

**N.C. Department of Health and Human Services – Division of Medical Assistance**  
**REQUEST FOR INDEPENDENT ASSESSMENT FOR PERSONAL CARE SERVICES**  
**CHANGE OF STATUS – INSTRUCTIONS**

Indicate whether referring entity is recipient's primary physician (may include PA or NP) or attending physician/hospitalist of inpatient facility, current PCS Agency or recipient/responsible party

**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 first the diagnoses specifically related to the need for change of status assessment, then the additional codes related to need for assistance with ADLS. No V codes, E Codes or surgical codes. Historical diagnoses are not necessary.
- Indicate the reason for need for change of status assessment. Be specific in describing change in medical condition. Medical records may be requested from referring entity to support the need for a change of status assessment.

**Section C – Referral Source**

- All referring entities will complete this section except if recipient or responsible party. Complete this section with all information regarding either recipient's primary care physician, attending physician or hospitalist of inpatient facility or current PCS provider agency. Enter the name of the individual 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 change of status request is from inpatient facility, current PCS provider or recipient/responsible party, enter the name of recipient's primary care physician here with all contact information.

**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.**