

MODULE 1: COMPLETING PCS FORM DMA 3051



**CHANGE
OF
STATUS**

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For Change of Status Requests, Complete The Following Sections

Section A	<ul style="list-style-type: none">• Recipient Demographics
Section B	<ul style="list-style-type: none">• Recipient Medical History
Section D	<ul style="list-style-type: none">• Change of Status Request

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Change of Status: Section D Required Fields

- Select the box that most closely describes the reason for the change in condition.
- Be sure to include specific changes in condition.
- Indicate if the recipient is medically stable.

SECTION D. CHANGE OF STATUS REQUEST - complete this section if submitting a Change of Status (COS).

Check the box to the left and complete sections A, B, and D if submitting a Change of Status. If the Change of Status is requesting an assessment for greater than 80 hours of PCS completion of Sections A, B, D, and E are REQUIRED.

Requested By (select one): Primary Care Physician Attending MD PA NP PCS Provider Recipient
 Responsible Party Other (Relationship to Recipient): _____

Is Recipient Medically Stable: Yes No **Is there an active Adult Protective Services (APS) case:** Yes No

Reason for Change in Condition Requiring Reassessment:

Change in medical condition Change in recipient's location affecting ability to perform ADLs
 Change in caregiver status Hospitalization Discharge Date: _____ (mm/dd/yyyy)
 Other: _____

Describe the specific change in condition and its impact on the recipient's need for hands on assistance (required for all reasons):

Example A: Beneficiary fell on porch during week of May 13th. Beneficiary does not remember the exact date of fall. Has a fracture to their upper arm and is now unable to lift arm and has limited range of motion changing their current functional status. Beneficiary continues to live alone.

Example B: Beneficiary recently had diagnosis with arthritis in knees with decreased mobility. Needs assistance with ambulation and transfers with toileting.

WHEN SHOULD A CHANGE OF STATUS BE SUBMITTED?

When there has been a change in:

- The recipient's medical condition
- Informal caregiver availability
- Environmental condition or location

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Change of Status: Sending The Completed Form

- Complete Sections A, B & D.
- Please fax Page 1 & 2 of the completed form to:
919-307-8307 or 855-740-1600 (toll-free)
- If you prefer, you may mail Page 1 & 2 of the form to:
Liberty Healthcare Corporation of NC
Attn: Referral Processing Department
5540 Centerview Drive, Suite 114
Raleigh, NC 27606
- If you have questions concerning the form, please email NCfax@libertyhealth.com or call **855-740-1400**.
- Keep copies of all forms and fax confirmations for your records.

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Change of Status: What Happens Next

- Liberty Healthcare receives the Change of Status Request.
- All information will be checked for completeness.
- If all information is complete, the change of status request will be entered into qiRePort.
- If the information is not complete, the change of status request form will be returned to the referring entity via fax within 48 hours.
- Within 12 business days, Liberty Healthcare will contact the beneficiary to schedule an assessment.