

PERSONAL CARE SERVICES PROGRAM MEDICAL NECESSITY EVALUATION REQUEST INSTRUCTIONS

ALL AREAS MUST BE COMPLETE, NO BLANK AREAS, OR THIS FORM WILL BE RETURNED.

Check box at top of form for an initial or reevaluation assessment for services.

If the applicant is in a facility and requires an emergency evaluation, please check that box. An evaluation will be scheduled in 2 business days and the agency must be able to start services the day after discharge from the facility.

Enter Applicant/Member Information: Complete all areas leaving NO Blanks, if not applicable enter N/A. The applicant/member must sign and date (if unable, a Legal Representative must sign).

Legal Representative, Guardian or Contact Area: MUST be complete if the applicant/member has Alzheimer's, dementia or a related diagnosis. If not applicable, enter N/A.

Referring Physician: The physician information on this request must be complete and legible, to be processed. The request must be signed by the Physician, Nurse Practitioner or Physician's Assistant

SUBMIT COMPLETED PCMNER TO: KEPRO-PC

1007 BULLITT STREET

SUITE 200

CHARLESTON, WV 25301

FAX: (844) 794-6729

MUST UPLOAD AND DATA ENTER PC-MNER INTO THE UMC WEB PORTAL TO INITIATE RE-EVALUATION PROCESS.