NC Medicaid
Provider Fact Sheet

Personal Care Services (PCS)

What NC Medicaid Direct PCS Providers Need to Do When Accepting a Beneficiary from a Health Plan

When a Medicaid beneficiary has a change in their eligibility that excludes them from enrollment in NC Medicaid Managed Care, they are disenrolled from their current health plan and enrolled into NC Medicaid Direct. The beneficiary is notified in advance they will transition to NC Medicaid Direct.

PCS providers must:

- Regularly check Medicaid eligibility to identify changes to Medicaid effective dates and enrollment status.
- Verify that the active PCS prior authorization (PA) from the health plan has been transmitted to NCTracks. If the PA is not transmitted correctly, contact NCLIFTSS at 833-522-5429

Coordinate the completion of the Request for an Independent Assessment for PCS Attestation of Medical Need (form DHB-3051) with the beneficiary's Primary Care Provider (PCP) or attending phyisian.

Once the form is completed, fax to NCLIFTSS at 833-521-2626 for processing.

Completing Form DHB-3051

When completing Form DHB-3051, please note the following:

- Sections A through D are to be completed only by the PCP or attending physician
- Sections E, F and G are to be completed only by the beneficiary, caregiver or PCS provider

When completing Section E, ensure the following details are included :

- Name of the health plan the beneficiary is disenrolling from.
- Effective date of disenrollment.
- Current level of monthly PCS hours provided by the health plan.
- Information about the beneficiary's current PCS provider agency.

Completing all fields will help ensure timely processing of submitted requests. Forms received with blank fields will be returned to the referring physician. If the form is not completed in time, the request may be denied.

If the PCS provider experiences any PA, claims or other issue as a result due to the disenrollment from the health plan, contact the Medicaid Provider Ombudsman at Medicaid.ProviderOmbudsman@dhhs.nc.gov or 866-304-7062.

WHAT IS THE TIMELINE TO SUBMIT THE PCS REFERRAL FORM?

To ensure continuity of care, NC Medicaid Direct PCS providers are responsible for submitting Form DHB-3051 to NCLIFTSS within 90 days of the managed care disenrollment date or prior to the expiration of the current PA. Adhering to the timeline will maintain continous coverage for the beneficiary, known as maintenance of service.

Failure to meeet the timeline will result in:

- A new PCS request being required
- Temporary loss of PCS coverage for the beneficiary.