

N.C. Department of Health and Human Services – Division of Medical Assistance  
**REQUEST FOR INDEPENDENT ASSESSMENT FOR PERSONAL CARE SERVICES (PCS)  
ATTESTATION OF MEDICAL NEED  
INSTRUCTIONS**

*PCS is a Medicaid benefit based on the need for assistance with Activities of Daily Living (ADLs), which means bathing, dressing, toileting, eating, and transferring/functional mobility in the home.*

Page 1 and 2 shall be completed by the beneficiary's primary care practitioner\* or the inpatient practitioner, and the beneficiary must have been seen by their PCP within the past 90 days.

**Step 1**

Form must be completed by PCP for new requests and Changes of Status – Medical. Select the appropriate box for the reason you are completing the form and include the date of the request.

**Step 2**

Please complete the beneficiary's demographic information in Section A, including where the beneficiary currently resides. The beneficiary's name should be the same as appears on their Medicaid card. If the beneficiary currently resides in or is seeking admission into an Adult Care Home, the facility's information should be used as the beneficiary's address and phone number. The Alternate Contact should not be a PCS Provider.

**Step 3**

Section B contains the information about the beneficiary's medical conditions that currently limit his/her ability to perform ADLs independently. The medical diagnosis and the complete ICD-9 code related to the ADL deficit are required for processing.

**Opt.  
Step 4**

For the Optional Attestation (see form), initial only if the beneficiary meets the requirement.

**Step 5**

Please complete the practitioner and practice information in Section C. You may use the practice stamp if applicable. Sign and date once completed. Signature stamps are not allowed.

**Change of  
Status –  
Medical**

If applicable, please describe the change in condition and how it impacts their need for assistance.

**PRACTITIONER FORM ENDS HERE**

**FOR NON-MEDICAL CHANGE OF STATUS OR CHANGE OF PROVIDER REQUESTS, COMPLETE PAGE 3 ONLY.**

*This page may be completed by the beneficiary, beneficiary's family, or legally responsible person; home care provider; or residential provider.*

**Step 1**

Select the appropriate box for the reason you are completing the form and include the date of the request.

**Step 2**

Please complete the beneficiary's demographic information, including where the beneficiary currently resides. The beneficiary's name should be the same as it appears on their Medicaid card. The Alternate Contact should not be a PCS Provider.

**Step 3**

Complete the appropriate section for the requested change; Change of Status: Non-Medical (**Section E**) or Change of Provider (**Section F**).

Completed form should be faxed to Liberty Healthcare Corporation-NC at 919-307-8307 or 855-740-1600 (toll free). For the Expedited Assessment Process or questions, call 855-740-1400 or 919-322-5944.

*\*If beneficiary does not have a PCP, the practitioner providing care and treatment for the medical, physical or cognitive condition causing the functional limitation may complete the form.*