

**NC MEDICAID-3051 I  
REQUEST FOR INDEPENDENT ASSESSMENT FOR PERSONAL CARE SERVICES  
ATTESTATION OF MEDICAL NEED**

**INSTRUCTIONS**

These instructions offer guidance for completing the Request for Independent Assessment and Attestation of Medical Need Form for **Personal Care Services (PCS)** and should be read in its entirety before completing. Expedited Assessment Process Info: Contact Liberty Healthcare Corporation at 1-855-740-1400. Questions: Call or Email Liberty Healthcare at 855-740-1400, 919-322-5944, or [nc-iasupport@libertyhealth.com](mailto:nc-iasupport@libertyhealth.com).

**Personal Care Services (PCS)** is a Medicaid benefit based on the need for assistance with Activities of Daily Living (ADLs). The ADLs are bathing, dressing, toileting, eating, and transferring/functional mobility in the home. The purpose of the Request for Independent Assessment / Attestation of Medical Need Form (NC Medicaid-3051) is to request a PCS Independent Assessment. Requested assessments will be one of the following: New Request, Change of Status (Medical or Non-Medical), or Change of Provider.

**Sections A – D:** New Requests and Change of Status', located on pg. 1-2 of the form, shall be completed by a practitioner.

**Step 1**

Request Type. Select the type that indicates the reason for the request. Enter the Date of Request in the appropriate field.

**Step 2**

Section A: Beneficiary's Demographics. The beneficiary's name should be the same as it appears on their Medicaid card. Beneficiaries living in, and those seeking admission to, an Adult Care Home (ACH), enter the facility's address and phone number. If identified as legal guardian, submit guardianship papers to Liberty Healthcare.

**\*The RSID # and RSID Date is generated when a beneficiary, being referred or seeking admission to an ACH, is referred to a LME-MCO for the RSVP. Further information can be found below, pg 2.**

**The Alternate Contact should not be a PCS Provider.**

**Step 3**

Section B: Beneficiary's Conditions. Enter information regarding current medical conditions that limit the beneficiary's ability to perform, and resulted in a need for assistance with, ADLs. Medical Diagnosis and ICD-10 Code are both required fields.

**The Diagnosis and ICD-10 entered must relate to the ADL deficit for this request to be processed.**

**Step 4**

Optional Attestation: This step is optional. Review each statement and initial, only if applicable.

**Step 5**

Section C: Practitioner Information. Enter Practitioner and Practice information in the appropriate field. You may use the practice stamp if applicable. Sign and date once completed.

**Signature stamps are not allowed.**

**Step 6**

Section D: Change of Status: Medical. Complete if requesting a Medical Change of Status. Describe the medical change in condition and how it impacts the beneficiary's need for hands on assistance.

**Section D, located on page 2, is a required field for all Medical Change of Status Requests.**

**The date of the beneficiary's last PCP visit must be < 90 days from Received Date by the IAE.**

**It is required that the beneficiary's PCP or inpatient practitioner complete this form. If beneficiary does not have a PCP, the practitioner, currently providing care and treatment for the medical, physical or cognitive condition causing the functional limitation, may complete the form.**

--- PRACTITIONER FORM ENDS HERE ---

**Sections E – F:** Non-Medical Change of Status and Change of Provider Requests, located on pg. 3 of the form, shall be completed by the beneficiary, family member, legal guardian, home care provider, or residential provider.

**Step 1** Request Type. Select the Request Type that indicates the reason for the request. Enter the Date of Request in the appropriate field.

**Step 2** Beneficiary's Demographics. The beneficiary's name should be the same as it appears on their Medicaid card. For Beneficiaries living in, and those seeking admission to, an ACH, enter the facility's address and phone number.

**The Alternate Contact should not be a PCS Provider.**

**Step 3** Section E: Change of Status: Non-Medical. Complete if requesting a Non-Medical Change of Status. Enter the Facility License # and Date, if applicable. Describe the specific change in condition and its impact on the beneficiary's need for hands on assistance.

**Section E, found on pg 3, is a required field for all Non-Medical Change of Status Requests.**

**Step 4** Section F: Change of PCS Provider. Complete if requesting a Change of Provider.

**Completed Request Forms should be submitted to Liberty Healthcare Corporation-NC via fax at 919-307-8307 or 855-740-1600 (toll free).**

**\*\*Note:** Effective 11/1/2018 any Medicaid beneficiary referred to or seeking admission to Adult Care Homes (ACH) licensed under G.S. 131D-2.4 must be referred to a LME-MCO for the Referral Screening Verification Process (RSVP). Adult Care Home providers licensed under G.S. 131D-2.4 shall not receive a PCS assessment or prior approval without verification of a Referral Screening ID (RSID). If you have questions about your status in this process, please contact the Division of Mental Health at 919-981-2580.