

September 2021

## Outline of Personal Care Services Referral/Intake Process

Referring Healthy Blue providers, caregivers, and members may submit a request to Blue Cross and Blue Shield of North Carolina (Blue Cross NC) for a personal care services (PCS) assessment for a Healthy Blue member by following the below steps. A referral may be submitted for a new PCS evaluation or to request additional services:

1. Obtain a doctor's order for a PCS evaluation; the order can be on any of the following documentation:
  - a. Prescription
  - b. Healthy Blue *Prior Authorization Request Form*
  - c. State-issued DMA-3051
  - d. Other treating physician orders that request an evaluation for PCS (in other words, hospital or skilled nursing facility discharge orders)
2. Requests for PCS may be submitted in any of the following ways:
  - a. Faxing a request directly to the LTSS Team at **844-432-5882**
  - b. Submitting a secured email to the LTSS inbox at [HealthyBlueNCLTSSReferrals@healthybluenc.com](mailto:HealthyBlueNCLTSSReferrals@healthybluenc.com)
  - c. Calling the LTSS Team at **844-594-5070, ext. 165-103-1596**
  - d. Faxing a request to the Healthy Blue UM Intake Team at **855-817-5788**
  - e. Submitting a request for authorization through the Availity Portal

If the referral request does not include a doctor's order, the assigned LTSS care manager will assist the referring individual with obtaining one from the member's physician. This will not delay the assessment process.

Once a referral is received, the LTSS Team will process the referrals in the following timeline:

1. **Standard referrals** — The LTSS care manager will contact the member within five business days of receiving the referral to schedule the assessment. The LTSS care manager will complete the member's assessment within 14 business days of the referral. We will notify the member of the results of the assessment within 14 business days of the completed assessment. Upon notification, if deemed medically necessary, an authorization will be issued for the medically necessary personal care services.
2. **Expedited referrals** — The LTSS care manager will contact the member within one business day of receiving the referral. Individuals who qualify for an expedited assessment will receive an initial telephonic assessment to determine eligibility and need. If the member meets expedited criteria, a provisional authorization will be issued within two business days of the assessment request. Following the provisional authorization, the member will receive a standard face-to-face assessment within 14 business days of the referral.

Note: Availity, LLC is an independent company providing administrative support services for Healthy Blue providers on behalf of Blue Cross and Blue Shield of North Carolina.

<https://provider.healthybluenc.com>

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