

August 2023

Outline of Personal Care Services Referral/Intake Process

Healthy Blue providers, caregivers, and members may submit a request for a Personal Care Services (PCS) assessment to Blue Cross and Blue Shield of North Carolina through the state's Medicaid plan for Healthy Blue members by following the steps below.

1. Obtain a signed doctor's order for a PCS evaluation; the order can be included on any of the following documentation:
 - Prescription
 - *Healthy Blue Prior Authorization Request Form*
 - State-issued DMA-3051
 - 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:
 - Faxing a request directly to the Long-Term Services and Supports (LTSS) Team at **844-432-5882**
 - Submitting a secure email to the LTSS inbox at HealthyBlueNCLTSSReferrals@healthybluenc.com
 - Calling the LTSS Team at **844-594-5070, ext. 165-103-1596**

If the referral request does not include a signed 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 referral 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.

<https://provider.healthybluenc.com>

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