

N.C. Department of Health and Human Services – Division of Medical Assistance
REQUEST FOR INDEPENDENT ASSESSMENT FOR PERSONAL CARE SERVICES
NEW REFERRAL - INSTRUCTIONS

Indicate whether referring practitioner is recipient's primary physician (may include PA or NP) or attending physician/hospitalist of inpatient facility.

Section A – Recipient Demographics

- Complete all information related to recipient demographics. Please include name and telephone number of alternate contact in case we have difficulty reaching recipient to schedule assessment.

Section B – Recipient Medical History

- List ONLY those current diagnoses directly related to the medically necessary need for assistance with ADLS. No V codes, E Codes or surgical codes. Historical diagnoses are not necessary.
- Date of last visit should be either the last office visit to the referring primary care physician or the last date the recipient was seen by the referring attending or hospitalist MD if in an inpatient facility

Section C – Referring Practitioner

- Complete this section with all information regarding recipient's primary care physician. Enter the name of the individual in the physician's office completing the referral information.
- If recipient is currently in an inpatient facility, referring practitioner can be an attending physician or hospitalist physician, physician's assistant or nurse practitioner. Enter the name of hospital or nursing facility discharge planner or case manager as contact name.

Section D – Primary Care Physician Demographics

- If referring physician is recipient's primary care MD, skip this section.
- If recipient is being referred from an inpatient facility, enter the name of recipient's primary care physician here with all contact information.

Section E – Authorization for Personal Care Services Assessment and Attestation of Medical Necessity

- Referring practitioner must sign and date referral as authorization for CCME to perform PCS assessment and as attestation of medical necessity of ADL assistance. If recipient is currently in an inpatient facility, facility representative may sign referral indicating signed physician order is available in medical records at the facility.

Completed referrals should be printed and faxed to CCME at 877-272-1942 or mailed to:

CCME

ATTN PCS Independent Assessment

100 Regency Forest Drive, Suite 200

Cary, NC 27518-8598

Incomplete referrals will be returned to the referring entity via fax with a request for additional information. PCS assessments will not be scheduled until all referral information is complete.