Request for Reconsideration of PCS Authorization

North Carolina Department of Health and Human Services – NC Medicaid

Following an initial PCS Service Authorization for less than 80 hours per month, beneficiaries 21 years of age or older, may submit a Request for Reconsideration of PCS Authorization form to request additional hours. Reconsideration request must be received no earlier than 31 calendar days and no later than 60 calendar days from the date of the initial approval notification.

Completed form should be submitted to Acentra Health via fax to 833-521-2626. For questions, call 833-522-5429. Incomplete or illegible forms will not be processed.

Section A: Beneficiary Information

Beneficiary Demographics							
First Name		Middle Initial		Last Name		Date of Birth	
Medicaid ID				Phone Number			
Address (if different from Initial Request)							
City			County			Zip Code	
Alternate Contact (optional)							
First Name		Middle Initial		Last Name			
Relationship to Beneficiary				Phone Number			

Section B: Reconsideration

Please specify which ADL(s) and Task(s) are not being supported by the current authorized hours of PCS.

- ☐ Bathing
- ☐ Dressing
- ☐ Mobility
- ☐ Toileting
- ☐ Eating
- ☐ Other – If other, describe:

Section C: Supporting Documentation

Supporting documentation must be submitted that specifies, explains, and supports why more authorized hours of PCS are needed and which ADL(s) and Task(s) are not being met by the current hours. The documentation should also provide information indicating why the beneficiary believes that the prior assessment did not accurately reflect the beneficiary's functional capacity or why the prior determination is otherwise insufficient.

_____ _____

Signature of Medicaid Beneficiary or Legal Guardian/POA Date

_____ _____

Printed Name Relationship to Beneficiary