North Carolina Department of Health and Human Services-Division of Medical Assistance

Personal Care Services EPSDT Short-Term Increase-In-Hours Request Form

Completed form should be sent via fax to 919-715-0102.

Requests must be submitted 14 business days prior to the start date of the requested increase. **Requests submitted without work schedule or disability verification will be denied.** Requestors may contact DMA EPSDT nurse consultants with questions at 919-855-4360.

Date: _____

QUESTIONS:	*WRITE ANSWERS BELOW:*
Beneficiary's Full Name (Print for Legibility):	
Medicaid Identification Number (MID):	
Current PCS "Monthly" Hours Presently Receiving:	

Current Weekly Schedule:

✔ Day of Week:	Monday ☐	Tuesday ☐	Wednesday ☐	Thursday ☐	Friday ☐	Saturday ☐	Sunday ☐
PCS Hours:							

Short-Term Hours Requested including Time of Care:

✔ Short-Term Hours Requested:	Monday ☐	Tuesday ☐	Wednesday ☐	Thursday ☐	Friday ☐	Saturday ☐	Sunday ☐
Time of Care Requested:							

Explain the reason for the short-term increase-in-hours request.

Work schedule or disability VERIFICATION for primary caregiver, legal guardian, or power of attorney residing in the home: A work or disability verification must be submitted with **each** request. The work verification must be on company letterhead and include the specific days and hours of work for the parent. The work verification must be signed and dated by the supervisor with his or her contact information. The disability verification must be from a medical doctor (M.D.) with a notation of the parent's inability to perform the hands-on-care needs of the child and signed by the physician or the M.D.'s representative.

Start Date/End Date (for Short-Term Increase in Hours):

Start Date:	
End Date	

Parents' Names:

Parent 1:	Parent 2:

Parents' Telephone Numbers:

Parent Home Telephone #:	
Parent 1 Cell Number:	
Parent 2 Cell Number:	

Home-Care Agency Referral Information:

Home-Care Agency Name:		
Person's Name Making Referral:		
Signature & Date of Person Making Referral:	𝓍	Date:
Telephone #:		
Email Address (must include for follow-up):		