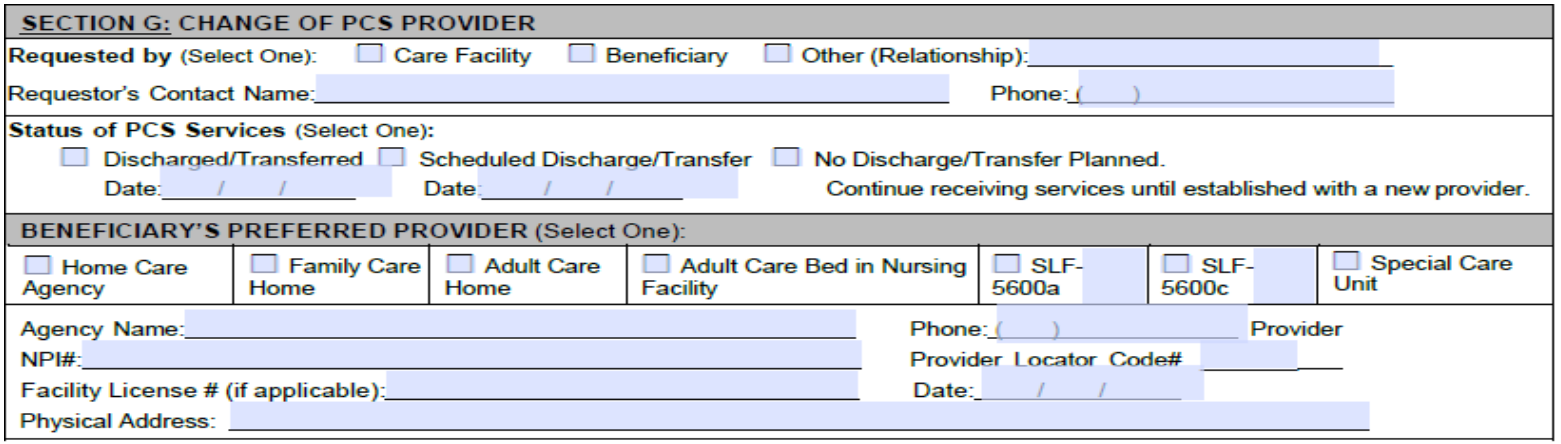
For Change of Provider Requests, Complete The Following Sections of Page 3 Only:

Top Section	• Beneficiary Demographics (All fields are required to be completed)
Section G	• Change of Provider Request

Completing PCS Form DHB 3051 – Change of Provider

Change of Provider: Section G Required Fields

- Indicate 'Requested by' including name and contact information
- Indicate Reason for Provider Change
- Complete Beneficiary's Preferred Provider Section, including:
  - Setting Type
  - Agency Name, Address, and Phone
  - PCS Provider NPI#
  - Facility License # and Date if applicable



SECTION G: CHANGE OF PCS PROVIDER

Requested by (Select One): ☐ Care Facility ☐ Beneficiary ☐ Other (Relationship):_____

Requestor's Contact Name:_____ Phone:(___)_____

Status of PCS Services (Select One):

☐ Discharged/Transferred ☐ Scheduled Discharge/Transfer ☐ No Discharge/Transfer Planned.

Date:___/___/_____ Date:___/___/_____ Continue receiving services until established with a new provider.

BENEFICIARY'S PREFERRED PROVIDER (Select One):

☐ Home Care Agency	☐ Family Care Home	☐ Adult Care Home	☐ Adult Care Bed in Nursing Facility	☐ SLF-5600a	☐ SLF-5600c	☐ Special Care Unit

Agency Name:_____ Phone:(___)_____ Provider

NPI#:_____ Provider Locator Code#_____

Facility License # (if applicable):_____ Date:___/___/_____

Physical Address:_____

Completing PCS Form DHB 3051 – Change of Provider

New Request vs. Provider?

Beneficiary moves from:	Required Request Type
ACH to ACH	COP request – Effective in 1 day
IHC to IHC	COP request – Effective in 10 days
IHC to ACH	New Request
ACH to IHC	New Request

Completing PCS Form DHB 3051

Form Completion Recap

REQUEST TYPE	COMPLETED BY	REQUIRED PAGES	REQUIRED SECTIONS
NEW REQUEST	PRACTITIONER	1 & 2	SECTION A, B, C
CHANGE OF STATUS: MEDICAL	PRACTITIONER	1 & 2	SECTION A, B, C, D
MANAGED CARE DISENROLLMENT	PRACTITIONER & PCS PROVIDER	1 & 2	SECTION A, B, C, E
CHANGE OF STATUS: NON-MEDICAL	BENEFICIARY, CAREGIVER, PCS PROVIDER	3	TOP SECTION AND F
CHANGE OF PROVIDER	BENEFICIARY, CAREGIVER, ACH FACILITY	3	TOP SECTION AND G

Completing PCS Form DHB 3051

Submitting the Completed Form

- Complete all appropriate sections
- Fax the completed form to: **919-307-8307 or 855-740-1600 (toll free)**
- If preferred, forms can be mailed to:

Liberty Healthcare Corporation of NC
Attn: Referral Processing Department
5540 Centerview Drive, Suite 114
Raleigh, NC 27606

Reminder: Practitioners must submit pages 1&2, Non-Practitioners should submit page 3.

- For questions regarding the form, email: NC-IASupport@libertyhealth.com or call 919-322-5944.
- Keep copies of all forms and fax confirmations for your records.

Expedited Process - Eligibility

Requirements:

- ✓ There is an active Adult Protective Services (APS) case; or
- ✓ The beneficiary is currently hospitalized in a medical facility or in a Skilled Nursing Facility (SNF); or
- ✓ Is under the Transition to Community Living Initiative.
- ✓ For those being admitted to an Adult Care Home (excluding 5600 facilities), the beneficiary must have a Referral Screening ID (RSID) number. To learn more on the RSVP process, please go to https://www.ncmust.com/doclib/RSVP_FAQ.docx
- ✓ The beneficiary is medically stable.
- ✓ The beneficiary has active or pending Medicaid.

Expedited Process – Submitting the Form

- Form should be completed and submitted by one of the following –
  - Hospital Discharge Planner
  - Skilled Nursing Facility Discharge Planner
  - Adult Protective (APS) Worker
  - An approved LME-MCO Transition Coordinator*

- Persons submitting the 3051 will need to have the beneficiary select a provider of services **PRIOR** to calling Liberty and completing the expedited process.

- Completed forms should be sent to Liberty via fax at 919-322-5942 followed by a call to Liberty Healthcare at 919-322-5944.

**LME-MCO Transition Coordinators, who are approved through NC Medicaid, are able to execute the expedited process.*

Expedited Process – Next Steps

1. Once connected with Liberty, the request will be reviewed and immediately approved or denied based on eligibility only, by a Customer Service Team Member.
2. If eligibility is approved, the caller will be transferred to a Liberty Healthcare nurse who will conduct a brief phone assessment.
3. If a need for PCS is identified, the beneficiary will be immediately awarded temporary hours for personal care services and the referral is sent to the selected PCS Provider.
4. Liberty Healthcare will then contact the beneficiary within 14 days to schedule a complete assessment in person.

Things to Remember

- Write clear and legible so the information can be documented accurately and processed timely.
- Incorrect or illegible forms will be faxed back to the referring physician's office for correction.
- Practice stamps are accepted, but signature stamps are not.
- Medical COS is required when there is a change in the beneficiary’s medical condition and must be completed and submitted by the beneficiary’s PCP or Attending Physician.
- If submitting a Medical COS, Section D must be completed.
- Optional Attestation in Section B must be initialed by attesting physician if applicable. Check marks, X’s and typed initials are not accepted.

MEDICAID PERSONAL CARE SERVICES CONTACTS

NC Medicaid PCS Program

Phone: 919-855-4360

Fax: 919-715-0102

Email: PCS_Program_Questions@dhhs.nc.gov

Liberty Healthcare Corporation of North Carolina

Request forms and general inquiries should be addressed to:

Liberty Healthcare Corporation-NC PCS Program

5540 Centerview Dr., Suite 114

Raleigh, NC 27606

Call Center Phone:

919-322-5944

or 855-740-1400 (toll free)

Fax: 919-307-8307

or 855-740-1600 (toll free)

Email: NC-IAsupport@libertyhealth.com

Website: www.nc-pcs.com

THANK YOU

For more information, please visit us at www.nc-pcs.com or call 919-322-5944