Vaya Health

Tailored Care Management Opt In/Out or Change Form

Form Instructions

1. **Enter all member information requested in PART A of the form on the next page.**
2. **If you want to receive Tailored Care Management, complete the first line of PART B to "opt in" to this benefit.**
   - Check the "I choose to opt in to Tailored Care Management" box.
   - If you change your mind, you may opt out at any time by calling Vaya Member and Recipient Services at 1-800-962-9003 (Relay NC: 711).
3. **If you do not want to receive Tailored Care Management, complete the second portion of PART B to "opt out" of this benefit.**
   - Check the "I choose to opt out of Tailored Care Management" box.
   - Check the box(es) indicating the reason(s) why you are opting out.
   - If you check "Other," please provide additional information about your decision.
   - If you change your mind, you may opt back in at any time by calling Vaya Member and Recipient Services at 1-800-962-9003 (Relay NC: 711).
4. **If you want to change your Care Manager or Tailored Care Management provider, complete the relevant portion of PART C.**
   - Check either the "I want a different Care Manager" box or the "I want a different Tailored Care Management provider" box.
   - Check the box next to the reason(s) you are requesting the change.
   - If you check "Other," please provide additional information about the reason(s) for your request.
5. **Return your form to Vaya through one of the options listed below.**

For help completing this form, call the Vaya Member and Recipient Service Line at 1-800-962-9003 (Relay NC: 711). You may also log in to the Member and Recipient Portal on the Vaya website to complete this form online.

Form Submission Options

Send your completed form to Vaya one of the following ways:

Email to:	Fax to:	Print and mail to:
care.coordination@vayahealth.com	828-348-0181	Vaya Health Member and Recipient Services 200 Ridgefield Court, Suite 218 Asheville, NC 28806

Part A: Member Information

Date: _____

☐ I am the member.

☐ I am the member's guardian or an authorized representative completing this form on the member's behalf.

Member's full name: _____ Member's date of birth: _____

Medicaid ID: _____ County of residence: _____

Guardian/authorized representative's full name (if applicable): _____

Best phone number to contact member or guardian/authorized representative: _____

Part B: To Opt In To/Out of Tailored Care Management

☐ I CHOOSE TO ***OPT IN TO*** TAILORED CARE MANAGEMENT.

☐ I CHOOSE TO ***OPT OUT OF*** TAILORED CARE MANAGEMENT.

Reason(s) for opting out:

- ☐ I do not want to participate
- ☐ Other (please describe below):

_____

Part C: To Change Care Manager or Tailored Care Management Provider

☐ I WANT A DIFFERENT CARE MANAGER.

Reason(s) for change request:

- ☐ The care manager did not provide accessible and appropriate services.
- ☐ The care manager is not able to accommodate my needs.
- ☐ The care manager moved to a location that is not convenient.
- ☐ The care manager had a significant change in hours when they are available, and I cannot meet during the new hours.
- ☐ The care manager and I agree that it is in my best interest to change.
- ☐ The care manager is no longer employed at the Tailored Care Management provider.
- ☐ Other (please describe below):

_____

Current care manager: _____

Requested care manager: _____

Please note: A care manager's location and existing caseload strongly impact Vaya's ability to honor requests for specific care managers. While we take a member's preferences into consideration, we cannot guarantee the requested placement.

Continued on next page

☐ I WANT A DIFFERENT TAILORED CARE MANAGEMENT PROVIDER.

Reason(s) for change request:

- ☐ The provider did not provide accessible and appropriate services.
- ☐ The provider is not able to accommodate my needs.
- ☐ The provider moved to a location that is not convenient.
- ☐ The provider had a significant change in hours that it is available, and I cannot meet during the new hours.
- ☐ The provider and I agree that it is in my best interest to change.
- ☐ The provider is no longer certified by the NC Department of Health and Human Services.
- ☐ The provider is excluded from participation in federal health care programs.
- ☐ Other (please describe below):

_____

Current Tailored Care Management provider: _____

Requested Tailored Care Management provider: _____

Please note: A care management provider's location and existing caseload strongly impact Vaya's ability to honor requests for specific providers. While we take a member's preferences into consideration, we cannot guarantee the requested placement.

Submit your completed form using one of the options on page 1.