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 DMA 3051
✓ Learn how to complete the form when there is a:
  • New Referral
  • Expedited New Referral
  • Change of Status – Medical and Non-Medical
  • 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 Division of Medical Assistance 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 Form (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 on the form.
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

<table>
<thead>
<tr>
<th>Assistance Levels</th>
<th>Defined</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totally Able</td>
<td>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.</td>
</tr>
<tr>
<td>Verbal Cueing or Supervision</td>
<td>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.</td>
</tr>
<tr>
<td>Limited Hands On Assist</td>
<td>Self-perform 50% of the activity and requires hands on assistance to complete remainder of the task.</td>
</tr>
<tr>
<td>Extensive Hands On Assist:</td>
<td>Able to self-perform less than 50% of the activity and requires hands on assist to complete remainder of activity.</td>
</tr>
<tr>
<td>Cannot Do At All:</td>
<td>Unable to perform any of the activity and is totally dependent on another person to perform the activity.</td>
</tr>
</tbody>
</table>
Liberty Healthcare Assessment Operational Overview

1. Referral Request is Received
2. Scheduling Coordinator Schedules Appointment with Beneficiary for Assessment
3. Assessor visits Beneficiary Home to Complete Independent Assessment
4. The Assessor Submits the Assessment for Review
5. The Selected Provider Accepts Care for the Beneficiary and Initiates Care
6. If Qualified, the Assessor Provides the Beneficiary with a List of Providers, the Beneficiary Selects One
Overview Of The DMA 3051 Form

Personal Care Services (PCS)
Request for Services forms have been consolidated into one form as of 10/1/13 and updated with ICD-10 Codes as of 10/1/15.

Request for Independent Assessment for Personal Care Services Attestation of Medical Need DMA 3051

- All PCS providers, regardless of setting, will use the DMA 3051 form.
- DMA 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 at:

http://nc-pcs.com/Medicaid-PCS-forms/DMA-3051-Request-for-Services-Instructions-and-Form.pdf
Overview Of The DMA 3051 Form

Form DMA 3051 replaced the following forms:

<table>
<thead>
<tr>
<th></th>
<th>Referral</th>
<th>Change of Status</th>
<th>Change of Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DMA 3041 Home Care Agency</td>
<td>DMA 3042 Home Care Agency</td>
<td>DMA 3043 Home Care Agency</td>
</tr>
<tr>
<td></td>
<td>DMA 3068 Licensed Residential Facility</td>
<td>DMA 3069 Licensed Residential Facility</td>
<td>DMA 3070 Licensed Residential Facility</td>
</tr>
</tbody>
</table>

As of October 31, 2013 these forms are obsolete.
Overview Of The DMA 3051 Form

The DMA 3051 Form Will Now Be Used For These Requests

NEW REFERRAL
(normal and expedited)

CHANGE OF STATUS MEDICAL

CHANGE OF STATUS NON-MEDICAL

CHANGE OF PROVIDER
Completing PCS Form DMA 3051

Key Information

- The DMA 3051 form has 6 sections – A through F. You are not required to complete all of the sections of the DMA 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 and F must be completed by the Beneficiary, Caregiver, or PCS Provider Only.
- Completion of all fields ensures timely processing of the submitted requests.
- Refer to the Request for Independent Assessment for Personal Care Services (PCS) Form – DMA 3051 with Instructions (effective 10/1/15) available at:

http://nc-pcs.com/Medicaid-PCS-forms/DMA-3051-Request-for-Services-Instructions-and-Form.pdf
Completing PCS Form DMA 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 DMA 3051

NEW REFERRAL
(normal and expedited)
Completing PCS Form DMA 3051 – New Referral

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

<table>
<thead>
<tr>
<th>Section A</th>
<th>• Beneficiary Demographics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section B</td>
<td>• Beneficiary’s Conditions that Result in Need for Assistance with ADL’s</td>
</tr>
<tr>
<td>Section C</td>
<td>• Practitioner Information</td>
</tr>
</tbody>
</table>
Completing PCS Form DMA 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
- 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.
- PASRR# and PASRR Date (For ACH Beneficiaries Only)
- 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.

| Beneficiary’s Name: First: ___________________ MI: ____ Last: ___________________ DOB: ____ / ____ / _______
| Medicaid ID#: ___________________ PASRR# (For ACHs Only): ___________________ PASRR Date: ____ / ____ / _______
| Gender: ☐ M ☐ F Language: ☐ English ☐ Spanish ☐ Other: ___________________ Address: ___________________ City: ___________________
| County: ___________________ Zip: ___________________ Phone: ___________________
| Alternate Contact (Non-PCS Provider)/Parent/Guardian (required if beneficiary < 18): Name: ___________________
| Relationship to Beneficiary: ___________________ 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): ____ / ____ / ____
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.

<table>
<thead>
<tr>
<th>Medical Diagnosis</th>
<th>ICD-10 Code (Complete Codes Only)</th>
<th>Impacts ADLs</th>
<th>Date of Onset (mm/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☐Yes ☐No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐Yes ☐No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐Yes ☐No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐Yes ☐No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐Yes ☐No</td>
<td></td>
</tr>
</tbody>
</table>

In your clinical judgment, the ADL limitations are:

- ☐ Short Term (3 Months) ☐ Intermediate (6 Months)
- ☐ Expected to resolve or improve (with or without treatment) ☐ Chronic and stable ☐ Age Appropriate

Is Beneficiary Medically Stable? ☐ Yes ☐ No

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

The beneficiary requires an increased level of supervision. Initial if Yes: ________

The 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 if Yes: ________

Regardless of setting, the beneficiary requires a physical environment 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 if Yes: ________

The beneficiary has a history of safety concerns related to inappropriate wandering, ingestion, aggressive behavior, and an increased incidence of falls. Initial if Yes: ________
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 request date.
- 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

<table>
<thead>
<tr>
<th>Attesting Practitioner’s Name: __________________________</th>
<th>Practitioner NPI#: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice Name: __________________________</td>
<td>Select one: [ ] Beneficiary’s Primary Care Practitioner</td>
</tr>
<tr>
<td>Practice NPI#: __________________________</td>
<td>Practice Stamp: __________________________</td>
</tr>
<tr>
<td>Practice Contact Name: __________________________</td>
<td>__________________________</td>
</tr>
<tr>
<td>Address: __________________________</td>
<td>Phone (<em><strong>) __________________________ Fax (</strong></em>) __________________________</td>
</tr>
<tr>
<td>Date of last visit to Practitioner: <em><strong>/</strong></em>/____</td>
<td><strong>Note:</strong> Must be &lt; 90 days from request date</td>
</tr>
<tr>
<td>Practitioner Signature AND Credentials: __________________________</td>
<td>Date: <em><strong>/</strong></em>/____</td>
</tr>
</tbody>
</table>

*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 DMA 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 the recipient 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 DMA 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.
- If a beneficiary requires a PASRR# and the PASRR# becomes effective after the PCS request form was sent to Liberty Healthcare, the PA’s become effective the date the PASRR# becomes effective*.

*Requests that require a PASRR will be held by Liberty for 30 days. If a PASRR is not obtained, the request for an Independent Assessment for PCS will be denied.
Completing PCS Form DMA 3051 – New Referral

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

Examples:
• New Request Received Within 30 Days:

<table>
<thead>
<tr>
<th>Request Date:</th>
<th>08/01/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>IAE Received Date:</td>
<td>08/29/2017</td>
</tr>
<tr>
<td>Effective Date</td>
<td>08/01/2017</td>
</tr>
</tbody>
</table>

• New Request Received After 30 Days:

<table>
<thead>
<tr>
<th>Request Date:</th>
<th>08/01/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>IAE Received Date:</td>
<td>08/31/2017</td>
</tr>
<tr>
<td>Effective Date</td>
<td>08/31/2017</td>
</tr>
</tbody>
</table>
Completing PCS Form DMA 3051 – New Referral

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

PASRR Effective Dates:

<table>
<thead>
<tr>
<th>Date of Request</th>
<th>Completed?</th>
<th>Sent to Liberty Within 30 Days of Date of Request</th>
<th>PASRR Effective Date Prior to or Same as Date of Request?</th>
<th>PA Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/1/17</td>
<td>✓ Yes</td>
<td>✓ Yes</td>
<td>✓ Yes</td>
<td>Date of the Request</td>
</tr>
<tr>
<td>Example</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8/1/17</td>
<td>✓ Yes</td>
<td>X No</td>
<td>✓ Yes</td>
<td>8/1/17</td>
</tr>
<tr>
<td>Example</td>
<td></td>
<td></td>
<td></td>
<td>Date Liberty RECEIVES the Request</td>
</tr>
<tr>
<td>8/1/17</td>
<td>X No</td>
<td>✓ Yes</td>
<td>✓ Yes</td>
<td>9/12/17</td>
</tr>
<tr>
<td>Example</td>
<td></td>
<td></td>
<td></td>
<td>Date the Corrected Request is Received</td>
</tr>
<tr>
<td>8/1/17</td>
<td>✓ Yes</td>
<td>✓ Yes</td>
<td>X No</td>
<td>8/1/17</td>
</tr>
<tr>
<td>Example</td>
<td></td>
<td></td>
<td></td>
<td>Effective Date of the PASRR</td>
</tr>
<tr>
<td>8/1/17</td>
<td>✓ Yes</td>
<td>✓ Yes</td>
<td>X No</td>
<td>8/9/17</td>
</tr>
<tr>
<td>Example</td>
<td></td>
<td></td>
<td></td>
<td>See above comments</td>
</tr>
</tbody>
</table>
Completing PCS Form DMA 3051 – Change of Status Medical
Completing PCS Form DMA 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 DMA 3051 – Change of Status Medical

For Medical Change of Status Requests, Complete The Following Sections

<table>
<thead>
<tr>
<th>Section A</th>
<th>• Beneficiary Demographics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section B</td>
<td>• Beneficiary’s Conditions That Result in Need for Assistance with ADLs</td>
</tr>
<tr>
<td>Section C</td>
<td>• Practitioner Information</td>
</tr>
<tr>
<td>Section D</td>
<td>• Change of Status: Medical</td>
</tr>
</tbody>
</table>
Completing PCS Form DMA 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.

<table>
<thead>
<tr>
<th>SECTION D. CHANGE OF STATUS: MEDICAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete for medical change of status request only.</td>
</tr>
</tbody>
</table>

Describe the specific medical change in condition and its impact on the beneficiary’s need for hands on assistance (required for all reasons):
Completing PCS Form DMA 3051 – Change of Status Non-Medical
Completing PCS Form DMA 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 DMA 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 E

• Change of Status: Non-Medical

FOR NON-MEDICAL CHANGE OF STATUS OR CHANGE OF PROVIDER REQUESTS, COMPLETE THIS PAGE ONLY.

Step 1

Please select one: ☐ Change of Status: Non-Medical ☐ Change of PCS Provider ☐ Change of Provider Date of Request: __/__/__

Beneficiary’s Name: First: ___ MI: ___ Last: ___ DOB: __/__/__

Medicaid ID#: ___ Gender: ☐ M ☐ F Language: ☐ English ☐ Spanish ☐ Other: ___

Address: __________________________ City: __________

County: __________________________ Zip: __________ Phone: __________________________

Alternate Contact (Non-PCS Provider)/Parent/Guardian (required if beneficiary < 18): Name: __________________________

Relationship to Beneficiary: __________________________ Phone: __________________________

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

SECTION E. CHANGE OF STATUS: NON-MEDICAL

Requested By (select one): ☐ PCS Provider ☐ Beneficiary

Responsible Party: ☐ Guardian ☐ Legal Power Of Attorney (POA) ☐ Family (Relationship): __________________________

Requestor Name: __________________________

PCS Provider NPI#: __________________________ PCS Provider Locator Code#: __________________________ (three digit code)

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

Provider Name: __________________________

Provider Address: __________________________ Contact’s Position: __________________________

Provider Phone: __________________________ Provider Fax: __________________________

Email: __________________________

Reason for Change in Condition Requiring Reassessment:

☐ Change in beneficiary’s location affecting ability to perform ADLs ☐ Change in caregiver status

☐ Change in days of need ☐ Other: __________________________

Describe the specific change in condition and its impact on the beneficiary’s need for hands on assistance (required for all reasons): __________________________
Completing PCS Form DMA 3051 – Change of Provider
Completing PCS Form DMA 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 DMA 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 F
  - Change of Provider Request
Completing PCS Form DMA 3051 – Change of Provider

Change of Provider: Section F 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
### Completing PCS Form DMA 3051 – Change of Provider

#### New Request vs. Provider?

<table>
<thead>
<tr>
<th>Beneficiary moves from:</th>
<th>Required Request Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACH to ACH</td>
<td>COP request – Effective in 1 day</td>
</tr>
<tr>
<td>IHC to IHC</td>
<td>COP request – Effective in 10 days</td>
</tr>
<tr>
<td>IHC to ACH</td>
<td>New Request</td>
</tr>
<tr>
<td>ACH to IHC</td>
<td>New Request</td>
</tr>
</tbody>
</table>
## Completing PCS Form DMA 3051

### Form Completion Recap

<table>
<thead>
<tr>
<th>REQUEST TYPE</th>
<th>COMPLETED BY</th>
<th>REQUIRED PAGES</th>
<th>REQUIRED SECTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW REQUEST</td>
<td>PRACTITIONER</td>
<td>1 &amp; 2</td>
<td>SECTION A, B, C</td>
</tr>
<tr>
<td>CHANGE OF STATUS: MEDICAL</td>
<td>PRACTITIONER</td>
<td>1 &amp; 2</td>
<td>SECTION A, B, C, D</td>
</tr>
<tr>
<td>CHANGE OF STATUS: NON-MEDICAL</td>
<td>BENEFICIARY, CAREGIVER, PCS PROVIDER</td>
<td>3</td>
<td>TOP SECTION AND E</td>
</tr>
<tr>
<td>CHANGE OF PROVIDER</td>
<td>BENEFICIARY, CAREGIVER, ACH FACILITY</td>
<td>3</td>
<td>TOP SECTION AND F</td>
</tr>
</tbody>
</table>
Completing PCS Form DMA 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 Pre-Admission Screening and Resident Review (PASRR) number. To learn more of this form and process, please go to www.ncmust.com/pasarr/pasarrsummary.jsp
✓ 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 DMA, 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 physicians 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

Division of Medical Assistance (DMA) 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