

PERSONAL CARE SERVICES PROGRAM REQUEST FOR SERVICE LEVEL CHANGE INSTRUCTIONS

Form Name: Personal Care Request for Service Level Change (Policy Section 517.13.9)

Purpose: To assess a PC member's need for an increase in their Service Level if the member is a service level 1 and there is a substantial change in the member's medical condition. Note: Members who are appealing a denial of medical eligibility will remain at their current Service Level pending a Fair Hearing decision. The UMC will not review a request for an increased Service Level for such members.

1. Document PC Member information:

- Member's First and Last Name
- Birth Date
- Medicaid Number
- Address to include street, city, state and zip code
- County
- Legal Representative, if applicable
- Phone Number
- Member or Legal Representative (if applicable) must sign request
- Enter current PAS date

2. Document Agency Information:

- Agency Name
- Address to include street, city, state and zip code
- Phone Number
- Fax Number
- PC RN's Signature

3. The required following documents must be submitted with the Request for Service Level Change:

- A completed copy of the Request for Service Level Change with original signatures, *i.e.*, "signature of member on file" is not acceptable.
- A narrative explaining the need for Service Level Change.
- A statement from a physician, nurse practitioner or physician's assistant explaining the need for Service Level Change. Statement must be on the medical professional's letterhead. Applicable Lab results, hospital discharge summary dated no later than one month prior to, or one month following, the request for an increased Service Level.
- Current PC PAS
- Current POC
- Proposed POC Update
- Any additional documentation that substantiates the request

4. Information that *will not* be considered includes:

- Verbal or telephonic statements.

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- Letters from family, neighbors, friends, or Case Management (if dual services), Personal Attendant staff (if dual services), and PC staff without an attached MD's, DO's, ANP's or PA's documentation or hospital discharge summary.
5. A completed Request for Service Level Change with all required documentation must be submitted in the UMC web portal for review to determine whether additional hours are warranted. This request may or may not result in a change in the Service Level.
6. Notice of the determination will be sent to the member or their legal representative (if applicable) and the Personal Care Agency.
7. The Personal Care Agency must notify the appropriate Case Management and Personal Attendant Agency or PPL (if dual services) of the Service Level determination.