



MEMBER AND CAREGIVER HANDBOOK

Your benefits for mental health, substance use and intellectual/developmental disability services

2021-2022

We believe in self-determination, the resilience of the human spirit and the power of communities working together. We know that recovery, healing and hope are possible for everyone. We are inspired by **you**.

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Vaya Health

200 Ridgefield Court, Suite 218
Asheville, NC 28806

24-Hour Access to Care: 1-800-849-6127

Business calls: 1-800-893-6246

www.vayahealth.com

This handbook is available in Spanish and in alternate formats (braille, large-print, audio). If you need an alternate version or have limited reading ability, call our Member Services Department at 1-800-849-6127.

Este manual está disponible en español y en formatos alternativos (braille, letra grande, audio). Si lo necesita en una versión alternativa o tiene capacidad de lectura limitada, llame al Departamento de Servicios al Miembro de Vaya Health al 1-800-849-6127.



ACCREDITED

Health Call Center
Expires 09/01/2024



ACCREDITED

Health
Utilization
Management
Expires 09/01/2024



ACCREDITED

Health Network
Expires 11/01/2024

WELCOME

Welcome to Vaya Health! This handbook provides details about your healthcare services and information to help you move forward in your journey to a place of healing, recovery and hope.

Please read this handbook carefully. It includes information about whom to call if you, a family member or another loved one needs help or is experiencing a mental health or substance use crisis. It also explains what may be available based on your eligibility, how to access healthcare services and how Vaya can help you pursue recovery, greater community integration or other life goals.

Some services managed by Vaya are only available for people who have Medicaid or who are enrolled in the N.C. Innovations Waiver. We also offer some services that are available to people without Medicaid. We want to make it easy for you to get the right care, in the right amount, at the right time. Please call us whenever you need help.

Important telephone numbers

24-HOUR ACCESS TO CARE

If you are in crisis or have questions about services or your eligibility, call our 24/7 Access to Care Line at 1-800-849-6127, available every day of the year. When you call, you will speak with a trained Member Services specialist who can help you in a crisis and offer information about services, eligibility, providers and appointments.

We value your feedback. You can also call this number if you have a complaint, concern, question, grievance, compliment or general comment. A full list of Vaya telephone numbers and office locations is included on the next page for easy reference.

If you are experiencing a medical or life-threatening emergency, please call 911.

This handbook also explains your rights and responsibilities, including how to report a concern about your care, file an appeal if Vaya does not authorize requested services, prepare a crisis plan or advance directive, participate in person-centered planning or report fraud, waste or abuse.

How can I get a printed copy of the Member and Caregiver Handbook?

We will mail you a welcome letter within 14 days after you enroll in one of our health plans. The letter explains that you can ask for a printed copy of the handbook by calling 1-800-849-6127. If you lose your handbook or need another copy, call 1-800-849-6127 and we will mail a new copy to you.

We also have a version available in Spanish. Additionally, you may visit our website at www.vayahealth.com to read, print or save a copy of the English or Spanish versions of the handbook.

HELPFUL CONTACTS

24/7 Access to Care Line

1-800-849-6127

Call our toll-free Access to Care Line if you, or a loved one, experience a crisis or need an assessment, referral to a provider, mobile crisis or other services managed by Vaya. You may also call for help with a question, for information about services or to report a concern about a provider, your services or experiences with Vaya. Hearing impaired/TTY, contact RelayNC at 711. For more information in non-emergency situations, you may also email member.services@vayahealth.com.

Mobile Crisis Management

In a crisis, you may call a mobile crisis provider directly. Locate your county and call the number to the right.

Alamance, Caswell, Franklin, Granville, Person, Rowan, Stokes and Vance	1-866-275-9552
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Alexander, Buncombe, Caldwell, Henderson, Madison, McDowell, Mitchell, Polk, Transylvania and Yancey	1-888-573-1006
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Alleghany, Ashe, Avery, Watauga and Wilkes	1-877-492-2785
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Chatham	1-877-626-1772
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Cherokee, Clay, Graham, Haywood, Jackson, Macon and Swain	1-888-315-2880
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IMPORTANT: Call 911 for medical or life-threatening emergencies.

Assistance in languages other than English

1-800-849-6127

We can connect you to a free interpretation service for more than 150 languages. You may have to wait briefly for the conference call with the interpreter to begin.

24/7 Confidential Compliance Hotline

1-866-916-4255

All community members, including Vaya members, relatives, caregivers and provider staff, can call this hotline to report fraud, waste or abuse of public funds, including False Claims Act violations, suspicious billing practices or other concerns about non-compliance with service requirements.

Business telephone calls

1-800-893-6246

Our toll-free business number connects you to all Vaya offices, extensions and a staff directory. Or, you may call our main local office number to connect to the same offices, extensions and directory.

OR

828-225-2785

Business fax line

828-412-4098

Unless otherwise specified, you may send business information via our central fax line.

Vaya community offices

Vaya has staff present in each county we serve. We maintain an administrative headquarters in Asheville and a regional office in Lenoir. We also have staff co-located throughout our region in local Department of Social Services (DSS) offices and provider agencies.

ASHEVILLE: 200 Ridgefield Court, Suite 218, Asheville, NC 28806

LENOIR: 825 Wilkesboro Blvd. NE, Lenoir, NC 28645

MESSAGE FROM OUR CEO

Welcome to Vaya Health!

We're proud to have served North Carolina for nearly 50 years. Our roots in the community go back to 1972, when we became an area mental health authority in the state's seven westernmost counties under the name Smoky Mountain Center. Today, we are a public managed care organization operating in 31 counties.

Vaya manages publicly funded healthcare services and supports for people with mental health, substance use disorder and intellectual and/or developmental disability (IDD) needs. Our vision is to build communities where people get the help they need to live the lives they choose.



Your wellbeing is important to us. Vaya can connect you to healthcare services to help you stay well, live more independently or support recovery from mental health or substance use challenges. If you need help in a behavioral health crisis, a referral or information about available services, don't hesitate to call our 24/7 Access to Care Line at 1-800-849-6127.

This year, North Carolina is making big changes to the way Medicaid services are managed. These changes will not affect your Medicaid eligibility. We understand that these changes can be confusing at times. At Vaya, we are dedicated to supporting you through this transition. If you have any questions about these changes or your services or supports, please call the Access to Care Line at 1-800-849-6127.

Together with the people, families and communities we serve, we're moving forward toward a place of health and wellness. It is our privilege to serve you.

A handwritten signature in black ink, appearing to read 'B. Ingraham'. The signature is stylized and fluid, with a long horizontal line extending from the end.

Brian Ingraham
CEO, Vaya Health

MY HEALTHCARE CONTACTS

Use the following spaces to write the names and phone numbers of the people working with you for your mental health, substance use or intellectual and/or developmental disability (IDD) services and supports.

MY BEHAVIORAL HEALTH/IDD PROVIDER'S NAME:	
MY BEHAVIORAL HEALTH/IDD PROVIDER'S PHONE NUMBER:	
MY VAYA CARE MANAGER'S/COORDINATOR'S NAME:	
MY VAYA CARE MANAGER'S/COORDINATOR'S PHONE NUMBER:	
VAYA 24-HOUR ACCESS TO CARE LINE (TOLL-FREE):	1-800-849-6127
MOBILE CRISIS SERVICES NUMBER FOR MY COUNTY:	
NAME OF THE CLOSEST HOSPITAL FOR MEDICAL NEEDS:	
PHONE NUMBER OF THE CLOSEST HOSPITAL FOR MEDICAL NEEDS:	

Use the following spaces to write the names and numbers of other important healthcare contacts, such as your doctor, dentist or other medical specialist.

KEEP THIS HANDBOOK WHERE YOU CAN EASILY FIND IT FOR FUTURE REFERENCE

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SECTION 1

Welcome to Vaya Health!

IN THIS SECTION:

- Welcome to Vaya Health!
- What is Vaya?
- How is Vaya governed?
- How does Vaya protect against discrimination?
- What is EthicsPoint?

Welcome to Vaya Health!

Vaya Health is a government agency that manages Medicaid, block grant, state and local funding for mental health, substance use disorder and intellectual and/or developmental disability (IDD) services. We manage services in Alamance, Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Caswell, Chatham, Cherokee, Clay, Franklin, Graham, Granville, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Person, Polk, Rowan, Stokes, Swain, Transylvania, Vance, Watauga, Wilkes, and Yancey counties.

Vaya has served people living in North Carolina since 1972. Our staff and offices are located throughout the region, and we have deep roots in our local communities. Our mission is to successfully evolve in the healthcare system by embracing innovation, adapting to a changing environment and maximizing resources for the long-term benefit of the people and communities we serve.

What is Vaya?

Vaya is a Medicaid managed care organization. We also manage limited funding for services for people who have no insurance, or not enough insurance, and cannot afford to pay for care. We are dedicated to the promotion of recovery, self-

direction and a person-centered approach to individual strengths, hope and choice. We work to make sure our members receive the right type of care, in the right amount, at the right time. We effectively manage the system of care by providing:

- Access to a variety of services to meet your individual needs
- 24-hour access to care, including crisis services
- Clinical reviews to make sure your care is medically necessary and best meets your needs
- A network of healthcare providers
- Management of the network of providers to make sure quality services are available locally
- Resolution of all concerns, grievances and requests for appeals in a timely manner
- Community education programs and trainings
- Access to care for people leaving hospitals, jails, state residential facilities and treatment centers

Vaya is responsible for efficiently managing the limited public resources available for our services. We believe it is important to work in partnership with individuals, families and community stakeholders, like departments of Social Services, Health Departments, Federally Qualified Health Centers and local hospitals, to meet the needs of people in our region. We contract with service providers to get the care you need to help you stay healthy and well.

Providers in our network must undergo a rigorous credentialing review and are continually monitored to ensure quality. We are URAC-accredited in the areas of Health Call Center, Health Network and Health Utilization Management. The N.C. Department of Health and Human Services (DHHS) contracts with us to operate the N.C. Medicaid combined 1915(b)/(c) Waiver in our region, also known as our catchment area. DHHS also contracts with us to manage publicly funded behavioral health and IDD services for people who have no insurance, or not enough insurance.



For more information about Vaya, visit www.vayahealth.com or call our 24-hour, toll-free Access to Care Line at 1-800-849-6127. You may also request a printed copy of our Member and Family Handbook or a printed list of healthcare providers near you by calling 1-800-849-6127.

To access a list of local providers online, visit www.vayahealth.com and select “Get Help,” then “Find a Provider.”

How is Vaya governed?

Vaya is governed by a Board of Directors that includes at least one county commissioner; individuals with specific healthcare, social services, insurance, hospital administration and mental health expertise; and three members of the Vaya Consumer and Family Advisory Committee (CFAC).

The president of the Vaya Provider Advisory Council serves on the board as a non-voting member. The board meets at least six times a year, and meetings are open to the public. The board is responsible for making sure Vaya meets compliance and quality standards and also approves our annual budget.

We also have a County Commissioner Advisory Board (CCAB) that meets quarterly. This board includes a representative from each of the boards of county commissioners in the counties we serve. It is an advisory group that provides feedback to Vaya about service needs in our local communities.

Vaya also maintains a Consumer and Family Advisory Committee (CFAC) that includes people who receive or have received mental health, substance use disorder and/or IDD services and their relatives or guardians. For more information about the CFAC, including how to participate, see Section 13 of this handbook.



How does Vaya protect against discrimination?

Vaya complies with applicable federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin, age, disability or sex. Vaya and its contracted providers also do not discriminate based on ethnicity, religion, creed, gender identity, sexual orientation, marital status, family/parental status, genetic information, income derived from a public assistance program, political beliefs or any other category protected under federal or state law.

Vaya provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large-print, audio, accessible electronic formats and other formats)

Vaya also provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

What is EthicsPoint?

If you believe that you have experienced discrimination in how services were authorized or provided to you, please let us know. You can contact the Vaya Human Rights Committee or file a grievance by calling our Access to Care Line at 1-800-849-6127. You can also report anonymously by calling the Vaya Compliance Hotline at 1-866-916-4255 or by filing a report in our EthicsPoint compliance portal at vayahealth.ethicspoint.com.

EthicsPoint is a secure and confidential (private) tool to report suspected discrimination, fraud and abuse. EthicsPoint can be accessed 24 hours a day, seven days a week.

If you prefer to contact someone other than Vaya, please call the N.C. DHHS Customer Service Center

at 1-800-662-7030. This number is monitored by an external, third-party vendor, and your call will be completely anonymous if you choose.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201; or by phone at 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

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SECTION 2

What is the Medicaid Waiver?

IN THIS SECTION:

- What is the Medicaid Waiver?
- What is the 1915(b) Waiver?
- What is the 1915(c) Innovations Waiver?
- What is the Registry of Unmet Needs?

What is the Medicaid Waiver?

Before 2005, only the N.C. Department of Health and Human Services (DHHS) could manage Medicaid services in North Carolina. However, in 2005 the federal Centers for Medicare & Medicaid Services (CMS) approved a Medicaid 1915 (b)/(c) Waiver program that allows the state of North Carolina to offer alternatives to the traditional Medicaid service delivery system. Vaya began operating the Medicaid 1915 (b)/(c) Waiver in our region in 2012.

For more information about who is eligible for Medicaid services through Vaya, see Section 3 of this handbook.

If you are uninsured, or underinsured, and you receive non-Medicaid services through Vaya, the information in this section does not apply to your care. For more information, see Section 3 of this handbook.

What is the 1915(b) Waiver?

North Carolina's 1915(b)/(c) Medicaid Waiver is really two separate waivers combined into one. The first part, the 1915(b) Waiver, is also called the N.C. MH/DD/SA Health Plan. It is a managed care/freedom of choice waiver that "waives" the following requirements of the U.S. Social Security Act:

- Waives state-wideness: Allows North Carolina to have behavioral health managed care plans in specific areas of the state, such as our region
- Waives comparability of services: Lets North Carolina provide different benefits to people enrolled in the managed care system
- Waives freedom of choice: Allows Vaya to have a closed network and require Health Plan members to choose from providers within that network, with some exceptions

The N.C. MH/DD/SA Health Plan is designed to:

- Better coordinate the system of care for individuals, families and providers
- Manage resources better so that service dollars can be directed to those most in need
- Develop a more complete range of services and supports in the community so that more people can receive services in their community, with as little disruption to their lives as possible
- Create new, optional (b)(3) services funded with savings Vaya achieves by managing care more effectively. These (b)(3) services are only available for people with Medicaid and are identified by reviewing what kind of practices work best and listening to feedback from members and families.

Vaya makes sure that we offer an array of services and providers in the counties served. Individuals ages 3 years and older with Medicaid coverage from one of our counties are eligible to receive mental health, substance use disorder and intellectual and/or developmental disability (IDD) services. The services available include those covered by the current North Carolina Medicaid Plan.

The 1915(b) Waiver allows services to be added that may not be included in the current NC Medicaid service options. The addition of any new services will be based on best practices. New services added will involve input from members and families.

Vaya's provider network offers evidence-based and clinical best practice services when available. Evidence-based services integrate research, clinical expertise and patient value into the decision-making process for member care. You can choose from any provider in Vaya's network who is eligible to provide the approved service. You will receive information and education to help choose providers by calling the Vaya Access to Care Line at 1-800-849-6127.

What is the 1915(c) Innovations Waiver?

The Medicaid 1915(b)/(c) Waiver

GOALS:

- To improve access to care
- To improve quality of services
- To promote cost efficiencies

BENEFITS:

- You have a choice of providers within the Vaya network.
- Medically necessary needs are met.
- There is a process for grievance resolution.
- You may get second opinions.

REQUIREMENTS FOR VAYA:

- Provide telephone contact 24 hours a day, seven days a week
- Provide emergency referrals 24 hours a day, seven days a week, within two hours of the request for services
- Link to urgent care within 48 hours of the request for services
- Link to routine care within 14 calendar days of the request for services
- Employ or contract with staff qualified to evaluate services requested by providers
- Contract with a network of qualified providers
- Offer a choice of at least two providers where available, except for crisis services
- Provide written materials explaining the benefit plan, how to access services and member rights

The Innovations Waiver is a Medicaid-funded program that allows people with an intellectual and/or developmental disability (IDD) to receive services and supports in their own home or community, rather than in an institution. Vaya Health manages the Innovations Waiver program in our region.

The Innovations Waiver is designed to promote independence, choice, community integration and the ability to realize life goals. Waiver services can:

- Support you to live where you choose
- Support you to spend your day in a way that you choose
- Educate you and your family on how to use the natural supports you need
- Help you be a part of your community
- Support you to live more independently
- Empower you to manage your own services
- Help you stay healthy and safe in your community

The Innovations Waiver serves people with an IDD of any age who meet institutional level of care criteria. Participation in the Innovations Waiver is limited to the number of individuals approved by CMS and funding approved by the N.C. General Assembly.

The Innovations Waiver offers individuals and families two levels of control and responsibility:

1. Provider-directed services; or
2. Individual and family-directed services options (which includes the Agency with Choice and Employer of Record models). Under this option, individuals and their families have greater control of all or part of the supports in their member care plan. For more information, please refer to Vaya's Individual and Family-Directed Services Employer Handbook, available upon request by calling 1-800-849-6127 or online at www.vayahealth.com.

The Innovations Waiver description of services and clinical requirements are listed in the NC Medicaid Clinical Policy 8P, available at <https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/behavioral-health-clinical-coverage-policies>.

What is the Registry of Unmet Needs?

The Registry of Unmet Needs is a first-come, first-served list maintained by Vaya to keep track of

an IDD and may need N.C. Innovations services in the future to call us so that you can add your child to the registry now.

To learn more about the Innovations Waiver or the Registry of Unmet Needs, call Vaya's toll-free Access to Care Line at 1-800-849-6127.

people waiting for N.C. Innovations services. We strongly encourage parents of children who have

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SECTION 3

Am I eligible for services through Vaya?

IN THIS SECTION:

- Am I eligible for services through Vaya?
- Am I eligible for Medicaid services?
- Are there limitations to Medicaid eligibility I should know about?
- Where do I obtain a Medicaid Identification Card?
- What if I have private insurance?
- Am I eligible for non-Medicaid services?



Am I eligible for services through Vaya?

If you get a qualifying category of Medicaid from one of the counties Vaya serves, you may be eligible for the Vaya 1915(b) Health Plan. Medicaid beneficiaries approved for an Innovations Waiver slot are members of the Vaya 1915(c) Health Plan.

Starting July 1, 2021, Vaya will continue to manage services for people with a **serious** mental illness, a **serious** emotional disturbance, a **severe** substance use disorder, **an intellectual and/or developmental disability (IDD)**, or a **traumatic brain injury (TBI)**. DHHS has contracted with Standard Plans to begin managing Medicaid services for people with mild or moderate mental health or substance use treatment needs on July 1, 2021. These plans include AmeriHealth Caritas of NC, Blue Cross Blue Shield of NC, United HealthCare of NC, WellCare of NC and Carolina Complete Health, Inc. DHHS decides if people are eligible for services through Vaya or a Standard Plan and has worked hard to assign Medicaid members to the correct plan.

Medicaid members always have the right to choose to enroll in a Standard Plan. If you need help with this process, call the NC Medicaid Enrollment Broker Call Center at 1-833-870-5500 (TTY: 833-870-5588). However, some of the services Vaya

manages, including but not limited to IDD, TBI and Innovations Waiver services, are not available through the Standard Plans.

If you are enrolled in a Standard Plan at any point during your Medicaid coverage, you may request to remain or return to the Vaya health plan. Your provider or the NC Medicaid Enrollment Broker can help you with this process, too.

The state of North Carolina and the counties we serve also provide limited funding so that Vaya can pay for some people who cannot afford care to access certain services. If you are not eligible for Medicaid, you may be eligible to access our Non-Medicaid Health Plan.

We are not responsible for services available through Medicare, TRICARE or North Carolina Health Choice. If you have Medicare, call 1-800-MEDICARE (1-800-633-4227) or visit www.medicare.gov for more information. If you are a veteran or family member with access to TRICARE, call TRICARE's Northern Regional Contractor, Health Net Federal Services, LLC, at 1-877-TRICARE (1-877-874-2273) or visit www.tricare.mil or www.hnfs.com. You can also call 1-828-298-7911 or visit the Charles George Veterans Administration Medical Center, located at 1100 Tunnel Road, Asheville, NC 28805. For more information on North Carolina Health Choice, call the NC Medicaid Customer Service Center at 1-888-245-0179.

Am I eligible for Medicaid services?

Waiver services are available to individuals who receive Medicaid. To be eligible for Medicaid, you must:

- Be a U.S. citizen or provide proof of eligible immigration status (if you need emergency services, you are not required to provide documentation of immigration status)

- Be a resident of North Carolina and provide proof of residency
- Have a Social Security number or have applied for one
- Apply and be approved for Medicaid at your local Department of Social Services (DSS) office
- Be in one of the Medicaid aid categories that qualifies you under the Vaya Health Plan

For Medicaid services, your local DSS decides Medicaid eligibility and any co-payment or deductibles. If you are unable to apply in person, you may print and mail your completed Medicaid application to your local DSS office.

If you are currently receiving Social Security Insurance (SSI), Special Assistance to the Blind, Work First Family Assistance or Special Assistance for the Aged or Disabled, you are automatically eligible for Medicaid and do not need to apply for Medicaid separately.

Are there limitations to Medicaid eligibility I should know about?

Yes. Some Medicaid Categories of Aid are not covered under the Vaya Health Plan and remain under NC Medicaid. NC Medicaid is the state agency responsible for administering the Medicaid program.

Also, Medicaid regulations generally do not allow us to pay for services delivered to inmates of public correctional institutions or people in facilities with more than 16 beds that are classified as Institutions of Mental Diseases (IMDs). This may include some Adult Care Home and Family Care Home settings.

Call the Access to Care Line at 1-800-849-6127 if you have additional questions about Medicaid eligibility.

Where do I obtain a Medicaid Identification Card?

Your Medicaid Identification Card will be issued with Vaya's name and phone number printed on it. This Medicaid Identification Card is your Vaya member card. Your local county DSS office will continue to issue your Medicaid card annually.

What if I have private insurance?

You should tell both Vaya and your provider if you have insurance other than Medicaid. This could include Medicare or private insurance. Federal regulations require Medicaid to be the "payor of last resort." Medicaid pays for services after your other insurance (including Medicare) has processed the claim and made a payment determination.

Am I eligible for non-Medicaid services?

Eligibility for non-Medicaid services is based on income, citizenship and availability of other insurance and is limited to the services offered in the non-Medicaid benefit plan. To become eligible for non-Medicaid services, your provider must enroll you by calling the Access to Care Line at 1-800-849-6127.

If you request non-Medicaid services, your provider will ask you to share information about your annual household income to determine if you are eligible. Some non-Medicaid services, such as



respite care for developmental disabilities and peer support, are not based on income. Non-Medicaid services are not an entitlement, and availability is based on funding Vaya receives from the state. Non-Medicaid funds cannot be used to pay for co-payments or deductibles under your primary insurance.

The services managed by Vaya act as a public safety net. We are committed to making sure our

resources benefit people who need it most. Vaya targets its non-Medicaid funds toward people in priority populations. Priority populations are groups of people with the most serious types of mental illness, severe emotional disturbances and substance use disorders with key complicating life circumstances, conditions and/or situations. To find out if you may be eligible for non-Medicaid services, contact your provider or call the Access to Care Line at 1-800-849-6127.

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SECTION 4

How do I access care?

IN THIS SECTION:

- How do I access care?
- What is the Access to Care Line?
- What if I am hearing-impaired?
- How can I get assistance in languages other than English?
- What happens when I call Vaya?
- How are my needs assessed?
- How are emergency situations handled?
- Can I get help with transportation to appointments?

How do I access care?

Vaya will help you access (get) care if you need help. To access care, you can:

- Call Vaya’s toll-free Access to Care Line at 1-800-849-6127. This line is available 24 hours a day, every day of the year.
- Visit a walk-in center in your county during normal business hours and ask for services. To get the name, number and address of the walk-in center closest to you, call 1-800-849-6127 or visit www.vayahealth.com. You can learn more about walk-in centers in Section 5 of this handbook.
- Go directly to a Vaya network provider of your choice. The provider will help you get enrolled in services. You do not need to call Vaya first. You may schedule your appointment directly with the provider or walk into their office.

Walk-in centers offer same-day clinical assessments and a wide array of services. For more information about walk-in centers and more ways to get help in a behavioral health crisis, please see Section 5 of this handbook.



Important: If you have a medical or life-threatening emergency, call 911 or go to a hospital emergency department. You do not need to call Vaya first.

A life-threatening emergency is when you or another responsible person thinks you need care immediately so that you or someone else does not get hurt. If you are enrolled in a Vaya Health Plan, you will not be responsible for payment of services in the event of a life-threatening emergency. You also do not have to go to a provider or facility in the Vaya network for emergency treatment.

What is the Access to Care Line?

Vaya’s Access to Care Line is a free service. Trained call center staff answer the line 24 hours a day, every day of the year, and can help you:

- Enroll in the Vaya Health Plan
- Complete a brief telephone screening to determine urgency (or need)
- Schedule an appointment for an assessment with a network provider
- Learn how to obtain available behavioral healthcare and IDD services and supports, including options for outpatient, crisis, inpatient, partial hospitalization and other services
- Provide information on community resources that may be helpful to you
- Arrange for face-to-face crisis intervention services
- Access peer support services

Vaya will offer you a choice of appropriate providers. You can choose the one you think will best meet your needs. Vaya will schedule an appointment with the network provider you choose.

WHEN SHOULD I CALL VAYA?

You should call Vaya if you:

- Worry about an emotional, learning or behavioral problem
- Worry about a drug or alcohol problem
- Need a provider or want to change providers
- Are having trouble finding a provider to meet your needs
- Feel depressed or anxious, experience prolonged sadness, are sleeping more or are unable to concentrate
- Are a parent or guardian of a child or adult who has been diagnosed with an IDD and need services and/or supports to help meet the person's needs
- Are looking for behavioral health services for your child
- Believe your child has excessive complaints of physical ailments, cannot cope with daily problems or has sudden changes in sleeping or eating habits
- Notice your child has self-inflicted injuries or other injuries that can't be explained
- Are afraid of the thoughts, moods and emotions you are having
- Experience hallucinations (seeing or hearing things) or intense paranoia
- Have recurring thoughts of death or suicide
- Feel like each day is worse than the day before or no longer take pleasure in former interests
- Have a trusted person, like a friend, family member, teacher, counselor or doctor, who thinks you need help
- Want information about Vaya Health Plan benefits or have questions about changes in the waiver, your benefits or services
- Want to file a complaint or grievance, or you need help filing an appeal
- Need to be connected to your assigned care manager or another Vaya staff person
- Would like more information about mental health, substance use or IDD resources

What if I am hearing-impaired?

Our Member Services professionals are trained to take calls through standard TTY Relay systems.

1. Dial 711 (or 1-800-735-2962 for English or 1-888-825-6570 for Spanish) on your TTY to reach a relay operator directly.
2. The relay operator will answer with "Relay North Carolina". Type in the area code and telephone number you are calling (1-800-849-6127) and type "GA" (Go Ahead).
3. When the number you are calling answers, the relay operator will read the message you typed

aloud. The other party listens, then speaks.

When they say, "Go Ahead", it is your turn to respond.

4. When you finished typing your reply, type "GA".
5. To conclude the call, type "GA to SK" (Stop Keying) to indicate that you are ready to hang up.

How can I get assistance in languages other than English?

Vaya staff can connect you to an interpretation service for languages other than English. This is a

free service to you, and available on any call. You may have to wait briefly for the conference call with the interpreter to begin. Free interpretation service is available when working with Vaya providers, as well.

This handbook, member forms and brochures are available in Spanish and can be translated into other languages. Please call the Access to Care Line at 1-800-849-6127 to request translation of materials into other languages.

What happens when I call Vaya?

A trained Vaya professional will listen to you and ask you questions. We have licensed clinicians available 24 hours a day, seven days a week. Please be as clear as possible in explaining your needs. If you already have a provider, we will try to contact members of your treatment team.

If you don't have a treating provider, that's okay. We will help you make an appointment for an evaluation and intake. First, we will make a referral for help according to our assessment of your needs and the severity of the problem.

We want to help link you to the best services for your needs. Many times, we will be able to connect you with the right provider the first time you call. When referring callers for services, we will try to offer provider choices that best match your requests and needs. Once you choose a provider, we will call the provider you select and make an appointment for you while you stay on the line.

How are my needs assessed?

People with the same diagnosis can have very different strengths and abilities. Vaya will evaluate you using nationally recognized assessment tools that measure your support needs. These tools are a

standardized set of guidelines used by clinicians to perform the initial assessment of your needs. This assessment will be shared with the provider before your appointment. This information sharing will prevent duplicate services and will allow services to begin in a timely manner. That means you can start the recovery process sooner.

Vaya will triage (assign a level of urgency to) your needs into one of three categories: emergent, urgent or routine. What you share with Vaya will determine the category we assign. For more information on the difference between emergent, urgent and routine needs, refer to the chart on the following page.

Mobile crisis services are available in all counties that Vaya serves. For more information about alternatives to hospital emergency departments, please see Section 5 of this handbook. For urgent and routine needs, we will help you set up an appointment.

Vaya requires our providers to prioritize admission for all women who are pregnant and injecting drugs, pregnant and using substances such as alcohol and other individuals who are injecting drugs.

How are emergency situations handled?

If you have a life-threatening emergency, or if you or someone else is in danger of physical harm, call 911. You may also go to the nearest emergency department. Vaya also supports specialized crisis care options in or near your community.

The next section of this handbook provides more information on how to get help if you or someone you know is experiencing a behavioral health crisis.

CATEGORIES OF NEED

If you have an EMERGENT NEED	If you have an URGENT NEED	If you have a ROUTINE NEED
<p>This means you:</p> <ul style="list-style-type: none"> • Are suicidal • Are homicidal • Are at risk of harm without supervision • Are actively psychotic (bizarre thought processes) with impaired self-care • Report hallucinations and delusions that may result in self-harm or harm to others • Are severely incapacitated • Are experiencing significant distress related to substance use (tremors, sweats, etc.) 	<p>This means you:</p> <ul style="list-style-type: none"> • Are not actively suicidal or homicidal (deny having a plan) • Report significant depression or anxiety but no plan for harm • Display mild to moderate symptoms • Recently experienced hallucinations or delusions but none currently • Could rapidly worsen or progress to emergent need without immediate intervention 	<p>This means you:</p> <ul style="list-style-type: none"> • Report no risk of harm to self or others • Can care for yourself on a daily basis • Are experiencing distress that is not incapacitating
<p>What will happen?</p> <p>We will arrange face-to-face care from an emergency services provider immediately for life-threatening emergencies or within two hours after the request for emergent care is started.</p> <p>Callers with emergent needs, which includes life-threatening emergencies, may receive a referral anytime, 24 hours a day, and can expect a return call within one hour.</p>	<p>What will happen?</p> <p>We will make an appointment for you to receive a face-to-face service assessment and/or treatment from a Vaya network provider within 48 hours of the request for care.</p>	<p>What will happen?</p> <p>We will make an appointment for you to receive face-to-face care for service assessment and/or treatment within 14 calendar days of the request for care.</p>

Can I get help with transportation to appointments?

If you receive Medicaid, you can use the Medicaid Transportation Service for non-emergency trips to and from a doctor's office, hospital or other medical office for Medicaid-approved care. This is offered through your local Department of Social

Services (DSS). There is no fee for people enrolled in Medicaid.

Contact your local DSS office to find out how to use this service. You can also call Vaya at 1-800-849-6127 for help contacting your local DSS office.

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SECTION 5

How do I get help in a crisis?

IN THIS SECTION:

- How do I get help in a crisis?
- What is a behavioral health crisis?
- Should I call my provider if I am in crisis?
- Can I call Vaya if I am in crisis?
- What is a walk-in center?
- What are mobile crisis services?
- How do I request mobile crisis services?
- What is a facility-based crisis center?
- What is the C3356 Comprehensive Care Center?
- What can I do to prevent a behavioral health crisis?
- How can I develop a crisis plan?

How do I get help in a crisis?

In a crisis, you should seek help, especially if you feel concerned about your safety or the safety of someone you know. Your options depend on the type of crisis or emergency and when and where it happens.

If you have a life-threatening emergency, call 911. You may also go to the nearest emergency department. You do not need to call Vaya before calling 911 or before going to the emergency department.

Emergency care does not require prior approval or authorization from Vaya. Vaya does not define what an emergency is. This may include situations where a person has caused severe physical harm to himself/herself or others.

This section lists several options for seeking help if your crisis is not life-threatening. These include calling your provider, calling Vaya’s 24/7 Access to Care Line, visiting a walk-in center, requesting mobile crisis services or seeking help at a facility-based crisis (FBC) center.

What is a behavioral health crisis?

A behavioral health crisis exists when a person shows symptoms of severe mental illness or substance use disorder, such as:

- Suicidal, homicidal or other violent thoughts or actions
- Psychosis: partial or complete loss of the ability to know what is real and what is not (such as hallucinations, delusions, paranoia)
- Inability to provide basic self-care

If you have a life-threatening emergency, call 911. You may also go to the nearest emergency department. You do not need to call Vaya before calling 911 or before going to the emergency department.

- Uncontrollable outbursts or aggressive actions that place a person, other people or things at risk of harm
- Physical symptoms of withdrawal from drugs or alcohol or a realization that you need immediate help with an alcohol or drug problem

Should I call my provider if I am in crisis?

Mental health crises are serious, but they do not always require a visit to the emergency department. Many non-life-threatening behavioral health crises can be handled by calling your provider. If you are in crisis, your current treatment provider should speak to you immediately. Your provider should listen to your concerns and either give you guidance on what to do or arrange for you to receive emergency or crisis care. Providers can also assist with post-stabilization services (offered after the emergency occurs). These services do not require pre-authorization.

If you or your child receives Assertive Community Treatment (ACT), Community Support Team (CST), Day Treatment, Intensive In-Home (IIH), Multisystemic Therapy (MST), Intercept or Substance Abuse Intensive Outpatient (SAIOP) services, you will have another phone number to call. Please call that number first to talk with that team provider.

If your provider does not respond quickly or you do not have a provider, and your emergency is not life-threatening, call Vaya’s 24/7 Access to Care Line or seek help using another option listed below. If the situation is life-threatening, call 911 or go to the nearest hospital emergency department.

Can I call Vaya if I am in crisis?

Anyone in who is experiencing a crisis can call Vaya’s toll-free Access to Care Line at 1-800-849-6127, 24 hours a day, every day of the year. You do

not have to call your provider before calling the Access to Care Line.

Section 4 of this handbook provides more information about what to expect when calling the Access to Care Line. Trained professionals will answer your call and provide support and information about crisis services available to you.

These may include requesting mobile crisis services or visiting a walk-in center or a facility-based crisis (FBC) center.

What is a walk-in center?

Walk-in centers are clinics that you can visit during daytime business hours. Phone numbers and addresses for walk-in centers, as well as facility-based crisis centers, are listed on our website at www.vayahealth.com.

Adults, adolescents or families in crisis can go to any walk-in center for immediate care at one of the walk-in locations listed on our website. The care may include an assessment and diagnosis for mental illness, substance use or intellectual and/or developmental disability issues, as well as planning and referral for future treatment. Other services may include medication management, outpatient therapy and short-term follow-up care. Staff at a walk-in center may also be able to determine if you could be eligible for some non-Medicaid services.

Walk-in center hours of operation are generally from 8 a.m. to 5 p.m., Monday through Friday. However, extended weekday and weekend hours may be available in your area. Please call a walk-in center near you to learn more about their hours and services and ask for directions.

What are mobile crisis services?

Mobile crisis services can offer you face-to-face counseling and supportive services during a crisis,

24 hours a day, every day of the year, at no cost to you. Mobile Crisis Teams work for Vaya network providers and can offer help for intoxication, drug withdrawal, impaired judgment, suicidal thoughts or other behavioral health crisis issues. Teams are made up of experienced clinical staff trained in crisis prevention and stabilization techniques.

If you experience a behavioral health crisis, a member of the Mobile Crisis Team can respond and meet you where you are – including at home, at school, at work or in the community. Mobile crisis services are available to anyone in the counties we serve, not just people who receive Medicaid.

Mobile Crisis Teams provide evaluation, treatment and referral for safe transfer to ensure appropriate support and services.

How do I request mobile crisis services?

There are two ways to request mobile crisis services:

1. Call Vaya's 24-hour, toll-free Vaya Access to Care Line at 1-800-849-6127 and ask for mobile crisis services.
2. You may also directly contact the Mobile Crisis Team nearest you (listed on the next page).



HOW DO I REACH MY LOCAL MOBILE CRISIS TEAM?

If you live in one of these counties ...	Call this number:
Alamance, Caswell, Franklin, Granville, Person, Rowan, Stokes or Vance	1-866-275-9552
Alexander, Buncombe, Caldwell, Henderson, Madison, McDowell, Mitchell, Polk, Transylvania or Yancey	1-888-573-1006
Alleghany, Ashe, Avery, Watauga or Wilkes	1-877-492-2785
Chatham	1-877-626-1772
Cherokee, Clay, Graham, Haywood, Jackson, Macon or Swain	1-888-315-2880

Remember: If you are experiencing a medical or life-threatening emergency, call 911 or go to an emergency department at your local hospital.

What is a facility-based crisis center?

Facility-based crisis (FBC) centers offer a 24-hour, non-hospital medical service to individuals who are experiencing a mental health or substance use crisis. They provide community-based treatment alternatives for people who have been involuntarily committed to treatment or who are at risk of harming themselves or others, as well as people seeking treatment voluntarily. FBC centers promote personal recovery and help people develop a plan for treatment after leaving the facility.

Vaya supports FBC centers for **adults ages 18 and older**. To learn more, call Vaya's Access to Care Line at 1-800-849-6127 or contact an FBC center directly:

- **[The Neil Dobbins Center](#)**: 828-254-2700 (located at C3356 Comprehensive Care Center), 356 Biltmore Ave., Asheville, NC 28801
- **[The Balsam Center](#)**: 828-454-1098, 91 Timberlane Road, Waynesville, NC 28786
- **[Caldwell C3 Comprehensive Care Center](#)**: 828-394-5563, 2415 Morganton Blvd. SW, Lenoir, NC 28645

- **[Synergy Recovery at the Shirley B. Randleman Center](#)**: 336-667-7191, 118 Peace St., North Wilkesboro, NC 28659
- **[Residential Treatment Services of Alamance](#)**: 336-227-7417, 136 Hall Ave., Burlington, NC 27217
- **[Recovery Response Center](#)**: 252-438-4145, 300 Parkview Drive; Henderson, NC 27536

Vaya also supports an FBC center for **children and adolescents ages 6 through 17**, the **Caiyalynn Burrell Child Crisis Center**, 877-277-8873, at 277 Biltmore Ave., Asheville, NC 28801.

What is the C3356 Comprehensive Care Center?

The C3356 Comprehensive Care Center at 356 Biltmore Ave. in Asheville, also known as C3356, is a state-of-the-art facility that offers a wide array of services and supports, including crisis services. Services are designed to stabilize people in crisis and support individuals in sustaining personal recovery and healthy behaviors over the course of their lives.

C3356 offers a welcoming environment and is located just north of Mission Hospital's St. Joseph's campus. Available services include same-day assessments and walk-in services, individual and group therapy, medication management, mobile crisis services, a "peer living room," NAMI peer and family support programs, intensive mental

health and substance use outpatient services and facility-based crisis care (the Neil Dobbins Center). Services are not limited to Buncombe County residents.

C3356 includes a retail pharmacy. Additionally, Asheville Buncombe Community Christian Ministry (ABCCM) operates a community pharmacy at C3356 that provides free behavioral health medications to qualified, uninsured Buncombe County residents. To learn more about the ABCCM community pharmacy hours or about services offered at C3356, call 828-254-2700 or visit <https://rhahealthservices.org/c3356-comprehensive-care-center/>.

What can I do to prevent a behavioral health crisis?

We know that things will happen in your life, and a behavioral health crisis cannot always be prevented, but there are ways that you can reduce the risk of a crisis occurring:

- Keep your treatment appointments.
- Follow your doctor's orders for safely taking your medications.
- Use the information in your person-centered plan, care plan or crisis plan that you have developed with your treatment provider.
- Seek help if you experience a problem. Contact your service provider, visit a walk-in center, call your local mobile crisis team or call Vaya's Access to Services Line 1-800-849-6127.
- Use your Wellness Recovery Action Plan® (WRAP). Your WRAP helps you identify steps to maintain wellness. To learn about upcoming WRAP classes, contact your provider or call Vaya's Access to Care Line at 1-800-849-6127 and ask for the Member Relations Team.
- Keep contact information handy for the people in your life who can support you.



- Create a crisis plan with the help of your service provider or care manager/coordinator (if you have one).
- Contact your service provider, care manager/coordinator (if you have one) or attorney for information about advance directives. Advance directives provide instructions for when you are in a crisis and cannot communicate for yourself or make decisions. For more information, see Section 10.

How can I develop a crisis plan?

You may develop a crisis plan on your own or with your treatment team. We require our contracted providers to develop a written crisis plan for all members who are at risk of hospitalization, incarceration or out-of-home placement.

This plan is for everyone to follow during a mental health or substance use emergency. Your crisis plan is shared with your selected providers, caregivers and supports and can be recorded into a computer database. This helps anyone who provides treatment to you, including hospitals, to follow your instructions.

When you write your crisis plan, think about what the early signs of trouble or crisis are for you. You can share these signs with people who are willing

to be your support network. Additionally, Vaya's peer trainers are certified to teach other people with behavioral health needs how to write their own Wellness Recovery Action Plan® (WRAP).

If you cannot write, contact your provider or Vaya care manager/coordinator (if you have one) to help you make a list of things that will help you stay healthy. Other people who have avoided a crisis or relapse can help you with ideas to remember your medications and appointments. They can be good listeners when you need to talk about your concerns. Writing down or talking about what you want to happen if you are in crisis will help you:

- Protect your right to make medical decisions and choices about your treatment, placement,

healthcare, foods, medicine, surroundings or friends

- Help family members make decisions if you cannot
- Remember allergies to medications or foods
- Help your doctors by telling them your wishes
- Stay in recovery longer and decrease the likelihood of recurrences
- Increase your self-esteem in dealing with stress
- Arrange for someone to be with you if you are afraid
- Decide who can pay your rent and bills and take care of your pets if you are hospitalized

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SECTION 6

What services and supports are available?

IN THIS SECTION:

- What types of services does Vaya manage?
- What benefit plans are available through Vaya?
- What types of Medicaid behavioral health services are available?
- What types of Medicaid IDD services are available?
- What are “alternate” or “in lieu of” services?
- What types of non-Medicaid services are available?
- What is EPSDT?
- Will I be required to pay a co-pay?
- Does Vaya cover prescriptions?



What types of services does Vaya manage?

Vaya covers most publicly funded services for mental health, substance use disorder and intellectual and/or developmental disabilities (IDD). At this time, we do not cover services for physical health needs.

If you have Medicaid and you have questions about what services are available to meet your physical health needs, such as diabetes or high blood pressure, please call the N.C. Department of Health and Human Services' Customer Service Center (8 a.m. to 5 p.m., Monday through Friday) at 1-800-662-7030. (Operators who speak Spanish are available.) If you have been assigned a Vaya care manager/coordinator, he or she can help connect you with a primary care provider.

Behavioral health and IDD crisis services are provided at no cost, including to individuals who have private insurance. If you have questions about services and your eligibility for them, call the Vaya 24-hour Access to Care Line at 1-800-849-6127.

Adult services begin at age 18 for non-Medicaid services and at age 21 for Medicaid-funded services, with few exceptions.

What benefit plans are available through Vaya?

Vaya administers three different benefit plans:

- Medicaid 1915(b) services—mental health, substance use disorder and IDD. This includes (b)(3) services, which are optional treatments paid for with money Vaya saves by managing the combined waiver responsibly.
- Medicaid 1915(c) services—Innovations Waiver services and supports for people with an IDD. These include things not traditionally covered by Medicaid, such as respite, habilitative treatment and adaptive equipment.
- Non-Medicaid services (using county, state and federal block grant funding)—mental health, substance use disorder and IDD. These services are for individuals who cannot pay for care, and funds for these services are limited (unlike Medicaid).

Vaya benefit plans are available on our website at www.vayahealth.com. Each benefit plan has a different set of covered services and may include different authorization limits for the kinds and amounts of services available. Our benefit plans include a continuum of care from the least intensive to most intensive levels of intervention.

Our service array is based on the services allowed under the N.C. State Plan for Medical Assistance, the 1915(b)/(c) Waiver and clinical coverage policies and service definitions approved by DHHS. Providers will work with each individual to determine what types of services to provide. Services must be medically necessary and must also be listed in the Vaya Benefit Plan or the North Carolina Medicaid or non-Medicaid plans (unless covered through EPSDT, which is explained below).

What types of Medicaid behavioral health services are available?

Vaya works with network providers to offer a continuum of care for individuals with mental

health and substance use disorders. Services available to you depend on your unique needs, treatment history and the state's definition of medical necessity. For information about specific services, please call the Access to Care Line at 1-800-849-6127 or speak with your assigned Vaya care manager/coordinator, if you have one.

To review service descriptions, also known as service definitions, please visit <https://providers.vayahealth.com/authorization-billing/coverage-info/>.

MENTAL HEALTH SERVICES

You may be eligible for services such as:

- Psychiatric Assessments
- Outpatient Medication Management
- Individual, Family and/or Group Therapy
- Peer Support
- Mobile Crisis Management
- Supported Employment
- Community Support Team (CST)
- Psychosocial Rehabilitation
- Assertive Community Treatment (ACT) team
- Facility-based Crisis
- Inpatient Hospitalization

More intensive services for children and adolescents may include:

- Multisystemic Therapy
- Intensive In-Home (IIH)
- Day Treatment
- Residential Treatment Services

SUBSTANCE USE SERVICES

You may be eligible for services such as:

- Individual and/or Group Therapy
- Substance Abuse Intensive Outpatient Program (SAIOP)



- Substance Abuse Comprehensive Outpatient Treatment/Partial Hospitalization Program
- Outpatient Opioid Treatment
- Non-hospital Medical Detoxification
- Medically Supervised or ADATC Detoxification Crisis Stabilization

BASIC AND ENHANCED SERVICES

Medicaid basic benefit services are healthcare services designed to provide interventions for people with less severe mental health or substance use disorder treatment needs. Individuals receiving basic benefit services are not typically assigned to a Vaya care manager. These services:

- Reflect the least restrictive level of care
- Provide brief interventions for acute (immediate but short-term) needs
- Are available through a simple referral from a provider in the Vaya network or through the Access to Care Line at 1-800-849-6127
- Require no prior authorization, unless you need more than the number of visits allowed under the applicable benefit plan

Examples of basic services include Psychiatric Assessments, Outpatient Medication Management and Individual, Family or Group Therapy.

Medicaid enhanced benefit services are intended to provide a range of services and supports that are appropriate if you are seeking to recover from more acute needs. These services:

- Include intensive services designed to help keep individuals in their home environment
- Are accessed through the person-centered planning process
- Usually require prior authorization
- Are highly coordinated to ensure you receive proper services without duplicating (copying) services

Examples of enhanced services include Assertive Community Treatment (ACT) team, Substance Abuse Intensive Outpatient Program (SAIOP), Community Support Team (CST) and Intensive In-Home (IIH).

What types of Medicaid IDD services are available?

Individuals with an IDD may be eligible for a variety of Medicaid services, such as community- or facility-based Intensive Care Facility, Respite and Long Term Community Supports, plus more than a dozen other services available through the Innovations Waiver. If you are an Innovations participant, you may be eligible for services such as:

- **Community Living and Supports, Supported Living and Residential Supports:** Assist with your daily living and skill-building activities
- **Supported Employment:** Helps you secure and maintain a job in your community
- **Home and Vehicle Modifications:** Give you access to adaptive supports you need to live successfully and independently as possible

For more information on IDD services that may be available to you, please contact your Vaya care manager. To review service descriptions, also known as service definitions, visit



<https://providers.vayahealth.com/authorization-billing/coverage-info/>.

What are “alternate” or “in lieu of” services?

Vaya supports “alternate” or “in lieu of” services as substitutions to original services in North Carolina’s Medicaid 1915(b)(c) Waiver or non-Medicaid state plan. These behavioral health and IDD services are tailored to meet local needs and have to be approved by N.C. DHHS. Vaya members have the right to refuse “alternate” or “in lieu of” services and request the original service instead. Vaya’s approved “alternate” or “in lieu of” services are:

- **Acute and Subacute Services Provided in an Institute for Mental Disease:** A service that provides 24-hour access to continuous intensive evaluation and mental health or substance use treatment delivered in an Institute for Mental Disease (substitute for Inpatient Hospitalization)
- **Critical Time Intervention:** An intensive nine-month case management model designed to assist adults age 18 and older with mental illness who are going through critical transitions, and who have functional impairments which preclude them from managing their transitional need adequately

(substitute for Assertive Community Treatment, Hospital Emergency Room)

- **Enhanced Therapeutic Foster Care:** A family-based, person-centered residential treatment intervention for individuals who have complex mental health and/or substance use disorder or dually diagnosed mental health/IDD needs (substitute for Residential Level 3, Psychiatric Residential Treatment Facility [PRTF])
- **Family Centered Treatment:** An evidence-based practice designed to prevent out-of-home placements for children and adolescents (substitute for Intensive In-Home, Therapeutic Foster Care, Residential Level 3, PRTF)
- **High Fidelity Wraparound:** An intensive, team-based, person-centered service that provides coordinated, holistic, family-driven care to meet the complex needs of youth/young adults who are involved with multiple systems (e.g. mental health, child welfare, juvenile/criminal justice, special education), experience serious emotional or behavioral difficulties, are at risk of placement in PRTFs or other institutional settings or are aging out of Department of Social Services (DSS) care (substitute for Intensive In-Home, Therapeutic Foster Care, Residential Level 3, PRTF)
- **Long-Term Community Supports:** A community-based comprehensive service for adults (ages 22 and older) with IDD that provides individualized services and supports to enable a person who would otherwise be institutionalized in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) (substitute for ICF/IID)
- **Outpatient Plus:** A combination of best practice outpatient therapy services, monitoring, support and management of care interventions for individuals of any age with complex clinical needs that basic outpatient therapy cannot adequately address (substitute for Intensive In-home, ACT, CST, Day Treatment)

- **Transitional Youth Services:** A home and community-based outpatient intervention that supports transition-age members (ages 16-21) with mental health and/or substance use disorders in reestablishing the knowledge and skills necessary to live independently (substitute for Intensive In-home)

To review full service descriptions, visit

<https://providers.vayahealth.com/authorization-billing/coverage-info/>.

What types of non-Medicaid services are available?

Non-Medicaid services are available based on funding Vaya receives from the state. Many of the services available through Medicaid are not covered under the non-Medicaid benefit plan, including residential treatment for children.

Examples of non-Medicaid services include Psychiatric Assessments, Individual Therapy, Family and Group Therapy, Peer Support and Respite. If you have questions about non-Medicaid services, please call the Access to Care Line at 1-800-849-6127.

What is EPSDT?

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is a part of the federal Medicaid law that requires Medicaid to pay for regular screenings and certain services for children and youth under age 21, even if the services are not included in the N.C. State Plan for Medical Assistance or the 1915(b) Waiver. In North Carolina, the screening part of this program is known as “Health Check.”

Medicaid pays for services under EPSDT only if they are medically necessary to correct or ameliorate a defect, physical or mental illness or condition identified through the screening. The term

“ameliorate” means “to improve or maintain the consumer’s health in the best condition possible, to compensate for a health problem to prevent it from getting worse or to prevent the development of additional health problems.” The request must meet certain criteria for Vaya to approve it under EPSDT:

- The request must fall within a category of services listed at Section 1905(a) of the Social Security Act. This means that most Innovations Waiver services are not covered under EPSDT.
- The request must be determined to be medical in nature.
- The request must be generally recognized as an accepted method of medical practice or treatment.
- The request must not be experimental or investigational.
- The request must be safe and effective.

Requirements for prior approval apply to EPSDT services. If you are under age 21 or the parent of a child under age 21, services may be available to you or your child even if they are not covered under the Vaya Health Plan. Limits that apply to adult services do not apply to services under EPSDT.

If you or your child has Medicaid, please talk to your provider or pediatrician to find out if the services needed may be covered under EPSDT. If your provider is not familiar with EPSDT or has questions, ask him or her to call the Vaya Access to Care Line at 1-800-849-6127.

If you or your provider want to request a service under EPSDT that is not covered in the N.C. MH/DD/SA Health Plan and cannot request it electronically through the Provider Portal, call 1-800-893-6246, and our Utilization Management Team can help you with your request. You can also complete the Non-Covered Services Request Form, available on our website at www.vayahealth.com.



If Vaya decides that a service requested for your Medicaid-eligible child does not meet EPSDT criteria, you will receive a formal written notice and appeal form with instructions. See Section 10 of this handbook for more information about your appeal rights.

Will I be required to pay a co-pay?

For services to be paid in whole or in part by Vaya, you must be enrolled in the Vaya system. If you are

a Medicaid beneficiary, you cannot be charged a co-pay, deductible or other form of cost-sharing for any of the services managed by Vaya. You are not required to pay for missed appointments. However, you may be charged a co-pay for physical health and pharmacy services managed by NC Medicaid.

Please note that if you receive non-Medicaid services, your provider can charge a fee based on your income. Some non-Medicaid services (mobile crisis management, etc.) are provided at no cost.

Does Vaya cover prescriptions?

No. Prescription drugs for people who have Medicaid are covered through NC Medicaid. People covered by both Medicare and Medicaid receive prescription drug coverage through Medicare Part D instead of Medicaid. Prescribed medications may cost a co-payment of \$1 to \$3 per prescription, based on monthly income. It is important to keep both cards with you. If you change addresses,

notify Medicaid and Medicare so your cards can be mailed to you. If you move frequently, you can use the address of someone with a permanent address.

If you have problems with Medicare Part D, talk to your pharmacist.

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SECTION 7

How does Vaya manage my care?

IN THIS SECTION:

- What is a System of Care?
- What is complex care management?
- What are special needs populations?
- What is the Transitions to Community Living Initiative?
- What is a behavioral health home?
- What is a person-centered plan?
- What is a member care plan?
- What should Innovations Waiver participants know about the care plan process?

What is a System of Care?

A System of Care (SOC) is a continuum of effective, community-based services and supports for children who have mental health issues and other life challenges and their families. These services and supports are organized into a coordinated network and built on partnerships and collaboration. The core values of a SOC require services to be:

- Culturally-competent, with agencies, programs and services that are sensitive and responsive to the cultural, racial and ethnic differences of the populations they serve
- Community-based, with the focus of services, as well as the management and decision-making responsibility, resting at the community level
- Person-directed and family-focused, with the strengths and needs of the individual, child and family determining the types and mix of services
- Evidence-based to help ensure positive treatment outcomes

The Child and Family Team is an essential part of a System of Care. The Child and Family Team:

- Is selected by the family
- Is made up of professionals, family members, friends and community members who are committed to supporting the goals of the child and family
- Meets regularly and as needed to monitor the progress with the treatment plan

If you or someone you know wants to learn more about developing a System of Care, please call our 24-hour, toll-free Access to Care Line at 1-800-849-6127 and ask to speak to the SOC coordinator in your area.

What is complex care management?

Complex care management is a service offered to eligible Vaya members with special mental health, substance use disorder and/or intellectual and/or

developmental disability (IDD) needs. This service was formerly called care coordination. Vaya care coordinators are now called “care managers.”

Complex care management is offered at no cost to you. Care managers work with you, your family and providers to:

- Identify members who are eligible for complex care management through referrals and reports
- Assist members who are at high risk for hospitalization or institutionalization
- Assist members returning to the community who have been living in an institution, hospital or residential setting
- Manage your services across the continuum of care and link you to appropriate treatment
- Ensure that you have access to clinical and medical specialists and receive appropriate clinical assessments, evaluations and integrated treatment planning
- Check on the health and safety of Innovations Waiver participants
- Complete a comprehensive Health Risk Assessment, which identifies any ongoing biological, psychological or social needs you have that require a course of treatment or regular care monitoring
- Develop a care plan

Care managers also work to involve everyone in your treatment team to ensure you receive integrated care planning. This includes:

- Providers you need to meet your treatment or rehabilitative goals, including your doctor, dentist or other healthcare specialists that provide or support your care
- Representatives from county DSS or Juvenile Justice agencies or other people you identify who are working with you and your family.
- People who will support you even after certain services stop. These should be people you trust

and call when you need help in your daily life who do not receive payment for their support.

What are special needs populations?

Special needs populations are made up of individuals with needs who require specialized services or higher levels of care. An individual is designated to have special health care needs based on a combination of their diagnosis and service needs determined in part through the use of standardized level of care tools like ASAM criteria, the LOCUS, the CALOCUS and the Initial Level of Care Eligibility Determination form (LOC) or the NC SNAP to identify ICF/IID level of care criteria.

ASAM stands for the American Society of Addiction Medicine. LOCUS is the Level of Care Utilization System, CALOCUS is the Child and Adolescent Level of Care Utilization system, and ICF/IID stands for intermediate care facility for individuals with intellectual disabilities. These tools, which help explore the severity of need, the effects of co-occurring health issues and strengths and supports, help Vaya determine the appropriate service level and eligibility for complex care management. To learn more about how these and other tools are used, see Appendix D.

Designated special needs populations for IDD complex care management include the following:

- Individuals enrolled in N.C. Innovations or who are Medicaid-eligible and on the Registry of Unmet Needs
- Individuals with an IDD who are functionally eligible for the ICF/IID level of care but are NOT enrolled in N.C. Innovations or an ICF/IID facility
- Individuals with an IDD who are currently in, or have been in within the past 30 days, a facility operated by the Department of Corrections (DOC) or the Department of Juvenile Justice and Delinquency Prevention (DJJDP) for whom Vaya has received notification of discharge.

Designated special needs populations for mental health and/or substance use complex care management include the following:

- Adults with severe and persistent mental illness and current LOCUS Level of VI
- Children with severe emotional disturbance, current CALOCUS level of VI or are currently in, or have been in within the past 30 days, a facility operated by the DOC or DJJDP for whom Vaya has received notification of discharge
- Individuals who have a substance use diagnosis and a current ASAM Level of III.7 or II.2D or higher
- Individuals with both a mental health diagnosis and a substance use diagnosis and a current LOCUS/CALOCUS of V or higher or a current ASAM PPC Level of III.5 or higher
- Individuals with both a mental health diagnosis and an IDD diagnosis and a current LOCUS/CALOCUS of IV or higher
- Individuals with both an IDD diagnosis and a substance use diagnosis and a current ASAM PPC Level of III.3 or higher
- Individuals identified in the U.S. Department of Justice Community Transitions to Community Living settlement (TCLI) who have serious and persistent mental illness and are transitioning out of an institutional-type residential setting to a community setting
- Children and youth ages 5-21 with an IDD and a mental health disorder who are at risk of not being able to enter or remain in a community setting—sometimes called “children with complex needs”
- Individuals who do not appear for scheduled appointments and are at risk for inpatient or emergency treatment; for whom a crisis service has been provided as the first service; or who have been discharged from an inpatient psychiatric unit or hospital, a psychiatric residential treatment facility (PRTF) or a facility-based crisis or general hospital unit

The state of North Carolina entered into a settlement agreement with the U.S. Department of Justice (DOJ) in 2012. The purpose of this agreement was to make sure that people with mental illness are able to live in their communities in the least restrictive settings of their choice.

The N.C. Department of Health and Human Services (DHHS) has implemented the agreement through the Transitions to Community Living Initiative (TCLI), which is managed by LME/MCOs such as Vaya.

What is the Transitions to Community Living Initiative?

The Transitions to Community Living Initiative (TCLI) gives eligible adults living with serious mental illness the opportunity to choose where they live and work. The initiative connects people to mental and physical healthcare services and supports that help them maintain a home in their own name, instead of living in a facility. Participants are linked to behavioral healthcare providers in their community to support whole-person care.

The program assists participants in learning everyday skills, taking part in community activities and sharing their lives with family, friends and neighbors. TCLI also helps people identify their interests and connects them to supported employment services. Vaya Health manages the TCLI program in our region. Individuals must meet all of the following criteria to be eligible for TCLI. Participants must be:

- Diagnosed with a serious and persistent mental illness (SPMI) **OR** a serious mental illness (SMI)
- Being considered for admission to an adult care home (ACH) or family care home (FCH) **OR** being discharged from a state psychiatric facility into homelessness or unstable housing

- An NC Medicaid beneficiary, eligible for Medicaid **OR** earning a monthly income of \$2,000 or less
- At least age 18 **AND** willing to accept a minimum of one tenancy support service per month. Tenancy support services include Transition Management Services, Community Support Team and Assertive Community Treatment.

For more information, call Vaya's 24/7 Access to Care Line at 1-800-849-6127 and ask to speak to the TCLI community liaison. Learn more at www.ncdhhs.gov/transitions-community-living-initiative.

What is a behavioral health home?

A behavioral health home is the agency that assists in development of a person-centered plan, provides case management and coordinates all other services.

What is a person-centered plan?

Person-centered planning is a tool of the Vaya Health Plan that helps members exercise choice and responsibility in the development and implementation of their care plans. It helps define what is important to the person, and it allows individuals to have real and honest discussions with their clinical teams about their desires, needs and supports. It can occur annually or anytime an individual experiences significant life changes.

The person-centered plan helps individuals by:

- Ensuring that the individual has maximum social participation and inclusion in the community
- Providing an opportunity to guide their care plans, with assistance from family, friends and professional service providers
- Incorporating a variety of supports, including training, therapy, treatment and other services needed to achieve the individual's personal goals

- Drawing upon a diverse mix of resources, including paid and natural supports, to best meet the individual's goals

The person-centered plan should clearly express the voice of the person. All plans:

- Are respectful of the person and those who support the person
- Are easy to read and understand and use everyday language
- Are constructed so that information is located easily
- Use complete thoughts but not necessarily complete sentences.
- Have enough detail and/or enough examples to be easily understood by someone who has not known the individual for very long.

The phases of completing the person-centered plan are:

- Gathering information/assessment
- Organizing the information for team review/team meeting
- Developing the plan
- Requesting approval of services within the plan
- Implementing the plan

Vaya believes that you will have more success at recovery and staying healthy if you take responsibility for your own treatment and help your providers know what works for you. In developing a person-centered plan, you should consider:

- What has been happening in your life over the past year?
- What do you want your life to look like?
- Do you want to volunteer or work at a paid job?
- Where do you want to live and with whom?
- What would make where and how you live better?
- What supports do you need to maintain the important things in your life?
- What would you change about your life if you could?
- What part of the day do you like best and why?
- Do you have enough money to pay for all the activities you would like to do?
- What kind of person makes the best support person for you?
- How is your health? Do you have concerns about your general health?

What is a member care plan?

If you are an Innovations Waiver participant, you will develop a member care plan with your assigned care manager who will help coordinate your care, link you to needed services and supports and perform regular visits to make sure you are healthy and safe. The care plan packet describes you as a person, your likes, your dislikes, what is important to you, your goals and the services and supports you need to live an integrated life in the community of your choice.

The member care plan includes the same elements as the Individual Support Plan, but it includes more information to help Vaya partner with you to address all your healthcare needs.



What should Innovations Waiver participants know about the care plan process?

- The care plan covers up to 12 months. It starts on the first day of the month following the month you were born (your birth month) and ends on the last day of your birth month. Your care manager will contact you to schedule a planning meeting in the months prior to your birth month.
- During the planning process, your care manager will explain the different services to you and the benefit limits and requirements in the Innovations Waiver for those services.
- Your care manager will work with you, your natural supports and your provider(s) to develop a care plan that includes the services you want to request, for the length of time you want to request them.
- The care plan should be used to plan for the entire year and include any services you expect to need at any point during the year.
- If you wish to change or add services during the plan year, you may ask your care manager to help you request the change by writing an update to your care plan at any time.
- Your care manager will draft the care plan based on your wishes and needs, review the plan with you before you sign it, answer any questions you have and make any changes to the plan that you request before you are asked to sign it.
- Your care manager will never ask you to sign a plan that does not contain the level or type of services that you want. If you think you will need the services for the entire plan year, you will not be asked to sign a care plan that does not request those services for the entire plan year.
- You or your legally responsible person (referred to as an LRP) must sign the care plan once it is complete. You must have a signed care plan to receive services through the Innovations Waiver. This means that you need to sign a plan containing the level of services that you want to request, which may be different than what Vaya approves.
- A medical necessity review of the services and supports requested in your care plan packet is done by Vaya's Utilization Management Team, which will make a decision within 14 days, unless more information is needed. That team is separate from Vaya's Complex Care Management Department. Your care manager does not make the decision about whether the services you request are medically necessary.
- If any service requested in your care plan packet is not fully approved, you will receive a written explanation of that decision and information about how you can appeal.

8

SECTION 8

How do I find a provider for my care?

IN THIS SECTION:

- How do I choose a provider?
- Can I choose any provider I want?
- How do I get care while traveling outside the Vaya region?
- How do I change providers?
- How does Vaya ensure quality services?
- What types of providers are in the Vaya network?
- How can I improve communication among my healthcare providers?
- What is cultural competency?

How do I choose a provider?

When you contact Vaya, we will help you find a provider who can meet your needs as close to your home as possible. The names and detailed information about Vaya practitioners and providers, including specialists, are available to you through our Provider Directory located on the Vaya website at www.vayahealth.com/get-help/provider-search. The Vaya Provider Directory is also available by mail, fax and/or e-mail by request to Vaya's Access to Care Line at 1-800-849-6127.

Services available by Vaya network practitioners and providers are dependent on your benefit plan and Vaya's authorization guidelines. All physicians in the Vaya network have completed residency.

Our Provider Directory includes information on provider agencies and on practitioners, who are clinicians, licensed professionals, physicians or other professionals who are directly contracted with Vaya to provide services and receive referrals. For purposes of the Search Tool, practitioners only includes clinicians who are directly contracted with Vaya. Directory information for practitioners includes, at a minimum:

- Name
- Gender
- Office location and phone numbers (plus email and website, when available)
- Services provided (type or discipline)
- Specialty
- Organizational affiliations
- Board certification(s)
- Whether the practitioner is accepting new patients (sometimes listed as "referrals accepted")
- Languages spoken by the practitioner or staff
- Special accommodations provided, such as wheelchair access, assistance for hearing impaired and languages spoken or translators available

Provider agency information includes, at a minimum:

- Name
- Facility/office location and phone numbers (plus email and website, when available)
- Benefit plan accepted
- Whether the provider is accepting new patients
- Languages spoken by the provider staff
- Accreditation status
- Special accommodations provided, such as wheelchair access, assistance for hearing impaired and languages spoken or translators available

Building a relationship with your provider enhances the quality of care. Providers should treat you as an individual, not as a diagnosis. You deserve a meaningful therapeutic relationship and good quality care. Some suggestions for choosing a provider are:

- Select a provider when you are feeling well and are able to communicate your needs effectively
- Look for willingness to answer your questions
- Search for a provider who is aware of any secondary conditions you may have, such as diabetes, lung conditions, hepatitis or heart disease
- Try to find a professional who is willing to be part of a team to work with you to be as healthy as you can be
- Ask friends, relatives, doctors, and others you trust about whom they would recommend as therapists or service providers

Once you choose a provider, take the following with you to your first appointment:

- A list of your medications (prescribed and over-the-counter), including any vitamins or supplements
- A list of your hospitalizations and a list of programs you have attended (if you remember them)

- A copy of your Medicaid ID card and, if applicable, other insurance card
- A list of any secondary conditions like those listed above

Most appointments with a doctor or psychiatrist will only last 15 to 20 minutes. You can request a longer appointment if you are having concerns that may require more time.

Can I choose any provider I want?

Only providers who meet the established criteria for enrollment are eligible to be part of the Vaya provider network and are considered network providers. A network provider has a contract with us to provide services.

Access to certain network specialists, subspecialists and services such as psychological testing is dependent on your benefit plan and Vaya's authorization guidelines. All information regarding access to and restrictions for these services is available through Vaya's Access to Care Line at 1-800-849-6127 or by mail to: Vaya Health, 200 Ridgefield Court, Suite 218, Asheville, NC 28806.

Most services will be available within 30 to 45 miles, or 30 to 45 minutes, from your home. However, some specialty providers may be located further away. Vaya will assist you in locating a provider that can meet your needs, as close to your home as possible.

OUT-OF-AREA NETWORK PROVIDERS

An out-of-area network provider is a provider who has met the Vaya credentialing process, meets all criteria for enrollment and has a contract to provide services but is located and provides services outside of the counties in the Vaya region.

OUT-OF-NETWORK PROVIDERS

An out-of-network provider is a provider that is not enrolled in the Vaya closed provider network but has an approved out-of-network agreement to



deliver care to a specific member or members. This happens only if Vaya cannot meet your needs with one of our network providers—for example, if you need a specialty service that is not available through one of Vaya's contracted network providers. Providers will not be added to the Vaya network unless there is an identified gap in the type of services they offer or there is need for more providers in the network.

It is important to understand that prior authorization requirements for non-emergency services continue to apply to out-of-network providers. For example, if you choose to access non-emergency services from a provider who is not part of the Vaya network, and Vaya has not pre-authorized these services, you will be responsible for paying this provider yourself.

You have the right to access emergency services and post-stabilization care at any location that provides emergency care without prior authorization from Vaya. If inpatient hospitalization is needed, your care will be routinely reviewed for medical necessity.

Admission to an out-of-network **facility or program** will be authorized for payment only if:

- You cannot be safely or appropriately transferred to a network facility/ program, and/or;

- Appropriate care is not available from an in-network facility/program.

Authorization of payment for services in an out-of-network facility or program will continue until you can be safely and appropriately transferred to a network facility or program.

How do I get care while traveling outside the Vaya region?

If you travel out of the Vaya area and need to visit a provider who is not in the Vaya network for non-emergency treatment, you may do so. The provider will be responsible for contacting Vaya to set up the necessary paperwork to receive payment.

For assistance wherever you go, call our 24/7 Access to Care Line at 1-800-849-6127. **If you need crisis or emergency services, you can visit any emergency department or mobile crisis provider at no cost to you.**

How do I change providers?

Within our provider network, you have the right to change providers. You have the right to consider providers you are currently using and request a change if needed by calling 1-800-849-6127 or speaking to your care manager.

Vaya strives to have enough providers enrolled in the network to offer choices to members. When a provider leaves the network (either by choice or otherwise), Vaya will contact all members currently in treatment with the provider. Vaya will make every effort to notify each member in writing 30 days prior to the provider leaving the network.

How does Vaya ensure quality services?

We believe it is our responsibility to closely monitor providers who deliver your services and supports. All providers in the Vaya network must

complete a comprehensive application process including credentialing, confirmation with NC Medicaid on any existing provider issues and onsite visits. We also conduct complaint investigations, focused monitoring and post-payment reviews of providers in our network to ensure quality care and prevent fraud and abuse of public funds.

Our Contract Performance Unit investigates all complaints received about providers in our network, whether those complaints come from you, family members, community stakeholders or our staff. If we substantiate a complaint, the provider may be asked to implement a plan of correction. Or, we may take action against the provider, up to and including termination from our provider network. We also monitor critical incidents filed by our contracted providers in the N.C. Incident Response Improvement System (IRIS).

We also have a Special Investigations Unit made up of certified investigators who investigate allegations of fraud, waste and abuse in our Medicaid managed care program. This team identifies and recovers overpayments made to providers in our network and refers allegations of fraud to the Medicaid Investigations Division of the N.C. Attorney General's Office. These investigations are confidential.

Our robust Quality Management (QM) program ensures access to care, a well-qualified provider network and a comprehensive array of clinically appropriate behavioral health and IDD services that meet quality standards. This program helps make sure your services are high-quality, including services provided in outpatient, inpatient/hospital, residential and community-based settings.

Our Quality Improvement Committee explores ways we can improve with projects to address access to care, quality of care and network provider performance.

What types of providers are in the Vaya network?

AGENCIES

An agency-based provider is a business (for-profit or not-for-profit) that provides mental health, substance use disorder and/or IDD services. Employees of the agency provide the service to the member, and agency management assures the employees meet the qualifications to provide services and meet all other requirements of the contract between Vaya and the agency-based provider. Employees who are licensed practitioners must be credentialed by Vaya.

LICENSED INDEPENDENT PRACTITIONERS AND GROUP PRACTICES

Licensed independent practitioners (LIPs) and group practices include:

- Medical doctors
- Practicing psychologists (PhD)
- Licensed psychological associates (LPA)
- Licensed clinical social workers (LCSW)
- Licensed marriage and family therapists (LMFT)
- Licensed clinical mental health counselors (LCMHC)
- Licensed clinical addiction specialists (LCAS)
- Advanced practice clinical nurse specialists
- Psychiatric nurse practitioners
- Licensed physician assistants

These practitioners and group practices contract with Vaya and are part of the Vaya network. Group practices are groups of practitioners who have created a corporate entity for billing purposes. These practitioners usually share office space and offer only outpatient therapy services.

HOSPITAL FACILITIES

Hospitals with inpatient psychiatric facilities and/or outpatient psychiatric programs are also enrolled in the network. Vaya contracts with all of the

hospitals in the counties we serve and with most major health systems operating in North Carolina.

STATE-OPERATED HEALTHCARE FACILITIES

The state of North Carolina oversees and manages 14 state-operated healthcare facilities that treat adults and children with mental illness, IDD, substance use disorders and neuro-medical needs.

How can I improve communication among my healthcare providers?

Your treatment is most effective when all your healthcare providers work together. We encourage you to sign a release of information for your medical and behavioral health providers, such as a primary care physician and a therapist, to talk with each other. You can get a copy of this form from your provider.

If you are prescribed medications, remember to bring a list of all medications you are taking with you to all healthcare appointments.

What is cultural competency?

We want our service system to reflect the uniqueness of our local communities, improve the quality of services and allow members to shape the choices available. Cultural competency means “the delivery of services in a culturally competent manner to all members including those with



limited English proficiency and diverse cultural and ethnic backgrounds.”

Vaya encourages our provider network to develop cultural competency to provide the highest quality of care to all people. We want our providers to achieve the following goals related to cultural competency:

- Providers will become more involved in the community of people served. This may include participating in community events, focus groups and community advisory councils.
- Providers and their staff will become more aware of ethnic, racial, regional and cultural differences to help develop a respectful service delivery free of offensive practices or conditions.

- Providers and their staff will become better educated on how best to deliver services to culturally and ethnically diverse people and on how to eliminate barriers to treatment, such as language and interpretation.

If you believe staff serving you does not understand your language or your religious, cultural, educational or social background, you have the right to ask about changing staff to better meet your needs or the ability to choose a different service provider in the Vaya network. To discuss your options, call the Access to Care Line at 1-800-849-6127 or contact your care manager.

9

SECTION 9

How does Vaya make decisions about my care?

IN THIS SECTION:

- How does Vaya make decisions about my care?
- What is prior authorization?
- How long does Vaya take to make a decision about my request?
- What is medical necessity?
- What other guidelines does Vaya follow?
- What is peer review?
- What happens if the service I need is not available?
- Can I request a new treatment or service?
- Will my benefits change over time?

How does Vaya make decisions about my care?

Federal Medicaid regulations require us to review authorization requests and make decisions about whether the services your provider is asking for are medically necessary. This process helps us keep track of the type and amount of services and how often they are used. Our Utilization Management (UM) Team is staffed by experienced, licensed clinicians who review requests for services. They make decisions to ensure you get the right care, in the right amount, at the right time.

Vaya does not offer incentives or rewards that would discourage requests or approval of service requests. We do not offer incentives for utilization management staff or contractors to deny, reduce, terminate, suspend, limit or discontinue medically necessary services to any member. We also do not offer physician incentive plans.

Our decision-making is based on your eligibility, your needs, your treatment history and whether the requested service is medically necessary and meets the requirements of applicable rules. These rules include the N.C. State Plan for Medical Assistance, 1915(b)/(c) Waiver criteria, clinical coverage policies, service definitions, benefit plan restrictions and Clinical Practice Guidelines.

For Medicaid beneficiaries under age 21, we also review requests against Early and Periodic Screening, Diagnostic and Treatment (EPSDT) criteria. EPSDT is explained in Section 5.

Medicaid requires that we review and authorize some services before they are provided. Prior authorization is generally required for all Vaya Health Plan covered services except for basic services and emergency/crisis services.

Clinical coverage policies and service definitions are issued by NC Medicaid and the N.C. Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS). **They are not created by Vaya and are subject to change with relatively short notice.**

Each service definition lists the criteria, limits and exclusions for that service that Vaya must follow when reviewing requests for authorization. For more information about the N.C. State Plan for Medical Assistance or NC Medicaid Clinical Coverage Policies, visit the NC Medicaid website at <https://medicaid.ncdhhs.gov>. For questions about limits or exclusions on services, call our Access to Care Line at 1-800-849-6127.

What is prior authorization?

Medicaid requires that we review and authorize some services before they are provided. Authorization covers the dates and amounts of services provided. Prior authorization is generally required for all Vaya Health Plan covered services, with the following exceptions:

EMERGENCY AND CRISIS SERVICES

Crisis services are always provided in an emergency. Vaya will reimburse providers for documented emergency or crisis services at any time without regard to prior authorization or whether the provider is enrolled in the Vaya network. Members with Medicaid who receive emergency or crisis services will be enrolled in the Vaya Health Plan as soon as possible.

The date of enrollment will become the date the emergency or crisis services were provided. You must be enrolled in our system before you can receive additional, non-emergency services.

BASIC SERVICES

Basic services—medically necessary outpatient visits for adults and children who have

Medicaid—do not require prior approval unless you are receiving other enhanced services at the same time. If you receive non-Medicaid services, you can receive up to eight visits for adults and 16 visits for children under age 18 without prior approval.

The date of enrollment will become the date the emergency or crisis services were provided. You must be enrolled in our system before you can receive additional, non-emergency services. **Your provider should know which services require prior authorization, or you can call Vaya’s Access to Care Line at 1-800-849-6127 for more information.**

Providers request services by completing a Service Authorization Request (SAR) form via Vaya’s electronic AlphaMCS Provider Portal. Your provider is responsible for including documentation to show that the service is necessary for you.

Remember that it is important to attend your appointments within the authorization timeframe. Once you are past the dates for your authorization, you will need to get a new authorization for services from Vaya even if you did not use all the services that were authorized.

How long does Vaya take to make a decision about my request?

Timeframes for completion of the clinical review are as follows:

CLINICAL REVIEW TIMELINES	
Urgent (expedited)	72 hours
Non-urgent	14 calendar days

For urgent and non-urgent cases, Vaya may extend this period one time for up to 14 calendar days. The extension request may be requested by a member or a provider in writing:

- If Vaya determines an extension is necessary because of matters beyond its control; and
- If Vaya notifies the member prior to the expiration of the initial 14 calendar-day period of the circumstances requiring the extension and the date when the plan expects to make a decision; and
- If a provider agency fails to submit necessary information to decide the case, the notice of extension must specifically describe the required information, and the provider agency shall be given at least 14 calendar days from receipt of notice to respond to Vaya’s request for more information.

What is medical necessity?

Authorized services must meet medical necessity criteria for the amount and duration of the service requested to address your specific condition. Eligible individuals without Medicaid may receive medically necessary services to the extent that funding for non-Medicaid services is available.

We use medical necessity criteria when determining appropriate care for Vaya Health Plan members. Medically necessary treatment includes procedures, products and services that are:

- Necessary and appropriate for the prevention, diagnosis, palliative, curative or restorative treatment of a mental health or substance use condition
- Necessary to address areas of difficulties such as self-care, communication, mobility, decision-making, independent living and financial self-sufficiency
- Consistent with Medicaid clinical coverage policies and national or evidence-based standards, bulletins, standards or other guidance issued by the Centers for Medicare & Medicaid Services (CMS), the N.C. Department of Health and Human Services (DHHS) or its



divisions or verified by independent clinical experts at the time the procedures, products and the services are provided

- Provided in the most cost-effective, least restrictive environment that is consistent with clinical standards of care
- Not provided solely for the convenience of you, your family, caregiver or provider
- Not for experimental, investigational, unproven or solely cosmetic purposes
- Furnished by or under the supervision of practitioners licensed under state law in the specialty for which they are providing services and in accordance with the N.C. State Plan for Medical Assistance, the North Carolina Administrative Code, Medicaid clinical coverage policies and other applicable federal and state laws, rules, regulations and directives
- Sufficient in amount, duration and scope to reasonably achieve their purpose
- Reasonably related to the diagnosis for which they are prescribed regarding type, intensity and duration of service and treatment settings

Medically necessary treatment is designed to:

- Be provided according to a care plan based upon a comprehensive assessment and developed with you or with a child, the child's family (or legal guardian) and community team

- Conform to any advance directive that you have prepared
- Respond to the unique needs of linguistic and cultural minorities
- Prevent the need for involuntary treatment or institutionalization

You do not need to “fail” at a lower level of care to be eligible for a higher one.

What other guidelines does Vaya follow?

Our Utilization Management Team uses clinical practice guidelines, clinical decision support tools (such as the LOCUS, CALOCUS, CANS, ASAM, SIS® and NC-SNAP) and other clinical standards to evaluate whether care is effective and appropriate. Providers use these guidelines as a road map for effective evidence-based care.

We also encourage you to use these guidelines to help make choices about treatment decisions. Practice guidelines are meant to improve care by helping you and your provider make good clinical decisions. They are based on research, published by well-known organizations, such as the American Psychiatric Association, and have been shown to help people with their problems. The guidelines we use are approved by a local committee of people receiving services, family members, staff and clinical professionals.

For a full listing of utilization management criteria, or to request a copy of our Clinical Practice Guidelines, call our Access to Care Line at 1-800-849-6127 or visit www.vayahealth.com. If you feel your provider is not following these guidelines, please call 1-800-849-6127 and let us know. Contacting Vaya can help us improve the care you receive. Please reach out to us to report any concerns you may have.

What is peer review?

If our utilization management clinicians find that the requested service may not meet criteria, the request will be reviewed by a licensed psychologist or medical doctor (peer reviewer) to make a final decision. Only peer reviewers can decide to deny, reduce, suspend or terminate a service requested for you.

In some cases, other levels or kinds of services may be recommended. If Vaya decides to deny, reduce or terminate a service requested for you, we will send you or your guardian a notice in writing with instructions and a form for filing an appeal. Section 10 of this handbook provides detailed information on how to appeal. Our goal is to ensure that people receive the right type and amounts of service at the right time, using the most effective and efficient treatment possible.

What happens if the service I need is not available?

It is our job to make sure providers are available for you. We will only place you on a waiting list for services if one of the following applies:

- You are asking for an Innovations Waiver slot and none are available (these slots are allocated by the state, and Vaya has no control over the number of slots available)
- Demand for services exceeds available resources (non-Medicaid funds only)
- There is no provider available for a service (for example, if all residential or inpatient beds are full)

Vaya maintains a waiting list for residential and inpatient services that are at capacity or non-Medicaid services subject to funding limitations and is notified when providers report openings or funding for services becomes available. The team then identifies potential candidates from the waiting list.

The following factors are considered when selecting people from the waitlist for services:

- Service need
- Risk factors such as health and/or safety issues
- Risk of hospitalization or a higher level of care if the need is not addressed
- Whether the resources identified are adequate to meet your needs
- If other funding sources are available to meet your needs
- Length of time you have been waiting
- For group settings, the compatibility with other people receiving treatment. In some cases, people in residential settings are given choices over preferred housemates (adult services).

You will then be given a list of qualified providers and may select from that list. If the opening is within an identified program, the program receives a list of eligible individuals.

The provider's admissions committee will screen applicants and make a selection based on the factors identified above. Individuals referred from regional developmental centers, state mental health facilities or state substance use facilities shall be given equal consideration for community referrals. Keeping members near family and natural supports in their community is a high priority for Vaya.

Can I request a new treatment or service?

Requests for new treatments that are not in our existing benefit plan are reviewed by our Chief Medical Officer and the Clinical Advisory Committee. We review new behavioral health advances, government studies and peer-reviewed research as they are made available to determine if experts have agreed that new treatments are safe and effective.

New proven therapies and treatments must result in outcomes that are as good as, or better than,

covered benefits currently offered by Vaya. You should call your care manager anytime you want to discuss a new treatment or service. If you do not have an assigned care manager, you can call 1-800-849-6127 to ask Vaya to consider a new service.

Will my benefits change over time?

It's important that your services are not interrupted due to limits on services available to you. For information about any possible changes in benefits as you grow older, and other possible resources when service limits have been reached, please contact your provider, your Vaya care manager or the Access to Care Line at 1-800-849-6127.



10



SECTION 10

What are my rights and responsibilities?

IN THIS SECTION:

- What are my rights?
- What are my privacy rights?
- What are my rights in a facility?
- What are my rights if I am a minor?
- What are my responsibilities?
- Can I be involuntarily committed to a facility for treatment?
- What are my rights if I have an IDD?
- What are restricted rights?
- What do I do if I believe my rights have been violated?
- What is informed consent?
- Can I terminate services?
- What if I am unable to make a decision about my care?
- Do I lose my rights if I have a guardian?
- Can I have my competency restored?
- Can I get a permit to carry a concealed weapon?
- Are there rights that protect me if I go to jail?

If you get Medicaid from any of the counties in the Vaya region, you are a member of the Vaya Health Plan. As a member of the Vaya Health Plan, you have rights and responsibilities for your care. You are free to exercise your rights and the exercise of those rights shall not adversely affect the way that Vaya or its providers treat you.

What are my rights?

You are guaranteed certain rights by law. Vaya network providers must respect your rights at all times, provide you with continual education regarding your rights and support you in exercising your rights to the fullest extent possible.

You have the following rights as a member of our health plan:

- The right to receive information in accordance with federal Medicaid requirements
- The right to confidentiality and privacy
- The right to be treated with respect and recognition of your dignity
- The right to humane care and freedom from mental and physical abuse, neglect and exploitation
- The right to live as normally as possible while receiving care and treatment
- The right to be free from unwarranted searches of your person or seizure of your possessions

- The right to be free from unnecessary or excessive medication, which shall not be used for punishment, discipline or staff convenience, and which shall be administered in accordance with accepted medical standards and only upon the order of a physician or other medical practitioner, as documented in your health record
- The right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation
- For enrollees who live in adult care homes, the right to report any suspected violation of your rights to the appropriate regulatory authority as outlined in N.C.G.S. § 131D-21
- The right to be free from any form of discrimination prohibited by federal or state laws, rules and regulations
- The right to freedom of speech and freedom of religious expression
- The right to exercise the same civil rights as any other citizen, including the right to vote, marry, divorce, make a will and buy, sell and own property, unless you have been adjudicated incompetent
- The right to be free from the threat of unwarranted suspension or expulsion from treatment
- The right to consent to or refuse treatment, except in a medical emergency or an involuntary commitment
- The right to receive treatment in the most natural, age-appropriate and least restrictive environment possible
- The right to participate with your treating providers in making healthcare decisions
- The right to participate in the development and periodic review of your written person-centered treatment or habilitation plan that builds on individual needs, strengths and preferences
- The right to have an individualized treatment or habilitation plan implemented within 30 days of admission to any inpatient or residential facility



- The right to ask questions of Vaya or your treating providers at any point in the process and receive accurate information
- The right to participate in a candid discussion with your treatment providers about medically necessary treatment options and alternatives for the relevant diagnosis or condition, regardless of benefit coverage limitation
- The right to be informed in advance of the benefits or risks of treatment choices and to a second opinion, at no cost to you
- The right to receive information on available treatment options and alternatives, presented in an appropriate way that you are able to understand
- The right to decide among relevant treatment options and express preferences about future treatment decisions, regardless of benefit coverage limitation
- The right to be informed of the cost of services at the first visit or during scheduling of the first appointment
- The right to voice complaint(s) or file a grievance about Vaya or about the care and treatment you receive from providers
- The right to receive written notification from Vaya about adverse decisions on requests for prior authorization
- The right to file an appeal with Vaya of the denial, reduction, suspension or termination of a service and to request a State Fair Hearing if you disagree with Vaya's final decision
- The right to receive interpretation or translation services and other accommodations needed for accessibility, free of charge
- The right to a current listing of network providers and access to a choice of providers from within the network, to the extent possible or required by law
- The right to receive information about Vaya, our providers and your rights and responsibilities presented in a manner appropriate to your ability to understand
- The right to recommend changes to Vaya's policies and services. If you wish to do so, please contact our Member Services Department at 1-800-849-6127 or write us at: Vaya Health, 200 Ridgefield Court, Suite 218, Asheville, NC 28806.
- The right to receive a written notice from Vaya of any "significant change" at least 30 days before the intended effective date of the change. This is a change that requires modifications to the N.C. State Plan for Medical Assistance, the 1915 (b)/(c) Waiver or Vaya's contract with NC Medicaid.
- The right to make instructions for mental health, substance use disorder or intellectual and/or developmental disability (IDD) treatment in advance to use if you become incapable of making such decisions. The forms used to do this are called advance directives. The N.C. Secretary of State provides forms you can use to create advance directives online at www.sosnc.gov/divisions/advance_healthcare_directives.
- The right to be furnished, consistent with the scope of services of Vaya's Waiver Contract, healthcare services in accordance with federal law

What are my privacy rights?

The law protects the security and confidentiality of your personal health information. Except as allowed by law, your records and other information about you will not be released by us or by any of our providers without your written permission. You have the right to request and receive a copy of

The law protects the security and confidentiality of your personal health information. Except as allowed by law, your records and other information about you will not be released by us or by any of our providers without your written permission.

your medical record, subject to therapeutic privilege, and to request that your medical record be amended or corrected.

We take your privacy rights very seriously. We have robust administrative, technical and physical safeguards in place to protect your information. All of our staff receive training about privacy and security. Privacy and security provisions are included in our contracts with providers in our network.

Included in your welcome packet is a Notice of Privacy Practices that explains your privacy rights, when Vaya is allowed to share information about you and what to do if you feel your rights have been violated. The Notice of Privacy Practices is listed in Appendix A of this handbook and posted online at www.vayahealth.com. If we change our Notice of Privacy Practices, we will mail you a new copy.

What are my rights in a facility?

If you receive care in a 24-hour facility or adult care home, you have the rights listed above. You also have the right to:

- Receive necessary medical care if you are sick. If your insurance does not cover the cost, then you will be responsible for payment.
- Receive a reasonable response to requests made to facility administrator or staff
- Receive upon admission and during the stay a written statement of the services provided by the facility and the charges for these services
- Be notified when the facility is issued a provisional (temporary) license or notice of revocation (reversal) of license by DHHS and the basis on which the provisional license or notice of revocation of license was issued. Your responsible family member or guardian shall also be notified.
- Send and receive unopened mail and have access to writing material, postage and staff assistance if requested
- Contact and consult with a member advocate (a person or organization that advocates on your behalf)
- Contact and see a lawyer, your own doctor or other private professionals. This will be at your own expense, not at the expense of the facility
- Contact and consult with your parent or legal guardian at any time if you are under age 18
- Make and receive confidential (private) telephone calls. All long-distance calls will be at your expense, not at the expense of the facility.
- Receive visitors between the hours of 8 a.m. and 9 p.m. Visiting hours must be available six hours each day. Two of those hours must be after 6 p.m. If you are under the age of 18, visitors cannot interfere with school or treatment.
- Communicate and meet with individuals that want to communicate and meet with you. This may be under supervision if your treatment team feels this is necessary.
- Make visits outside the facility, unless it has been included in your person-centered plan that this is not recommended
- Be outside daily and access to facilities and/or equipment for physical exercise several times per week.
- Have individual storage space for your private belongings that can be locked and only accessible by you, the administrator or supervisor-in-charge
- Keep personal possessions and clothing, except those items that are prohibited by law
- Keep and spend a responsible sum of your own money. If the facility is holding your money for you, you can examine the account at any time.
- Participate in religious worship if you choose
- Retain a driver's license, unless you are not of age or have been prohibited to do so by a court of law
- Not be transferred or discharged from a facility except for medical reasons, yours or another's welfare, nonpayment or if mandated by state or federal law. You must be given 30 days'

notice except in cases of safety to yourself or others. You can appeal a transfer or discharge (according to rules by the Medical Care Commission), and you can stay in the facility until resolution of the appeal.

What are my rights if I am a minor?

Minors have the right to agree to some treatments without the consent of a parent or guardian:

- For treatment of sexually transmitted diseases
- For services related to pregnancy
- For services that address alcohol and/or other substance use
- For services that help with emotional difficulties

What are my responsibilities?

In addition to your rights as a member of the Vaya Health Plan, you can ensure the best outcomes for yourself by assuming the following responsibilities:

- Supplying information (to the extent possible) that Vaya and its practitioners and providers need in order to provide care
- Following plans and instructions for care that you have agreed to with your practitioners
- Understanding your health problems and participating in developing mutually agreed-upon treatment goals, to the degree possible
- Inviting people who will be helpful and supportive to you to be included in your treatment planning
- Working on the goals of your person-centered plan
- Keeping all the scheduled appointments that you can and being on time for appointments
- Telling the doctor, nurse or other service provider about any changes in your health and asking questions when you do not understand your care or what you are expected to do
- Informing Vaya and provider staff of any medical condition that is contagious

- Taking medications as they are prescribed for you
- Telling your doctor if you are having unpleasant side effects from your medications or if your medications do not seem to be working to help you feel better
- Seeking help when you need it and calling your provider or Vaya if you are in crisis
- Seeking out additional support services in your community
- Reading, or having read to you, written notices from Vaya about changes in benefits, services or providers
- Respecting the rights and property of other individuals and of Vaya and provider staff
- Following the rules posted in day, evening or 24-hour service programs
- Making sure you understand your discharge plan and doing your best to follow it
- Using the hospital emergency department only for emergency care
- Notifying the county DSS (for Medicaid enrollees), provider or the Vaya Access to Care Line (for non-Medicaid members) right away with any change in your contact information, including your address or telephone number
- Helping prevent fraud, waste and abuse as described in Section 12 of this handbook



Can I be involuntarily committed to a facility for treatment?

In North Carolina, individuals with mental illness, substance use disorders or an IDD can be involuntarily admitted to a facility if a court finds they are dangerous to themselves or others. This applies to both competent and incompetent adults.

Competent adults have the option to seek voluntary admission. We encourage our members to seek voluntary treatment when you feel the signs, symptoms and fear of losing control. If you go to a facility, and facility staff decide they do not have a treatment that would help you or that you do not need treatment, the facility will not admit you. If you are a voluntary patient, you must be discharged within 72 hours of your own written request. An incompetent adult with a mental illness or substance use problem will have a court-appointed guardian who will act on your wishes and seek admission for you. They will be required to consent to your treatment and receive legal notices for you.

Involuntary commitment can happen when a treating provider, law enforcement officer, relative, coworker, neighbor or other person goes to a magistrate and signs an affidavit listing facts that show you are dangerous to yourself or others. The magistrate or clerk of Superior Court would then issue an order to have you examined by a physician or psychologist. The magistrate or clerk then issues a custody order to a local law enforcement officer, who locates and transports you to a physician or psychologist for evaluation, usually in an emergency department of a hospital.

If you go to a hospital yourself and appear dangerous, a physician or psychologist can recommend involuntary commitment even if no custody order has been issued. If a doctor or therapist determines that you meet commitment criteria, the law enforcement officer takes you to

an inpatient facility, where a second examination is conducted, if possible, within 24 hours.

Within 10 days, a hearing is held in District Court. If the court finds by clear, cogent and convincing evidence that you meet inpatient commitment criteria, it may order commitment for up to 90 days. At the end of this 90-day period, a hearing can be held and a second commitment order issued for an additional period of up to 180 days. Re-hearings are held at the end of this second commitment and annually thereafter.

Involuntary commitment takes control out of your hands and completely interrupts the flow of your life. Think about seeking help as soon as you know something is wrong. Try to go to a walk-in center or a facility-based crisis (FBC) center. Or, call the Access to Care Line at 1-800-849-6127 and ask for help.

What are my rights if I have an IDD?

If your primary disability is an IDD, you have the right to continuity of care. If you are discharged from a residential facility and still need residential care, the provider MUST give you at least 60 days' written notice as mandated by N.C.G.S. § 122C-63, "Assurance for Continuity of Care."

This gives you time to find a new residence. This right exists as long as you have not committed any illegal acts or are not a safety threat to others.

What are restricted rights?

Your rights can only be restricted for reasons related to your care or treatment by your treatment team. You must be part of your treatment team and the decision-making process. You have the right to have an advocate or someone you trust involved.

A restriction of your rights must go through a Human Rights Committee for approval. Any

restriction will be documented and kept in your medical record.

What do I do if I believe my rights have been violated?

If your rights have been violated, contact the Vaya Access to Care Line at 1-800-849-6127. You can file a complaint or grievance in person or by phone. You do not have to give your name. You may also call the N.C. Department of Health and Human Services (DHHS) Customer Service Center at 1-800-662-7030.

If you feel your protected health information has been violated, you may file a complaint with Vaya by calling 1-800-849-6127. You may also contact DHHS using one of the following ways:

BY MAIL:	N.C. DHHS Office of Privacy and Security 2015 Mail Service Center Raleigh, NC 27699-2015
BY PHONE:	919-855-3000
BY FAX:	919-733-1524
BY EMAIL:	DHHS.Security@dhhs.nc.gov
ONLINE:	https://security.ncdhhs.gov

Individuals living in adult care homes have the right to report to the N.C. Division of Health Service Regulation (DHSR) any suspected violation of their member rights:

BY MAIL:	N.C. DHSR Complaint Intake Unit 2711 Mail Service Center Raleigh, NC 27699-2711
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BY PHONE:	1-800-624-3004 (within North Carolina) or 919-855-4500 Hours: 8:30 a.m. – 4 p.m. on weekdays, except holidays
BY FAX:	919-715-7724

For more information, visit the DHSR website at <https://info.ncdhhs.gov/dhsr/ciu/filecomplaint.html>.

Additionally, you may contact the Office of the State Long Term Care Ombudsman. Learn more online at www.ncdhhs.gov/aging/ombud.htm or contact the office in one of the following ways:

BY MAIL:	Office of the State Long Term Care Ombudsman 2711 Mail Service Center Raleigh, NC 27699-2711
BY PHONE:	919-855-3400
BY FAX:	919-715-0364

You may also contact the U.S. Department of Health and Human Services Office for Civil Rights:

BY MAIL:	HHS Office for Civil Rights 200 Independence Ave. SW, Room 509F, HHH Building, Washington, DC 20201
BY PHONE:	1-800-368-1019
TDD:	1-800-537-7697 (toll-free)
BY EMAIL:	OCRPrivacy@hhs.gov

What is informed consent?

You have the right to be informed in advance of the potential risks and benefits of treatment options, including the right to refuse to take part in research studies. You have the right to consent to or refuse any treatment unless one of the following applies:

- It is an emergency situation.
- You are not a voluntary patient.
- Treatment is ordered by a court of law.
- You are under 18 years of age, have not been emancipated and the guardian or conservator gives permission.

Can I terminate services?

Yes. You may recover to the extent that you decide you no longer need services. However, you can access treatment any time you need services again. You are free to stop or discontinue services at any time or refuse a recommended treatment unless a court has ordered you to be in treatment or you have a legal guardian who makes your healthcare decisions.

What if I am unable to make a decision about my care?

You have the right to make instructions for your treatment in advance. There are three types of advance directives. These legal documents allow you to let your wishes be known in the event you are unable to make decisions for yourself. These are:

- Psychiatric Advance Directives or the Advance Directive for Mental Health Care
- Health Care Power of Attorney
- Living will

PSYCHIATRIC ADVANCE DIRECTIVES

The Psychiatric Advance Directive (PAD), available at <https://medicaid.ncdhhs.gov/documents/advanced-directives>, or the Advance Directive for Mental Health Care is a legal document that states the instructions for mental health treatment you would

want to receive if you are in a crisis and unable to make decisions for yourself. Your service provider or care manager should be able to assist you in the development of this document. The instructions give information about:

- What you think helps calm you
- How you feel about seclusion or electroconvulsive therapy
- What medicines you do not want to take
- Which doctor you want to be in charge of your treatment

These are decisions you can make in advance of any situation in which you are unable to communicate your wishes about your care and provide specific instructions to be followed by a physician or psychologist. The instructions you include in the PAD will be followed if a physician or eligible psychologist determines that you are incapable of making and communicating treatment decisions. Your instructions may be overridden if you are being held in accordance with civil commitment law.

If your provider does not agree with any parts of the advance directive (due to a “matter of conscience” or personal objection), they must provide (in writing) why they disagree, include detail from the law that allows the objections, and describe the medical conditions involved. You may choose to see a new provider. Your instructions may also not be followed if you are being held in accordance with civil commitment law.

HEALTH CARE POWER OF ATTORNEY

A Health Care Power of Attorney allows you to designate someone who can make decisions for you if you are unable to make your own choices about treatment. This document gives the person you designate as your healthcare agent broad powers to make healthcare decisions for you when you cannot make the decision yourself or cannot communicate your decision to other people. You

should discuss your wishes concerning life-prolonging measures, mental health treatment and other healthcare decisions with your healthcare agent. Except to the extent that you express specific limitations or restrictions in this form, your healthcare agent may make any healthcare decision you could make yourself.

LIVING WILL

A living will is a document that tells others what kind of care you want or if you want to die a natural death if you are incurably sick and cannot receive nutrition or breathe on your own.

All three of these documents must be written and signed by you while you are able to understand your condition and treatment choices and are able to make your wishes known. Two qualified people must witness all three types of advance directives. The living will and the Health Care Power of Attorney must be notarized.

WHAT DO I DO WITH MY ADVANCE DIRECTIVES?

Be sure to keep a copy in a safe place and give copies to your family, your treatment team, your doctor and the hospital where you are likely to receive treatment. You can also have your advance directive filed in a national database or registered with the N.C. Advanced Health Care Directive Registry, which is part of the Department of the North Carolina Secretary of State (www.sosnc.gov).

There is a \$10 fee to register. This includes the registration, a revocation form, registration card and password. You can use the revocation form at any time if you change your mind and your directives.

If your provider does not agree with any parts of the advance directive (due to a “matter of conscience” or personal objection), they must provide (in writing) why they disagree, include detail from the law that allows the objections, and describe the medical conditions involved. You may choose to see a new provider. Your instructions

may also not be followed if you are being held in accordance with civil commitment law.

HOW LONG DO MY ADVANCE DIRECTIVES STAY ACTIVE?

Your advance directives are active until you cancel them. You may cancel or change your advance directives at any time unless you have been declared incompetent. If you cancel or change your advance directives, be sure to communicate the change to anyone who has a copy.

Do I lose my rights if I have a guardian?

People who do not have the ability to make and communicate important decisions about their personal and financial affairs may be declared incompetent by a court and assigned a guardian to help them exercise their rights. If you have been adjudicated incompetent, your guardian is legally appointed by the court to serve as your decision-maker and advocate. However, your guardian must give you the opportunity to take part as fully as possible in all decisions affecting your life. (For more information, see N.C. General Statutes Chapter 35A, Incompetency and Guardianship.) People who are adjudicated incompetent and who are assigned a court-appointed guardian retain all legal and civil rights, except rights granted to the guardian by the court. You should read the guardianship order carefully. Often it includes language that reserves some of your rights, such as your right to associate with your own friends, make decisions about where you live or make healthcare decisions.

Can I have my competency restored?

If you have been declared incompetent, you can have your guardianship reversed and possibly be restored to competency (decision by a judge about your legal ability to make choices). You, the

guardian or any other interested person can ask the clerk of Superior Court to re-open the case. The request begins by filing a written motion or petition with the clerk in the county where the guardianship is administered.

To be restored to competency, you must prove that you are able to manage your own affairs and make and communicate important decisions. If competency is restored, the guardian is dismissed. Partial restoration of some rights is also an option. For more information about guardianship, please contact your local Department of Social Services (DSS) office.

Can I get a permit to carry a concealed weapon?

People who apply for a permit to carry a concealed weapon in North Carolina must give consent for the details of mental health and substance use treatment and hospitalizations to be released to

law enforcement. Under federal and state law, individuals with a history of substance use, involuntary commitment or certain criminal history may be denied the right to purchase a firearm or to carry a concealed weapon

Are there any rights that protect me if I go to jail?

North Carolina correctional facilities must have a medical plan that includes policies for health screening of inmates upon admission, as well as administering, dispensing and controlling prescription and non-prescription medications. Jails must provide conferences with qualified medical personnel and privacy during examinations. You will be observed twice per hour, or four times per hour if you have a record of making suicide attempts or are displaying erratic behavior.

SECTION 11

How do I file an appeal, a grievance or a complaint?

IN THIS SECTION:

- What is a Medicaid appeal?
- What is an adverse benefit determination?
- How do I file a Medicaid appeal of an adverse benefit determination?
- What is a reconsideration review?
- How will you notify me of the Medicaid reconsideration decision?
- What if I disagree with the decision?
- How do I file a formal appeal with the Office of Administrative Hearings?
- What happens after I file a Medicaid appeal with OAH?
- Can I appeal a decision about non-Medicaid services?
- What is a grievance or complaint?
- What are examples of grievances and complaints?
- How do I file a grievance or complaint?
- How does Vaya process grievances and complaints?

What is a Medicaid appeal?

We want you to understand your rights to request appeals and file grievances. Medicaid beneficiaries have a constitutional right to due process. Due process means you are entitled to a written notice and an opportunity to be heard by an impartial decisionmaker. Our Medicaid appeals system is based on this fundamental right to due process.

A Medicaid appeal means “a request for review of an adverse benefit determination.”

What is an adverse benefit determination?

An adverse benefit determination is issued for Medicaid services only and occurs whenever:

- Vaya denies or partially denies a request for services for you
- Vaya reduces, suspends (pauses) or terminates (ends) authorization for a service you are currently authorized to receive
- Vaya denies the whole payment or partial payment for your authorized services
- Vaya fails to ensure that you receive services in a timely manner, as defined by the state
- Vaya denies your request to dispute a financial liability (or responsibility), including cost sharing, copayments, premiums, deductibles, coinsurance and other financial liabilities
- Vaya fails to allow you to get services outside the network, but **only if you live in a rural area and there is no network provider available to provide the service**

If Vaya makes an adverse benefit determination, we will send you or your guardian a letter (Notice of Adverse Benefit Determination). If Vaya reduces, suspends (pauses) or terminates (ends) a current, unexpired service authorization, Vaya will notify you in writing at least 10 calendar days before the effective date of the change.

If Vaya denies a request for a new service or a request for a service for a new authorization period, Vaya will notify you in writing after the denial decision is made. The Notice of Adverse Benefit Determination explains:

- The adverse benefit determination
- The reason for the adverse benefit determination
- Your right to receive upon request and free of charge, reasonable access to and copies of all documents, records and other information **relevant to Vaya’s decision**
- Your right to request an appeal first through Vaya’s reconsideration review process and then through the Office of Administrative Hearings (OAH)
- When an appeal may be expedited and how to request an expedited review
- Your right to have services that are reduced, suspended (paused) or terminated (ended) continue until the appeal is resolved so long as the original authorization period has not expired)
- How and/or when you may exercise these rights
- If services are continued and Vaya’s decision is upheld, you may be required to pay the cost of services furnished to you during the reconsideration process.

If you receive a Notice of Adverse Benefit Determination, you can appeal. In some cases, if you properly appeal the adverse benefit determination by following the instructions in the letter, your services will continue through the end of the original authorization period.

Note: If you appeal a denial or partial denial of a request for a new service or for a new authorization period, Vaya will not continue to authorize the requested service during an appeal period.

Vaya will not retaliate against you in any way if you appeal.

How do I file a Medicaid appeal of an adverse benefit determination?

A Medicaid appeal can be filed by you, your guardian or a representative, including your provider. For a representative (i.e., anyone other than you or your guardian) to represent you in an appeal, you must give your written consent (or permission) for the representative to act on your behalf and to submit a reconsideration review request.

Any oral or written request can initiate the appeal process, so long as the request provides sufficient information necessary for Vaya to consider the appeal. Your Notice of Adverse Benefit Determination includes an appeal form and instructions called a Reconsideration Request Form. The Reconsideration Request Form tells you how to file your Vaya request for reconsideration.

To protect your right to appeal, it is very important for you to follow all instructions and timelines given in the notice. If you wish to appeal a Vaya adverse benefit determination, **you must first submit a request for a reconsideration review.**

HOW MUCH TIME DO I HAVE TO FILE MY APPEAL?

You, your guardian or your authorized representative has 60 calendar days from the mailing date of your Notice of Adverse Benefit Determination to request Vaya to reconsider its adverse benefit determination.

Your request will be on time if Vaya receives the request within the 60-calendar day period.

WHERE DO I SEND MY APPEAL REQUEST?

Submit the completed Reconsideration Request Form or your written request to any of the following:

BY FAX:	1-833-845-5616
BY MAIL:	Vaya Health Attn: Appeals Coordinator 200 Ridgefield Court, Suite 218 Asheville, NC 28806
BY EMAIL:	member.appeals@vayahealth.com
IN PERSON:	At Vaya's Asheville or Lenoir office (listed on page 3)

You can also request reconsideration orally by calling 1-800-893-6246, ext. 1400.

We will send you a written acknowledgement within one business day when we receive your routine request (expedited appeal requests do not receive written acknowledgements due to the quick turnaround time). If you have submitted a request and have not received the acknowledgement, call us at 1-800-893-6246, ext. 1400, and let us know. Please note that we will not accept or process requests for reconsideration filed outside the timeline.

CAN I GET HELP WITH FILING MY MEDICAID APPEAL?

Yes. Our Member Appeals Team is available to help explain and complete your appeal documentation, if requested by you, your legal guardian or your authorized representative. We will provide you with reasonable assistance in completing forms and taking other procedural steps related to a grievance or appeal. This includes, but is not limited to, providing auxiliary (assistive) aids and services upon request, such as interpreter services and TTY/TTD capability.

A Member Appeals Team is available to help explain and complete your appeal documentation. For help, call Vaya at 1-800-893-6246, ext. 1400, to speak with someone from the Member Appeals Team. You can also call Vaya's Access to Care Line at 1-800-849-6127.

For help with your appeal, you can call Vaya at 1-800-893-6246, ext. 1400, to speak with someone from the Member Appeals Team. You can also call Vaya's Access to Care Line at 1-800-849-6127.

Vaya does not punish or retaliate against you or the provider who either requests or supports a member appeal. Vaya does not discourage, coerce (force) or misinform (give wrong information to) you regarding the type, amount and duration (length) of services you may request. In addition, Vaya does not discourage, coerce (force) or misinform (give wrong information to) members about your right to appeal.

CAN I GET A COPY OF MY RECORDS AND SUBMIT MORE INFORMATION DURING THE APPEAL?

Yes. We absolutely encourage you to submit current and relevant documentation and information to support your request for the services under appeal. If you want a copy of your case file, free of charge, please call the Member Appeals Team at 1-800-893-6246, ext. 1400. Please let us know as soon as possible if you want a copy. The case file will include all records considered or used by Vaya in connection with the decision, including documents submitted by your provider.

You can also submit new information at any point during the appeal process. This might include new information from your physician, such as updated assessments.

All appeal records are kept by Vaya for a minimum of five years after resolution. There must be no future litigation or audits for these records to be destroyed.

What is a reconsideration review?

A Vaya reconsideration review is an impartial review of Vaya's adverse benefit determination. Your request will be reviewed by a healthcare professional with appropriate clinical expertise in treating your condition or disorder who was not involved in the initial review or adverse benefit determination and who is not a direct employee of the initial reviewer or decisionmaker.

HOW LONG WILL THE RECONSIDERATION REVIEW TAKE?

Vaya has 30 calendar days to make a reconsideration decision and send you written notice (called a Notice of Resolution) about your Medicaid services. This can be extended for up to 14 days at your or your provider's request, or if Vaya determines that additional information is necessary and that the extension would be in your best interest.

When Vaya extends timeframes, but you did not request the extension, Vaya will:

- Give you written notice of the reason for the extension within two calendar days
- Make a reasonable effort to provide prompt oral (by telephone) notification of the delay
- Resolve the appeal as quickly as your health condition requires and no later than the date the extension expires

You may file a grievance if you disagree with the decision to extend the timeframe.

CAN MY RECONSIDERATION REVIEW REQUEST BE EXPEDITED?

You or your provider may request to expedite (speed up) the reconsideration process if the 30-calendar-day timeframe Vaya has to make a reconsideration decision could seriously jeopardize your health and safety. You can request an expedited reconsideration orally or in writing to the Member Appeals Team using the contact information above. A Vaya clinician will approve or deny your request to expedite your reconsideration review.

If Vaya denies your request for an expedited reconsideration review, we will:

- Give you written notice of the reason for not expediting your request within two calendar days of the decision to not expedite the review
- Make a reasonable effort to provide prompt oral (by telephone) notification of the decision to not expedite the review
- Resolve the appeal as quickly as your health condition requires and no later than 30 calendar days (plus possible 14-day extension if necessary) from receipt of a complete request

You may file a grievance if you disagree with Vaya's decision NOT to expedite your request. If the request to expedite is denied, the reconsideration will be processed within the standard timeframe of 30 calendar days (which may be extended up to 14 days).

If Vaya approves your request for an expedited reconsideration review, Vaya has 72 hours from time of receipt of the request to make an expedited reconsideration decision and notify you about your Medicaid services. This can be extended for up to 14 days at your request or if we determine that additional information is necessary and that the extension would be in your best interest.

When Vaya extends timeframes, but you did not request the extension, Vaya will:



- Give you written notice of the reason for the extension within two calendar days
- Make a reasonable effort to provide prompt oral (by telephone) notification of the delay
- Resolve the appeal as quickly as your health condition requires and no later than the date the extension expires

CAN I RECEIVE SERVICES DURING MY RECONSIDERATION REVIEW?

If we approve some services but deny others, you can receive the services that were approved in the amount, scope and duration approved while you appeal the services that were denied. You can also make a new request for services while your appeal is pending.

Federal law also allows you to continue receiving services when you appeal an adverse benefit determination to reduce, suspend (pause) or terminate (end) your services, so long as the original authorization period has not expired. If you wish for existing services to continue without interruption while you appeal a Medicaid reduction, suspension (pause) or termination (end), and **the**

original authorization period covering the existing services has not expired, you must request Vaya reconsideration and ask for continuation of benefits within **10 calendar days** of the date of the Notice of Adverse Benefit Determination. If you request a reconsideration review after the 10th calendar day from the date of the adverse benefit determination letter, there could be an interruption in your current services.

Federal law explains this in much more detail. It says that if Vaya terminates, suspends or reduces your current Medicaid services before the expiration of the authorization period, you may continue to receive those Medicaid services if you meet all of the following conditions:

- You submit a Reconsideration Review Request Form within 60 days of the mailing date of the Notice of Adverse Benefit Determination;
- The reconsideration review involves the termination, suspension or reduction of currently authorized services;
- The services were ordered by an authorized provider;
- The authorization period for the services has not expired; and
- You timely request that your services continue on or before the later of:
 - Within 10 calendar days of the date of the adverse benefit determination; or
 - The intended effective date of Vaya's proposed adverse benefit determination

If all of these conditions are met, you may continue to receive your current services (**so long as the original authorization period has not expired**) until:

- You withdraw your request for a reconsideration review or State Fair Hearing; or
- You fail to request a State Fair Hearing with the N.C. Office of Administrative Hearing (OAH) and

to continue your services within 10 calendar days after the Notice of Resolution is sent to you; or

- A State Fair Hearing decision adverse to you is made.

How will you notify me of the Medicaid reconsideration decision?

Vaya will mail you a written letter called a Notice of Resolution within the standard, expedited or extended timeframe that applies to the reconsideration review. The Notice of Resolution explains:

- Vaya's decision to uphold, reverse or partially uphold/partially reverse the original adverse benefit determination
- The reason for Vaya's decision
- The date the resolution process was completed
- For appeals not resolved wholly in your favor, your right to request a State Fair Hearing
- For appeals not resolved wholly in your favor, your right to have services that are reduced, suspended (paused) or terminated (ended) continue until the appeal is resolved
- How you may exercise these rights
- For appeals not resolved wholly in your favor, if services are continued and Vaya's decision is upheld, we have a right to recover the cost of services furnished to you during the reconsideration and appeal process. Note that we can recover the costs from you, your spouse or your parent (if you are under 18).
- Vaya will attempt to notify you by phone of the outcome of an expedited reconsideration within 72 hours of receiving an expedited appeal request. We will also provide written notification of the outcome to you/your legally responsible person/personal representative and your provider within 72 hours of receiving the expedited appeal request. This written notification will include all of the same information described above for notification of a routine reconsideration decision.

What if I disagree with the decision?

If you do not agree with the outcome of the reconsideration, you can file a formal appeal with the N.C. Office of Administrative Hearings (OAH) to request a State Fair Hearing. The request for State Fair Hearing must be made to OAH within 120 calendar days of the mailing date of the reconsideration review decision (the Notice of Resolution). Formal appeals are heard by an administrative law judge with OAH.

How do I file a formal appeal with the Office of Administrative Hearings?

If you wish to request a Medicaid State Fair Hearing, you must submit a completed and signed appeal form (a fillable form is included with your Notice of Resolution) to the Clerk, Office of Administrative Hearings, and to Vaya, at their addresses, emails or fax numbers listed on the form. If you lose the appeal form that was included with the decision letter, you can get another copy by calling us at 1-800-893-6246, ext. 1400, or by calling OAH at 984-236-1850.

What happens after I file a Medicaid appeal with OAH?

After you request a State Fair Hearing, OAH or the Mediation Network of North Carolina will contact you to offer you the option to have your case mediated by a mediator. A mediation is an informal meeting to attempt to resolve a formal appeal before it is heard by the administrative law judge.

If you accept mediation, it must be completed within 25 days of your formal appeal submission. If mediation resolves the case, the hearing will be dismissed, and services will be provided as specified by the mediation agreement. If you agree to mediation and fail to show up, OAH will dismiss your appeal and it will not proceed to a hearing. If you decline mediation, or you accept mediation and it is unsuccessful, your formal appeal will

proceed to a hearing. You will be notified by mail of the date, time and location of the hearing.

In the hearing process, you may represent yourself, hire an attorney or ask a relative, friend or other spokesperson to represent you or speak on your behalf. We will provide you with all documents we intend to use at the hearing in advance. You can present new evidence at the hearing, although this may result in a delay. At the hearing, both sides can present evidence.

The administrative law judge will make a decision regarding your case. You should receive a written copy of the decision within 90 days from the date you filed your request for reconsideration with Vaya, not including the number of days you took to file for a State Fair Hearing. If you disagree with the administrative law judge's final decision, you may retain an attorney and appeal your case in Superior Court.

WHO IS RESPONSIBLE FOR MY SERVICES WHILE MY APPEAL IS PENDING?

If the final decision is not in your favor (Vaya's reduction, suspension, termination or denial is upheld), then Vaya may elect to recover from you the cost of the services furnished to you during the formal appeal process.



Can I appeal a decision about non-Medicaid services?

Unlike Medicaid services, state law makes clear that there is no entitlement to non-Medicaid services, and the appeal rights are different.

In general, you may request an appeal if Vaya issues a clinical decision to deny, reduce, terminate or suspend a non-Medicaid service. Vaya is required to notify you in writing within one business day if we make a clinical decision to deny, reduce, suspend or terminate your non-Medicaid services. If you get a letter (Notice of Decision) from us saying some or all of your non-Medicaid services have been reduced, suspended, terminated or denied, you can appeal the decision.

This notice of decision will include an appeal form and information about how to file your Vaya appeal request and all subsequent appeals. You must file an appeal with Vaya before you file an appeal with the N.C. Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS).

To appeal the reduction, suspension, termination or denial of non-Medicaid benefits, you must return a completed and signed Non-Medicaid Services Appeal Form (included in the notice of decision mailed to you) to any of the following within **15 business days** of the date of your notice of decision.

To appeal the reduction, suspension, termination or denial of non-Medicaid benefits, you must return a completed and signed Non-Medicaid Services Appeal Form (included in the notice of decision mailed to you) to Vaya within 15 business days of the date of your notice of decision.

Your provider cannot file the appeal for you. Send the form to:

BY FAX:	1-833-845-5616
BY MAIL:	Vaya Health Attn: Appeals Coordinator 200 Ridgefield Court, Suite 218 Asheville, NC 28806
BY EMAIL:	member.appeals@vayahealth.com
IN PERSON:	At Vaya's Asheville or Lenoir office (listed on page 3)

A Vaya appeal is an impartial review of the decision to reduce, suspend, terminate or deny your non-Medicaid services. A healthcare professional with appropriate clinical expertise in treating your condition or disorder who was not involved in the original decision will decide the appeal.

Vaya will decide your appeal within seven business days of receipt of a valid request. Services will not be authorized during the review.

CAN MY NON-MEDICAID APPEAL REVIEW REQUEST BE EXPEDITED?

You may request to expedite (speed up) the appeal process if the seven-business day timeframe will seriously harm your health and safety. You can request an expedited appeal by asking for one orally or in writing.

If you make an oral request for expedited review, it does not have to be followed up with a written request (unlike the standard request for appeal). A Vaya clinician will approve or deny your request to expedite your appeal review request.

You may submit your request to expedite the review in one of the following ways:

BY FAX:	1-833-845-5616
BY MAIL:	Vaya Health Attn: Appeals Coordinator 200 Ridgefield Court, Suite 218 Asheville, NC 28806
BY EMAIL:	member.appeals@vayahealth.com
IN PERSON:	At Vaya's Asheville or Lenoir office (listed on page 3)

If you request an expedited appeal, and Vaya denies it, we will notify you by telephone or in writing of the decision NOT to expedite the request. If we agree that it should be expedited, we will complete the expedited review within 72 hours of the request and let you or your provider know our decision by telephone. We will send you a written decision no more than three days after the decision.

WHAT IF I DISAGREE WITH THE DECISION?

If you disagree with the appeal decision, you may file an appeal with the N.C. Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) to request a non-Medicaid appeal hearing within 11 calendar days of the appeal decision letter date. To file an appeal with DMH/DD/SAS, you must mail or fax a completed Non-Medicaid Appeal Request Form to:

BY MAIL:

DMH/DD/SAS Hearing Office
c/o Customer Service and Community Rights
Mail Service Center 3001
Raleigh, NC 27699-3001

BY FAX:

919-733-4962

The Non-Medicaid Appeal Request Form is included in the decision letter. Remember: DMH/DD/SAS

must receive the request form no later than 11 days from the date of the Vaya appeal decision letter.

Appeals are heard by a DMH/DD/SAS hearing officer at a Vaya office location. If you have questions about the appeal process, please call DMH/DD/SAS at 919-715-3197. Upon receipt of an appeal request, DMH/DD/SAS will:

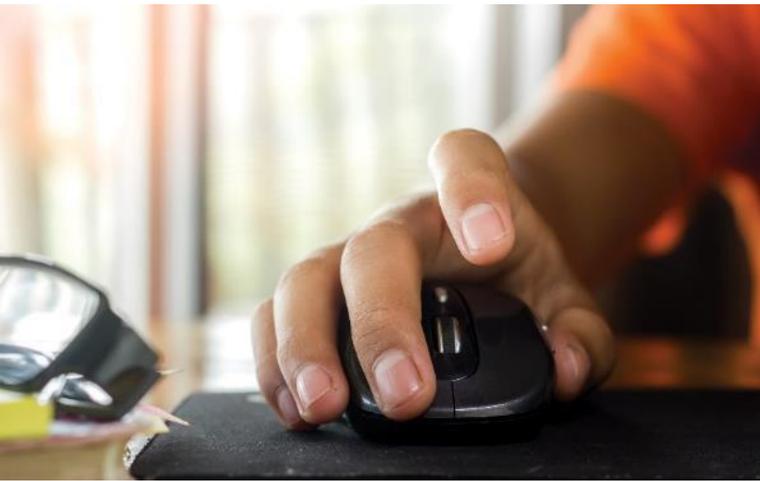
- Review the appeal to determine your eligibility to appeal
- Accept or deny the appeal. If the appeal is accepted, the office will contact you to schedule a non-Medicaid appeal hearing (with at least 15 days' notice)
- Request documentation from Vaya used in the initial decision and appeal

Within 60 days of the written request for appeal, the DMH/DD/SAS hearing officer will issue a written decision that includes findings, decisions and recommendations to you or your legal representative and the Vaya chief executive officer. Within 10 calendar days of receipt of the hearing officer's findings, Vaya will issue and send a written final decision to you or your legal representative.

Vaya ensures members are not discouraged, coerced (forced) or misinformed (given wrong information) about the type, amount and duration (length) of services they may request. In addition, Vaya does not discourage, coerce (force) or misinform (give wrong information to) members about the right to appeal the denial, reduction, suspension or termination (stopping) of a service.

WHAT RECORDS SHOULD I KEEP?

It is important for you to keep good records of written correspondence and phone conversations. We recommend that you keep every letter you receive from Vaya, your providers, the N.C. Division of Health Benefits, DMH/DD/SAS or OAH, and a record of telephone calls. You should write down:



- The date and number you called
- The name of the person with whom you spoke
- A note about the subject of the call
- When you can expect a response and from whom, or the name and number of another person for you to contact

Store your telephone log sheet and letters in a safe place.

What is a grievance or complaint?

A grievance or complaint is any expression of dissatisfaction about any matter (other than an adverse benefit determination) filed by a member or by an individual who has been authorized in writing to file on behalf of a member. Your family members, friends, advocates and/or your attorney may also help you file a grievance or complaint.

You or your network provider that has been authorized in writing to act on your behalf may file requests for grievances or complaints. You will not lose your Medicaid benefits for filing a grievance or complaint.

What are examples of grievances and complaints?

Grievances and complaints could involve matters such as:

- Staff not keeping an appointment or being late to an appointment
- Staff not being respectful to you
- Concerns about provider quality of care
- Lack of access to services where you live or services that are not allowed on the benefit plan
- Attitude of Vaya staff and providers
- Billing and financial issues
- Quality of your practitioner's office or facility

How do I file a grievance or complaint?

If you are unhappy with your services, you have the right to file a grievance or complaint with Vaya. Members with Medicaid have a constitutional right to due process. Due process means you are entitled to a written notice and an opportunity to be heard.

Vaya follows a “no wrong door” approach for submitting grievances or complaints. You can file a grievance or complaint in any of the following ways:

BY PHONE:	Member Services: 1-800-849-6127
	Grievance Resolution and Incident Team: 828-225-2785, ext. 1600
	24/7 Compliance Hotline: 1-866-916-4255 (allows for anonymous reporting)
BY MAIL:	Vaya Health Attn: Grievance Resolution and Incident Team 200 Ridgefield Court, Suite 218 Asheville, NC 28806
BY EMAIL:	ResolutionTeam@vayahealth.com
ONLINE:	vayahealth.ethicspoint.com (Allows for anonymous reporting)

If you want to discuss a grievance or complaint, you can contact Vaya during regular business hours at 1-800-849-6127. You may also share your concerns with your provider or care manager directly and ask them to help or advise you. **You are not required to discuss your grievance or complaint directly with your provider before calling Vaya.**

Your provider can assist you with filing a grievance or complaint, as well. However, if the provider calls to file a grievance on your behalf, ***the provider must have your written consent.***

How does Vaya process grievances and complaints?

Once Vaya receives your grievance or complaint, we will:

- Make a written record of the grievance or complaint
- Send written acknowledgment of your grievance or complaint within five business days
- Contact you and others involved with the grievance or complaint to help resolve your concerns
- Consult the department that can best address your concerns. **If your grievance or complaint involves health, safety or emergency quality of care concerns, we will take action immediately.**
- Attempt to address your grievance or complaint with your provider agency; you are not required to use your service provider's grievance process.

When your grievance or complaint has been resolved, we send you a formal resolution letter. The notification will specify if your grievance or complaint is referred to another agency, such as the N.C. Division of Health Service Regulation (if a licensed facility is involved). Vaya's policy is that all grievances and complaints must be resolved within 30 calendar days of receipt. Under federal law, we have up to 90 days for resolution. This timeframe

You are NOT required to discuss your grievance or complaint directly with your provider before calling Vaya.

can be extended by 14 calendar days if you request the extension and Vaya determines the extension is justified.

WHAT IF I'M NOT SATISFIED WITH THE RESPONSE TO MY GRIEVANCE OR COMPLAINT?

Vaya's policy is to offer members the right to appeal the resolution of a grievance or complaint if the member is not satisfied with the decision.

HOW DO I APPEAL A GRIEVANCE OR COMPLAINT RESOLUTION?

You will receive a resolution notice with information on how to file an appeal. You have seven calendar days from the date of the notice to request an appeal in writing, either by email, fax, regular mail or hand delivery to Vaya's Asheville or Lenoir office (listed on page 3 of this handbook):

BY EMAIL:	ResolutionTeam@vayahealth.com
BY FAX:	828-398-4226
BY MAIL:	Vaya Health Attn: Grievance Resolution and Incident Team 200 Ridgefield Court, Suite 218 Asheville, NC 28806
IN PERSON:	At Vaya's Asheville or Lenoir office (listed on page 3)

Your appeal will be reviewed within 15 calendar days from the date Vaya receives your request. Once a decision is made, Vaya will send you a written Appeal Resolution Notice, which informs you of our final decision, within the following 15 days. There is no further appeal beyond this review.

Your provider can help you file a grievance or complaint. However, if your provider calls to file a grievance on your behalf, the provider must have your written consent.

CAN I GET LEGAL ASSISTANCE?

To locate a lawyer, please call 1-800-662-7660 for the N.C. Health Information Project Lawyer Referral Service or 1-800-662-7407 for the N.C. State Bar Lawyer Referral Service. You can also call Legal Aid of North Carolina at 1-866-219-5262.

12



SECTION 12

How can I help prevent fraud and abuse?

IN THIS SECTION:

- How can I help prevent fraud and abuse?
- How do I report fraud and abuse?



Vaya is committed to preventing and identifying fraud and abuse in the Medicaid program. You can help by reporting any suspicious billing practices or other activity you think may be fraud or abuse.

Medicaid fraud occurs when a healthcare provider submits a false or fraudulent claim or when a person intentionally lies or conceals income or assets to obtain government benefits. Abuse occurs when a person or healthcare provider engages in activities that result in unreasonable or excessive cost to the Medicaid program, including a Medicaid managed care organization, such as Vaya.

The federal government estimates fraud and abuse costs U.S. taxpayers billions of dollars every year. Examples of fraud and abuse may include:

- You fail to report all your income or other insurance when applying for Medicaid.
- You let someone else use your Medicaid card to obtain services.
- Someone steals your Medicaid card and uses it without your permission.
- A provider bills Vaya for services or supplies that you never received.
- A provider bills Vaya for services that were not medically necessary, not coded properly or not supported by all required documentation.
- A provider's reported credentials are false.

How can I help prevent fraud and abuse?

ARE THERE SPECIFIC THINGS THAT I SHOULD DO?

- DO protect your Medicaid number (on your Medicaid card) and your Social Security Number (on your Social Security card). Treat your Medicaid card like it is a credit card.
- DO ask for a copy of everything you sign and keep all paperwork together.
- DO ask questions. You have a right to know everything about your care and treatment, including costs billed to Vaya by your provider.
- DO use a calendar to record all of your service appointments and treatments. Then check your explanation of benefits carefully to make sure you got each service listed and that all the details are correct. If you spend time in a hospital, make sure the admission date, discharge date and diagnosis are correct.
- DO remain alert for services that were promised to you but never delivered or for unnecessary tests or procedures.
- DO be wary of providers who tell you that the item or service isn't usually covered, but they "know how to bill" so that Vaya or Medicaid will pay.
- DO remember that nothing is ever "free." Don't accept offers of money or gifts for free medical care.
- DO check your pills before you leave the pharmacy to be sure you got the correct medication, including whether it's a brand or generic and the full amount. If you don't get your full prescription, report the problem to the pharmacist.
- DO report suspected instances of fraud.

ARE THERE SPECIFIC THINGS THAT I SHOULD NOT DO?

- DON'T share your Medicaid card, Medicaid number, Social Security card, or Social Security Number with anyone except your doctor or other authorized provider.
- DON'T let friends, relatives or anyone else "borrow" your Medicaid card.
- DON'T ask your doctor or other health care provider for treatment or care that you do not need or let anyone else persuade you to see a doctor for care or services you don't need.
- DON'T accept gifts or kickbacks from your provider.
- DON'T share medical records or other sensitive information with anyone except Vaya or another insurance company, or a doctor, agency, clinic, hospital or other healthcare provider.
- DON'T accept medical supplies from a door-to-door sales representative. If someone comes to your door claiming to be from Medicare or Medicaid, remember that Medicare and Medicaid don't send representatives to your home to sell products or services.
- DON'T sign any blank forms.
- DON'T be influenced by certain media advertising about your health. Many internet, television and radio ads don't have your best interest at heart.

How do I report fraud and abuse?

You can remain anonymous, but detailed information will help us with our investigation. (In rare cases involving legal proceedings, Vaya may have to reveal who you are.) When you contact us, please provide the name/Medicaid ID number of the Medicaid beneficiary involved, the name of the provider, the date(s) of service, the amount of claims billed or paid and a description of the fraudulent or suspicious activity.

One way to report fraud or abuse is to call the Vaya Confidential Compliance Hotline at 1-866-916-4255. This hotline is available 24/7 and allows for anonymous reporting. Another way is to report online using the Vaya EthicsPoint compliance portal at vayahealth.ethicspoint.com, which also allows you to report anonymously.

You can report suspected fraud and abuse in any of the following ways:

- Call the Vaya Confidential Compliance Hotline at 1-866-916-4255. This hotline is available 24/7 and allows for anonymous reporting.
- Report online using the Vaya EthicsPoint compliance portal available at vayahealth.ethicspoint.com (allows for anonymous reporting).
- Call the state's Medicaid Fraud, Waste and Program Abuse Tip Line at 1-877-DMA-TIP1 (1-877-362-8471).
- Call the NC Medicaid Customer Service Center at 1-800-662-7030.
- Call the U.S. Office of Inspector General's Fraud Line at 1-800-HHS-TIPS (1-800-447-8477).
- Call the N.C. State Auditor at 1-800-730-TIPS (1-800-730-8477).



- Submit a Medicaid fraud and abuse confidential (private) online complaint on the NC Medicaid website: <https://medicaid.ncdhhs.gov/meetings-and-notices/report-fraud-waste-or-abuse>.

13



SECTION 13

How does Vaya support advocacy, recovery and resilience?

IN THIS SECTION:

- What is the Consumer and Family Advisory Committee?
- What is the Human Rights Committee?
- How can Vaya help me in my recovery?
- What is resilience?
- Does Vaya offer education, training or wellness information?
- Does Vaya offer housing support programs?

What is the Consumer and Family Advisory Committee?

As a member of a Vaya Health Plan, you can participate in our Consumer and Family Advisory Committee (CFAC). The CFAC includes people who receive or have received mental health, substance use disorder and/or intellectual and/or developmental disability (IDD) services and their relatives or guardians. The CFAC is self-governing and operates under its own bylaws. Three CFAC members also serve as voting members on the Vaya Board of Directors.

Under state law, CFAC members have a responsibility to:

- Review, comment on and monitor the implementation of Vaya’s local business plan
- Help identify service gaps and underserved groups of individuals
- Make recommendations about available services
- Provide feedback on Vaya’s annual budget
- Review Vaya’s performance indicators and quality improvement measures
- Offer suggestions to the State CFAC about ways to improve service delivery

The CFAC helps ensure that people receiving services are involved in our oversight, planning and operational committees. Vaya’s CFAC has been a strong voice at Vaya and in the community since 2002. Committee membership includes representatives from each county that Vaya serves. Members are responsible for CFAC initiatives, which are developed in collaboration with Vaya staff, and participate in other Vaya committees. Additional CFAC activities may include:

- Reaching out to policymakers as advocates for individuals with behavioral health and IDD needs
- Talking with members and families about the services they receive and giving feedback to Vaya
- Working with local communities to increase awareness about behavioral health and IDD issues
- Informing members and families about Vaya’s 24/7 Access to Care Line and how to report concerns

If you are interested in serving on or giving feedback to the CFAC, please call 1-800-893-6246 and ask to speak with a CFAC liaison. A membership application is also available online at www.vayahealth.com/cfac. The CFAC’s meetings are posted on our website at www.vayahealth.com/calendar.

What is the Human Rights Committee?

Vaya’s Human Rights Committee (HRC) protects the rights of people who receive services. The HRC is responsible for reviewing information about alleged rights violations, grievances, the use of restrictive interventions or claims that needed services were not provided. People on this committee include members and relatives of people who receive services, providers and Vaya staff.



The HRC monitors trends in the use of restrictive interventions, abuse, neglect, exploitation, deaths and medication errors and provides valuable feedback on potential improvements.

The HRC meets quarterly and reports to the Vaya Board of Directors. Individuals, family members and other stakeholders may submit concerns about rights violations through the grievance process described in Section 10 of this handbook.

If you are interested in serving on the HRC, please complete the online membership application available at www.vayahealth.com or call us at 1-800-893-6246 and ask to speak with a Human Rights Committee liaison.

How can Vaya help me in my recovery?

Vaya believes that everyone is resilient and that people can recover from trauma. Everyone deserves to experience a fulfilling and productive life. We want to help you identify your strengths and reach your goals. We can help you work with your family and your support system to participate more fully in the community of your choice.

“Recovery is a journey of healing and transformation enabling a person to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.”

— National Consensus Statement on Mental Health Recovery

We believe that recovery:

- Emerges from hope
- Is person-driven
- Occurs through many pathways



- Is holistic
- Is supported by peers and allies
- Is supported through relationships and social networks
- Is culturally based and influenced
- Is supported by addressing trauma
- Involves individual, family and community strengths and responsibilities
- Is based on respect

Each person’s path to recovery is unique. Through the recovery process, individuals who experience mental health or substance use issues are empowered to understand who they are as whole people and that their diagnosis does not have to define them.

Vaya strives to support you on your path to recovery by engaging in community collaboration and promoting services that improve your health and wellbeing. Our hope is that these programs will help you achieve your recovery goals and empower you to live in a healthy, safe and meaningful way.

What is resilience?

Resilience is the ability to adapt to stress. Resilience is the ability to withstand difficult times. This means using coping skills to keep going in the face of adversity. Vaya can assist you with getting help

with your situation. Contact us at 1-800-849-6127 to learn more about services and supports available to you.

You can also call 1-800-849-6127 and ask to speak to someone on Vaya's Member Engagement and Outreach Team for information on creating a Wellness Recovery Action Plan® (WRAP). Your provider may also have this information. Developing a WRAP can help you stay healthy and pursue your goals.

For information on upcoming WRAP classes and other educational opportunities designed to help people build resiliency, call 1-800-849-6127 or visit www.vayahealth.com/calendar.

Does Vaya offer education, training or wellness information?

People who are well informed about their illnesses are better able to manage them and achieve desired results. Vaya provides educational opportunities to our members, families and other community members about diagnoses, treatment options and maximizing treatment benefits.

We also offer informational tools, such as assessments and worksheets, to help you manage and improve your health. These wellness tools are located on our website at www.vayahealth.com.

You can also request these tools by calling our Access to Care Line at 1-800-849-6127. If you prefer printed versions, call the Access to Care Line and ask to have copies mailed to you.

Find out more information at www.vayahealth.com or by calling 1-800-849-6127. View upcoming classes at www.vayahealth.com/calendar.

Does Vaya offer housing support programs?

Having a safe, affordable and stable place to live is an important part of wellbeing and recovery. Vaya's Housing Supports Team helps manage specialty housing programs, including the Transitions to Community Living Voucher as part of the Transitions to Community Living Initiative (TCLI), the Permanent Supportive Housing program, Non-Medicaid Residential Services, the Housing Supports Grant, the Independence Project and the Integrated Supportive Housing program.

Funds are limited, and there is no entitlement to housing funds through Vaya, other than for people approved to participate in the TCLI program. For more information about Vaya's housing programs or other community resources, call 1-800-849-6127 and ask to speak to a member of the Housing Supports Team.

APPENDIX A

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR HEALTH INFORMATION. THIS SUPERSEDES ANY PREVIOUS NOTICE OF PRIVACY PRACTICES ISSUED BY VAYA HEALTH. PLEASE READ IT CAREFULLY.

Vaya Health (“Vaya”) is required by law to maintain the privacy of your health information, to provide you with a notice of our legal duties and our privacy practices regarding your health information, and to notify affected individuals following a breach of unsecured health information. We are required to abide by the Notice of Privacy Practices (“Notice”) currently in effect, but we reserve the right to change the terms of our Notice at any time, and such changes will be effective for all health information that we maintain. You may access our current Notice on our website, or you may obtain a copy of our Notice by contacting us at the phone number and address listed below.

Understanding Your Medical Record/Health Information

Each time you visit a healthcare provider, a record of your visit is made. Typically, this medical record contains your symptoms, assessment, diagnosis, treatment plan, and treatment recommendations. These records may also disclose or reveal that you are a recipient of public welfare benefits such as Medicaid. These records are considered to be Protected Health Information (PHI) and are confidential under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). Understanding what is in your medical record and how, when and why Vaya uses the information helps you make informed decisions when authorizing disclosure to others. Your health information will not be disclosed without your authorization unless required or allowed by State and Federal laws, rules or regulations. We are only allowed to use and disclose PHI in the manner described in this Notice.

How Vaya May Use or Disclose Your Health Information

The following categories describe ways that Vaya may use or disclose your health information without your consent or authorization under HIPAA. Any use or disclosure of your health information will be limited to the minimum information necessary to carry out the purpose of the use or disclosure. For each category of uses and disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories. Please note that other State and Federal laws, rules and regulations may be more stringent than what is listed here. We will always comply with the most stringent law, rule or regulation.

To help manage the treatment you receive: We can use your health information and share it with professionals who are treating you. Example: A provider sends us information about your diagnosis and treatment plan so we can authorize services. We also might need to share information with other providers you have been referred to for treatment and for care coordination purposes, and to help determine your eligibility for benefits.

To pay for your health services: We can use and disclose your health information as we pay claims for your health services. Example: We share information about you with your provider to coordinate payment for your health treatment.

To administer a Vaya Health Plan: We may disclose your health information to federal or state regulatory authorities for plan administration. Example: the NC Department of Health and Human Services (DHHS) contracts with us to provide a health plan for Medicaid beneficiaries, and we provide them with certain statistics and reports to explain our costs.

For internal operations: We may use and disclose your health information for our internal operations. For example, we may use this information to coordinate benefits, conduct utilization review, authorize services, examine medical necessity, issue explanations of benefits, conduct quality assessment and improvement activities, engage in care coordination, monitor providers, address complaints and appeals, and to otherwise manage Vaya's operations. We may use or disclose your health information for all activities that are included within the definition of "payment" and "health care operations" but we have not listed all of the activities in this Notice, so please refer to 45 CFR § 164.501 for a complete list. We may also disclose information to individuals and entities that we contract with, called "business associates," who perform activities on our behalf, such as technical support or utilization management. To perform these functions, business associates will receive, create, maintain, use, or disclose health information, but only after we require the business associate to agree in writing to contract terms designed to appropriately protect your information.

For your benefits and services: We may use your health information to contact you with information about health-related benefits and services, or about treatment options that may be of interest to you. We may also disclose your health information to help establish your eligibility to receive public benefits. We never market or sell your health information.

To help with public health and safety issues: We may disclose your health information to a health care provider who is providing emergency medical services to you, or to an organization helping with disaster relief efforts so that your family can be notified about your condition if you do not object. We may also disclose your health information as needed for other public health and safety issues. For example:

- Preventing or reducing a serious threat to any person's health or safety or to property
- Preventing or controlling disease, injury, or disability
- Cooperating with public health investigations and interventions
- Helping with product recalls of health supplies and equipment paid for by Vaya
- Reporting adverse reactions to medications
- If Vaya determines it is in your best interest to file a petition for involuntary commitment or guardianship

For Health Oversight Activities: We may disclose your health information to a health oversight agency for audits, investigations, inspections, licensure, or disciplinary actions, or civil, administrative, or criminal proceedings or actions. Oversight agencies include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and compliance with civil rights laws. For example, we may disclose information to DHHS.

To help with national security: We may disclose to military authorities the health information of armed forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities.

To do research: We can use or share your information for health research in limited circumstances. We have to meet many conditions in the law before we can share your information for this purpose. For more information, visit www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

To comply with the law: We will share information about you if and to the extent that state or federal laws require it. For example, we may share information with the U.S. or NC DHHS to show that Vaya is in compliance with federal privacy law. Other examples include:

- To report suspected abuse, neglect, or domestic violence to the Department of Social Services or to law enforcement
- To report a crime that has occurred on Vaya premises or to report a crime in an emergency situation
- To report limited health information if an individual escapes from a 24-hour facility or breaches a condition of release
- To comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses

To correctional institutions: If you are an inmate of a correctional institution, we may disclose your health information to the correctional institution or to a law enforcement official to provide health care to you, for your health and safety and the health and safety of others, or for the safety and security of the institution.

For legal proceedings and enforcement: We may disclose your health information in response to court or administrative proceeding or order, subpoena, discovery request, or other lawful process under certain circumstances. We will never share information about you in response to a subpoena unless it is accompanied by a court order. Under limited circumstances, we may disclose your health information to a law enforcement official to locate or identify a suspect, fugitive, material witness, crime victim, or missing person.

To work with a medical examiner: We can share health information with a coroner or medical examiner when an individual dies.

Applicability of 42 CFR Part 2: Some of the permitted uses and disclosures described above may be limited by federal rules governing the confidentiality of alcohol and drug abuse treatment records (42 CFR Part 2). We will never share any substance use treatment records without your written permission, except as required by law. Please note that 42 CFR Part 2 requires or allows us to share alcohol and drug abuse records with others in specific situations in which you do not have to give consent or have the opportunity to agree or object to the use and disclosure. Prior to disclosing substance use treatment information under one of these exceptions, we will evaluate each request to ensure that only the minimum necessary information will be disclosed. These situations include, but may not be limited to the following:

- To medical personnel in a medical emergency
- To qualified personnel (including DHHS representatives) for audit and program evaluation activities
- For scientific research purposes under limited circumstances
- To respond to a lawfully issued subpoena and court order
- To a county Department of Social Services or law enforcement to report child abuse, neglect or exploitation
- To law enforcement in relation to the commission of a crime on Vaya premises or against Vaya staff or a threat to commit such a crime
- To qualified service organizations when appropriate. (These are entities which perform administrative services for Vaya such as data analysis, software development, or legal, medical, accounting, or other professional services. They must agree to abide by 42 CFR Part 2.)

Disclosures To You and to Others You Authorize

We must disclose your health information to you and/or your personal representative, as described in the “Your Rights” section of this Notice. You may give us written permission to use your health information or to disclose it to anyone for any purpose, and you may revoke this permission by notifying us in writing at any time. You can also plan ahead and develop a crisis plan that tells us who to share your health information with if you experience a medical, mental health, or substance use crisis. Except in an emergency, we will not share information about you with your family and friends unless you give us written permission. In some limited circumstances we may share information based on your oral permission to share with a family member or close friend who is involved with your treatment.

YOUR RIGHTS: WHEN IT COMES TO YOUR HEALTH INFORMATION, YOU HAVE CERTAIN RIGHTS. THIS SECTION EXPLAINS YOUR RIGHTS AND SOME OF OUR RESPONSIBILITIES TO HELP YOU.

You have the right to a copy of your health and claims records: You can ask to see or get a copy of your health and claims records and other health information we have about you. For more information about how to do this, contact PrivacyOfficer@vayahealth.com. If you wish to view your health information, you must make your request in advance. If you send us a request, we will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Exception: In some circumstances disclosure to you may not be in your best interest, such as when a physician or mental health professional determines that disclosure would be injurious to your physical or mental wellbeing. If disclosure is not made to you for this reason, you can choose to have your health information sent to a physician or psychologist of your choice. If psychotherapy notes are included in your health record, we are not allowed to provide a copy of the notes to you. You must request them directly from your provider.

You have the right to ask us to correct your health and claims records: You can ask us to correct your health and claims records if they are records created by us and you think they are incorrect or incomplete. For more information about how to do this, contact PrivacyOfficer@vayahealth.com. We may say “no” to your request, but if so we will explain why in writing within 60 days.

You have the right to request confidential communications: You can ask us to contact you in a specific way (for example, home phone, cell phone, email or text) or to send paper mail to a different address. We will consider all reasonable requests, and we will allow the request if you tell us you would be in danger if we do not.

You have the right to ask us to limit what and with whom we use or share your health information: You can ask us not to use or share your health information for treatment, payment, or our operations. You can ask us not to share specific information with your family, close friends, or others involved in your care. You can ask us not to use or share your health information with Community Care of North Carolina or with another health care provider that does not primarily provide mental health, substance use, or intellectual/developmental disabilities services, such as a primary care physician or a hospital emergency department. We must agree to your request if you ask us not to share information with another health plan, such as an insurance company. For all other disclosures, we are not required to agree to your request, and we may say “no” if it would affect your care. For example, if we cannot pay for your treatment without sharing the information, we may say “no.”

You have the right to ask for a list of those with whom we've shared your information: You can ask for a list (accounting) that identifies disclosures of your health information that Vaya has made for the six years prior to the date you ask. The list will include who we shared it with, and why. The list of disclosures will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as disclosures to you, to individuals involved in your care, or to others that you asked us to make, redisclosures occurring as a result of permitted uses and disclosures, disclosures required by law, and disclosures that do not identify you). We will provide one accounting a year for free but we will charge a reasonable, cost-based fee if you ask for another one within 12 months of your last request.

You have the right to a copy of this Notice: You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. You can also ask for a copy of this Notice in another language or format that is easier to read.

You have the right to choose someone else to act for you: You can identify another person, such as a health care power of attorney, to exercise your rights and make choices about your health information. We will make sure this person has the authority and can act for you before we take any action.

You have the right to file a complaint if you think your rights have been violated: You can complain if you feel we have violated your rights by contacting us by email at PrivacyOfficer@vayahealth.com or by calling 1-888-757-5726. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, SW., Washington, D.C. 20201, by calling 1-877-696-6775, or by visiting <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>. We will never retaliate against you for filing a complaint.

QUESTIONS OR CONCERNS?

If you would like more information about our privacy practices or have questions or concerns, please contact us using the information below:

Email: PrivacyOfficer@vayahealth.com

Telephone: (888) 757-5726

Website: www.vayahealth.com

Address: Privacy Officer
Vaya Health
200 Ridgefield Court, Suite 218
Asheville, NC 28806

EFFECTIVE DATE: This Notice of Privacy Practices was revised effective October 1, 2015.

APPLICABILITY: This Notice of Privacy Practices applies only to Vaya Health. Providers in Vaya's network of providers are required to have their own Notice of Privacy Practices.

APPENDIX B

TERMS TO KNOW

Ability-to-pay determination: The amount an individual is obligated to pay for services. The ability to pay is calculated based on the individual's income and number of dependents. The Federal Government Poverty Guidelines are used to determine the individual's payment amount. See more at <https://aspe.hhs.gov/poverty-guidelines>.

Advance directive: Legal documents that allow you to let your wishes be known in the event you are unable to make decisions for yourself. There are three types of advance directives: Psychiatric Advance Directives (the Advance Directive for Mental Health Care), Health Care Power of Attorney and the living will.

Appeal (Medicaid): A request for review of an adverse benefit determination

Assessment: A process for determining the nature and extent of an individual's service and support needs

Authorized services: Medically necessary services pre-approved by Vaya

Basic benefit plan: A range of healthcare services designed to provide interventions for people with less severe mental health or substance use disorder treatment needs. Basic benefit services require no prior authorization, unless you need more than the number of visits allowed under the applicable benefit plan.

Behavioral health: A state of wellbeing that includes mental health and/or substance use issues

Best practices: Recommended practices, including evidenced-based practices that consist of those clinical and administrative practices proven to consistently produce specific, intended results, as well as emerging practices for which there is preliminary evidence of treatment effectiveness

Billing or program abuse: Activities by a healthcare provider, member or other individual that result in unreasonable or excessive cost to the Medicaid program, including a Medicaid managed care organization, such as Vaya

Catchment area: The region that Vaya serves

Centers for Medicare & Medicaid Services (CMS): The unit of the U.S. Department of Health and Human Services (HHS) that administers the Medicare and Medicaid programs

Complex care management: A service, formerly called care coordination, offered at no cost to members that helps ensure that people with complex mental health, substance use disorder and/or IDD needs receive appropriate assessments and integrated treatment planning and are linked to the right services

Comprehensive Care Center (CCC): A provider agency that serves as the cornerstone of Vaya’s service delivery system and meets specific requirements, including providing both Medicaid and non-Medicaid services to people with mental health and substance use disorders and providing IDD services or coordinating IDD services through formal or informal provider relationships, in addition to other core services as defined in North Carolina G.S. 122C-3.

Consumer and Family Advisory Committee (CFAC): A Vaya advisory committee composed of group of people who receive or have received mental health, substance use disorder and/or intellectual and/or developmental disability (IDD) services, and their relatives or guardians, appointed in accordance with the requirements of state law

Covered services: Services, supplies and treatment for which Vaya is responsible for providing or arranging for an enrolled member that meet the general and specific criteria, service definitions and specifications in the clinical coverage policy, the waivers, Medicaid State Plan and other applicable federal or state law

Cultural competency: The delivery of services in a culturally competent manner to all members, including those with limited English proficiency and diverse cultural and ethnic backgrounds

Department of Social Services (DSS): The county public agency responsible for determining eligibility for Medicaid benefits and for other public assistance programs

Early and Periodic Screening, Diagnostic and Treatment (EPSDT): Part of the federal Medicaid law that requires Medicaid to pay for regular screenings and certain services for children and youth under age 21, even if the services are not included in the N.C. State Plan for Medical Assistance or the 1915(b) Waiver

Enhanced benefit plan: A range of healthcare services are intended to provide services and supports that are appropriate for individuals who are seeking to recover from more acute forms of mental illness or substance use or to address IDD needs. These services require prior authorization.

Grievance or complaint: Any expression of dissatisfaction about any matter (other than an adverse benefit determination) filed by a member or by an individual who has been authorized in writing to file on behalf of a member

Least restrictive environment: The least restrictive or intensive setting of care sufficient to effectively and safely support an individual

Legal guardian or legally responsible person: A person who has been appointed by a court of law to act as the decisionmaker for an individual deemed unable to make decisions on his or her own behalf. Parents of children younger than 18 are their children’s legally responsible person unless those rights have been taken away by a court.

Mediation: The process of bringing individuals or agencies in conflict together with a neutral third person who helps them reach a mutually agreeable solution

Medicaid: A health insurance program for eligible low-income families and individuals who cannot afford healthcare costs

Medical record: A single complete record, maintained by the provider of services, which documents all of the treatment plans developed for and services received by the member

Medically necessary services: Covered services provided for the diagnosis, treatment, cure or relief of a mental health, substance use disorder and/or intellectual/developmental disability, illness, injury or disease that are (1) necessary for and appropriate to the diagnosis, treatment, cure or relief of a health condition, illness, injury, disease or its symptoms; (2) within generally accepted standards of medical care in the community; and (3) not solely for the convenience of the member, the member's family or the provider

Medicare: The federal health care insurance program for people ages 65 and over and for people with certain disabilities

Member/beneficiary: Different names used to describe a person who receives services managed by Vaya. Beneficiary applies to Medicaid members only.

Most integrated environment: The least restrictive setting of care sufficient to effectively provide care to a member. An integrated environment is one in which a person with a disability participates in the same activities and settings as peers without disabilities to the greatest extent allowed for effective treatment and/or support.

NC Medicaid: The state agency responsible for Medicaid-funded services and the administration of the N.C. Innovations and N.C. MH/DD/SAS Health Plan, also known as the N.C. Division of Health Benefits (DHB). The website for NC Medicaid is <https://medicaid.ncdhhs.gov/>.

N.C. Department of Health and Human Services (DHHS): The state agency that includes both the Division of Health Benefits, the Division of Mental Health/Developmental Disabilities/Substance Abuse Services (DMH/DD/SAS) and the Division of State-Operated Healthcare Facilities. The website for DHHS is www.ncdhhs.gov.

N.C. Division of Health Benefits (DHB): The state agency responsible for Medicaid-funded services and the administration of the N.C. Innovations and N.C. MH/DD/SAS Health Plan, also known as NC Medicaid. The website for NC Medicaid is <https://medicaid.ncdhhs.gov/>.

N.C. Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS): The state agency that works with NC Medicaid in the administration of the N.C. Innovations Waiver and N.C. MH/DD/SAS Health Plan. The website for N.C. DMH/DD/SAS is <https://www.ncdhhs.gov/divisions/mhddsas>.

N.C. Division of State-Operated Healthcare Facilities: The state agency that oversees and manages state-operated healthcare facilities that treat adults and children with mental illness, developmental disabilities, substance use disorders and neuro-medical needs. The agency's website is <https://www.ncdhhs.gov/divisions/dsohf>.

N.C. Innovations Waiver: A home and community-based services waiver for people with intellectual and/or developmental disabilities (IDD) that allows services and supports to be provided to people with an IDD in their own home or community, rather than in an institution

N.C. MH/DD/SAS Health Plan: A 1915(b) Medicaid Managed Care Waiver for Mental Health and Substance Abuse allowing for a waiver of freedom of choice of providers so that Vaya can determine the size and scope of the provider network. This waiver also allows for use of Medicaid funds for alternative services.

Natural supports: People who provide support, care and assistance to a person without payment for that support. Natural supports may include parents, siblings, extended family members, neighbors, church members, co-workers, etc.

Network provider: An appropriately credentialed provider of mental health, substance use disorder and/or intellectual and/or developmental disability (IDD) services that has entered into a contract for participation in the Vaya network

Out-of-network provider: A practice or agency who has been approved as an out-of-network provider and has executed an out-of-network agreement with Vaya

Out-of-plan services: Healthcare services that Vaya is not required to cover under the terms of the 1915(b)/(c) Waiver

Person-centered plan: A planning document that helps define what is important to you and it allows you to have real and honest discussions with your clinical teams about your desires, needs and supports

Prepaid Inpatient Health Plan (PIHP): An organization that provides or arranges for services to members under a contract with the single state Medicaid agency on the basis of prepaid capitation (fixed monthly) payments. Vaya has a contract with NC Medicaid to operate as a PIHP in managing and overseeing the provision of mental health, substance use disorder and/or IDD services to eligible individuals whose Medicaid originates in one of the counties in our catchment area (service region).

Provider network: The agencies or professionals under contract with Vaya to provide authorized services to eligible individuals

Reconsideration review: An impartial review by Vaya of an adverse benefit determination or of a decision to reduce, suspend, terminate or deny an individual's non-Medicaid services

State plan/State Medicaid Plan: The term that refers to the NC Medicaid State Plan that is approved by the Centers for Medicare & Medicaid Services (CMS)

Supplemental Security Income (SSI): A Social Security program that pays benefits to adults and children with disabilities who have limited income and resources

Utilization Management (UM) Team: The Vaya team responsible for authorizing medically necessary services. Utilization review staff work in the UM Team.

APPENDIX C

ACRONYMS

ABCCM:	Asheville Buncombe Community Christian Ministry
ACT:	Assertive Community Treatment
ADVP:	Adult Development Vocational Program
ASAM:	American Society of Addiction Medicine
CALOCUS:	Child and Adolescence Level of Care Utilization System
CANS:	Child and Adolescent Needs and Strengths Comprehensive Assessment
CCAB:	County Commissioner Advisory Board
CCC:	Comprehensive care center
CEO:	Chief executive officer
CFAC:	Consumer and Family Advisory Committee
CMS:	Centers for Medicare & Medicaid Services
CST:	Community Support Team
DHB:	N.C. Division of Health Benefits
DHHS:	N.C. Department of Health and Human Services
DHSR:	N.C. Division of Health Service Regulation
DJJDP:	N.C. Department of Juvenile Justice and Delinquency Prevention
DMH/DD/SAS:	N.C. Division Mental Health/Developmental Disabilities/Substance Abuse Services
DOC:	Department of Corrections
DOJ:	U.S. Department of Justice
DSS:	Department of Social Services
EPSDT:	Early and Periodic Screening, Diagnostic and Treatment
FBC:	Facility-based crisis
FQHC:	Federally Qualified Health Center
HIPAA:	Health Insurance Portability and Accountability Act of 1996
HHS:	U.S. Department of Health and Human Services
HRC:	Human Rights Committee
ICF-IID:	Intermediate Care Facilities for Individuals with Intellectual Disabilities
IDD:	Intellectual and/or developmental disabilities
IIH:	Intensive-In-Home
IMD:	Institutions of Mental Disease
IVC:	Involuntary commitment
LCAS:	Licensed clinical addiction specialist
LCMHC:	Licensed clinical mental health counselor
LCSW:	Licensed clinical social worker
LME/MCO:	Local Management Entity/Managed Care Organization
LMFT:	Licensed marriage and family therapist
LOCUS:	Level of Care Utilization System
LPA:	Licensed psychological associate

MCM:	Mobile Crisis Management
MH:	Mental health
MH/DD/SA:	Mental Health, Developmental Disabilities and Substance Abuse (Health Plan)
MST:	Multisystemic Therapy
NAMI:	National Alliance on Mental Illness
NC-SNAP:	N.C. Support Needs Assessment Tool
NC-TOPPS:	North Carolina Treatment Outcomes and Program Performance System
NP:	Nurse practitioner
OIG:	U.S. Office of Inspector General
PA:	Physician’s assistant
PAD:	Psychiatric Advance Directive
PCP:	Primary care physician
QM:	Quality management
SAIOP:	Substance Abuse Intensive Outpatient Program
SAR:	Service Authorization Request
SIS:	Supports Intensity Scale
SOC:	System of Care
SSI:	Supplemental Security Income
SU/SUD:	Substance use/substance use disorder
TCLI:	Transitions to Community Living Initiative
UM:	Utilization Management
UR:	Utilization review
WRAP:	Wellness Recovery Action Plan®

APPENDIX D

ASSESSMENT TOOLS

LOCUS AND CALOCUS TOOLS

The LOCUS (designed for adults 18 and older) and CALOCUS (for children ages 5 to 17) are assessment and placement tools developed by the American Association of Community Psychiatrists (AAP) and the American Academy of Child and Adolescent Psychiatry (AACAP). These tools focus on an individual's level of functioning, rather than just on a diagnosis. The higher the score, the more supports a person needs. A CALOCUS is not valid for an adult with an IDD. However, it can be used for a child with an IDD.

CANS ASSESSMENT

The Child and Adolescent Needs and Strengths (CANS) Comprehensive Assessment is an open domain tool that addresses the mental health of children, adolescents and their families to support care planning and decision making. Vaya requires use of the current CANS 0-4 tool for children through age 5. Staff who administer the CANS are not required to be licensed clinicians but must complete the online training and pass the training test. Providers should maintain certificates of training completion for staff responsible for administering the CANS. Annual retraining is not required.

ASAM CRITERIA

The ASAM are criteria developed by the American Society of Addiction Medicine to make level of care decisions for people with addiction and co-occurring conditions. Like the LOCUS or CALOCUS, it focuses on a person's level of functioning versus just a diagnosis. The higher the score, the more supports are indicated as necessary.

ICF/IID LEVEL OF CARE ELIGIBILITY DETERMINATION TOOL: This tool is used to assess whether the individual is eligible to receive ICF/IID level of care services. Eligibility is based on the need for services, not merely the individual's diagnosis.

SIS®: The Supports Intensity Scale® (SIS®) is a needs assessment tool designed to evaluate the practical support requirements of a person with an IDD through a lengthy assessment. Use of the SIS® is required by NC Medicaid for participants in the Innovations Waiver.

NC-SNAP: The N.C. Support Needs Assessment Tool (NC-SNAP) is a needs assessment tool that measures an individual's level of intensity of need for IDD supports and services. Individuals with an IDD diagnosis who receive non-Medicaid funded supports or are placed on the waiting list to receive non-Medicaid supports must have the SNAP administered annually.

Vaya Health

200 Ridgefield Court, Suite 218
Asheville, NC 28806

24-Hour Access to Care: 1-800-849-6127

Business calls: 1-800-893-6246

www.vayahealth.com



VAYAHEALTH

For help in a behavioral health crisis, referrals or
information about treatment options near you, call
Vaya Health's Access to Care Line at:

1-800-849-6127

Toll-free · 24 hours a day · 7 days a week
TTY: Contact Relay NC at 711
In case of a life-threatening emergency, call 911

Business calls: 1-800-893-6246
www.vayahealth.com
200 Ridgefield Court, Suite 218, Asheville, NC 28806