



PROVIDER REFERRAL FORM: LTSS REQUEST FOR PCS ASSESSMENT

Instructions:

This form is to request evaluation of a WellCare member for possible personal care services to allow the member to remain safely at home.

Requirements:

- Member must have documentation of physical or developmental disability, cognitive impairment or chronic health condition that has resulted in ADL limitations
- Member must be medically stable and not require continuous monitoring by RN or other licensed health professional
- The form does not require provider signature

Referral process options:

- Provider's office can call in referral to 833-298-4301 and request to speak with LTSS Care Coordination
- Provider can fax/email WellCare provider referral form or copy of DMA3051 requesting evaluation of member for need of personal care services
- Member and/or family member can call into 833-298-4301 and request evaluation for personal care services

PCP Information:

PCP:		Street Address:	
Practice Name:			
Telephone Number:		Fax Number:	
Office Email Address:		NPI:	
Date of last provider visit:			

Member Information:

Member Name:		Street Address:	
DOB:		Medicaid ID:	
Is the member medically stable?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
		No	
		Alternate Contact:	
		Alternate Contact #:	
Current residential setting:	<input type="checkbox"/>	Private Home	Medical Dx (ICD10) with impact to ADLs:
	<input type="checkbox"/>	Group Home	
	<input type="checkbox"/>	Nursing Facility	
	<input type="checkbox"/>	Homeless/Shelter	
	<input type="checkbox"/>	Adult Care Home	
	<input type="checkbox"/>	Other	

PROVIDER REFERRAL FORM: LTSS REQUEST FOR PCS ASSESSMENT

ADL Impacts:

Bathing	Independent	Cueing or Supervision	Hands-on Assistance	Extensive Assistance	Totally Dependent
Toileting	Independent	Cueing or Supervision	Hands-on Assistance	Extensive Assistance	Totally Dependent
Dressing	Independent	Cueing or Supervision	Hands-on Assistance	Extensive Assistance	Totally Dependent
Transfer	Independent	Cueing or Supervision	Hands-on Assistance	Extensive Assistance	Totally Dependent
Walking/Wheeling	Independent	Cueing or Supervision	Hands-on Assistance	Extensive Assistance	Totally Dependent
Eating	Independent	Cueing or Supervision	Hands-on Assistance	Extensive Assistance	Totally Dependent

Additional details:

If any additional information is required, a Care Manager will follow-up with the office. After contacting the member to consent for care management, the Care Manager will schedule a face-to-face assessment with the member for completion of a comprehensive assessment. Please do not hesitate to contact WellCare of NC Care Management at **1-833-298-4301**. You may return the completed referral form using one of the following:

Return to:

- Email: SM_NC_CareCoordination@wellcare.com