

# CCH PCS Information Session FAQ and Guide (12/03/25)



## Assessments and Reassessments:

### 1. When a reassessment is due, what is the process in notifying the member and provider?

**Answer:** Care managers begin outreach to the members within 30 days of the assessment due date. If the member cannot be reached, the provider is notified.

### 2. Providers often need to send the 3051 form to the primary care physician for signature, which can cause delays and potential lapses in services. Can the reassessment process be started earlier than 30 days before the due date?

**Answer:** A 3051 is not needed to continue existing PCS. The 3051 is only needed to initiate services. Reassessments are tracked and managed by the Care Managers who will begin outreach within the appropriate time frames.

### 3. Where should providers send the 3051 form?

**Answer:** All CCH members will need to have the 3051 sent directly to CCH (not NCLIFTSS). Fax the completed & signed 3051 forms to CCH Care Management at **1-833-706-0238**.

## Referrals Information:

### 1. How do PCS providers obtain referrals?

**Answer:** If your agency has a current contract with CCH, it is included on the provider list. Referrals are based on member choice, so the member selects a contracted agency to provide PCS services.

### 2. Where is the Provider Directory?

**Answer:** <https://www.carolinacompletehealth.com/members/medicaid/resources/provider-directory.html>

## HHAeXchange and EVV:

### 1. How do providers access authorization in HHAeXchange?

**Answer:** The HHA Knowledge Base has information on navigating the HHA portal. Please review this link for more information.

<https://knowledge.hhaexchange.com/enterprise/Content/Documentation/Patient/Pat-N-Linked-Contract-Authorizations-P.htm?Highlight=authorization>

### 2. Who is responsible for entering a new client into the HHAeXchange system?

**Answer:** CCH will populate the member in HHA once the authorization is approved

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## HHaEXchange and EVV (cont):

3. **What if we use another EVV vendor for our EVV solution and CCH is listed as a vendor? Do providers need to register somewhere else?**

**Answer:** NC DHHS requires providers using any EVV vendor except for Sandata to submit a registration form indicating your vendor selection. You may have completed this in the past, but if you're unsure more information is available on the NC DHHS EVV website - <https://medicaid.ncdhhs.gov/EVV>.

## Authorizations, Billing and Units:

1. **Is one unit equivalent to 15 minutes?**

**Answer:** Yes, that is correct.

2. **Are the authorized 80 hours per month fully billable?**

**Answer:** Billable units are based on the approved authorization. Payment may vary by member. If not all units are paying as expected, your Provider Relations Coordinator can assist.

3. **What if a member is approved for 5-7 days but only wants 1-2 days/week?**

**Answer:** A member is approved for a certain number of hours per month - it does not specify days per week. So that will be decided by the facility/agency and their plan of care developed with the members and their needs based on the number of hours they have been approved for.

## Contact Information and Resources:

- To learn who your Provider Relations Coordinator is, please email your agency's TIN to [networkrelations@cch-network.com](mailto:networkrelations@cch-network.com).
- To connect with Care Management call 1-833-552-3876
- [CCH Personal Care Services \(PCS\) Information Session \(PDF\)](#)
- [Personal Care Service Provider Guide \(PDF\)](#)
- [CCH Personal Care Services Request 3051 Form](#)
- [Secure Provider Portal Guide Viewing Assessments and Authorizations Provider Guide](#)
- [CCH Home Health and Personal Care Services Webpage](#)
- [Clinical Coverage Policy 3L In-Home](#)
- [Clinical Coverage Policy 3L-1 Congregate Care](#)
- [NC DHHS Personal Care Services](#)

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