

**Request for Reconsideration of PCS Authorization NC Medicaid-3114****INSTRUCTIONS**

These instructions offer guidance for completing the Request for Reconsideration of PCS Authorization Form NC Medicaid-3114 and should be read in its entirety before completing the form. This form should ONLY be used by beneficiaries, 21 years of age or older, following an initial PCS Service Authorization for less than 80 hours per month. Completed Reconsideration of PCS Authorization Forms should be submitted no earlier than 31 calendar days and no later than 60 calendar days from the date of the initial approval notification to Acentra Health via fax to 833-521-2626.

In accordance with Pettigrew v. Brajer; A Reconsideration may be requested by a beneficiary that is 21 years and older who receives an **initial approval** for less than 80 PCS hours per month. The Reconsideration request is a request to increase hours above the initial approval and may be submitted if the beneficiary does not agree with the initial level of service as determined. *The Reconsideration process does not apply to beneficiaries seeking hours in accordance with Subsection 5.3.1b of the PCS Policy 3L.*

Requests for reconsideration will not be processed if they are missing any of the information listed below:

**Section A: Beneficiary Information**

- Beneficiary Name (i.e., First, Last)
- Date of Birth (DOB)
- Medicaid ID
- Contact Telephone Number
- Address
- Alternate Contact Information (Optional)

**Section B: Reconsideration**

- Place a check mark (✓) in each box (□) that represents the ADL(s) or Task(s) that are not being supported by the current authorized hours of PCS.
- If ADL(s) or Task(s) listed do not represent your need for reconsideration, write a short description of why you are requesting this reconsideration.

**Section C: Supporting Documentation**

- When submitting the Request for Reconsideration of PCS Authorization Form NC Medicaid-3114, supporting documentation must also be faxed.
- Supporting documentation must specify, explain, and support why additional hours of PCS are needed and which ADL(s) and Task(s) are not being met with the current hours.
- Supporting documentation should also provide information indicating why the beneficiary believes that the prior assessment did not accurately reflect the beneficiary's functional capacity or why the prior determination is otherwise insufficient.

Complete the Request for Reconsideration of PCS Authorization Form NC Medicaid-3114 and submit via fax along with any required materials as noted on the form.

Acentra Health  
833-521-2626.

**Review and Acknowledgment**

Nurse reviewers from Acentra Health will evaluate submitted Request for Reconsideration of PCS Authorization Forms and supporting documentation.

Incomplete, Illegible, or requests submitted without supporting documentation as indicated above, will not be processed. A reconsideration request is not considered complete without supporting documentation as indicated in PCS Policy 3L 5.6(c and d).