

**NC-Medicaid  
Personal Care Services  
EPSDT Short-Term Increase-In-Hours Request Form  
INSTRUCTIONS**

These instructions offer guidance for completing the Personal Care Services EPSDT Short-Term Increase-In-Hours Request Form NC Medicaid-3116 and should be read in its entirety before completing the form. This form should ONLY be used by primary caregivers, legal guardians, powers of attorney (POA), and providers requesting an increase in hours when beneficiaries under 21 years of age require a short term increase in their currently authorized hours for Personal Care Services (PCS). Requests must be submitted 14 business days prior to the start date of the requested increase. Request submitted without work schedule or disability verification will be denied.

The EPSDT Short-Term Increase-in-Hours Requests will not be processed if missing any of the following information.

**Beneficiary Information**

- Beneficiary Full Name (i.e., First, Last)
- Medicaid ID
- Current PCS “Monthly” Hours Presently Receiving

**Current Weekly Schedule**

- Place a check mark (✓) in each box (□) that represents days of the week the beneficiary is receiving PCS. Indicate the number of hours of PCS the beneficiary receives on each checked day.

**Short-Term Hours Requested, including Time of Care**

- Place a check mark (✓) in each box (□) that represents the days of the week the beneficiary is requiring an increase in the hours receiving PCS. Indicate the time of care being requested for the increase period.

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

- Explain why the beneficiary needs an increase in their PCS.

**Work Schedule / Disability Verification for primary caregiver, legal guardian, or power of attorney residing in the home.**

- A work schedule 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 physician’s representative. Requests submitted without work schedule verification will be denied.

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

- List the date that the need for increase begins as well as the date that this need will end.

**Parents’ Names and Telephone Numbers**

- List the parents’ names as well as their contact number(s).

**Home-Care Agency Referral Information**

- List the Home-Care Agency information if this request is submitted by agency staff. Provide the name and signature of the person making the referral.

Complete the Personal Care Services EPSDT Short-Term Increase-In-Hours Request Form: NC Medicaid-3116 submit via fax, along with any required materials as noted on the form.

PCS Fax: 919-715-0102

**Review and Acknowledgment**

NC Medicaid’s EPSDT Nurses will evaluate submitted EPSDT Short-Term Increase-In-Hours Request Forms. Incomplete, Illegible, or requests submitted without supporting documentation as indicated above, will not be processed. Requestors may contact NC Medicaid’s EPSDT nurse consultants with questions at 919-855-4360.