



RECIPIENT HANDBOOK

Behavioral Health and
Intellectual/Developmental
Disability Tailored Plan
State-Funded Services

December 1, 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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BEHAVIORAL HEALTH AND INTELLECTUAL/DEVELOPMENTAL DISABILITIES TAILORED PLAN STATE-FUNDED SERVICES RECIPIENT HANDBOOK

Vaya Health | December 2022



ACCREDITED

Health Call Center
Expires 09/01/2024



ACCREDITED

Health
Utilization
Management
Expires 09/01/2024



ACCREDITED

Health Network
Expires 11/01/2024

Notice of Non-Discrimination

Vaya Health (Vaya) complies with applicable federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender identity or expression, or sexual orientation. Vaya does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

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

- Qualified American Sign Language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

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

- Qualified interpreters
- Information written in other languages

If you need these services, call **1-800-962-9003 (TTY/TDD 711)**.

If you believe that Vaya has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with:

Vaya Health
200 Ridgefield Court, Suite 218
Asheville, NC 28806

You can also file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights:

- Online: ocrportal.hhs.gov/ocr/portal/lobby.jsf
- By mail:
US Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201
- By phone: **1-800-368-1019 (TDD: 1-800-537-7697)**

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

Auxiliary Aids and Interpreter Services

You can request free auxiliary aids and services, including this material and other plan information in large print. Call **1-800-962-9003 (TTY/TDD 711)**.

If English is not your first language, we can help. Call **1-800-962-9003 (TTY/TDD 711)**. We can give you, free of charge, the information in this material in your language orally or in writing or access to interpreter services.

We also can help answer your questions in your language. For help choosing a primary care provider (PCP) and enrolling in a health plan, call **1-833-870-5500 (TTY/TDD: 711 or [RelayNC.com](https://www.relaync.com))**.

Spanish

Ayudas auxiliares y servicios de interpretación

Puede solicitar ayudas y servicios auxiliares gratuitos, incluido este material y otra información del plan en letra grande. Llame al **1-800-962-9003 (TTY/TDD 711)**.

Si el inglés no es su lengua nativa, podemos ayudarle. Llame al **1-800-962-9003 (TTY/TDD 711)**. Podemos ofrecerle, de forma gratuita, la información de este material en su idioma de forma oral o escrita, acceso a servicios de interpretación y podemos ayudarle a responder a sus preguntas en su idioma. Para obtener ayuda para elegir un proveedor de atención primaria e inscribirse en un plan de salud, llame al **1-833-870-5500 (TTY/TDD 711 o [RelayNC.com](https://www.relaync.com))**.

Chinese – simplified

辅助工具和翻译服务

您可以申请免费的辅助工具和服务，包括本资料和其他计划信息的大字版。请致电 **1-800-962-9003 (TTY/TDD 711)**。

如果英语不是您的首选语言，我们能提供帮助。请致电 **1-800-962-9003 (TTY/TDD 711)**。我们可以通过口头或书面形式，用您使用的语言免费为您提供本资料中的信息，为您提供翻译服务，并且用您使用的语言帮助回答您的问题。需要帮助来选择一个初级保健提供者以及参加健康计划，请致电 **1-833-870-5500 (TTY/TDD: 711 或 [RelayNC.com](https://www.relaync.com))**。

Vietnamese

Dịch Vụ Phiên Dịch và Hỗ Trợ Bổ Sung

Quý vị có thể yêu cầu các dịch vụ và hỗ trợ bổ sung miễn phí, bao gồm tài liệu này và thông tin kế hoạch khác dưới dạng bản in chữ lớn. Gọi đến **1-800-962-9003 (TTY/TDD 711)**.

Nếu Tiếng Anh không phải là ngôn ngữ mẹ đẻ của quý vị, chúng tôi có thể giúp quý vị. Gọi đến **1-800-962-9003 (TTY/TDD 711)**. Chúng tôi có thể cung cấp miễn phí cho quý vị thông tin trong tài liệu này bằng ngôn ngữ của quý vị dưới dạng lời nói hoặc văn bản, quyền tiếp cận các dịch vụ phiên dịch, và có thể giúp trả lời các câu hỏi của quý vị bằng chính ngôn ngữ của quý vị. Để được trợ giúp chọn nhà cung cấp dịch vụ chăm sóc chính và ghi danh vào một chương trình sức khỏe, hãy gọi đến **1-833-870-5500 (TTY/TDD: 711 hoặc [RelayNC.com](https://www.relaync.com))**.

Korean

보조 자료 및 통역사 서비스

귀하는 무료 보조 자료 및 서비스를 요청할 수 있으며, 여기에는 큰 활자체의 자료 및 기타 플랜 정보가 포함되어 있습니다. **1-800-962-9003 (TTY/TDD 711)** 번으로 전화주시기 바랍니다.

영어가 모국어가 아닌 경우 저희가 도와드리겠습니다. **1-800-962-9003 (TTY/TDD 711)** 번으로 전화주시기 바랍니다. 저희는 귀하께 구두로 또는 서면으로 귀하의 언어로 된 자료의 정보를, 그리고 통역 서비스의 사용을 무료 제공해 드리며 귀하의 언어로 질문에 대한 답변을 제공해 드리겠습니다. 일차 진료 제공자를 선택하고 건강 플랜에 가입하는 데에 도움이 필요하신 경우 **1-833-870-5500번(TTY/TDD: 711 또는 [RelayNC.com](https://www.relaync.com))**으로 전화주시기 바랍니다.

French

Aides auxiliares et services d'interprétation

Vous pouvez demander des aides et des services auxiliaires gratuits, y compris ce document et d'autres informations sur le plan en gros caractères. Composez le **1-800-962-9003 (TTY/TDD 711)**.

Si votre langue maternelle n'est pas l'anglais, nous pouvons vous aider. Composez le **1-800-962-9003 (TTY/TDD 711)**. Nous pouvons vous fournir gratuitement les informations contenues dans ce document dans votre langue, oralement ou par écrit, vous donner accès aux services d'un interprète et répondre à vos questions dans votre langue. Pour obtenir de l'aide dans le choix d'un prestataire de soins primaires et dans l'inscription à un plan de santé, composez le **1-833-870-5500 (TTY/TDD: 711** ou [RelayNC.com](https://www.relaync.com)).

Hmong

Cov Khoom Pab Cuam thiab Kev Pab Cuam Txhais Lus

Koj tuaj yeem thov tau cov khoom pab cuam thiab cov kev pab cuam, suav nrog rau tej ntaub ntauv no thiab lwm lub phiaj xwm tej ntaub ntauv kom muab luam ua tus ntauv loj. Hu rau **1-800-962-9003 (TTY/TDD 711)**.

Yog tias Lus Askiv tsis yog koj thawj hom lus hais, peb tuaj yeem pab tau. Hu rau **1-800-962-9003 (TTY/TDD 711)**. Peb tuaj yeem muab tau rau koj yam tsis sau nqi txog ntawm tej ntaub ntauv muab txhais ua koj hom lus hais ntawm ncauj los sis sau ua ntauv, mus siv tau cov kev pab cuam txhais lus, thiab tuaj yeem pab teb koj cov lus nug hais ua koj hom lus. Rau kev pab xaiv tus kws pab kho mob xub thawj thiab kev tso npe nyob rau hauv lub phiaj xwm kho mob, hu rau **1-833-870-5500 (TTY/TDD: 711** los sis [RelayNC.com](https://www.relaync.com)).

Arabic – UAE

يمكنك طلب الخدمات والمساعدات الإضافية المجانية بما في ذلك، هذا المستند ومعلومات أخرى حول الخطة بأحرف كبيرة. اتصل على الرقم **1-800-962-9003 (TTY/TDD 711)**

إذا كانت اللغة الإنجليزية ليست لغتك الأولى، فيمكننا المساعدة. اتصل على الرقم **1-800-962-9003 (TTY/TDD 711)**. يمكننا أن نقدم لك المعلومات الواردة في هذا المستند بلغتك شفهيًا أو كتابيًا والوصول إلى خدمات الترجمة مجانًا ويمكننا مساعدتك في الحصول على إجابات لأسئلتك بلغتك. للمساعدة في اختيار موفر الرعاية الأولي والتسجيل في الخطة الصحية، اتصل على الرقم **1-833-870-5500 (TTY/TDD: 711)** أو [RelayNC.com](https://www.relaync.com).

Russian

Вспомогательные средства и языковая поддержка

Вы можете запросить бесплатные вспомогательные средства и услуги, включая этот справочный материал и другую информацию о плане, напечатанную крупным шрифтом. Позвоните по номеру **1-800-962-9003 (TTY/TDD 711)**.

Если английский не является Вашим родным языком, мы можем Вам помочь. Позвоните по номеру **1-800-962-9003 (TTY/TDD 711)**. Мы бесплатно предоставим Вам более подробную информацию этого справочного материала в устной или письменной форме, а также доступ к языковой поддержке и ответим на все вопросы на Вашем родном языке. Если Вам нужна помощь в выборе поставщика первичных медицинских услуг и регистрации в плане медицинского обслуживания, позвоните по номеру **1-833-870-5500 (TTY / TDD: 711** или посетите сайт [RelayNC.com](https://www.relaync.com)).

Tagalog

Mga Auxiliary Aid at Serbisyo ng Interpreter

Maaari kang humiling ng libreng mga auxiliary aid at serbisyo, kabilang ang materyal na ito at iba pang impormasyon ng plan sa malaking print. Tumawag sa **1-800-962-9003 (TTY/TDD 711)**.

Kung hindi English ang iyong unang wika, makakatulong kami. Tumawag sa **1-800-962-9003 (TTY/TDD 711)**. Maaari ka naming bigyan, nang libre, ng impormasyon sa materyal na ito sa iyong wika nang pasalita o nang pasulat, access sa mga serbisyo ng interpreter, at matutulungang sagutin ang mga tanong sa iyong wika. Para

sa tulong sa pagpili ng pangunahing provider ng pangangalaga at pag-enroll sa isang plan na pangkalusugan, tumawag sa **1-833-870-5500 (TTY/TDD: 711 o RelayNC.com)**.

Gujarati

સહાયક સહાય અને દુભાષિયા સેવાઓ

તમે મોટી પ્રિન્ટમાં આ સામગ્રી અને અન્ય પ્લાનની માહિતી સહિત મફત સહાયક સહાય અને સેવાઓની વિનંતી કરી શકો છો. **1-800-962-9003 (TTY/TDD 711)** પર કોલ કરો

જો અંગ્રેજી તમારી પ્રથમ ભાષા ન હોય, તો અમે મદદ કરી શકીએ છીએ **1-800-962-9003 (TTY/TDD 711)**. પર કોલ કરો તમારી ભાષામાં મૌખિક રીતે અથવા લેખિતમાં તમને આ સામગ્રીની માહિતી અમે વિના મૂલ્યે આપી શકીએ છીએ, દુભાષિયા સેવાઓની સુલભતા આપી શકીએ છીએ અને તમારી ભાષામાં તમારા પ્રશ્નોના જવાબ આપવામાં અમે સહાયતા કરી શકીએ છીએ. પ્રાથમિક સંભાળ પ્રદાતા પસંદ કરવામાં અને આરોગ્ય યોજનામાં નોંધણી કરવામાં મદદ માટે, **1-833-870-5500 (TTY/TDD: 711)** અથવા RelayNC.com). પર કોલ કરો.

Khmer – Cambodian

សម្រាប់ជំនួយ និងសេវាអ្នកបកប្រែ

អ្នកអាចស្នើសុំសម្រាប់:និងសេវាជំនួយដោយឥតគិតថ្លៃ រួមទាំងព័ត៌មានអំពីសម្រាប់:និងព័ត៌មានអំពីផែនការផ្សេងទៀតនៅជាអក្សរពុម្ពផង។ ហៅទូរសព្ទទៅលេខ **1-800-962-9003 (TTY/TDD 711)**. ។

ប្រសិនបើភាសាអង់គ្លេសមិនមែនជាភាសាទីមួយរបស់អ្នក យើងអាចជួយអ្នកបាន។ ហៅទូរសព្ទទៅលេខ **1-800-962-9003 (TTY/TDD 711)**. ។

យើងអាចផ្តល់ជូនអ្នកដោយឥតគិតថ្លៃនូវព័ត៌មាននៅក្នុងឯកសារនេះជាភាសារបស់អ្នកដោយផ្ទាល់មាត់ឬជាលាយលក្ខណ៍អក្សរ ទទួលបានសេវាអ្នកបកប្រែ និងអាចជួយឆ្លើយសំណួររបស់អ្នកជាភាសារបស់អ្នក។ សម្រាប់ជំនួយក្នុងការជ្រើសរើសអ្នកផ្តល់សេវាថែទាំបឋម និងក្នុងការចុះឈ្មោះក្នុងកម្រោងសុខភាពស្តុមទូរសព្ទទៅលេខ**1-833-870-5500 (TTY/TDD: 711** ឬ RelayNC.com) ។

German

Hilfsmittel und Dolmetscherdienste

Sie können kostenlose Hilfsmittel und Services anfordern, darunter diese Unterlagen und andere Versicherungsinformationen in Großdruck. Rufen Sie uns an unter **1-800-962-9003 (TTY/TDD 711)**.

Sollte Englisch nicht Ihre Muttersprache sein, können wir Ihnen behilflich sein. Rufen Sie uns an unter **1-800-962-9003 (TTY/TDD 711)**. Wir können Ihnen die in diesen Unterlagen enthaltenen Informationen kostenlos mündlich oder schriftlich in Ihrer Sprache zur Verfügung stellen, Ihnen einen Dolmetscherdienst vermitteln und Ihre Fragen in Ihrer Sprache beantworten. Unterstützung bei der Auswahl eines medizinischen Erstversorgers und bei der Anmeldung zu einer Krankenversicherung erhalten Sie unter **1-833-870-5500 (TTY/TDD: 711 oder RelayNC.com)**.

Hindi

अतिरिक्त सहायता और दुभाषिया सेवाएं

आप इस सामग्री और अन्य योजना की जानकारी बड़े प्रिंट में दिए जाने सहित मुफ्त अतिरिक्त सहायता और सेवाओं का अनुरोध कर सकते हैं। **1-800-962-9003 (TTY/TDD 711) पर कॉल करें।**

अगर अंग्रेजी आपकी पहली भाषा नहीं है, तो हम मदद कर सकते हैं। **1-800-962-9003 (TTY/TDD 711) पर कॉल करें।** हम आपको मुफ्त में इस सामग्री की जानकारी आपकी भाषा में जबानी या लिखित रूप में दे सकते हैं, दुभाषिया सेवाओं तक पहुंच दे सकते हैं और आपकी भाषा में आपके सवालों के जवाब देने में मदद कर सकते हैं। प्राथमिक देखभाल प्रदाता चुनने और स्वास्थ्य योजना में नामांकन करने में मदद के लिए, **1-833-870-5500 (TTY/TDD: 711 या RelayNC.com) पर कॉल करें।**

Lao (Laotian)

ການຊ່ວຍເຫຼືອເສີມ ແລະ ການບໍລິການນາຍແປພາສາ

ທ່ານສາມາດຂໍການຊ່ວຍເຫຼືອເສີມ ແລະ ການບໍລິການຕ່າງໆໄດ້ແບບຟຣີ, ລວມທັງເອກະສານນີ້ ແລະ ຂໍ້ມູນອື່ນໆຂອງແຜນ ເປັນຕົວຢ່າງໃຫຍ່. ໂທຫາເບີ 1-800-962-9003 (TTY/TDD 711).

ຖ້າພາສາແມ່ຂອງທ່ານ ບໍ່ແມ່ນພາສາອັງກິດ, ພວກເຮົາສາມາດຊ່ວຍໄດ້. ໂທຫາເບີ 1-800-962-9003 (TTY/TDD 711).

ພວກເຮົາສາມາດໃຫ້ຂໍ້ມູນໃນເອກະສານນີ້ ເປັນພາສາຂອງທ່ານທາງບາກເປົາ ຫຼື ເປັນລາຍລັກອັກສອນ, ການເຂົ້າເຖິງການບໍລິການນາຍແປພາສາ ໃຫ້ແກ່ທ່ານໂດຍບໍ່ເສຍຄ່າຫຍັງ ແລະ ສາມາດຊ່ວຍຕອບຄໍາຖາມຂອງທ່ານເປັນພາສາຂອງທ່ານ. ສໍາລັບຄວາມຊ່ວຍເຫຼືອໃນການເລືອກແຜນປະຈໍາ ແລະ ການລົງທະບຽນໃນແຜນປະກັນສຸຂະພາບ, ກະລຸນາໂທຫາເບີ 1-833-870-5500 (TTY/TDD: 711 ຫຼື [RelayNC.com](https://www.relaync.com)).

Japanese

補助具・通訳サービス

この資料やその他の計画情報を大きな文字で表示するなど、無料の補助支援やサービスを要請することができます。1-800-962-9003 (TTY/TDD 711) に電話してください。

英語が母国語でない方はご相談ください。1-800-962-9003 (TTY/TDD 711) に電話してください。この資料に記載されている情報を、お客様の言語で口頭または書面にて無料でお伝えするとともに、通訳サービスへのアクセスを提供し、お客様のご質問にもお客様の言語でお答えします。かかりつけ医の選択や健康保険プランへの登録については、1-833-870-5500 (TTY/TDD: 711 または[RelayNC.com](https://www.relaync.com)) にお問い合わせください。

Your Vaya Health Quick Reference Guide

I WANT TO:	I CAN CONTACT:
Find a provider or a mental health, substance use disorder, intellectual/developmental disability (I/DD), or traumatic brain injury (TBI) service	Member and Recipient Services toll-free at 1-800-962-9003 (TTY 711). Hours of operation: 7 a.m. to 6 p.m., Monday through Saturday
Get this handbook in another format or language	Member and Recipient Services at 1-800-962-9003 (TTY 711)
Keep track of my appointments and services	Member and Recipient Services at 1-800-962-9003 (TTY 711)
Get help to deal with thoughts of hurting myself or others, distress, severe stress or anxiety, or any other behavioral health crisis	Behavioral Health Crisis Line at 1-800-849-6127, at any time, 24 hours a day, 7 days a week. If you are in danger or need immediate medical attention, call 911.
<ul style="list-style-type: none"> • Understand a letter or notice I got in the mail from my health plan • File a complaint about my health plan • Get help with a recent change or denial of my health care services 	Member and Recipient Services at 1-800-962-9003 (TTY 711)
Update my address	Member and Recipient Services at 1-800-962-9003 (TTY 711)
Find my plan's provider directory or other general information about my plan	Visit our website at vayahealth.com or call Member and Recipient Services at 1-800-962-9003 (TTY 711)

Key Words Used in This Handbook

As you read this handbook, you may see some new words. Here is what we mean when we use them.

Adult Care Home: A licensed residential care setting with 7 or more beds for elderly or disabled people who need some additional supports. These homes offer supervision and personal care appropriate to the person's age and disability.

Advance Directive: A written set of directions about how medical or mental health treatment decisions are to be made if you lose the ability to make them for yourself.

Appeal: If the health plan makes a decision you do not agree with, you can ask them to review it. This is called an "appeal." Ask for an appeal when you do not agree with your health care service being denied, reduced, stopped or limited. When you ask your plan for an appeal, you will get a new decision within 30 days. This decision is called a "resolution." Appeals and grievances are different.

Behavioral Health Care: Mental health and substance use disorder treatment and recovery services.

Beneficiary: A person who is receiving Medicaid.

Benefits: A set of health care services covered by your health plan.

Care Coordination: A service where a care coordinator or care manager helps organize your health goals and information to help you achieve safer and more effective care. These services may include, but are not limited to, identification of health service needs, determination of level of care, addressing of additional support services, and resources or monitoring treatment attendance.

Care Management: A service where a care manager can help you meet your health goals by coordinating your medical, social and behavioral health services and helping you find access to resources like transportation, healthy food, and safe housing.

Care Manager: A specially trained health professional who works with you and your service providers to make sure you get the right care when and where you need it. Some adults and children with I/DD and TBI conditions who do not have Medicaid may be eligible to have a care manager. Vaya will match you to a care manager who has specialized training to meet your needs and works for Vaya.

Complaint: Dissatisfaction about your health plan, provider, care, or services. Contact your plan and tell them you have a "complaint" about your services. Complaints and appeals are different.

County Department of Social Services (DSS): The local (county) public agency that is responsible for determining eligibility for Medicaid, NC Health Choice, and other assistance programs.

Covered Services: Services that are provided by your health plan.

Department of Health and Human Services (NCDHHS): The state agency that includes NC Medicaid (Division of Health Benefits); Division of Mental Health, Developmental Disabilities and Substance Abuse Services; the State Division of Social Services; the Division of Aging and Adult Services; and other health and human services agencies. The NCDHHS website is [ncdhhs.gov](https://www.ncdhhs.gov).

Emergency Department Care (Emergency Room Care): Care you receive in a hospital if you are experiencing an emergency medical condition.

Emergency Medical Condition: A situation in which your life could be threatened or you could be hurt permanently if you do not get care right away.

Emergency Services: Services you receive to treat your emergency medical condition.

Health Insurance: A type of insurance coverage that helps pay for your health and medical costs. Your Medicaid coverage is a type of insurance.

Innovations Waiver: Special federal program designed to meet the needs of people with intellectual/developmental disabilities (I/DD) who prefer to get long-term services and supports in their home or community rather than in an institutional setting.

Institution: An institution is a health care facility or setting that may provide physical and/or behavioral supports. Some examples include but are not limited to Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), Skilled Nursing Facility (SNF), and Adult Care Home (ACH).

Legal Guardian or Legally Responsible Person: A person appointed by a court of law to make decisions for an individual who is unable to make decisions on their own behalf (most often a family member or friend unless there is no one available, in which case a public employee is appointed).

Managed Care: A health care program where North Carolina contracts with health plans, called managed care organizations (MCOs), to arrange for integrated and coordinated physical, behavioral health and other health services for Medicaid and NC Health Choice beneficiaries. In North Carolina, there are three types of managed care plans.

Medicaid: Medicaid is a health insurance program. The program helps families or individuals who have low income or serious medical problems. It is paid with federal and state dollars and covers many physical health, behavioral health and I/DD services you might need. You must apply through your county's Department of Social Services. When you qualify for Medicaid, you are entitled to certain rights and protections. See the websites below for more information about Medicaid and your rights: <https://medicaid.ncdhhs.gov/> and medicaid.ncdhhs.gov/medicaid/your-rights.

Medically Necessary: Medical services, treatments, or supplies that are needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.

Member and Recipient Services: A phone number you can call to speak to someone and get help when you have a question. The number for Vaya is 1-800-962-9003 (TTY 711).

Network (or Provider Network): A group of service providers, hospitals, and other health professionals who have a contract with your health plan to offer State-Funded Services for recipients.

Participant/Individual/Member: A person enrolled in and covered by a health plan.

Physician: A person who is qualified to practice medicine.

Plan (or Health Plan): The organization managing your health care services.

Prior Authorization or Preauthorization: Approval you must have from your health plan before you can get or continue getting certain health care services or medicines.

Recipient: An individual who is getting a State-Funded Service or State-Funded additional support (like care management or community inclusion services).

Referrals: A documented order from your provider for you to receive certain State-Funded Services.

Rehabilitation and Therapy Services and Devices: Health care services and equipment that help you recover from an illness, accident, injury or surgery. These services can include physical or speech therapy.

Service Limit: The maximum amount of a specific service that can be received.

Standard Plan: A Standard Plan is a North Carolina Medicaid and NC Health Choice health plan that offers physical health, pharmacy, care management and basic mental health and substance use services for members. Standard Plans offer added services for members who qualify. Some added services may be different for each Standard Plan.

State-Funded Core Services: State-Funded Services that all Tailored Plans must offer.

State-Funded Non-Core Services (Additional Services): Additional State-Funded Services that Tailored Plans can choose to offer.

State-Funded Services: Refers to services for mental health, I/DD, TBI, and substance use that are funded by the state or federal government outside of Medicaid and include core services and non-core services.

Substance Use Disorder: A medical disorder that includes the misuse of or addiction to alcohol and/or legal or illegal drugs.

Traumatic Brain Injury Waiver (TBI Waiver): Special federal program that provides long-term services and supports to allow people who experienced a traumatic brain injury (TBI) on or after their 18th birthday to remain in their homes and communities. The Tailored Plan providing services in Cumberland, Durham, Johnston, and Wake counties manages this special program. The NC TBI Waiver does not operate in all geographic areas of the state.

Urgent Care: Care for a health condition that needs prompt medical attention but is not an emergency medical condition. You can get urgent care in a walk-in clinic for a non-life-threatening illness or injury.

Welcome to Vaya Health’s North Carolina State-Funded Services Program

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North Carolina State-Funded Services

This handbook will help you understand the State-Funded Services available to you. You can also call Member and Recipient Services with questions at 1-800-962-9003 (TTY 711) or visit vayahealth.com.

State-Funded Services Overview

Vaya Health (Vaya) manages State-Funded Services for people who live in our coverage area who do not have insurance or who need services that are not available to them in their health plans. State-Funded Services are services for mental health, substance use, intellectual/developmental disability (I/DD), and traumatic brain injury (TBI), and that are funded by the county, state, or federal government outside of Medicaid. This guide has information to help you get State-Funded Services if you need them. You may be eligible for State-Funded Services if you do not have health insurance or if you have health insurance, including Medicaid, that does not cover all your needs. State-Funded Services are limited by the availability of state funding.

How to Use This Handbook

This handbook is your guide to State-Funded Services offered by Vaya. When you have questions about State-Funded Services, you can:

- Use this handbook.
- Ask your care manager or case manager.
- Call Member and Recipient Services at 1-800-962-9003 (TTY 711).
- Visit our website at vayahealth.com.

Help from Member and Recipient Services

Member and Recipient Services has people to help you. You can call Member and Recipient Services at 1-800-962-9003 (TTY 711).

- In case of a medical emergency, call 911.
- For help with non-emergency issues and questions, call Member and Recipient Services Monday – Saturday, 7 a.m. to 6 p.m. If you reach Member and Recipient Services during non-business hours, please leave a voice message. Messages left will be returned the following business day.

- **You can call Member and Recipient Services to get help when you have a question.** Call us to ask about services, eligibility for State-Funded Services, to get help with referrals, or ask about any change that might affect you or your family's benefits.
- **If English is not your first language,** we can help. Just call us and we will find a way to talk with you in your own language.

For People with Hearing, Vision, or Speech Disabilities

You have the right to receive information about your health plan, care, and services in a format that you can understand and access. Vaya provides free services to help people communicate effectively with us. See below for specific information on some types of accommodations:

For People with Hearing Loss

If you are deaf, hard of hearing, or deaf-blind, or you feel that you have difficulty hearing and need help communicating, there are resources available to assist you. These include, but are not limited to:

- Qualified American Sign Language interpreters
- Certified deaf interpreters
- Communication Access Realtime Translation (CART) captioning
- Personal amplification listening devices (ALDs) for your use
- Information in large print
- Staff trained to handle your relay service calls (videophone, captioned phone, and TTY)

For People with Vision Loss

If you have vision loss, resources available to help you include, but are not limited to:

- Written materials in accessible formats (such as large print, Braille, audio, accessible electronic format)

For People with Speech Disabilities

If you have a speech disability, some services may include, but are not limited to:

- Speech-to-Speech Relay (STS)
- Artificial larynx

For People with Multiple Disabilities

Access needs for people with disabilities vary. Special aids and services are provided free of charge.

Other Special Aids and Services for People with Disabilities

- Help making or getting to appointments

Other Ways We Can Help

If you are experiencing thoughts of hurting yourself or others, or emotional or mental pain or distress, call the Behavioral Health Crisis Line at 1-800-849-6127, at any time, 24 hours a day, 7 days a week, to speak with someone who will listen and help. This is a free call. We are here to help you with problems like stress, depression or anxiety. We can get you the support you need to feel better. **If you are in danger or need immediate medical attention, call 911.**

- Care managers who can help you get the care you need
- Names and addresses of providers who specialize in your condition
- If you use a wheelchair, we can tell you if a doctor’s office is wheelchair accessible and help in making or getting to appointments
- Easy access to and from services (like ADA-accessible ramps, handrails, and other services)

To ask for services, call Member and Recipient Services at 1-800-962-9003 (TTY 711).

Vaya complies with federal civil rights laws and does not leave out or treat people differently because of race, color, creed, religion, ancestry, sex, gender, gender identity, sexual orientation, ethnic or national origin, age, disability, handicap, genetic information, health status/need for health services, or National Guard, Veterans’, marital, parental, or other protected status. If you believe that Vaya failed to provide these services, you can file a complaint. To file a complaint or to learn more, call Member and Recipient Services at 1-800-962-9003 (TTY 711).

If you have issues that you have been unable to resolve with Vaya, you may contact the NC Medicaid Ombudsman at **1-877-201-3750** or ncmedicaidombudsman.org.

How Can I Get State-Funded Services?

You can call Member and Recipient Services at 1-800-962-9003 to find out whether you are eligible to get State-Funded Services, get connected to a State-Funded Services provider, or get answers to any other questions you may have. You can also get translation services in your native language or an interpreter.

If you have thoughts of hurting yourself or others, or have severe distress or anxiety, call the Behavioral Health Crisis Line at 1-800-849-6127 any time, 24 hours a day, 7 days a week. If you are in danger or need immediate medical attention, call 911.

All people living in Vaya’s coverage area are eligible to receive crisis services listed under “What Services are Available?”.

Am I Eligible for State-Funded Services?

Mental Health and Substance Use Disorder Services

To be eligible for State-Funded Services for mental health or substance use disorder services, you must meet the following criteria, at a minimum:

- Your family/household income may not exceed 300% of poverty level based on the current US Department of Health & Human Services Federal Poverty Guidelines.
- You meet **ONE** of the following criteria:
 - You are uninsured.
 - You have insurance, but your insurance (or Medicaid) does not cover the State-Funded Service and there is no alternative clinically appropriate service available.
 - You have insurance that covers the State-Funded Service, but the cost-sharing associated with the service is unaffordable (as determined by Vaya).

For information on eligibility criteria for State-Funded Services, call Member and Recipient Services at 1-800-962-9003.

Intellectual/Developmental Disability (I/DD) or Traumatic Brain Injury (TBI) Services

To be eligible for State-Funded Services for an I/DD or TBI, you must meet the following criteria, at a minimum:

- You meet **ONE** of the following criteria:
 - You are uninsured.
 - You have insurance, but your insurance (or Medicaid) does not cover the State-Funded Service and there is no alternative clinically appropriate service available.
- You must have applied for Medicaid coverage.

There is no minimum financial eligibility for I/DD or TBI services. For information on eligibility criteria for State-Funded Services, call Member and Recipient Services at 1-800-962-9003.

Eligibility and Available Funding

State-Funded Services are not an entitlement, and funding is limited. This means that even if you are eligible to receive services, you may not be able to get services if there are not enough funds. If this happens, you may be put on a waiting list by Vaya until additional funds are available. If you are pregnant and using drugs or alcohol, or are a person who injects drugs, you may be able to get help while you wait for services. Please contact your care manager or Member and Recipient Services at 1-800-962-9003 to let them know about any pregnancy and/or substance use.

What Services Are Available?

Vaya covers services for adults and children with mental health, substance use disorder (SUD), intellectual/developmental disabilities (I/DD), and/or traumatic brain injury (TBI) needs, subject to available funding.

List of Available Behavioral Health, I/DD, and TBI Services		
Type of Service	Core Services (available in all regions)	Non-Core (Additional Services) included in your plan
All-Disability	<ul style="list-style-type: none"> • Diagnostic assessment • Facility-based crisis for adults • Inpatient behavioral health services • Mobile crisis management • Outpatient services 	<ul style="list-style-type: none"> • Behavioral health urgent care • Facility-based crisis for children and adolescents
Adult Mental Health	<ul style="list-style-type: none"> • Assertive community treatment (ACT) • Assertive engagement • Case management • Community support team (CST) • Peer support services • Psychosocial rehabilitation • Mental health recovery residential services 	<ul style="list-style-type: none"> • Partial hospitalization

List of Available Behavioral Health, I/DD, and TBI Services

Type of Service	Core Services (available in all regions)	Non-Core (Additional Services) included in your plan
	<ul style="list-style-type: none"> • Individual placement and support-supported employment (IPS-SE) • Transition management service • Critical Time Intervention • Behavioral health comprehensive case management 	
Child Mental Health	<ul style="list-style-type: none"> • High fidelity wraparound (HFW) • Intensive in-home • Multisystemic therapy • Respite • Assertive engagement 	<ul style="list-style-type: none"> • Mental health day treatment
I/DD and TBI	<ul style="list-style-type: none"> • Residential supports • Day supports • Community living and support • Supported living periodic • Adult developmental vocational program • Supported employment • Respite 	<ul style="list-style-type: none"> • TBI long-term residential rehabilitation services
Substance Use Disorder – Adult	<ul style="list-style-type: none"> • Ambulatory detoxification • Assertive engagement • Case management • Clinically managed population-specific high-intensity residential services • Outpatient opioid treatment • Non-hospital medical detoxification • Peer supports • Substance use residential services and supports • Substance abuse halfway house • Substance abuse comprehensive outpatient treatment • Substance abuse intensive outpatient program • Substance abuse medically monitored community residential treatment • Substance abuse non-medical community residential treatment • Individual placement and support (supported employment) • Community support team (CST) • Behavioral health comprehensive case management 	<ul style="list-style-type: none"> • Social setting detoxification services • Respite

List of Available Behavioral Health, I/DD, and TBI Services

Type of Service	Core Services (available in all regions)	Non-Core (Additional Services) included in your plan
Substance Use Disorder – Child	<ul style="list-style-type: none"> • Multisystemic therapy • Substance abuse intensive outpatient program • Substance use residential services and supports • High fidelity wraparound (HFW) • Assertive engagement 	<ul style="list-style-type: none"> • Intensive in-home • Day treatment - child and adolescent • Respite

Crisis Services

Behavioral Health Crisis Services	Substance Use Disorder Crisis Services
<ul style="list-style-type: none"> • Mobile crisis management • Facility-based crisis (for children and adolescents) • Professional treatment services in a facility-based crisis program 	<ul style="list-style-type: none"> • Ambulatory detoxification • Non-hospital medical detoxification • Medically supervised or alcohol and drug abuse treatment center (ADATC) detoxification crisis stabilization

APPOINTMENT GUIDE

IF YOU CALL FOR THIS TYPE OF SERVICE:	YOUR APPOINTMENT SHOULD TAKE PLACE:
Mental Health	
Routine services	Within 14 days
Urgent care services	Within 24 hours
Emergency services (services to treat a life-threatening condition)	Go to hospital emergency department immediately (available 24 hours a day, 365 days a year) or go to urgent care clinic.
Mobile crisis management services	Within 2 hours
Substance Use Disorders	
Routine services	Within 48 hours
Urgent care services	Within 24 hours
Emergency services (services to treat a life-threatening condition)	Go to hospital emergency department immediately (available 24 hours a day, 365 days a year) or go to urgent care clinic.

If you are not getting the care you need within the time limits described above, call Member and Recipient Services at 1-800-962-9003.

Copayments

A “copay” is a fee you pay when you get certain health care services from a provider. Eligible Vaya recipients receiving State-Funded Services may not have to pay a copay to their provider.

Service Authorization and Actions

Vaya will need to approve most State-Funded treatments and services **before** you receive them. Vaya may also need to approve some treatments or services for you to **continue** receiving them. This is called **prior authorization**.

Asking for approval of a treatment or service is called a **service authorization request**. The list of treatments or services that need a service authorization request may change over time. A current list of these services can be found on Vaya's website at vayahealth.com. To get approval for these treatments or services, your provider will submit requests for services on your behalf. If you have questions about which services are authorized for you, call Member and Recipient Services at 1-800-962-9003 **or send your request in writing to Vaya Health, 200 Ridgefield Court, Suite 218, Asheville, NC 28806.**

What Happens After We Get Your Service Authorization Request?

You must get the services that need a service authorization from providers who are in Vaya's State-Funded Services network. Call Member and Recipient Services at 1-800-962-9003 if you have questions or need help. Vaya uses a group of qualified health care professionals for reviews. Their job is to be sure that the service you ask for is covered by our plan and that it will help with your condition. Vaya's behavioral health clinicians will review your provider's request.

Unlike Medicaid, there is no entitlement for State-funded Services, and services are limited by the amount of funding allocated by the state. Your request may be denied based on lack of funding, and there is no right to appeal a decision on this basis.

Vaya uses policies and guidelines approved by the North Carolina Department of Health and Human Services (NCDHHS) to see if the service is medically necessary. Vaya will let you know within 14 days of your request if one of the above services is approved. You can also request a faster review, called an expedited review, in which case Vaya will let you know within 3 days.

Sometimes Vaya may deny or limit a request your provider makes. This decision is called a "utilization management review decision."

If you receive a denial, reduction, suspension, or termination of services and you do not agree with our decision, you may ask for an "appeal." You must submit an appeal in writing for State-Funded Services. See page 24 for more information on appeals.

There are some treatments and services that do not require prior authorization. Crisis services usually do not require prior authorization. The list of services that do not require a service authorization can change. A current list of services that do not require prior authorization can be found on Vaya's website at vayahealth.com.

Services that do not require a prior authorization are:

- Diagnostic assessment
- Individual therapy add-on to evaluation/management (a type of individual therapy billed by physicians)

- Group therapy/counseling
- Individual therapy for crisis
- Psychosocial rehabilitation
- Substance abuse intensive outpatient program (SAIOP)
- Peer supports
- Adult mental health case management
- Substance use disorder case management
- Facility-based crisis (for adults)
- Facility-based crisis (for children and adolescents)
- Mobile crisis management
- Ambulatory detoxification

Traumatic Brain Injury (TBI) State-Funded Services

The Traumatic Brain Injury (TBI) State-Funded Services program provides services and supports to individuals with TBI. Services include, but are not limited to, residential supports, day programs, vocational, transportation, therapy, respite, assistive technology, and home modifications. For more information, please contact Member and Recipient Services at 1-800-962-9003.

Extra Support to Manage Your Health (Care Management and Case Management)

Managing your health care alone can be hard, especially if you are dealing with many health problems at the same time. If you need extra support to get and stay healthy, we can help.

- **Case Management for Adults and Children with Behavioral Health Needs.** Some adults and children who have mental health and substance use disorder needs, but do not have Medicaid, may be eligible to get case management services. A case manager is a specially trained behavioral health care worker who helps you and your health care providers to make sure you get the right care when and where you need it. The case manager knows what resources are available in your community and will work with local providers to get you the help you need.
- **Care Management for Adults and Children with I/DD and TBI.** Some adults and children who have I/DD and TBI conditions, but do not have Medicaid, may be eligible to have a care manager who works for Vaya. If you qualify, Vaya will match you to a care manager that has specialized training to meet your needs.

If you are eligible to receive case management or care management services, you may not be able to get services if funding has been used. If this happens, you may be put on a waiting list by Vaya until additional funds are available.

Your case manager or care manager can:

- Help arrange your appointments and share resources on public transportation to and from your provider.
- Support you in reaching your goals to better manage your ongoing behavioral health, I/DD, or TBI conditions.
- Answer questions about what your medicines do and how to take them.
- Follow up with your providers about your care.

- Connect you to helpful resources in your community.
- Help address any concerns with services received.
- Provide referrals, information, and help in getting low-cost or free medical services (federally qualified health centers and rural health centers, community-based resources, and social support services).

To help you manage your behavioral health, I/DD, or TBI care needs, your case manager or care manager will ask about your concerns and create a plan with your input that lists your specific goals and ways to reach them. The plan will also list services in the community that can help you reach your health goals.

To learn more about how you can get extra support to manage your health, call Member and Recipient Services at 1-800-962-9003.

Help to Quit Smoking or Using Tobacco (Tobacco Cessation)

Quitting smoking or use of other tobacco products is one of the most important steps you can take to improve your health. In fact, tobacco use is the number one cause of preventable death in the United States and North Carolina. Smoking causes damage to every system and nearly every organ of the body.

QuitlineNC provides free help to any North Carolina resident who wants to stop smoking or stop using other tobacco products. The program offers coaching and support to help you get started on your tobacco-free life. You may be eligible for free nicotine replacement therapies, such as nicotine patches or nicotine gum, to help you quit tobacco. For more information, call 1-800-QUIT-NOW (1-800-784-8669) or visit quitlinenc.com. You can also talk to your provider or call Member and Recipient Services at 1-800-962-9003 for additional information and resources.

Community Inclusion

You may require services and supports that are provided in long-term facility settings, such as a psychiatric hospital or adult care home. You may be eligible for extra support from Vaya to move to or remain in the community. Vaya will reach out to you if you live in these types of facilities to see whether you qualify for extra support and explain the choice you have to leave these facilities and live in community settings. Vaya will work with you if you choose to leave these types of facilities to create a plan to receive services in your home and community. Vaya staff will work with you to prepare you for the move. Once you move to the community, Vaya will connect individuals with behavioral health needs to case management and individuals with I/DD or TBI needs to a care manager to make sure you have the right services and supports.

Diversion

Vaya will help divert people who are at risk of admission to an institution or adult care home (ACH) so that they can stay in the community. We will work with you to provide information on and access to community-based services. For those who choose to remain in the community, we will work with you to create a Community Integration Plan (CIP) to ensure this decision was based on informed choice and to provide services and support, including permanent supported housing as needed.

System of Care

Vaya will use the System of Care model to support children and youth receiving behavioral health services. North Carolina's System of Care model brings together a group of community-based services, including those provided by Vaya and those provided through schools and other state agencies, such as juvenile justice or child welfare. System of Care Family Partners are available to support families to ensure the services that a child and their family are receiving are coordinated and address the specific needs and strengths of both the child and family. Family Partners can also work with families on the development of care plans. For more information, families can reach out to Member and Recipient Services at 1-800-962-9003. Families may also reach out to their local System of Care Community Collaborative to learn about local resources for State-Funded Services recipients. You can call Member and Recipient Services at 1-800-962-9003 for information about how to contact your local collaborative.



Health Plan Information

If You Have Problems with Vaya's State-Funded Services, You Can File a Complaint

We hope Vaya serves you well. If you are unhappy or have a complaint about any of your State-Funded behavioral health, intellectual/ developmental disability (I/DD), or traumatic brain injury (TBI) Services, your case manager, Vaya, or your service provider, you can contact us by phone, electronically or in writing:

- **PHONE:** Call Vaya Member and Recipient Services at 1-800-962-9003, 24 hours a day, 7 days a week. After business hours, you may leave a message. You can also call Vaya's Grievance Resolution & Incident Team at 828-586-5501, extension 1600. You can also report concerns anonymously through Vaya's toll-free, 24/7 Compliance Hotline at 1-866-916-4255.
- **MAIL:** You can write us with your complaint to Vaya Health, Grievance Resolution & Incidents Team, 200 Ridgefield Court, Suite 218, Asheville, NC 28806.
- **ELECTRONICALLY:** You may submit a complaint online at vayahealth.com.
- **EMAIL:** Send an email to resolutionteam@vayahealth.com.

Contacting us with a complaint means that you are unhappy with Vaya, your provider, or your services. Most problems like this can be solved right away. Whether we solve your problem right away or need to do some work, we will log your call, your concern, and our solution. We will inform you in writing that we have received your complaint. We will also send you a written notice when we have finished working on your complaint.

You can ask a family member, a friend, your provider, or a legal representative to help you with your complaint. If you need our help because of a hearing or vision impairment, or if you need translation services or help filling out any forms, we can help you.

Resolving Your Complaint

We will let you know in writing that we got your complaint within 5 business days of receiving it. Our letter will also let you know whether we will address the complaint informally or by conducting an investigation. If you do not agree with the resolution of the complaint, you may file an appeal.

- **Informal Resolution Process:** If we address the complaint informally, we will review your complaint and tell you in writing how we resolved it within 15 business days from receiving your complaint. If you do not agree with the resolution/outcome of the complaint, you may file an appeal with Vaya within 15 working days from the date of the informal resolution letter.

- **Investigation Process:** If we investigate your complaint, we will complete the investigation within 30 days from receiving your complaint and tell you in writing how we resolved it within 15 days of completing the investigation. If you do not agree with the investigation report, you may file an appeal of the investigation report within 21 calendar days. The appeal of an investigation is limited to items identified in the original complaint record and the investigation report.

Vaya will convene a review committee to review the appeal and will issue a written decision based on the appeal committee's decision to uphold or overturn the findings of the investigation.

You can ask a family member, friend, your provider, or a legal representative to help you with your appeal. The decision letter shall be dated within 28 calendar days from receipt of the appeal for an investigation or within 20 working days from receipt of the appeal of an informal decision.

You may also contact the Customer Service and Community Rights (CSCR) Team of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (Division of MHDDSAS) toll-free at 1-855-262-1946, by phone at 984-236-5300, or by email at dmh.advocacy@dhhs.nc.gov. The CSCR team will work with you and Vaya for any possible options for services.

Appeals

Sometimes Vaya may decide to deny, suspend, reduce, or terminate a request your provider makes for you for State-Funded Services offered by our plan. You will receive a letter from Vaya notifying you of any decision to deny, suspend, reduce, or terminate a service request your provider makes. The letter will include information regarding the reason for the decision and any available options while the appeal is under review. State-Funded Services recipients have the right to appeal decisions to deny, suspend, reduce, or terminate their services. Vaya must receive the recipient's appeal in writing within 15 working days from the date on the notification letter.

When you ask for an appeal with Vaya, Vaya has 7 business days to give you an answer. You can ask a family member, a friend, your provider, or a legal representative to help you with your appeal. You or your legal guardian can ask for an appeal. You can call Vaya at 1-800-962-9003 or visit vayahealth.com if you need help with your appeal request. It's easy to ask for an appeal by using one of the options below:

- **MAIL:** Fill out and sign the appeal request in the notice you receive about our decision. Mail it to the address listed on the form. We must receive your form no later than 15 working days after the date on the notification letter.
- **FAX:** Fill out, sign, and fax the Appeal Request Form in the notice you receive about our decision. You will find the fax number listed on the form. We must receive your form no later than 15 working days after the date on the notification letter.
- **EMAIL:** Fill out, sign, and email the Appeal Request Form in the notice you receive about our decision. You will find the email listed on the form. We must receive your form no later than 15 working days after the date on the notification letter.

Timelines for Utilization Management Service Appeals

Vaya will make a decision on your appeal within 7 business days from the day we get your appeal request. We will mail you a letter to tell you about our decision.

Decisions on Appeals

If you do not agree with our decision, you can ask for an appeal with the State Non-Medicaid Appeals Panel. The “State Non-Medicaid Appeals Panel” is part of the NC Department of Health and Human Services (NCDHHS) Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS). The request for an NCDHHS-level appeal must be received within 11 calendar days from the date on the letter from Vaya.

State Non-Medicaid Appeals Panel

The State Non-Medicaid Appeals Panel will review your request and will issue their findings and recommended decisions. The Director from Vaya will issue a final written decision on your request that considers the State Non-Medicaid Appeals Panel’s findings. We make a final decision within 10 days of receiving the Panel’s findings.

Your decision letter from Vaya will include a State Non-Medicaid Appeal Request Form. To ask for an appeal with the State Non-Medicaid Appeals Panel, mail or fax the completed form to:

BY MAIL:

DMH/DD/SAS Hearing Office
c/o Customer Service and Community Rights
Mail Service Center 3001
Raleigh, NC 27699-3009

BY FAX:

919-733-4962

Continuation of Services During an Appeal

Sometimes Vaya’s decision reduces or stops a health care service you are already getting. You can ask to continue this service without changes until your appeal is finished. Vaya is not required to continue this service.

To request to continue services during your appeal, call Vaya’s Member and Recipient Appeals team at 1-800-893-6246, ext. 1400.

Recipient Rights and Responsibilities

As a Vaya recipient of State-Funded Services, you have certain rights. Vaya will respect your rights and make sure that no one working for our plan, or any of our providers, will prevent you from using your rights. Also, we will make sure that you are aware of your responsibilities as a Vaya recipient of State-Funded Services. For a full list of your rights and responsibilities as a Vaya member by visiting our website at vayahealth.com or call Member and Recipient Services at 1-800-962-9003 to get a copy.

Your Rights

As a Vaya recipient of State-Funded Services, you have a right to:

- Be cared for with respect, without regard for health status, sex, race, color, religion, national origin, age, marital status, sexual orientation, or gender identity.
- Discuss any concerns about services without fear of retaliation
- Have your plan of care fully explained to you.
- Give your approval for any treatment or plan of care.
- Be told of your options when getting services so you or your guardian can make an informed choice.
- Refuse care and be told what you may risk if you do, except for emergency situations including any involuntary commitment.
- Receive information on available treatment options.
- Ask, if needed, that your medical record be amended or corrected.
- Be sure your medical record is private and will not be shared with anyone except as required by law, contract or with your approval.
- Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.

Your Responsibilities

As a Vaya recipient of State-Funded Services, you agree to:

- Treat health care staff with respect.
- Tell us if you have problems/concerns with any health care staff by calling Member and Recipient Services at 1-800-962-9003.
- Keep your appointments. If you must cancel, call as soon as you can.

Advance Directives

There may come a time when you become unable to make decisions about your own health care. If this happens, you may want a family member or other person close to you making decisions on your behalf. By planning in advance, you can arrange now for your wishes to be carried out. An advance directive is a set of written directions you give about the health care you want if you ever lose the ability to make decisions for yourself.

Making an advance directive is your choice. If you become unable to make your own decisions, and you have no advance directive, your doctor or behavioral health provider will consult with someone close to you about your care. Discussing your wishes for medical and behavioral health treatment with your family and friends now is strongly encouraged, as this will help to make sure you get the level of treatment you want if you can no longer tell your doctor or other physical or behavioral health providers what you want.

North Carolina has three ways for you to make a formal advance directive. These include living wills, health care power of attorney, and advance instructions for mental health treatment.

Living Will

In North Carolina, a **living will** is a legal document that tells others that you want to die a natural death if you:

- Become incurably sick with an irreversible condition that will result in your death within a short period of time
- Are unconscious and your doctor determines that it is highly unlikely that you will regain consciousness
- Have advanced dementia or a similar condition which results in a substantial loss of attention span, memory, reasoning, and other brain functions, and it is highly unlikely the condition will be reversed

In a living will, you can direct your doctor not to use certain life-prolonging treatments such as a breathing machine (called a “respirator” or “ventilator”) or to stop giving you food and water through a feeding tube. A living will goes into effect only when your doctor and one other doctor determine that you meet one of the conditions specified in the living will. You are encouraged to discuss your wishes with friends, family, and your doctor now, so that they can help make sure that you get the level of care you want at the end of your life.

Health Care Power of Attorney

A **health care power of attorney** is a legal document in which you can name one or more people as your health care agents to make medical and behavioral health decisions for you as you become unable to decide for yourself. You can always say what medical or behavioral health treatments you would want and not want. You should choose an adult you trust to be your health care agent. Discuss your wishes with the people you want as your agents before you put them in writing.

Again, it is always helpful to discuss your wishes with your family, friends, and your doctor. A health care power of attorney will go into effect when a doctor states in writing that you are not able to make or to communicate your health care choices. If, due to moral or religious beliefs, you do not want a doctor to make this determination, the law provides a process for a non-physician to do it.

Advance Instruction for Mental Health Treatment

An **advance instruction for mental health treatment** is a legal document that tells doctors and mental health providers what mental health treatments you would want and what treatments you would not want if you later become unable to decide for yourself. It can also be used to nominate a person to serve as guardian if guardianship proceedings are started.

Your advance instruction for behavioral health treatment can be a separate document or combined with a health care power of attorney or a general power of attorney. An advance instruction for behavioral health may be followed by a doctor or behavioral health provider when your doctor or an eligible psychologist determines in writing that you are no longer able to make or communicate behavioral health decisions.\

Forms You Can Use to Make an Advance Directive

You can register your advance directive with the NC Secretary of State’s Office so that your wishes will be available to medical professionals. You can find the advance directive forms at sosnc.gov/ahcdr. The forms meet all the rules for a formal advance directive. For more information, you can also call 919-807-2167 or write to:

Advance Health Care Directive Registry
Department of the Secretary of State
P.O. Box 29622
Raleigh, NC 27626-0622

You can change your mind and update these documents any time. We can help you understand or get these documents. They do not change your right to quality health care benefits. The only purpose is to let others

know what you want if you cannot speak for yourself. Talk to your health care provider or call Member and Recipient Services at 1-800-962-9003 if you have any questions about advance directives.

Concerns About Abuse, Neglect, and Exploitation

Your health and safety are very important. You should be able to lead your life without fear of abuse or neglect by others or someone taking advantage of them (exploitation). Anyone who suspects any allegations of abuse, neglect or exploitation of a child (age 17 or under) or disabled adult **must** report these concerns to the local Department of Social Services (DSS).

The local DSS can be found at ncdhhs.gov/divisions/social-services/local-dss-directory. There are also rules that no one will be punished for making a report when the reporter is concerned about the health and safety of an individual.

Providers are required to report any concerns of abuse, neglect, or exploitation of a child or disabled adult receiving mental health, substance use disorder, intellectual/developmental disability (I/DD), or traumatic brain injury (TBI) services from an unlicensed staff to the local DSS and the Healthcare Personnel Registry Section of the North Carolina Division of Health Service Regulation for a possible investigation. The link to is Healthcare Personnel Registry Section is ncnar.org/verify_listings1.jsp. The provider will also take steps to ensure the health and safety of individuals receiving services.

For additional information on how to report concerns, contact Member and Recipient Services at 1-800-962-9003 (TTY 711).

Fraud, Waste, and Abuse

If you suspect that someone is committing fraud associated with State-Funded Services, report it. For example, a provider or a clinic billing for services that were not provided or were not medically necessary is committing fraud.

You can report suspected fraud and abuse:

- Call the State Auditor's Waste Line at 1-800-730-TIPS (1-800-730-8477).

Important Phone Numbers

- **Vaya Member and Recipient Services:** 1-800-962-9003 (TTY 711), Monday-Saturday, 7 a.m. to 6 p.m.
- **Vaya Behavioral Health Crisis Line:** 1-800-849-6127, 24 hours a day, 7 days a week
- **Vaya Provider Service Line:** 1-866-990-9712, Monday-Saturday, 7 a.m. to 6 p.m.
- **Free Legal Services line:** 1-866-219-5262, Monday-Friday, 8:30 a.m. to 4:30 PM; Monday and Thursday 5:30 p.m. to 8:30 p.m.
- **File a complaint:** Call Member and Recipient Services at 1-800-962-9003 (TTY 711), Monday-Saturday, 7 a.m. to 6 p.m.
- **Advance Health Care Directive Registry:** 919-814-5400, Monday-Friday, 8 a.m. to 5 p.m.
- **State Auditor's Waste Line:** 1-800-730-TIPS (1-800-730-8477)
- **Vaya Confidential Compliance Hotline:** 1-866-916-4255



Member and Recipient Service Line: 1-800-962-9003 (TTY 711)
Behavioral Health Crisis Line: 1-800-849-6127 (24/7)

www.vayahealth.com
200 Ridgefield Court, Suite 218, Asheville, NC 28806